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नवोदय विद्यालय समिति
मानव संसाधन विकास
मंत्रालय का स्वायत्त संस्थान
स्कूल शिक्षा एवं साक्षरता विभाग,
(भारत सरकार)
बी-15, संस्थानिक क्षेत्र सैक्टर-62,
नोएडा - 201309 (उ.प्र.)



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NAVODAYA VIDYALAYA SAMITI

(An Autonomous Organization under Ministry of HRD)

Dept. of School Education & Literacy,

Govt. of India,

B-15, Sector - 62, Institutional Area,
Noida - 201309 (UP)

File No. 11-1/2013-NVS (Estt-II)

Dated :- 6.8.2014

CIRCULAR

It has been often observed that when the staff is proceeding on Commuted Leave on medical grounds, the medical certificate as well as fitness certificate is not being produced in the prescribed format at the time of joining the duties back.

All officers and staff are hereby advised to submit the medical certificate and fitness certificate in the prescribed format i.e. Form 4 and Form 5.

In future, leave on medical grounds may not be considered for sanction unless the same is supported by medical certificate and fitness certificate in prescribed format as enclosed.

This issues with the approval of Competent Authority.

(P.K.Sharma)

Deputy Commissioner (Admn.)

Copy to:

1. All officers and staff, NVS Hqrs., Noida.
2. Deputy Commissioner(s), All Regional Offices- for information and necessary action.
3. Principal, All JNVs- for information and necessary action.
4. Notice Board.

Form 4

[See Rule 19]

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government servant _____

I, _____ after careful personal examination of the case hereby certify that Shri/Shrimati/Kumari _____ whose signature is given above, is suffering from _____ and I consider that a period of absence from the duty of _____ with effect from ___ is absolutely necessary for the restoration of his/her health.

Authorised Medical Attendant/
Medical Officer

Dated: _____

Form 5

[See Rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant _____

I, _____ Authorized Medical Attendant of _____
Do hereby certify that We/I have carefully examined Shri/Shrimati/Kumari
_____ whose signature is given below, and find that he/she recovered
from his/her illness and is now fit to resume duties in Government service.
We/I also certify that before arriving at this decision we/I have examined the
original medical certificates) 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 our/my decision.

Authorised Medical Attendant/
Registered Medical Practitioner

Dated: _____