

**CERTIFICATE 'B'**

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

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

**PART-A**

I, Dr. ....hereby certify -

- (a) that the patient was admitted to hospital on the advise of .....(name of the Medical Officer) on my advice;
- (b) that the patient has been under treatment<sup>5</sup> at .....and that the under mentioned medicines of 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 patient 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:

	<b>Name of Medicines</b>	<b>Price</b>
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 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);

## ESSENTIALITY CERTIFICATES

(f) that I called on Dr. ....for Specialist consultation and the necessarily 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.

Place.....

Medical Superintendent

.....Hospital

NOTE:- Certified not applicable should be stuck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

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- The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical superintendent.

[G.I., M.H., O.M., No.-F-2-35/52-LSG (H.I.) dated the 19<sup>th</sup> September, 2958.]