

MEDICAL CERTIFICATE

Statement of the case of _____

(Name to be filled in by the applicant in the presence of the Civil Surgeon or Official Medical attendant)

Appointment: _____

Age: _____

Total Service: _____

Service in India: _____

Previous periods of leave of absence on Medical certificate: _____

Habits: _____

Disease: _____

I, _____ Civil Surgeon of/

Medical Officer at or of _____

after careful personal examination of the case hereby certify that _____

is in a bad state of health and I solemnly and sincerely declare that according to the best of my

judgment a period of absence from duty is essentially necessary for the recovery of his/her health and

recommend that he/she may be granted _____

_____ on the

leave with effect from _____

Date: _____

Civil Surgeon or Official

Place: _____

Medical attendant