



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
INSTITUTE HOSPITAL

Medical certificate of Fitness to Return to Duty

Signature of the IIT staff (in full).....

I, Dr....., Chief Medical Officer/Medical Officer in Indian Institute of Technology, Guwahati do here by certify that ,I have carefully examined .Dr./Mr./Ms.....Whose signature is given above, and find that he/ she recovered from his /her illness and is now fit to resume duties in the institute with effect from -----. I also certify that before arriving at this decision, I have examined the original Medical certificate (s) and statement(s) of the case (or certifies copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Chief Medical Officer/Medical Officer

Date: _____

Note: 1 .This form should be adhered to as closely as possible and should be filled in after full signature of the IIT staff has been obtained.