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.

---2---
I, Dr. ................................................., after careful examination of the case certify hereby that ................................... on restoration of health is now fit to join service.

Place.......................... \hspace{2cm} Signature of Medical attendant

Date.......................... \hspace{2cm} Registration No..................

(Medical Council of India/State
Medical Council of ................. State)

Note. - The nature and probable duration of the illness should also be specified. This certificate must be accompanied by a brief resume of the case giving the nature of the illness, its symptoms, causes and duration."

All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations.

You are requested to give wide publicity of the above regulation to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation.

Yours faithfully,

(Dr. P. Prasannaraj)
Additional Secretary

Copy to: - Computer Section, Medical Council of India for placing the Circular on MCI website.