



TOBACCO BOARD
 (GOVT. OF INDIA, MIN. OF COMMERCE & INDUSTRY, DEPT. OF COMMERCE)
 An ISO 9001 : 2008 Certified Organisation



FORM - 4

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF COMMUTATION OF LEAVE

Signature of the Government Servant

I, Dr..... after careful personal examination of the case here by certify that Shri / Smt./Kum./..... 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.

Dated :

Authorised Medical Attendant
 Hospital / Dispensary
 or other Registered Medical
 Practitioner.

FORM - 5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government Servant

We, the members of Medical Board

We/I, Dr. Civil Surgeon / Staff Surgeon /

Authorised Medical Attendant / Registered Medical Practitioner of hereby certify that we/ I have care-

fully examined Shri/Smt/Kum/..... 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 there of) on which leave

was granted or extended and have taken these into consideration in arriving at our / my decision.

Member of the Medical Board

- 1.
- 2.
- 3.

Dated :

Civil Surgeon / Staff Surgeon / Authorised
 Medical Attendant / Regd. Medical Practitioner