

## CERTIFICATE B

(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/ Mrs.....  
Employed in the **Indian Council of Social Science Research (Ministry of Human Resource Development), New Delhi**

### PART A

I, Dr.....hereby certify-

- a) That the patient was admitted at 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 decoration 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 the medicine (in block letters)

Price

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

- c) that the injections administered were/were not for immunizing or prophylectic purpose
  
- 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 the hospital or laboratory)
  
- f) that I called on Dr.....for specialist consultation  
and the necessary approval of the .....  
(Name of the Chief Administrative Medical Officer of the 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 nurse for which an expenditure of Rs.....  
was incurred, vide bills 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 hospital**

**COUNTER SIGNATURE OF THE MEDICAL SUPERINTENDENT OF THE  
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: Medical Superintendent/Incharge  
Date: .....Hospital

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