

# CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Applicant : .....

I ..... a Registered Medical Practitioner do hereby  
Certify that I have carefully examined ..... of  
the ..... Department  
whose signature is given above and find that he has recovered from his illness and is now fit  
to resume duties in Government service with effect from .....

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 there of) on which leave was granted or extended  
and have taken these into consideration in arriving at my decision.

Station :

Date :

Signature of the Medical Officer and  
Registration Certificate No.

# MEDICAL CERTIFICATE FOR LEAVE / EXTENSION OF LEAVE

Signature of the Applicant : .....

I Dr. .... a Registered Medical Practitioner,  
after careful personal examination of the case certify that Thiru/Thirumathi.....  
..... (Department) 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.

Station :

Date :

Signature of the Medical Officer  
Registration Certificate No.