

FORM 4

(See Rule 19)

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR
COMMUTATION OF LEAVE

Signature of the Government Servant _____

I, _____ 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.

Authorised Medical Attendant
_____ Hospital/Dispensary
or other Registered Medical
Practitioner

Dated _____