

**MEDICAL CERTIFICATE FOR LEAVE / EXTENSION OF LEAVE**

Signature of the Applicant : .....

I Dr. .... a Registered Medical Practitioner,  
after careful personal examination of the case certify that Thiru / Thirumathi.....  
..... (Department) whose Signature  
is given above is suffering from ..... and I consider  
that a period of absence from duty of ..... days with effect from  
..... is absolutely necessary for the restoration of his / her  
health.

Signature of the Medical Officer  
Registration Certificate No.

Station :

Date :