



**NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH
BHUBANESWAR**

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE
OR COMMUTATION OF LEAVE
(Rule 19 of CCS Leave Rules)**

Signature of the Government Servant _____

I, Dr. _____ after careful personal examination of the case hereby certify that Prof./Dr./Mr./Mrs./Ms. _____ 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.

Date _____

Medical Officer

Seal

NOTE: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.