

भा. प्रौ. सं. मण्डी 175 075 (हिमाचल प्रदेश)
IIT Mandi 175 075 (Himachal Pradesh)

**MEDICAL CERTIFICATE OF SICKNESS
FOR LEAVE/EXTENSION OF LEAVE/COMMUTATION OF LEAVE**
(This certificate is mandatorily required to avail commuted/hospital leave on medical ground)
(Ref. As per Form 3&4of CCS Leave Rule 19)

Signature of Government Servant.....

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

Dated

.....
Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant
..... Hospital/Dispensary/
Registered Medical Practitioner
(Signature with official seal & date)

Part - II

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY
(This certificate is mandatorily required to avail commuted/hospital leave on medical ground)
(Ref. As per Form 5of CCS Leave Rule 19)

Signature of Government Servant.....

I Dr..... of hospital do hereby certify that I/we carefully examined Shri/Shrimati/Kumari whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Institute Service. I/we also certify that before arriving at this decision, I/we have examined the original certificate(s) and statement (s) of the case on which leave was granted or exempted and have taken these into consideration in arriving at my/our decision.

Dated

.....
Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant
..... Hospital/Dispensary/
Registered Medical Practitioner
(Signature with official seal & date)