

Certificate of Fitness to Return Duty

Signature of applicant

I.....
a Registered Medical Practitioner, do hereby certify that I have carefully examined
.....
..... whose signature is given above and that he/she has recovered
from his/her illness and is now fit to resume duties in Government services. I also certify that
before arriving at this decision I examined the original Medical certificate and statement of the
case on which leave was granted and have taken these into consideration in arriving at my
decision.

Station

Date

Signature of the Registered Medical Practitioner

Reg. No Part of Registration

System of Medicine.....

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