

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH  
New Delhi**

**MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTED LEAVE**

Signature of patient or thumb impression \_\_\_\_\_

(To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.)

I, Dr. \_\_\_\_\_ after careful examination of the case certify hereby that Sh./Smt. \_\_\_\_\_ whose signature is given above is suffering from \_\_\_\_\_ and I consider that a period of absence from duty of **Indian Council of Social Science Research, New Delhi** with effect from \_\_\_\_\_ is absolutely necessary for the restoration of his/her health.

Place:

Signature of Medical Attendant

Date:

Registration No. \_\_\_\_\_

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**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH  
New Delhi**

**MEDICAL CERTIFICATE OF FITNESS**

Signature of patient or thumb impression \_\_\_\_\_

(To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.)

I, Dr. \_\_\_\_\_ after careful examinations of the case certify hereby that \_\_\_\_\_ on restoration of health is now fit to join service.

Place:

Signature of Medical Attendant

Date:

Registration No. \_\_\_\_\_