

CERTIFICATE "B"

To be completed in the case of patient who are ~~not~~ admitted to Hospital for Treatment

Certificate granted to Mrs/Mr.....Wife/Son/Daughter of
Mr.....employed in the Rajiv Gandhi University

PART "A"

(To be signed by Medical Officer in-charge of the

(Name of the Medical

I, Dr.....do hereby certify that:

a) That the Patient was admitted to the hospital on the advice of Dr.....
.....(Name of medical officer/on my advice.

b) That patient has been under treatment at..... and that
the under mentioned medicines perturbed by me in this connection were essential for the recovery/
prevention of boleros deterioration in the condition of the patient . The medicines are not attached in the
.....(Name of the hospital) for supply to the private patients and do not include preparation for
which cheaper substances of equal therapeutic value are available nor preparation which are propriety
foods, toilet or disinfectants

Name of Medicines

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/was under treatment
from.....to

e) That the x-ray, Laboratory test etc, for which an expenditure for Rs..... was incurred were
necessary and undertaken on my advice at(name
of the Hospital or laboratory)

F) That I called Dr..... for apposite consultation and that
the necessary approval of the(name of the Chief Administrative Medical
Officer of the State) and required under the rules, was obtained

Signature & Designation of the M.O./i/c of the case

PART "B"

I certify that the patient has been under treatment at the hospital and that the service of the special nurses for which expenditure of Rs..... was incurred, vide bill and receipts attached, were essential for the recovery/prevention on serious deterioration in the condition of the patient.

Signature of the Medical Officer
I/c of the case at the hospital

COUNTERSIGNER
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.....
.....Hospital.

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

* The minimum of facilities certificates may be signed either by the Medical Superintendent of hospital concerned or another gazetted Medical Officer who has been authorized in this behalf the Medical Superintendent.

(G.I. M.H., O.M No.F 2-35/52-LSG (Vol. I), Dated, the 19th September, 1985)