

SRI AUROBINDO COLLEGE (DAY)

Malviya Nagar, New Delhi - 110017

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

CERTIFICATE 'B'

(To be completed in case of patients who are admitted in hospital for treatment.

PART-A

(To be signed by the medical officer-in-charge of the _____ case
of the hospital).

I, Dr. _____ hereby certify.

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

(name of the medical officer)

(b) that the patient has been under treatment at _____ the _____ 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 of equal the therapeutic value are available nor preparations
which are primarily foods, toilettes or disinfectants.

Name of medicines

Price

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
- (c) that the injections administered were not for immunising or prophylactic purposes.
- (d) that the patient is/was suffering from _____ and 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)
- (f) that I called on Dr. _____ for specialist consultation and that necessary
approval _____ name of chief medical officer of the) as required under the rules was obtained.

Sign. & Design.
Medical Officer-in-charge
of the case

PART-B

I certify that the patient has been under treatment at _____ 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 recover/prevention of serious deterioration in the condition of the patient.

Signature of the Medical
Officer-in-charge of the
case at the hospital

COUNTER SIGNED

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 Supdt.

_____ Hospital