

“ CERTIFICATE – B”

(TO BE COMPLETED IN THE CASE OF PATIENTS RECEIVING TREATMENT IN HOSPITALS)

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

PART – I(to be signed by the Medical Officer-in-charge of the case at the Hospital)

I, Dr. _____ hereby certify that :

(a) the patient was admitted to Hospital on my advise / the advise of
Dr. _____ (name of the medical officer)

(b) 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 the supply to private patients and do not include propriety preparations
for which cheaper substances of equal therapeutic value are available nor preparations
which are primarily foods, toilets or disinfectants.

Name of medicinePrice

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

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

(d) the patient is / was suffering from _____ and is
/ was under my treatment from _____ to _____

(e) the X-Ray, laboratory tests, etc., for which an expenditure of ₹ _____ was
incurred were necessary and were undertaken on my advise at _____ (name
of Hospital / Laboratory).

(f) I called in Dr. _____ for Specialist _____
consultation and the necessary approval of the _____
(name of the Chief Medical Officer) as required under the Rules was obtained.

(Signature of the Medical Officer-in-Charge at the Hospital with seal)

P.T.O.

PART – II

I certify that the patient has been under treatment at the _____
Hospital and that the services of the special nurses for which an expenditure of ₹ _____
was incurred (vide bills and receipts attached) was essential for the recovery / prevention of
serious deterioration in the condition of the patient.

Signature of the
Medical Officer-in-Charge at the Hospital
(with seal)

COUNTERSIGNED.

(Signature of Medical Superintendent with seal)
_____ 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.

(Signature of Medical Superintendent with seal)
_____ Hospital

Place : _____

Date : _____

NOTE: Certificates not applicable should be struck off. Certificate at (d) is compulsory
and must be filled by the Medical Officer in all cases.

