

KIRORI MAL COLLEGE

(University of Delhi)

CERTIFICATE 'B'

(To be completed in the case of patients when admitted to Hospital for treatment).

Certificate granted to Mr./Mrs./Miss
wife/son/daughter of Mr./Mrs.
employed in the KIRORI MAL COLLEGE, Department DELHI - 110007.

PART — 'A'

(To be signed by the Office-in-charge of the case at the Hospital).

I, Dr. hereby certify

- (a) that the patient was admitted to the Hospital on the advice of / on my advice
..... (Name of the Medical Officer)
- (b) that the patient has been under treatment at and that the undermentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in (Name of the Hospital) for supply to private patients and do not include proprietary preparations for which substances of equal therapeutic value are available nor preparations 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 immunising or prophylactic or mental or dental purposes.
- (d) That the patient is/was suffering from and is/was under treatment from to
- (e) that the X-Ray, laboratory test, 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 in Dr. for specialist consultation and that the necessary approval of the as required under the rules was obtained

[Name of Chief of State]

Signature & Designation of the
Medical Officer-in-charge of the
case at the Hospital with Seal

Contd.....P/2.....

PART — 'B'

Certify that patient has been under treatment of
(name of the Hospital) and that the service of a Special Nurse. For which an expenditure of Rs.
was incurred vide bill and receipts attached, were essential for the recovery/prevention of serious deterioration in
the condition of the patient.

(Signature of Medical Officer
in-charge with seal)

COUNTERSIGNED

I Certify that the patient has been under treatment at (name of the
Hospital) and that the facilities provided were the minimum which were essential for the patient's treatment.

Dated

Place

Medical Superintendent of
the Hospital with seal.

N.B. : Certificate not applicable should be struck off. Certificate (b) is compulsory and must be filled in by the
Medical Officer in all cases.

I certify that (name of the Hospital) is recognised by
the Government of India and the Delhi Administration for the treatment of Government Employees and
their families.

Signature & Designation of the
Medical Officer-in-charge of the
case at the Hospital with Seal

Medical Superintendent of
the Hospital with seal.

KIRORI MAL COLLEGE

(UNIVERSITY OF DELHI)
CERTIFICATE 'A'

(To be Completed in the case of patients who are not admitted
to hospital for treatment)

Certificate granted to Mr./Mrs/Miss
wife/son/daughter of Mr
employed in the KIRORI MAL COLLEGE, DELHI-110007.

I, Dr..... hereby certify

- (a) that I charged and received Rs..... for consultations on.....
(dates to be given) at my consulting room/at the residence of patient.
- (b) That I charged and received Rs..... for administering.....
intra venous/intra muscular/subcutaneous injections on.....(dates to be
given) at..... my consulting room/the residence of the patient.
- (c) that the injections administered were not/were for immunizing or prophylactic purposes.
- (d) that the patient has been under treatment at..... hospital/my consulting room
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 available nor preparations which are primarily
foods, toilets or disinfectants.

Name of Medicines	Price
1.
2.
3.
4.
5.
6.

- (e) that the patient is/was suffering from..... and is/was under my treatment
from to
- (f) that the patient is/was not given Pre-natal or Post-natal treatment.
- (g) that the X-Ray, laboratory test, Ultra Sound, C.T. Scan etc. for which an expenditure
of Rs. was incurred were necessary and were undertaken on my
advice at..... (name of Hospital or Laboratory)
- (h) that I referred the patient to 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
- (i) that the patient did not require/required hospitalization.

Dated

Signature of AMA/Designation of the Medical
Officer and hospital/dispensary to which
attached.