



राष्ट्रीय प्रौद्योगिकी संस्थान मिज़ोरम
NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

(An Institution of National Importance under Ministry of Education, Govt. of India)

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FORM 5

[See rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of Government servant: _____

I, _____ Authorized Medical Attendant,
Registered Medical Practitioner }
of _____

do hereby certify that I have carefully examined Shri. / Smt. / Kumari

_____ whose signature is given
above, and find that he / she recovered from his / her illness and is now fit to resume
duties in Government service. I also certify that before arriving at this decision, I have
examined the original certificate(s) and statement(s) of the case (or certified copies
thereof) on which leave was granted or extended and have taken these into consideration
in arriving at my decision.

Authorized Medical Attendant/
Registered Medical Practitioner

Dated: _____

NOTE: - The original medical certificate(s) and statement(s) of the case on which the leave was
originally granted or extended shall be produced before the authority required to issue the above
certificate. For this purpose, the original certificate(s) and Statement(s) of the case should be
prepared in duplicate, one copy being retained by the Government servant concerned.