భారతీయ విజ్ఞాన సంస్థ హైదరాబాద్
भारतीय प्रौद्योगिकी संस्थान हैदराबाद
Indian Institute of Technology Hyderabad

MEDICAL CERTIFICATE FOR COMMUTATION OF LEAVE

Signature of the IITH Employee_____. Emp ID No:_____

I, Dr._____after careful personal examination of the case hereby certify that Dr/Shri/Smt/Kumari_____, Designation_____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.

Medical Officer
IIT Hyderabad
(Signature with Seal)

Dated: …….....

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MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the IITH Employee_____. Emp ID No:_____

I, Dr._____Medical Officer of IIT-Hyderabad do hereby certify that I have carefully examined Dr/Shri/Smt/Kum_____, Designation_____whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in the IIT-Hyderabad from _____.

Dated: …….....

Medical Officer
IIT Hyderabad
(Signature with Seal)