

FORM 4  
(See rule 19 of CCS (Leave) Rules-1972.)

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE.

Signature of the Government servant: \_\_\_\_\_

I, Dr \_\_\_\_\_ after careful personal examination of the case hereby certify that Shri/Smt/Kum \_\_\_\_\_ 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.

Dated: \_\_\_\_\_

Authorized medical Attendant  
Hospital/ Dispensary  
or other Regd Medical Practitioner.

FORM 5  
(See Rule 24 (3) of CCS (Leave) Rules-1972.)

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant: \_\_\_\_\_

I, DR \_\_\_\_\_ AMA / RMP  
of \_\_\_\_\_  
do hereby certify that I have carefully examined Shri/Smt/Kum \_\_\_\_\_ 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, I also certify that before arriving at this decision, I have examined that original Medical Certificate (s) and statement (s) of the Case (or certified couples there of) on which leave was granted or extended, and have taken these into consideration in arriving at my decision

Date Reported Sick \_\_\_\_\_

Date of Fitness \_\_\_\_\_

Disease \_\_\_\_\_

Signature of AMA or RMP

& Regn No.