

APPENDIX – 2 of MCI Code of Ethics

**FORM OF CERTIFICATE RECOMMENDED
FOR LEAVE OR EXTENSION OR COMMUNICATION
OF LEAVE AND FOR FITNESS**

Signature of patient or thumb impression

To be filled in by the applicant in the presence of Medical Practitioners.

Identification marks:-

a.

b.

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

I, Dr..... after careful examination of the case certify hereby
that on restoration of health is now fit to join service.

Place:.....

Date :.....

Signature of Medical Practitioner.

NMC Registration No......