

Medical Certificate for Gazetted 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 fromIn my opinion it is / it is not necessary for the officer to appear before a Medical Board.

Dated :

Place :

Signature Of Government Servant
Name

Designation

Department

Signature of Authorized Medical
Attendant with seal and Registration Number