

## Medical Certificate for Gazetted Officer

Statement of the case of ..... Name

(to be filled in by the applicant in the presence of the Authorised Medical

Attendant) Appointment .....

Age .....

Total Service .....

Previous periods of leave if absence on medical certificate

Habits .....

Disease .....

Autorised Medical Attendant of .....

I .....(Name of Medical Officer) after careful personal examination of the case certify that .....

(Name of Patient) is in bad state of health and I solemnly and sincerely declare that according to the best of my judgment the period of absence from duty is essentially necessary for the recovery of his health and recommend that he may be granted .....

days/month's leave with effect from .....In my opinion it is / it is not necessary for the officer to appear before a Medical Board.

Dated : .....

Place : .....

Signature Of Government Servant

Signature of Authorised Medical  
Attendant with seal and  
Registration Number

Name

Designation

Department