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**To**

The [Designation of Competent Authority],  
[Name of Department / Office],  
[Address]

Date: \_\_\_\_\_

**Subject:** Application for Medical Leave

Respected Sir/Madam,

I, [Full Name], working as [Designation] in [Department/Office Name], am suffering from [briefly mention illness, e.g., viral infection / back pain / post-surgery recovery] and have been advised rest by a registered medical practitioner.

Accordingly, I request that I be granted medical leave for [number of days], i.e., from [Start Date] to [End Date], under the applicable service rules. I am enclosing the medical certificate and fitness advice issued by my doctor in support of this application.

I shall resume duties as soon as I am declared fit to work and will submit the fitness certificate upon joining.

Kindly sanction the requested medical leave and oblige.

Thanking you,

Yours faithfully,

(Signature)

[Full Name]

[Designation]

[Employee ID / PF No.]

[Department / Office Name]

[Contact Number]

[Address]

**Enclosures:**

- Medical certificate from registered medical practitioner
- Fitness advice/prescription
- Copy of previous leave record (if applicable)