

**LOTUS PETAL CONSULTANT & SERVICES PRIVATE LIMITED**

**FORM – 3**

**MEDICAL CERTIFICATE FOR COMPANY SERVANT  
RECOMMENDED LEAVE OR EXTENSION OF LEAVE OR  
COMMUTATION OF LEAVE**

Signature of government servant .....  
..... after careful  
personal examination of the case here by certify that  
shri/shrimati/kumari .....  
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.

Date :.....

( ..... )  
Authorized Medical Attendant.  
..... Hospital/Dispensary or  
Other Registered Medical Practitioner