

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE

Signature of the Applicant _____

I, Dr. _____ after careful personal Examination of the case hereby that Shri/Smt./Selvi. _____ whose signature is given above is suffering from _____ based on clinical condition and investigation done as is given in the reverse and I consider that a period of absence from duty for _____ with effect from _____ to _____ is absolutely necessary for the restoration of his / her health.

MEDICAL HISTORY:

Signature.

Station:

Date :