

UNIVERSITY OF DELHI

CERTIFICATE-B

Certificate granted to Mrs./Mr./Miss.....

Wife/Son/daughter of Mr/Mrs..... employed on
the.....

PART-A

1. Dr.....here by certify :-

(a) that the patient was admitted to hospital on the advice of.....
on my advice

.....
(Name of Medical Officer)

(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 substance
of equal therapeutic value are available not preparations which are pamany foods, toilets, or
disinfections.

Price

Name of Medicines

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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

(d) That the patient is/was suffering fromand is/was under my
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)

(f) that I called on Dr.....for specialists consultation
and the necessary approval of the.....

.....as
(Name of the Chief Administrative Medical Officer of the State) as required under the rules
was obtained.

Signature and Designation of the
Medical Officers-in-charge of the
Case at the hospital

PART-B

I certify that the patient has been under treatment of the.....Hospital and that the service of the special nurses for which an expenditure of Rs.....was incurred vide bills and receipt attached were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer
In-charge of the case at the
Hospital

ESSENTIALITY CERTIFICATE
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

.....Place

.....Hospital

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

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*The minimum 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.