

# Medical Certificate of Sickness

I.....after careful examination of the case hereby certify that Mr./Ms. .... whose signature is given below, is suffering from ..... and I consider that a period of absence from duty of..... with effect from ..... is absolutely necessary for the restoration of his/her health.

Date : .....

.....  
Government Attendant  
or  
Registered Practitioner  
(with No.....)

Signature of the Government Servant .....

*The name and address of the authorized Medical Attendant / Government Medical Officer be written in full BLOCK letters alongwith his/her Registration Number (Ref. Circular: CIMN/R/F.79/2023/596*

# Medical Certificate of Fitness to Return on Duty

I, Civil Surgeon / Physician / Medical Officer / Authorized Medical Attendant / Registered Medical practitioner of ..... do hereby certify that I have carefully examined Mr./Ms. .... whose signature is given below and find that he/she has recovered from his/her illness and is now fit to resume his/her duties in Government Service w.e.f. ....

Date : .....

.....  
Government Attendant  
or  
Registered Practitioner  
(with No. ....)

Signature of the Government Servant .....

*The name and address of the authorized Medical Attendant / Government Medical Officer be written in full BLOCK letters alongwith his/her Registration Number (Ref. Circular: CIMN/R/F.79/2023/596*

