

**PART-B (For Indoor Patients, IPD)**  
**(Essentiality Certificate)**

I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the expenditure of Rs. \_\_\_\_\_ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature & Designation of Medical officer**  
**Incharge of the case at the Hospital**