

FORM - 5
See Rule 24 (3)
MEDICAL CERTIFICATE OF FITNESS TO RETURN DUTY

Signature of the Government servant

We the member of the Medical Board.

I, Civil Surgeon / Staff Surgeon
of
Authorized Medical Attendant,
Registered Medical Practitioner

.....do hereby certify that we/I have carefully
examined Shri/ Smt. Kum.....
whose signature is given above, and find that he/she recovered from his/her illness and is now fit
to resume duties in Government Service, we/I also certify that before arriving at this decision,
we/I examined the original Medical Certificate (s) and statement (s) of the case (or certified
copies thereof) on which leave was granted or extended and have taken these into consideration
in arriving at our/my decision.

Member of the Medical Board
1).....
.....
.....
Civil Surgeon / Staff Surgeon
Authorized Medical Attendant,
Registered Medical Practitioner
(S E A L)

Date.....

NOTE : - The original medical certificate (s) and statement (s) of the case on which the leave
was originally granted or extended shall be produced before the authority required to issue the
above certificate. For this purpose, the original certificate (s) and statement (s) of the case should
be prepared in duplicate, one copy being retained by the Government servant concerned.