

FORMAT 6
[See rule 39(8)]

Medical Certificate

Certified that I/We have carefully examined (Name of Government servant) son/daughter of a(Designation) in the (Department/Office). His/ her age by his/her own statement is years.

I/(we) consider (Name of Government servant) to be completely and permanently incapacitated for further service of any kind in the Department to which he/she 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 (Name of Government servant) is fit for further service of a less laborious character than that which he/she had been doing/may, after resting for months, be fit for further service of less laborious character than that which he/she had been doing.”

Place:

Date:

Authority)

(Signature & stamp of Medical