

**ICMR-NATIONAL CENTRE FOR DISEASE INFORMATICS AND RESEARCH
Bengaluru**

FORM – 3

[See Rule – 19]

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

Signature of the Government Servant:

I, after careful personal examination of the case hereby certify that Shri/Smt./Kum..... 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

Dated