

FORM – 3

MEDICAL CERTIFICATE FOR LEAVE

Signature of the Government Servant _____

I, Dr. _____
after careful personal examination of the case, hereby certify that
Shri /Smt _____

_____ whose signature is given above, is suffering from _____
_____ and I consider that a period of
absence from his / her duty for _____ Days / Weeks / Months
with effect from _____ is absolutely necessary for the restoration of
his / her health.

Place : _____

Date.: _____

Authorised Medical Attendant