

Medical Certificate for Leave or Extension or Commutation of Leave

Signature of Applicant

I Dr.

after careful personal examination of the case hereby certify that Thiru /
Selvi / Thirumathi

whose signature is given above

/ was suffering from

based on clinical condition and

investigation done as is given

and I consider that a period of

absence from duty for

with effect from

is absolutely necessary for the restoration of his / her health

Station :

Authorised Medical Attendant

Date :

Reg. No.

MEDICAL HISTORY

(The nature and probable duration of illness should be specified)
clinical condition :

(For Seal)

Authorised Medical Attendant as
Reg. No.