

Form No.6 (b)

MEDICAL CERTIFICATE

Signature of the Government servant	
I, after care	eful personal examination of the case hereby certify that
Dr./Shri/Smt/Kumari	whose signature is given above was suffering
from	and was advised rest fordays
from to	
He/she has now recovered from illness and fit to resume duty w.e.f.	
	Signature of Doctor
	Name of Doctor
	Regd.No.

Dated:.....