

FITNESS CERTIFICATE

Signature of Applicant.....

We, the members of a Medical Committee /I, Civil Surgeon/Assistant Surgeon of Registered Medical Practitioner of Director of Indigenous Medicine do hereby certify that I / we have carefully examinedof the Department, whose signature is given above and find that he has recovered from his illness and is now fit to resume duties in Government Service. I/we also certify that before arriving at this decision I / we 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 my/our decision.

Name & signature of the Medical Officer
with seal and registration number

Place:.....

Date:.....