



हरियाणा केन्द्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF HARYANA

(संसद अधिनियम 25 (2009) के तहत स्थापित)
(Established vide Act No. 25 (2009) of Parliament)
गाय: जांट-पाली, जिला-महेन्द्रगढ़ (हरियाणा) . 123029
Village: Jant-Pali, Distt: Mahendergarh (Haryana)-123029

No: CUH/2024/Estt.Sec/T/311

Date: 07.05.2024

सूचना/Notice

सक्षम प्राधिकारी के अनुमोदन उपरान्त, सर्वसंबंधितों को सूचित किया जाता है कि जब भी कोई शिक्षक, अधिकारी या कर्मचारी रूपांतरित अवकाश (Commuted Leave) लेते हैं, तो उनको केंद्रीय सिविल सेवा (छुट्टी) नियम -1972 के नियम 19 एवं 24 (3) के परिपालन में प्रपत्र 04 एवं प्रपत्र 05 को समर्थ पोर्टल पर अपलोड करना आवश्यक है। यदि कोई प्रपत्र 04 एवं 05 को समर्थ पोर्टल पर अपलोड नहीं करवाता है, तो संबंधित का अवकाश स्वीकृत नहीं किया जायेगा।

संलग्न-उपरोक्तानुसार

सहायक कुलसचिव (स्थापना)
हरियाणा केंद्रीय विश्वविद्यालय
महेंद्रगढ़, हरियाणा

उपरोक्त की प्रतिलिपि सूचना एवं आवश्यक कार्रवाई हेतु निम्नलिखित को भेजी जाती है:-

1. सहायक कुलसचिव, कुलपति सचिवालय (माननीय कुलपति की जानकारी के लिए), हरियाणा केंद्रीय विश्वविद्यालय, महेंद्रगढ़।
2. कुलसचिव कार्यालय, हरियाणा केंद्रीय विश्वविद्यालय, महेंद्रगढ़।
3. सभी शिक्षक, अधिकारी एवं कर्मचारी, हरियाणा केंद्रीय विश्वविद्यालय, महेंद्रगढ़।
4. सिस्टम एनालिस्ट, हरियाणा केंद्रीय विश्वविद्यालय, महेंद्रगढ़, विश्वविद्यालय की वेबसाइट पर अद्यतन करने हेतु।

अनुभाग अधिकारी (स्थापना)
हरियाणा केंद्रीय विश्वविद्यालय
महेंद्रगढ़, हरियाणा

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 fromand I consider that a period of absence from duty ofwith effect fromis absolutely necessary for the restoration of his / her health.

Authorized Medical Attendant
.....Hospital / Dispensary
or other Registered Medical
Practitioner

Dated.....

NOTE 1- The nature and probable duration of the illness should be specified.

NOTE 2- This Form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality, or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned, to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon or Staff Surgeon to decide the question of his/her fitness for service.

NOTE 3.- Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both a regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he may either require the Government servant to appear before himself or before a Medical Officer nominated by himself.

NOTE 4.- No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant.

FORM 5

[See Rule 24 (3)]

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant

We, the members of Medical Board

I, Civil Surgeon/Staff Surgeon.
Authorized Medical Attendant of....
Registered Medical Practitioner

do hereby certify that we / I have carefully examined Shri / Shrimati I Kumariwhose signature is given above, and find that he/she recovered from his I her illness and is now fit to resume duties in Government service. We / I also certify that before arriving at this decision, we If have examined the original medical certificate(s) 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.

Members of the Medical Board

(1).....

(2).....

(3).....

Civil Surgeon / Staff Surgeon

Authorized Medical Attendant

Registered Medical Practitioner

Dated.....

NOTE.- The original medical certificate(s) and statement(s) of the case on which the leave was originally granted or extended shall be produced before the authority required to issue the above certificate. For this purpose, the original certificate(s) and statement(s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.