

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

1. Name _____ 2. CG No. _____
3. Designation _____ 4. Signature of
the Employee _____

CERTIFICATE

I, _____ after careful personal
examination of the case, hereby certify that
Pro./Dr./Shri./Kum./ _____ whose
signature is given below, is suffering from
_____. I consider a period of
absence from duty of _____ days, with effect from
_____ to _____ is necessary for the
restoration of his/her health.

Authorised medical officer of RAC, Ooty
OR

Any Registered Medical Practitioner (MBBS)
with Registration No. And Seal.

Date: _____

MEDICAL HISTORY

(The nature and probable duration of illness should be specified)

Clinical condition :

Investigation Done :

Authorised medical officer of RAC, Ooty
OR

Any Registered Medical Practitioner (MBBS)
with Registration No. And Seal.

MEDICAL CERTIFICATE FOR FITNESS TO
RETURN TO DUTY

1. Name _____ 2. CC No. _____
2. Designation _____ 4. Signature
of the
Employee _____

C E R T I F I C A T E

I, _____, do hereby certify that I have care-
fully examined Prof./Dr./Shri./Smt./Kum. _____
whose signature is given above, and find that he/she had recovered
from his/her illness and is now fit to resume duties with effect
from _____.

I also certify that before arriving at my decision, that I have
examined the Original Medical Certificate and statement of the
case on which leave was granted and have taken these into
consideration in arriving at my decision.

Authorised Medical Officer of RAC, Ooty

OR

Any Registered Medical Practitioner (MBBS)
with Registration No. _____

Date: