



[See Rule 19]

Signature of the Government servant _____

I, _____ after careful personal examination of the case hereby certify that Shri/Smt./Kum. _____ whose signature is given above, is suffering from _____ and I consider that period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his / her health.

Date : / / 20

____ Hospital/Dispensary
or other Registered Medical Practitioner

