



राष्ट्रीय प्रौद्योगिकी संस्थान मिजोरम
NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM
(An Institution of National Importance under Ministry of HRD, Govt. of India)
CHALTLANG, AIZAWL, MIZORAM – 796012

Phone/Fax: 0389-2391774 / 0389-2391699 / 0389-2391236

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FORM 3

[See rule 19]

**MEDICAL CERTIFICATE FOR GAZATTED OFFICERS RECOMMENDED LEAVE OR
EXTENSION OF LEAVE OR COMMUTATION OF LEAVE**

Signature of Government servant: _____

I, _____ after careful personal examination of the
case hereby certify that Shri/Shrimati/Kumari
_____ 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.

Civil Surgeon/ Staff Surgeon/
Authorized Medical Attendant

_____ Hospital / Dispensary.

Dated _____

Note1:- Deleted.

Note2:- This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying Officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him/her, whether the applicant should go before a ²[Civil Surgeon/Staff surgeon/ Authorized Medical Attendant] to decide the question of his / her fitness for service.

Note 3:- No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.



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FORM 4

[See rule 19]

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR EXTENSION
OF LEAVE OR COMMUTATION OF LEAVE**

Signature of Government servant: _____

I, _____ after careful personal examination of the
case hereby certify that Shri/Shrimati/Kumari
_____ 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.

Authorized Medical Attendant

_____ Hospital / Dispensary
or other Registered Medical Practitioner

Dated _____

Note1:- The nature and probable duration of the illness should be specified.

Note2:- This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying Officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him/her, whether the applicant should go before a ²[Civil Surgeon/Staff surgeon/ Authorized Medical Attendant] to decide the question of his / her fitness for service.

Note 3:- Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a medical officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both as regards the facts of illness and as regards the necessity for the amount of the leave recommended and for this purposed he may either require the Government servant to appear before himself or before a Medical Officer nominated be himself.

Note 4:- No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.



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FORM 5

[See rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant: _____

We, the members of Medical Board

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

do hereby certify that We / I have carefully examined Shri / Smt. / 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 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.