

FORM : 3

MEDICAL CERTIFICATE FOR LEAVE GAZETTED OFFICER RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government servant

Iafter careful personal examination of the case hereby certify that
Shri/Smt./Kumariwhose signature is given above as suffering from
..... and I consider that period of absence from duty of with
effect from is absolutely necessary for the restoration of his / her health.

Authorised Medical Attendant

.....Hospital/
Dispensary of other Registered
Medical Practitioner .

Dated:

NOTE I: *deleted.*

NOTE II: *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 III: *No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.*

FORM:4

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

Signature of the Government servant

Iafter careful personal examination of the case hereby certify that
Shri/Smt./Kumariwhose signature is given above as suffering from
..... and I consider that period of absence from duty of with
effect from is absolutely necessary for the restoration of his / her health.

Authorised Medical Attendant

.....Hospital/
Dispensary of other Registered
Medical Practitioner .

Dated:

- NOTE I:** *The nature and probable duration of the illness should be specified.*
- NOTE II:** *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 III:** *Should a second medical Opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a medical officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both as regards the facts of illness and as regards the necessity for the amount of the leave recommended and for this purposed he may either require the Government servant to appear before himself or before a medical officer nominated be himself.*
- NOTE.IV:** *No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.*

FORM : 5

Signature of the Government servant

We , the members of Medical Board.

I, Civil Surgeon / Staff Surgeon

Authorised Medical Attendant

Registered Medical Practitioner.

do hereby certify that we / I have carefully examined Shri/Smt./Kumari
whose signature is given above. and find that he / she recovered from his / her illness and is
now fit to resume duties in Government servant. We / I also certify that before arriving at this
decision, We / I have examined the original certificate(s) and statement(s) of the case (or
certified copies thereof) pm which leave was granted or extended and have taken these into
consideration in arriving at our / my decision.

Members of the Medical Board

1.....

2.....

3.....

Civil Surgeon / Staff Surgeon,.

Authorised Medical Attendant.

Registered Medical Practitioner

Dated:.....

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

CERTIFICATE 'B'

Certificate granted to Mrs./Mr./Miss..... employed in
the

PART ; A

I, Dr.....hereby certify

(a) that the patient was admitted to hospital on the advice of (name of the medical officer) / on my advice;

(b) that the patient has been under treatment atand that the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

	Name of medicines	Price
1
2
3
4
5
6
7
8
9
10
11
12

(c) that the injections administered were / were not for immunising or prophylactic purposes;

(d) that the patients is / was suffering from and is / was under treatment fromto

(e) that the X-ray ,laboratory tests, etc. for which an expenditure of Rs.....(Rupees) was incurred were necessary and were undertaken on my advice at (name of hospital or laboratory);

(f) that I called on Dr. for specialist consultation and that the necessary approval of the(Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the
Medical Officer in Charge of the
case at the hospital

P A R T ;'B'

I certify that the patient has been under treatment at thehospital and that the service of the special nurses of which an expenditure of Rs. was incurred, vide bills and receipts attached, were essential for the recovery / prevention of serious deterioration in the condition of the patient.

**Signature of the Medical Officer in
charge of the case at the hospital**

COUNTERSIGNED

Medical Superintendent

.....Hospital

*I certify that the patient has been under treatment at thehospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent

.....Hospital

Dated ;

**Note ; Certificates not applicable should be struck off.
Certificate(d) is compulsory and must be filled in by the Medical Officer in all cases.**

* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the medical Superintendent.

[G.I.,M.H., O.M.No F.2-35/52-LSG(H.I),dated the 19th September,1959]