MEDICAL CERTIFICATE

I, (Name) ____________________________________________

after careful personal examination of the case hereby certify that (Name and official address)__________

whose signature is given above is suffering from________________________________________ and I consider that a period of ____________________________ with effect from ______________________ is absolutely necessary from the restoration of his/her health.

Signature of medical officer________________________
Registration No_______________________________
System of Medicine____________________________

Place:_________________________ Office seal
Date:_________________________

________________________________________________________________________

Signature of applicant

MEDICAL CERTIFICATE OF FITNESS TO JOIN DUTY AFTER LEAVE

I, Dr ______________________ do hereby Certify that I have carefully examined Shri/Smt __________________________

Whose signature is given above, and find that he/she has recovered from his/her illness and now fit to resume duties in the school with effect from ______________I also certify that , before arriving at this decision I have examined the original Medical Certificate and statement of the case on which leave was granted, and have taken this into consideration in arriving at my decision.

She/he is fit to join duties from ______________________

Signature of medical officer________________________
Registration No_______________________________