

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted
in 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. _____ here by 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 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 non preparation which are primarily
foods toilets or disinfectants

NAME OF MEDICINES _____

PRICE _____

- c) That the injections administered were / were not for immunising of prophylactic purposes.
- d) That the patients 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 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 of 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 and Designation of
the Medical Officer in Charge
of the case of the hospital

COUNTERSIGNED
Medical Superintendent

_____ Hospital

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

Medical Superintendent
Hospital

Place :

Note : Certificates not applicable should be struck off. Certificate (d) is compulsory and must be
filled in by the medical officer in all cases.