FITNESS CERTIFICATE

Signature of Applicant.....

I, Dr. ..... do hereby certifythat I had carefully examined Dr./Shri/Smt./Ms. ..... (name & designation of applicant) of the Office of the ..... 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 also certify that before arriving at this decision, I have examined the original medical certificate and statement of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Place: Signature of Government Medical Officer /Civil Surgeon / Staff Surgeon/Authorized Medical Attendant/Registered Medical Practitioneralongwith official seal

Date: Registration No. _____