

FORM 5
[See Rule 24(3)]

**MEDICAL CERTIFICATE OF FITNESS TO
RETURN TO DUTY**

Signature of the Government Servant

We, the members of Medical Board

I,.....Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant, of.....
Registered Medical Practitioner

do here by certify that we/I have carefully examined Shri/Shrimati/Kumari.....
whose signature is given above, and find that he/she recovered from his/her illness and is
now fit to resume duties in Government service. We/I also certify that before arriving at
this decision, we/I 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 our/my decision.

Members of the Medical Board

(1)

(2)

(3)

Civil Surgeon/Staff Surgeon,
Authorized Medical Attendant,
Registered Medical Practitioner

Dated

Note- The original medical certificate(s) and statement(s) of the case on which the leave
was originally granted or extended shall be produced before the authority required to
issue the above certificate. For this purpose, the original certificate(s) and statement(s) of
the case should be prepared in duplicate, one copy being retained by the Government
servant concerned.