

MEDICAL CERTIFICATE

(Rule 117, Part I, KSRs)

Signature of the applicant

I (Name) after careful personal examination of the case hereby certify that *(Name and official address)*
.....
.....whose signature is given above, is suffering from
.....and that I consider that a period of absence from duty of with effect from
is absolutely necessary for the restoration of his / her health.

Place

Date

Office seal

*Signature of Government
Medical Officer / Civil Surgeon
/ Staff Surgeon/Authorized
Medical Attendant / Registered
Medical Practitioner*

*Reg No:
Part of registration
System of Medicine*