

MEDICAL CERTIFICATE

Signature of Applicant

I, Dr.....after careful personal examination of the case hereby certify that Dr. /Shri /Smt. /Ms.....(name & designation of applicant) of the Office of the whose signature is given above is suffering from and, therefore, I consider, that a period of absence from duty fromto.....with effect from absolutely necessary for the restoration of his/her health.

Place: Signature of VMO of CPRI Health Centre / Authorized Medical Attendants & Hospitals recognized by the Institute, Out Patient Department of the State / Central Government Hospital / Local Fund Dispensary / Primary Health Care / Public Sector Undertaking Hospital along with official seal.

Date: Registration No. _____

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FITNESS CERTIFICATE

Signature of Applicant.....

I, Dr. do hereby certify that I had carefully examined Dr./Shri/Smt./Ms. (name & designation of applicant) of the Office of the 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 service on(Date). I also certify that before arriving at this decision, I have examined the original medical certificate and statement 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.

Place: Signature of VMO of CPRI Health Centre / Authorized Medical Attendants & Hospitals recognized by the Institute, Out Patient Department of the State / Central Government Hospital / Local Fund Dispensary / Primary Health Care / Public Sector Undertaking Hospital along with official seal.

Date: Registration No. _____