

SHYAM LAL COLLEGE, (Eve.)

Shahdara, Delhi-110032

(University of Delhi)

CERTIFICATE - B

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

PART A

1. Dr. _____ hereby certify :

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

(Name of medical officer)

(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 patients. 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 for preparations which are primarily foods,
toilets or disinfectants.

Sr. No.	Name of Medicines	Price
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
		Total (Rs.)

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

(d) that the patient is / was suffering from _____ and
is/was under my 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 the necessary approval of the _____
(Name of Chief Admn. Medical Officer of that State)

_____ as required under the rules was obtained.

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 receipt attaches, was essential for the
recovery / prevention of serious deterioration in the condition of the patient.

C O U N T E R S I G N E D

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 _____ Hospital

Date _____

N.B. :- Certificate not applicable should be struck off. Certificate/s is compulsory and must be
filled in by the Medical Officer in all cases.