

FORM 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. servant

I, Dr. do hereby certify that I have

carefully examined Sh./Smt./Km.

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

now fit to resume duties in Govt. Service. I also certify that before arriving at this

decision 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 my decision.

**Civil Surgeon/Staff Surgeon
Authorized Medical Attendant
Registered Medical Practitioner**

Dated.....