

FORM 3
(See Rule 19)

MEDICAL CERTIFICATE FOR GAZETTED OFFICERS, RECOMMENDED 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.

Civil Surgeon/Staff Surgeon/
Authorised Medical Attendant

Dated _____

_____ Dispensary