Med-103

Certified granted to Mrs./Mr./Miss.... VIJAY KUMAR SINGH (U.P.P.)

Son of LATE BABU SINGH

Employed in the UTTAR PRADESH POLICE

**CERTIFICATE "A"**

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

Dr. .......ARUN PANDEY............hereby certify :-

(a) That I charged/received Rs. .........................................for consultations on.....................................at my consulting room at the residence for the patient.

(b) That I charged abed received Rs. ....................................for administering ............................................. intramuscular/sub corneous injections on.................................................................at many consulting room/at the residence of the patient.

(c) That the patient has been under treatment at.................................................................................hospital may consulting room and the under mentioned medicines prescribed by me in this connection were essential for the recover/promotions of serious degeneration in the conditions of the patient. The medicines are not stocked in the (name of the hospital)................................................................................. for supply to private patients and do not include pioprictary preparations for which cheaper substance of equal therapeutic value are available not preparations which are primarily foods, toilets and disinfectants.

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| **SI.** | **Name of Medicines** | **Quantity** | **Price** |
| 1. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000435  DT 26.08.25 | - | 3546.00 |
| 2. | SOLUTIO MEDICA, LKO , B-R002814, DT 11.07.25 | - | 3264.00 |
| 3. | LEDTC, LKO, B-104463, DT 11.07.25 | - | 1900.00 |
| 4. | LEDTC, LKO, B-104455 ,DT 11.07.25 | - | 1000.00 |
| 5. | METROPOLIS, LKO, B-01580072538750 , DT 11.07.25 | - | 1835.00 |
| 6. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000527 DT 24.10.24 | - | 3175.00 |
| 7. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000289 DT 03.08.24 | - | 3147.00 |
| 8. | ISHWAR MEDICALS, LKO, B-IM-06551 DT 02.08.24 | - | 2240.00 |
| 9. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000237 DT 09.07.24 | - | 3135.00 |
| 10. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000146 DT 28.05.24 | - | 3135.00 |
| 11. | LEDTC PHARMACY, LKO, B-C0001074 DT 07.05.24 | - | 2638.00 |
| 12. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000676 DT 06.04.24 | - | 3149.00 |
| 13. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000600 DT 06.03.24 | - | 3135.00 |
| 14. | LEDTC PHARMACY, LKO, B-C0008203 DT 09.02.24 | - | 2752.00 |
| 15. | SHRIPRAKASH MEDICAL STORE, LKO,B-R-000446 DT 03.01.24 | - | 3268.00 |
|  | **TOTAL** |  | **41319.00** |

(2)

(d) That the patient is/was suffering from............................................................and is/was under my treatment from .............................................to.....................................................

(e) That the patient is/was not given prenatal or postnatal treatment.........................................................

(f) That the x-ray, Laboratory test, etc, for which an expenditure of Rs. ....................................an incurred were necessary and were undertaken on my advice at...........................................................

(h) That the patient did not require/required under the rules for hospitalization.

(i) I am not drawing any NPA/NPP.

Date............................. Signature & Designation of the

Medical Officer and the Hospital/

Dispensary to which attached.

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

**COUNTERSIGNED**

I certify that that patient has been under treatment at the.................................................hospital and that the facilities provided were minimum which were essential for the patients treatment.

Place.............................. Medical Superintendent

Date.............................. .................................Hospital