

MEDICAL CERTIFICATE FOR LEAVE

(For Group A & B Government Servants)

Statement of the case of Name :
(to be filled in by the applicant in the
Presence of the official Medical Attendant.)

Appointment Date :

Age :

Total Service : Service in India.

**Previous Periods of Leave of
absence on medical certificate** :

Habits :

Disease :

Signature of the Applicant

I _____ Surgeon / Medical officer

at _____

after careful personal examination of the case hereby certify that Thiru / Dr. _____

is in a bad state of health & suffering from _____

and I solemnly and sincerely declare that according to the best of my judgement a period of absence from duty
is essential necessary for the recovery of his/her health and recommended that he/she may be granted