

O.C.S.(PENSION) FORM 2

[(See Note (3) below sub-rule (2) of rule 39)]

FORM OF MEDICAL CERTIFICATE

Certified that *I/We have carefully examined Shri/Shrimati son/daughter of Shri in the Department/ Office. His/Her age by his/her own statement is Years, and by appearance about Years. I/We consider Shri/Shrimati To be completely and permanently incapacitated for further service of any kind in the Department/Office to which he/she belongs in consequence of there state disease or cause.

(If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the following addition should be made).

* "I am/We are of opinion that Shri/ Shrimati Is fit for further service of a less laborious character than that which he had been doing/my, after resting for months, be fit for further service of less laborious character than that which he had been doing."

Place:

Medical Authority

Dated the

*strike out whichever is not applicable.