

ESSENTIALITY CERTIFICATE

Certified that Mr./Mrs./Miss _____
Son/Daughter/wife/mother/father of Shri _____ employed in
the office of _____ has been under the treatment of
_____ Disp/Hospital were absolutely in the condition essential for
the treatment and recovery/prevention of serious deterioration in the condition medical in the patients.
The medicines were not in the stock in the above said Disp/Hospital for the supply of the entitled
patients and do not in the proprietary/preparations for which cleaner substitutes or equal to their value
and available not prescribed are primarily food toilets or disinfect.

- 1. Certified that the treatment as indoor patients was not necessary
- 2. Certified that the medicines are borne/not borne on the list of medicines store departments.
- 3. Certified that the medicines are not in the nature of tonic etc.
- 4. Certified that the medicines charges have not cheaper effective.
- 5. Certified that the medicines/prescribed are not in the list of non reimbursement medicines/particular that the revised vide Pb. Govt. Letter No. 170-T-S-SAHP-1-66/7708 dated 25-1-1966
- 6. He/She was suffering from _____
- 7. Period of treatment from _____ to _____

S.N.	Name of medicines	Name of Chemist	Bill No. & Date of which actually purchased	Amount

Signature & Authorized
Medical attendant with designation

- 1) Certified that my/wife/son/daughter/mother/father is wholly solely dependent upon me and residing with me.
- 2) He/She is not in Govt. service.
- 3) Certified that the treatment pertains to myself
- 4) Medicines were purchased and consumed during the period of treatment.

Signature and designation of the
Medical Officer In charge of the
Govt Hospital