FORM 3

(See Rule 19)

MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government Servant _____

I, _____ after careful personal examination of the case hereby certify that Dr./Sri/Smt. _____ whose signature his given above, is suffering from _____ and I considered that a period of absence from duties _____ w.e.f. _____ is absolutely necessary for the restoration of his health.

Dated: _____

Authorized Medical Attendant/Civil Surgeon / Staff surgeon

FORM OF MEDICAL CERTIFICATE OF FITNESS

SIGNATURE OF THE APPLICANT _____

I, Civil Surgeon / The Authorized Medical Attendant of C.R.I.J.A.F./Registered Medical Practitioner _____ do hereby certify that I have carefully examined Dr./Sri/Smt. _____ _____of Central Research Institute for Jute & Allied Fibres, Barrackpore, West Bengal, whose signature is given above, and find that he has recovered from the illness and is now fit to resume duties in Government service from _____. I also certify that before arriving at the decision I have examined that original Medical Certificate(s) and statement(s) of the case (of certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Dr. _____

Regd. No. _____

Date _____