

FORM OF MEDICAL CERTIFICATE TO BE SUBMITTED BY JUNIOR RESIDENTS /SENIOR RESIDENTS  
FOR AVAILING LEAVE ON MEDICAL GROUNDS FOR MORE THAN 30 DAYS

Signature of applicant

Dr. (Name of patient).....  
Aged ----- (Male/Female) Address .....

.....  
whose signature is given above , has been carefully examined today by us and we find that he/ she is suffering from ..... and we consider that a period of absence from duty of ..... days with effect from ..... to ..... is absolutely necessary for the restoration of his/her health.

1. Dated Signature of Specialist 1 with Reg No, Name & Seal

2. Dated Signature of Specialist 2 with Reg No, Name & Seal

3. Dated Signature of Specialist 3 with Reg No, Name & Seal

Place :  
Date:

Signature of Superintendent  
of Hospital with seal

(Office seal)

FITNESS CERTIFICATE

Signature of applicant

I (Name)..... do  
here by certify that I have carefully examined (Name &Address) .....  
..... of (Dept) ..... who  
was suffering from ..... and whose signature is given above and find  
that he/she has recovered from his/her illness and is now fit to resume duties. I also certify that  
before arriving of this decision I have examined the original Medical certificate(s) and statement(s)  
of the case or certified copies there of, on which leave was granted or extended and have taken these  
in to consideration in arriving at my decision.

Place :  
Date:

Signature of Medical Officer  
Name,  
TCMC Registration No :  
Seal  
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