

FORM 5
{{ See Rule 24 (3) }}

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant

We, the members of Medical Board

I..... Civil

Surgeon / Staff Surgeon / Authorised Medical Attendant /

Registered Medical Practitioner of..... do

hereby certify that We / I have carefully examined

Shri. / Smt. / Kumari

Whose signature is given above and find that he / she has recovered from his / her illness and is now fit to resume duties in Government service. We / I also certify that before arriving at this decision We / I have examined the original Medical Certificate (s) and statement (s) 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.

Dated:

Authorised Medical Attendant/
Hospital Dispensary /
Registered Medical Practitioner