(vii) CERTIFICATE 'B' की प्रतिलिपि

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

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

PART-A

1. 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 ..... 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 the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are availbale nor preparations which are primarily foods, toilets or disinfectants:

Names of medicines	Price
1.	.....
2.	.....
3.	.....
4.	.....

(c) that the injections administered was/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 tests, etc. for which an expenditure of Rs..... was incurred were 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 Medical Officer of the State) as required under the rules, was obtained:

Signature of AMA/Designation of the Medical Officer in Charge of the case at the hospital

Dated .....

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

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