Certificate granted to Mrs. /Mrs./Miss._____ wife /son/daughter of Shir./Smt._____Employed in the _____

_____

CERTIFICATE 'B'

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

PART- A

(To be signed by the medical officer in charge of the_____

_____case of hospital)

1. I, Dr._____ hereby certify :-

(a) that the patient was admitted to hospital on the advice of Name of Medical Officer/on my advice :_____

(Name of the medical officer)

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 substance of equal therapeutic value are available for preparation which are primarily foods. Toilets or disinfectants :

Sr. No.	Name of Medicines	Price	
		Rs.	Paise

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

(d) that the patient is/was suffering from _____ and is /was under treatment from _____ to _____

(e) that the X-ray, laboratory test etc. for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ _____ name of the 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)

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 and Designation 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