

CERTIFICATE – ‘B’

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

Certificate granted to Mr./Mrs./Miss _____,
husband/wife/son/daughter of Mr./Mrs./Miss _____ employed in
the _____.

PART – A

I, Dr. _____ hereby certify

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

(b) that the patient has been under treatment at _____ hospital/my consulting room and that the undermentioned 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 hospital) 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, toilets or disinfectants.

Name of Medicines	Price

(c) that the injections administered were /were not for immunizing or prophylactic purposes;

(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 was 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 Officer of the State) as required under the rules was obtained;

Date:

**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 of the Medical Officer
in charge of the case at the hospital**