

Medical Certificate for Gazetted Officer

Statement of the case of Name (to
be filled in by the applicant in the presence of the Authorised Medical Attendant) Appointment
.....

Age

Total Service

Previous periods of leave if absence on medical certificate

Habits Disease

Authorised 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 from
.....In my opinion it is / it is not necessary
for the officer to appear before a Medical Board.

Dated : Place :

Signature Of Government Servant

Signature of Authorised Medical
Attendant with seal and Registration
Number

Name

Designation

Department