

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE 570 006

**MEDICAL CERTIFICATE FOR NON-GAZETTED OFFICER RECOMMENDED LEAVE OR
EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of the Government servant

I, Dr. after careful personal examination of the case hereby
certify that Sri/Smt/Kum whose signature is given above is
suffering from and I consider that a period of absence of days
from duty with effect from is absolutely necessary for the restoration of his/her health.

Date :

Authorised Medical Attendent

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE 570 006

MEDICAL FITNESS CERTIFICATE TO RETURN TO DUTY

I, Dr. do hereby certify that We/I have carefully examined
Sri/Smt/Kum whose signature is given bellow and find that
he/she has recovered from his/her illness (state the disease)
and is now fit to resume duties in Government service with effect from

We/I also certify that before arriving at this decision, we/I have examined the original medical certificates and
statements of the case (or certified copies thereof) on which leave was granted or extended and have taken
these into consideration in arriving at our/my decision.

Place :

Date :

Signature of A.M.A.

Signature of Government servant