

FORM 3
MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED
LEAVE OR EXTENTION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Govt. servant

I, Dr. after careful personal examination
of the case, hereby certify that Sh. /Smt. /Km.
whose signature is given above, is suffering from
and I consider that a period of absence from duty of days with
effect from is absolutely necessary for the restoration of his/her health.

Civil Surgeon/Staff Surgeon
Authorized Medical Attendant
..... **Hospital/Dispensary**

Dated.....