

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

**FORM – 4**

[See Rule – 19(ii)]

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

Signature of 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.

Authorized Medical Attendant/  
.....Hospital  
other Registered Medical Practitioner

Dated .....