

**Centre of Plasma Physics  
Institute for Plasma Research**  
Nazirakhat, Sonapur-782402  
Kamrup, Assam

**CONTRIBUTORY HEALTH SERVICE SCHEME**

**FITNESS CERTIFICATE**

Pay Roll No. \_\_\_\_\_

Date : \_\_\_\_\_

.....  
(Signature of the Applicant)

I, Dr. \_\_\_\_\_ do hereby certify that I have  
carefully examined Shri/Smt./Ku./Dr. \_\_\_\_\_  
and find that he/she has recovered from illness and is fit to resume duties with effect  
from \_\_\_\_\_ I have examined the original medical certificates or  
certified copies thereof and statement(s) of the case on which leave was granted or extended and have  
taken these into consideration in arriving at my decision.

Authorised Medical Officer/ Consultant  
(Signature & Stamp)