

WESTERN RAILWAY - MEDICAL DEPARTMENT

ANNEXURE V (See Para 659)

ESSENTIALITY CERTIFICATE

I certify that Shri / Shrimati / Kumar
wife/son/daughter..... of
..... employed in the has
been under my treatment for disease from to
..... at the hospital/my consulting room 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 hospital
..... and do not include proprietary
preparations for which
hospital for supply to private patients cheaper substances of equal therapeutic value are available,
nor preparations, which are primarily foods, toilers or disinfectants.

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

.....
Signature of the Medical Officer
In charge of the case at the hospital.

Date
Place

.....
Signature and designation of the
Authorised Medical Officer