Form 4

MEDICAL CERTIFICATE FOR NON-GAZETED OFFICER

Recommendation of leave or extension of leave or commutation of leave

Signature of Government servant……

I…… after careful personal examination of the case hereby certify that Shri/Shrimati/Kumari ……..…… whose signature is given above, is suffering from ……..... And I consider that a period of absence from duty of……days with effect from……... to ……..absolutely necessary for the restoration of his/her health.

Authorized Medical Attendant

Dated…….

----------Hospital/Dispensary