

## CERTIFICATE 'B'

*[To be completed in the case of patients who are admitted to hospital for treatment]*

Certificate granted to Mrs/Miss/Mr. \_\_\_\_\_  
Wife/Son/Daughter/Father/Mother of Mr. \_\_\_\_\_ employed in  
the National Research Centre for Medicinal and Aromatic Plants, Boriavi.

### PART A

I, Dr. \_\_\_\_\_ hereby certify that:-

- (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 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 therapeutic value are available nor  
preparation which are primarily foods, toilets or disinfectants;

	Name of medicines	Price
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

- (c) that the injections administered were/were not for immunizing or prophylactic purpose;
- (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 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 the Medical Officer  
In charge of the case at the  
Hospital

**PAERT B**

I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the service of the special nurse 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  
\_\_\_\_\_ Hospital

Place: