

# CERTIFICATE 'B'

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

## Part A

I, Dr..... hereby certify:

- (a) that the patient was admitted to hospital on my advice/on the advice of ..... (name of Medical Officer).
- (b) that the patient has been under treatment at ..... 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.

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

- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient was suffering from ..... and 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 hospital or laboratory).
- (f) that I called in Dr..... for specialist consultation and that the necessary approval of the ..... (name of the principal Medical Officer), as required under the rules was obtained.

Date .....  
Place .....

.....  
Signature and designation of the  
Medical Officer in charge of the case at the hospital

## Part B

I certify that the patients has been under treatment at the ..... hospital and that the services 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.

Date.....  
Place .....

.....  
Signature and designation of the  
Medical Officer in charge of the at the hospital.

Countersigned

.....  
Principal Medical Officer

## Part C

I certify that Shri/Shrimati/Kumari..... wife/son/daughter .....of..... employed in the ..... has been under treatment for ..... disease from ..... to ..... at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Date.....  
Place .....

.....  
Medical Department  
..... Hospital

Note: Certificates not applicable should be struck off. The Essentiality Certificate as given in Part A (b) above is compulsory and must be filled in by the Medical Officer in all cases.