



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

