

CERTIFICATE 'B'

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

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

PART-A

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

I, Dr. hereby certify

(a) that the patient was admitted to hospital on my advice/on the advise of
.....(Name of the 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 the medicines	Price
1
2
3
4
5
6

(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 undertaken on my advice at
..... (Name of the Hospital or Laboratory).

- :: 2 :: -

(f) that I called on Dr. specialist
consultation and that the necessary approval of the
(name of the Chief Administrative Medical Officer of the state)
as required under rules, was obtained.

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

PART-B

I certify that the patient has been under 45 treatment at the
..... Hospital and 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.

.....
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 the
..... Hospital and that the facilities provided were essential for
the patient's treatment.

Place :
Date :

Medical Superintendent
..... Hospital

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