

FORM - 3
(Sec rule -17)

**MEDICAL CERTIFICATE FOR GOVT. SERVANT
RECOMMENDED LEAVE OR EXTNSION OF LEAVE OR
COMMUTATION OF LEAVE**

Signature of Government Servant.....I.....
..... after Careful
personal Examination of the case here by certify that shri/Shrimati/Kumari
..... whose Signature is given above is
suffering from and I consider that a
Period of absence from duty of with effect from
..... is absolutely necessary for the restoration of
his/her health.

Date

(.....)
Authorised Medical Attendant,
..... Hospital/Dispensary or
Other Registered Medical Practitioner