

# MEDICAL CERTIFICATE FOR LEAVE

( For Group A & B Government Servants)

**Statement of the case of Name** :  
( to be filled in by the applicant in the  
Presence of the official Medical Attendant.)

**Appointment Date** :

**Age** :

**Total Service** : Service in India.

**Previous Periods of Leave of  
absence on medical certificate** :

**Habits** :

**Disease** :

Signature of the Applicant

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I \_\_\_\_\_ Surgeon / Medical officer

at \_\_\_\_\_

after careful personal examination of the case hereby certify that Thiru / Dr. \_\_\_\_\_

is in a bad state of health & suffering from \_\_\_\_\_

and I solemnly and sincerely declare that according to the best of my judgement a period of absence from duty

is essential necessary for the recovery of his/her health and recommended that he/she may be granted

\_\_\_\_\_ leave with effect from \_\_\_\_\_

Station:

Date:

Civil Surgeon or Official Medical Attendant.