

## **CERTIFICATE OF FITNESS TO RETURN TO DUTY**

Signature of the Applicant \_\_\_\_\_

This is to certify that I, Dr. \_\_\_\_\_ the undersigned have examined Thiru./Tmt./Selvi. \_\_\_\_\_ whose signature is given above, working as \_\_\_\_\_ in the office of \_\_\_\_\_ Department and have to come to the conclusion that he / she has recovered from his / her illness and is no physically fit to resume his /her duties in government service with effect from \_\_\_\_\_

I also certify that before arriving at this decision, I have examined the original medical certificate and statements of the case (or certificate copies thereof) on which leave was granted or extended and have taken these into consideration in arriving of my decision.

Station:

Date :

Signature.