

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 or 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 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.	_____	_____

- (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 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 at 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 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 the minimum which were 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.

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