

MEDICAL CERTIFICATE

Signature of Applicant

I, (Name) -----

after careful personal examination of the case hereby certify that (Name and official address)-----

-----whose signature

is given above is suffering from-----and I

consider that a period of ----- with effect from -----is absolutely

necessary from the restoration of his/her health.

Signature of medical officer-----

Registration No-----

System of Medicine -----

Place:-----

Office seal

Date:-----

Signature of applicant

MEDICAL CERTIFICATE OF FITNESS TO JOIN DUTY AFTER LEAVE

I, Dr -----do hereby Certify that I have carefully examined Shri/Smt -----

Whose signature is given above, and find that he/she has recovered from his/her illness and now

fit to resume duties in the school with effect from -----I also certify that , before

arriving at this decision I have examined the original Medical Certificate and statement of the case

on which leave was granted, and have taken this into consideration in arriving at my decision.

She/he is fit to join duties from -----

Signature of medical officer-----

Registration No-----