

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 Mr.
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
..... and that the undermentioned 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 patient and do not include proprietary preparations for which cheaper
substances of equal the therapeutic value are available for preparations which are
primarily foods, toilets or disinfectants.

Name of Medicines	Price
1.
2.
3.
4.
5.

(c) that the injection(s) administered was/were not for immunizing or prophylactic
purposes.

(d) that the patient is/was suffering from
and is/was under my treatment from to

(e) that the X-ray, Laboratory tests etc. for which an expenditure of Rs.
was incurred were necessary and were undertaken on my advice at
..... (Name of the 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.

Date:

**Signature & Designation of the
Medical Officer-in-charge**

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 receipt 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**

MEDICAL SUPERINTENDENT

----- Hospital

*I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patients treatment.

Place:

Medical Superintendent

----- Hospital

* NOTE : Certificates not applicable should be stuck off certificate (a) is compulsory and must be filled in by the medical officer in all cases.