

GOOD HEALTH CERTIFICATE

This is to certify that Sri/Smt/Kum _____
S/o, D/o _____ working as _____
in the office of the _____ aged _____ years, is found in
Good Health without any ailment.

Date:

Signature

Station:

Civil Assistant Surgeon/Civil Surgeon

MEDICAL LEAVE AVAILMENT CERTIFICATE

This is to certify that Sri/Smt/Kum _____
working as _____ in the office of the _____ has
not availed any medical leave / availed medical leave during _____ to _____
(Copies of the medical certificate enclosed) as per this office records.

Signature

Drawing and Disbursing Officer