

## Medical Certificate for Gazatted Officer

Statement of the case of ..... Name

(to be filled in by the applicant in the presence of the Authorized Medical Attendant)

Appointment : .....

Age : .....

Total Service : .....

Previous periods of leave if absence on medical certificate

Habits .....

Disease .....

Authorized Medical Attendant of .....

I ..... (Name of Medical Officer) after careful personal examination of the case certify that .....

(Name of Patient) is in bad state of health and I solemnly and sincerely declare that according to the best of my judgment the period of absence from duty is essentially necessary for the recovery of his health and recommend that he may be granted days/month's leave with effect from ..... In my opinion it is / it is not necessary for the officer to appear before a Medical Board.

Dated : .....

Place : .....

Signature Of Government Servant

Signature of Authorized Medical

Attendant with seal and Registration Number

Name : .....

Designation : .....

Department : .....

