**(TO BE COMPLETED IN THE CASE OF PATIENTS WHO ARE ADMITTED TO HOSPITAL FOR TREATMENT)** (**INDOOR**) Certificate granted to Mrs./Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_wife/ son/ daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the Punjab & Haryana High Court. Part 'A' (To be signed by the medical officer in charge of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ case of the hospital). I, Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby certified (a) that the patient was admitted to hospital on the advice of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the medical officer) on my advice. (b) That the patient has been the treatment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and that the under mentioned medicines prescribed by me in this connection were essential for the recover/prevention of serious deterioration and 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 the reapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Particulars of the Bills

Sr.No. Cash Memo No. & Date Amount

(c) that the injections administered were/are not for immunising or prophyled purposes.

(d) that the patient is /was suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_ is/was under treatment from \_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(e) that the X-ray, laboratory tests etc. for which an expenditure of Rs.\_\_\_\_\_\_\_\_\_\_ was incurred were necessary and were undertaken on my advice at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the Hospital of Laboratory).

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(f)That I called on Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for specialist consultation and that the necessary approval of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the Chief Administrative Medical Officer of State) as required under the rules was obtained.

SIGNATURE & DESIGNATION THE MEDICAL OFFICER IN-CHARGE OF THE HOSPITAL /DISPENSARY

PART 'B'

I certified that the patient has been under treatment at the hospital and that the service of the special nursed for which an expenditure of Rs.\_\_\_\_\_\_\_\_\_\_\_ was incurred. Vide bill and 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 THE HOSPITAL

COUNTERSIGNED

Medical Superintendent of the Hospital

I certify that the patient has been under treatment at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hospital and that the facilities provided in minimum which were essential for the patient's treatment.

Medical Superintendent

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.