

CERTIFICATE OF FITNESS

Signature of the Applicant

.....
do hereby certify that I/We have carefully Examined
Sri./Smt.....
.....

Department 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..... I / We also certify that before arriving at this decision I / We have examined the original medical certificate(s) and statement (s) or the case (or certified copies there of) on which leave was granted of extended and have taken these into consideration in arriving at my/our decision.

Place:

Date:

Medical Officer