

FORM 23

[See Rule 38(3)]

Form of Medical Certificate

Certified that *I/(We) have carefully examined AB son of CD a in
the..... His age by his own statement is..... years, and by appearance
about..... years. I/(We) consider AB to be completely and permanently
incapacitated for further service of any kind in the Department to which he belongs in
consequence of..... (here state disease or cause)

(If the incapacity does not appear to be complete and permanent, the certificate should be
modified accordingly and the following addition should be made.)

*I am/We are of opinion that AB is fit for further service of a less laborious character than that
which he had been doing/may, after resting for..... months, be fit for further
service of less laborious character than that which he had been doing.

Medical Authority

Place:

Dated the:

Footnote : * Strike out whichever is not applicable.