

**MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICERS RECOMMENDED FOR  
LEAVE OR EXTENSION OR COMMUTATION OF LEAVE**

(Signature of Applicant)

I \_\_\_\_\_ after careful personal examination of the case hereby certify that \_\_\_\_\_ of the Central Sheep & Wool Research Institute, Avikanagar, Via-Jaipur, Rajasthan whose signature is given above, is suffering from \_\_\_\_\_ and I consider that the period of absence from duty of \_\_\_\_\_ days with effect from \_\_\_\_\_ is absolutely necessary for the reiteration of his health.

(Government Medical Attendent  
or other registered practioner)

Dated the \_\_\_\_\_

Note :

1. The nature and probable duration of the illness should be specified.
2. This form should be adhered to as closely as possible and should be filled in after the signature of the applicant has been taken. The certifying officer is not at liberty to certify that the applicant requires a change to (or from a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such ground has been made to him whether the applicant should go before a Medical Board to decide the question of his fitness for service.
3. No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant under the terms of his contract or the rules to which he is subject.

**FORM OF MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY**

(Signature of Applicant)

We the members of a Medical Committee.

I \_\_\_\_\_ Civil surgeon of \_\_\_\_\_ registered medical practitioner of \_\_\_\_\_ do hereby certified that we/I have carefully examined Shri \_\_\_\_\_ of Central Sheep & Wool Research Institute, Avikanagar, Via-Jaipur, Rajasthan whose signature is given above and find that he has recovered from his illness and is now fit to resume duties on Government service. We/I also certify that before arriving at this decision We/I have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at our/my decision.

(Government Medical Attendent  
or other registered practioner)

Dated the \_\_\_\_\_

Note :

1. The original medical certificate(s) and statements(s) of the case on which the leave was originally granted or extended shall be produced before the authority asked to issue the above certificate. For this purpose, the original certificate(s) and statements of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.