

**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**

(To be signed by the medical officer in charge of the \_\_\_\_\_ case of the hospital).

1. Dr. \_\_\_\_\_ hereby certify  
(a) that the patient was admitted to hospital on the advice  
On \_\_\_\_\_ name of the medical  
officer/on my advice.

(b) 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  
substances which are primarily foods toilets or disinfectants.

Name of Medicines	Price
1.-----	-----
2.-----	-----
3.-----	-----
4.-----	-----
5.-----	-----

- c) that the patient 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 tests etc., for which an expenditure of Rs.-----  
was incurred were necessary and were undertaken on my advice at -----  
----- (name of hospital or laboratory).

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f) that I claimed on Dr.-----  
specialist consultation and that the necessary approval of the  
-----  
(Name of the Chief Administrative Medical Officer of the State)  
as required under the rules, was obtained.

Signature & 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 \_\_\_\_\_  
\_\_\_\_\_ and that the service of the special nurses for  
which an expenditure of Rs.-----for the recovery /  
prevention of serious deterioration in the condition of the patient.

Signature of the 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: 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 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, 1958.