

**BHAI GHANAIYA JI INSTITUTE OF HEALTH PANJAB UNIVERSITY CHANDIGARH**

No. 1663/HC

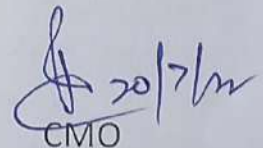
Date 20/07/2022

**Sub:** - Regarding counter verification of medical certificates / medical leave of students as per the information in Handbook of Information 2018 (copies enclosed) by the o/o CMO.

This is to bring to your kind notice that Health facility is already overcrowded with counter verification of medical certificates / medical leaves submitted by the students of all the departments. For smooth and speedy counter verification of medical certificates/ leaves of students, departments are requested to comply the follow alongwith the instructions as in the Handbook of Information 2018.

1. Original medical certificates issued by minimum of MBBS doctor alongwith the copies of OPD/IPD card and investigations as per the case.
2. Students who have already availed maximum of fifteen days of medical leave should not be sent to us by the respective departments.
3. Medical certificates/ leaves of students must be routed through the staff of concerned departments and not by the students or their parents itself as it aversely effect the functioning of Health facility.
4. The office of the CMO will officially communicate to the concerned department regarding the outcome.

It is therefore requested to circulate among all the departments regarding above mentioned instructions for their necessary compliance.

  
CMO

DUI

**(a) Medical Reasons:**

- i) A student availing any benefit shall submit the relevant Medical Certificate/ document/evidence in support of his/her claim within 5 working days of joining the Department.
- ii) The Department will forward Medical Certificate for verification to Chief Medical Officer, Bhai Ghanaiya Ji Institute of Health, within 3 working days. However, the Medical Certificate should be countersigned by the candidate in presence of the Chairperson of the Department.
- iii) The Chief Medical Officer will not entertain any request made directly by the student in this regard. Every request has to be sent through the Department.
- iv) The Chief Medical Officer will verify the authenticity of the Medical Certificate and send it back to the department with clear-cut observations regarding acceptance or rejection of the Medical Certificate within 5 working days.
- v) The Chairperson shall certify that the candidate neither attended any class nor participated in any cultural/extracurricular/other activities of the Department/ University during the period for which Medical Certificate has been submitted by the student.
- vi) For late submission of Medical Certificate, a fine of Rs.100/- per day (with a maximum ceiling of Rs. 2000/-) will be imposed on the student. The student shall be required to attach the receipt of payment of fine along with the Medical Certificate in the concerned department failing which his/her case for seeking condonation of attendance on medical grounds will not be processed.
- vii) In case the Medical Certificate/ document/evidence submitted by the student is found to be forged or fake, the student shall be liable to pay a fine of Rs. 15000/- and shall be debarred from appearing in the current semester examination (in case a student has already appeared in the current semester examination, the result of the same shall stand cancelled) and the student shall not be allowed admission in the next semester also. The student can seek readmission in the same semester, in which he/she submitted fake/forged certificate, next year. In case of annual system of examination, apart from a fine of Rs.15000/, the student shall be debarred from appearing in the year-end examination (in case the student has already appeared in the year-end examination, the result of the same shall stand cancelled) and the student shall not be allowed admission in the next year also. The student can seek readmission in the same year, in which he/she submitted fake/forged certificate,



Further, the Syndicate has the power to condone lectures in various paper(s), for the reasons to be recorded, in cases of extreme hardship as outlined at '(D)'.

(D) Condonation of shortage of attendance of extreme hardship cases, on the production of documentary evidence, in a semester:

i) In case of death of sister, brother, spouse, child, or either parent, number of lectures delivered during the period of absence of the student (maximum up to 10 working days from the date of death) will be condoned.

ii) In case of inability to attend classes due to natural calamities/riots/law and order problem, number of lectures delivered during the period of absence of the student (maximum up to 5 working days) will be condoned.

iii) In case of incapacitation caused due to illness/accident of self or family members (parents, sister, brother, spouse or child), number of lectures delivered during the period of absence of the student (maximum up to 5 working days) will be condoned.

iv) In case of delivery of a child, number of lectures delivered during the period of her absence (maximum up to 30 days) will be condoned.

v) In case of miscarriage or Medical Termination of Pregnancy (MTP), number of lectures delivered during the period of her absence (maximum up to 15 days) will be condoned.  
(Syndicate Para 22 dated 25.02.2017)

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 by the applicant in the presence of the Government Medical Attendant or Medical Practitioner (with qualifications-MBBS or above)

Identification marks:-

a. \_\_\_\_\_

b. \_\_\_\_\_

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.

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

**Signature of Medical attendant**

Registration No. \_\_\_\_\_

(MBBS or above with Mobile #)

**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.

## FORMAT FOR MEDICAL RECORD

Name of the patient:

Age:

Sex:

Address:

Occupation:

Date of 1st visit:

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after Investigation:

Advice:

### **Follow up**

Date:

Observations:

Signature in full \_\_\_\_\_

Name of Treating Physician  
(MBBS or above with Mobile #)