

**FORM 3**

*MEDICAL CERTIFICATE FOR GRANT OF LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE*

Signature of Government servant \_\_\_\_\_

I \_\_\_\_\_ Civil Surgeon/Medical Officer/District Medical Officer/Authorized Medical Attendant after careful personal examination of the case hereby certify that Shri/Shrimati/Kumari \_\_\_\_\_ whose signature is given above is suffering from \_\_\_\_\_ and I consider that a period of absence from duty for \_\_\_\_\_ days with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Medical Superintendent/  
Authorized Medical Attendant/  
Medical Officer/ Civil Surgeon/  
D.M.O \_\_\_\_\_ Hospital/  
Dispensary.

Date \_\_\_\_\_

Note1 :- The nature and probable duration of the illness should be specified.

Note2 :- This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to 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 concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon or Staff surgeon to decide the question of his/her fitness for service.

Note 3 .-No recommendation obtained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.