

CERTIFICATE-B

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss wife/son/daughter
of employed in the

PART-A

(To be signed by the medical officer-in-charge of the case of the hospital.)

I, Dr. hereby certify :-

- (a) that the patient was admitted to hospital on the advice of
(name of the medical officer)/on my advice.
- (b) that the patient has been under treatment at
(name of the Hospital/Nursing Home) and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the
(name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants;

S.No	Name of the Medicines	Price
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

- (c) that the injections administered were/were not for immunizing or prophylactic purposes.
- (d) that the patient is/was suffering from and is/was under treatment from To
- (e) that the X-ray, laboratory tests, etc., for which an expenditure of Rs..... was incurred were necessary and were under taken on my advice at
(name of hospital or laboratory);
- (f) that I called on Dr..... for specialist consultation and that the necessary approval of the
(Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

**Signature and Designation of the
Medical Officer in-charge of the
case at the Hospital**

PART B

I certify that the patient has been under treatment at the hospital and that the service of the special nurses for which an expenditure of Rs..... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature of the Medical
Officer-in-Charge
of the case at the hospital**

COUNTERSIGNED

Medical Superintendent
..... **Hospital**

* I certify that the patient has been under treatment at
(name of the hospital) hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place
Date

Medical Superintendent
..... **Hospital**

NOTE: Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

** The 'minimum of facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.*