

FORM-A

**MEDICAL CERTIFICATE FOR GAZETTED/NON-GAZETTED OFFICER
RECOMMENDED FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE**

I, Dr. _____

after careful personal examination of the case here by certify that

Sri/Smt/Kum. _____

Whose signature is given above, is suffering from _____

_____ and I consider that a period of absence

from duty for _____ days with effect from _____

is absolutely necessary for the restoration of his/her health.

**Govt. Medical Attendant
Or
Other Registered
Medical Practitioners**

Date: _____