

FORM NO.3

MEDICAL CERTIFICATE

Signature of the Patient\_\_\_\_\_

I,\_\_\_\_\_ after careful personal examination of the case here by certify that Shri./Smt.Ku./\_\_\_\_\_ whose signature is given above, is suffering from \_\_\_\_\_ and I consider that a period of absence of \_\_\_\_\_ days with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant

Form No.4

Medical Certificate of Fitness

Signature of Applicant\_\_\_\_\_

I \_\_\_\_\_ Registered Medical Practitioner do hereby certify that I have carefully examined \_\_\_\_\_ S/o/D/o/W/o \_\_\_\_\_ whose signature is given above and find that he/she has recovered from his/her illness and is now fit on \_\_\_\_\_ to resume his duty.

Authorized Medical Attendant