



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHUBANESWAR

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

(Rule 24(3) of CCS Leave Rules)

Signature of the Government Servant _____

I, Dr. _____, Medical Officer of _____

do hereby certify that I have carefully examined Prof./Dr./Mr./Mrs./Ms.

_____ 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. I also

certify that before arriving at this decision, I have examined the original medical

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 my decision.

Date : _____

Medical Officer

Seal