



# भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

75  
YEARS

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077  
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

Platinum Jubilee  
(1933 - 2008)

No.MCI-211(2)/Gen./2012-Ethics/2426

Dated: 16/4/13

The Registrar,  
All the State Medical Council

Subject:- Request to comply with requirement of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 - regarding.

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Sir,

Your kind attention is invited to clause 1.3.3 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, which reads as under:-

1.3.3 A Registered medical practitioner shall maintain a Register of Medical Certificates giving full details of certificates issued. When issuing a medical certificate he / she shall always enter the identification marks of the patient and keep a copy of the certificate. He / She shall not omit to record the signature and/or thumb mark, address and at least one identification mark of the patient on the medical certificates or report. The medical certificate shall be prepared as in Appendix 2.

## APPENDIX-2

### "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 the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

#### Identification marks:-

- 1.....
- 2.....

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

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24/4/13

