

KSR 103 SECTION- HOSPITAL LEAVE

Signature of the Applicant

I Dr after
careful personal examination of the case hereby certified that Sri
.....
..... whose
signature is given above is suffering from
..... and which I consider
that a period of absence from duty of
(.....days) with effect from
is absolutely necessary for the restoration of his health.

Certified that the illness or injury was directly due to risk involved in this course
of official duties and also that the leave recommended is necessary to recover his
health.

Authorized Medical Officer