

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 Sri/Srimati.....son/daughter of
Shriin the.....Department/Office. His/age by his her/own
statement isyears, and by apperance aboutyears. 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/Shrimatiis fit for further service
of a less laborious character than that which he had been doing/may, after resting for.....
months, be fit for further service of less labourious character than that which he had been doing".

Medical Authority

Place

Dated the