

FORM 3
(See Rule 19)

Medical Certificate for Gazetted Officer
Recommended leave of Extension of leave or Commutation of leave.

Signature of the Government servant

Signature of the Government servant

No. of the Medical Board

I, after careful personal examination of the case hereby certify that Shri/Smt./Kumari..... whose signature is given above, is suffering from.....and I consider that a period of absence from duty ofwith effect fromis absolutely necessary for the restoration of his/her health.

Dated.....

Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant
.....Dispensary.

NOTE 1- Deleted.

NOTE 2- This form should be adhered to as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not a liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application such grounds has been made to him, whether the applicant should go before a Civil Surgeon/Staff Surgeon/AMA to decide the question of his/her fitness for service.

NOTE 3- No recommendation contained in the certificate shall be evidence of a claim to any leave not admissible to the Government servant.