

**FORM OF CERTIFICATE RECOMMENDED  
FOR LEAVE OR EXTENSION OR COMMUNICATION  
OF LEAVE AND FOR FITNESS**

Signature of patient  
or thumb impression \_\_\_\_\_

To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

Identification marks:-

a. \_\_\_\_\_

b. \_\_\_\_\_

I, Dr. \_\_\_\_\_ after careful examination of the case certify hereby that \_\_\_\_\_ 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 health.

I, Dr. \_\_\_\_\_ after careful examination of the case certify hereby that \_\_\_\_\_ on restoration of health is now fit to join service.

Place \_\_\_\_\_

**Signature of Medical attendant.**

Date \_\_\_\_\_

Registration No. \_\_\_\_\_

(Medical Council of India/State Medical Council of \_\_\_\_\_ State)

**Note:-** The nature and probable duration of the illness should also be specified . This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration.

**FORMAT FOR MEDICAL RECORD**  
(see regulation 3.1)

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1st visit :

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after investigation:

Advice :

**Follow up**

Date:

Observations:

Signature in full .....

Name of Treating Physician