## **FORM 03**

## (See rule 16)

## Form of Medical Certificate

I/(We) consider ...... to be completely and permanently incapacitated for further service of any kind in the Department to which he belongs to consequence of ...... (here 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 ..... is 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 laborious character than that which he had been doing."

Place..... Dated the .....

Medical Authority