

**Non-Gazetted Officer's  
Medical Certificate for leave** .....

**Signature of applicant**

I Dr. (Mr.) ..... after careful personal examination of the Case, hereby certify that .....  
.....  
whose signature is given above, is suffering from .....  
..... and I consider that a period of absence from duty of ..... with effect from ..... is absolutely necessary for the restoration of his/her health.

**Dr. (Mr.)** .....  
Medical Officer in Charge,  
**Reg.No** .....

**Medical History:**

**Dr. (Mr.)** .....  
Medical Officer in Charge,  
**Reg.No** .....