

Certificate granted to Mrs. / Mr. / Miss \_\_\_\_\_  
 wife / son / daughter of Shri / Smt. \_\_\_\_\_ employed in the \_\_\_\_\_

**CERTIFICATE 'A'**

(To be completed in the case of patients who are not admitted to hospital for treatment)

I. Dr. \_\_\_\_\_ hereby certify:—

(a) that I charged and received Rs. \_\_\_\_\_ for \_\_\_\_\_  
 consultation(s) on \_\_\_\_\_ at my consulting room \_\_\_\_\_  
 (date to be given) at the residence of the patient

(b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_  
 intra - venous \_\_\_\_\_ at my  
 intra-muscular injections on \_\_\_\_\_  
 sub-cutaneous \_\_\_\_\_ (date to be given)  
 consulting room/at the residence of the patient.

(c) that the injections administered were/were not for immunising or prophylactic purposes.

(d) that the patient has been under treatment at \_\_\_\_\_

hospital/my consulting room, 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 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.

| S. No. | NAME OF MEDICINES | Price |    |
|--------|-------------------|-------|----|
|        |                   | Rs.   | P. |
| 1      |                   |       |    |
| 2      |                   |       |    |
| 3      |                   |       |    |
| 4      |                   |       |    |
| 5      |                   |       |    |
| 6      |                   |       |    |
| 7      |                   |       |    |
| 8      |                   |       |    |
| 9      |                   |       |    |
| 10     |                   |       |    |
| 11     |                   |       |    |

- (e) that the patient is/ was suffering /from \_\_\_\_\_  
 and is / was under my treatment from \_\_\_\_\_ to \_\_\_\_\_
- (f) that the patient is/ was not given pre-natal or post-natal treatment.
- (g) 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
- (h) that I referred the patient to Dr. \_\_\_\_\_ for specialist  
 consultation and that the necessary approval of the \_\_\_\_\_  
 Name of the Chief Administrative Medical Officer  
 as required under the rules, was obtained.
- (i) that the patient did not require hospitalisation.  
required

Dated \_\_\_\_\_ 19

Signature, Designation and Degree of the  
 Medical Officer, and Hospital/Dispensary  
 to which attached.

| S. No. | NAME OF MEDICINES | QTY. |
|--------|-------------------|------|
| 1      |                   |      |
| 2      |                   |      |
| 3      |                   |      |
| 4      |                   |      |
| 5      |                   |      |
| 6      |                   |      |
| 7      |                   |      |
| 8      |                   |      |
| 9      |                   |      |
| 10     |                   |      |
| 11     |                   |      |

N.B.—Certificates not applicable should be struck off  
 by the Medical Officer in all cases.

Certificate (A) is compulsory and must be filled in