



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

अवकाश या अवकाश बढ़ाने हेतु या अनुशंसित अवकाश हेतु चिकित्सा प्रमाण पत्र

MEDICAL CERTIFICATE FOR 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