

See Rule S.R. 229

MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICERS RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUTATION OF LEAVE

Signature of applicant :

I, Dr. after careful personal examination of the case hereby certify that Thiru/Tmt./Selvi. of the Department, whose signature is given above, is suffering from and I consider that a period of absence from duty for days with effect from is absolutely necessary for the restoration of his/her health.

Station :

Signature :

Date :

Designation:

See Rule S.R. 212

FORM OF MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of applicant :

I, Dr. do hereby certify that I have carefully examined Thiru/Tmt./Selvi. of the Department, whose signature is given above and find that he/she has recovered from his/her illness and is now fit to resume duties in Government Services.

I also certify that before arriving at this decision I have examined the Original Medical Certificate of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Station :

Signature :

Date :

Designation: