



पंडित सुंदरलाल शर्मा केंद्रीय व्यावसायिक शिक्षा संस्थान, भोपाल
PSS CENTRAL INSTITUTE OF VOCATIONAL EDUCATION, BHOPAL

FORM 3 (See Rule 19)

**लघुकृत अवकाश या अवकाश बढ़ाना या अनुशंसित अवकाश हेतु
राजपत्रित अधिकारियों के लिए चिकित्सा प्रमाण पत्र**

**MEDICAL CERTIFICATE FOR GAZETTED OFFICERS RECOMMENDED LEAVE OR EXTENSION OF LEAVE
OR COMMUTATION OF LEAVE**

Signature of the Govt. Servant _____.

I, _____ after careful personal examination of the case hereby certify that Dr./Shri/Smt./Ku. _____ whose signature is given above, is suffering from _____ and I consider that a period of absence from duty of _____ w.e.f. _____ is absolutely necessary for the restoration of his/her health.

सिविल सर्जन/स्टॉफ सर्जन/ अधिकृत चिकित्सक
Civil Surgeon/Staff Surgeon/
Authorised Medical Attendant

सेवा में लौटने बावत् फिटनेस प्रमाण पत्र

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Govt. Servant _____.

I, _____ Civil Surgeon/Staff Surgeon/Authorised Medical Attendant do hereby certify that I have carefully examined Dr./Shri/Smt./Ku. _____ whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in Govt. service. On _____. I also certify that before arriving at this decision, I have examined the original medical certificate and statement(s) of the case on which leave was granted or extended and have taken these into consideration in arriving at my decision. He/ she fit to duty on _____

सिविल सर्जन/स्टॉफ सर्जन/अधिकृत चिकित्सक
Civil Surgeon/Staff Surgeon/
Authorised Medical Attendant