

CENTRAL UNIVERSITY OF TIBETAN STUDIES
(Deemed University)
SARNATH, VARANASI, U.P., INDIA

ESSENTIAL BY CERTIFICATES
CERTIFICATE 'A'

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

Certificate granted to Mrs./Mr./Miss

..... wife/ son/ daughter of Mr

..... employed in the

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 the 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 immunising 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 patient. 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 nor preparations which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
7. ....	.....
8. ....	.....
9. ....	.....
10. ....	.....

- (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 etc., for which an expenditure of Rs. was
incurred was necessary and were undertaken on my advice at (Names of
the 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 officer of the State) as required under the rules was obtained.
- (i) That the patient did not require / required hospitalisation.

Signature of Govt. employee

Dated

**SIGNATURE AND DESIGNATION
OF THE MEDICAL OFFICER AND
HOSPITAL / DISPENSARY TO
WHICH ATTACHED.**