



CERTIFICATE 'B'

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

Certificate granted to Mrs. / Miss / Mr. _____
_____ Wife / Son / Daughter of Mr. _____ employed
in the _____

PART 'A'

(To be signed by the Medical Officer incharge of the case at hospital)

1. Dr. _____ hereby certify:-

(a) That the patient was admitted to hospital on the advice of/on my advice _____

(Name of the Medical Officer)

(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 sub-stances of equal therapeutic value are available nor preparations which are
primarily foods toiletries or disinfectants.

Name of medicine

Price

1. _____
2. _____
3. _____
4. _____

(c) that the injections administered were/were not for immunizing or prophylactic purpose.

(d) that the patient is/was suffering from _____

and is/who 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/Lab).

(f) that I called on Dr. _____

for specialist consultation and that the necessary approval of the _____

_____ as required under rules, was obtained.

(Name of the chief medical officer of the state).

Signature & Designation of the
Medical Officer incharge of the
case at the Hospital

PART 'B'

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

Medical Officer incharge of the case at the Hospital

Signature & Designation of the

COUNTERSIGNED

Medical Superintendent
..... Hospital

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

Place :

Medical Superintendent
.....Hospital

N.B. : Certificates not applicable should be stuck off.
Certificates are compulsory and must be filled in by the Medical Officer in all cases.

- * The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another gestated Medical Officer who has been authorized on behalf of the Medical Superintendent.