

FORM-23
[see Rules 38(3)]
FORM OF MEDICAL CERTIFICATE

“Certified that we have carefully examined _____ son of _____ a years, and by appearance about _____ years. I/We consider Sh. _____ to be completely and permanently incapacitated for further service of any kind in the department to which he belongs in consequence of _____ (here state disease or cause)”
(If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the addition should be made)

I am /we are of opinion that Sh. _____ is fit for further service of a less laborious character than that which he had been doing /may, after resting for _____ months, be fit for further service of less laborious character than that which he had been doing.

Place:-

Medical Authority

Date