

FORM 5
[See Rule 24(3)]

MEDICAL CERTIFICATE OF FITNESS TO
RETURN TO DUTY

Signature of Government Servant _____

We, the members of Medical Board

I, _____ Civil Surgeon/Staff Surgeon, }
Authorized Medical Attendant, } of _____
Registered Medical Practitioner }

do hereby certify that/we I have 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 Government service.
We/I also certify that before arriving at this decision, We/I
have examined the original medical certificate(s) and
statement(s) of the case (or certified copies thereof) on which
leave was granted or extended and have taken these into
consideration in arriving at our/my decision.

Members of the Medical Board

(1) _____
(2) _____
(3) _____

Civil Surgeon/Staff Surgeon,

Authorized Medical Attendant,

Registered Medical Practitioner

Dated _____