Signature of Applicant

**MEDICAL CERTIFICATE**

 I (Name………………………………………………………………..…after careful

Personal examination of the case hereby certify that………………………………………..

………………………………………………………………….(Name and address) whose

Signature is given above is suffering from……………………………………………………

and that I consider that period of absence from duty of……………………………………..

With effect from………………………………is absolutely necessary for the restoration of

his/her health.

 Signature of Medical Officer

 Registration No.

 Part of Registration

Place: (Seal) System of Medicine

Date:

 **FITNESS CERTIFICATE**

 Signature of Applicant

I, ………………………………………………………………………………………………………

Certify that I have carefully examined…………………………………………………......................

………………………………………………………………………………………………………..

departments whose signature is given above and found that he/she has recovered from his /her illness and is now fit to resume duties. I also certify that before arriving at this decision I have examined the original Medical Certificates and Statements of the case of which leave was granted or extended and have taken into consideration is arriving at my decision.

 Signature of Medical Officer

 Registration No.

 (Seal) Part of Registration

Place: System of Medicine

Date: