

# ESSENTIALITY CERTIFICATES

## CERTIFICATE – ‘A’

**(To be completed in the case of patients who are not admitted to hospital for treatment)**

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

I, Dr. \_\_\_\_\_ hereby certify

(a) that I charged and received Rs. \_\_\_\_\_ for \_\_\_\_\_ consultations on  
\_\_\_\_\_ (dates to be given) at my consulting room/ at the residence of the  
patient;

(b) that I charged and received Rs. \_\_\_\_\_ for administering intra-venous/Intra-muscular/  
subcutaneous injections on \_\_\_\_\_ (dates to be given) at \_\_\_\_\_ my  
consulting room/at the residence of the patient;

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

(d) 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 |
|-------------------|-------|
|                   |       |
|                   |       |
|                   |       |
|                   |       |

(e) that the patient is/was suffering from \_\_\_\_\_ and is/was under  
treatment from \_\_\_\_\_ to \_\_\_\_\_.

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) 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).

(h) that I referred the patient to 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.;

(i) that the patient did not require/required hospitalisation

Date:

**Signature of A.M.A./ Designation of the  
Medical Officer and hospital/  
dispensary to which attached**

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

Note-1 : In case where double the rates of consultation fees are charged by the AMA for night visit (between 10 p.m. and 6 a.m.) The AMA should furnish a certificate showing why the night consultation was necessary.

[G.I., M.H., O.M.No. F - 28-57/60-H.I dated the 4th April, 1962]

Note-2 : The above certificate may be deemed to be regular receipt for the payment received by the Medical Officers who will be required to affix a revenue stamp on Essentiality Certificate itself when the payment exceeds Rs.20. Separate receipt(stamped where necessary) would however be necessary from the Specialist for consultation with them, who do not sign the Essentiality Certificate.

[G.I., M.H., O.M.No. F - 28-8/60-H.I. dated the 30th January, 1961]

Note-3 Where the receipt issued by the Government Hospitals are on authorised forms(printed and numbered) and amount of these receipt is incorporated in the body of the Essentiality Certificate, countersignature of such receipt need not be insisted upon.

[G.I., M.H., O.M.No.F - 61(1)-E.V/60 dated the 29th February, 1960]