

Certificate granted to Mrs./Mr./Miss .....  
wife/son/daughter of Mr. .... 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 the  
hospital)

I, Dr. .... hereby certify : (a) that the  
patient was admitted to hospital on my advice/on the advice of.....

(b) that the patient has been under treatment at.....  
and that the undermentioned medicines prescribed by me in this connec-  
tion where essential for the recovery/prevention of serious deterioration  
in the condition of the patient. The medicines are not stocked in the  
.....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, toilet or disinfectants.

Name of medicines Price

- 1) .....
  - 2) .....
  - 3) .....
  - 4) .....
  - 5) .....
- (c) that the injections administered were/was not for immunising  
phylactic purposes.
- (d) that the patient is/was suffering from .....to.....  
and is/was under my treatment from.....
- (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.....
- (f) that I called in Dr. ....for specialists con-  
sultation and that the necessary approval of the.....  
.....as required

(Name of the Chief Administrative Medical  
Officer of the State)

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 services of the  
special nurses, for which an expenditure of.....was  
incurred vide bills and receipts attached, were essential for the  
recovery/prevention of serious deterioration in the condition of  
the patient.

BY  
(S)  
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 patients  
treatment.

Place : Medical Superintendent  
Date : .....

N.B. Certificates not applicable should be struck off.  
Certificate (d) is compulsory and must be filled in by the  
Medical Officer in all cases.

m.j.  
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