

Ram Lal Anand College
UNIVERSITY OF DELHI

ESSENTIALITY CERTIFICATE
CERTIFICATE-B

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mr./ Mrs./ Miss _____ spouse/
son/ daughter of Mr./ Mrs./ Miss employed in RAM LAL ANAND COLLEGE.

PART-A

I, Dr. _____ hereby certify:

- (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 under treatment at _____
_____ and the undermentioned medicines
prescribed by me in this connection were essential for the recovery/ prevention of
serious deterioration 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 not preparations which
are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

1. _____	Rs. _____
2. _____	Rs. _____
3. _____	Rs. _____
4. _____	Rs. _____
5. _____	Rs. _____
6. _____	Rs. _____

- (c) That the injections administered were not for immunising or prophylactic purposes;
- (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 hospital or laboratory);

(f) That I called on Dr. _____ for specialist consultation and that 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

Certify that the patient has been under treatment at the _____ hospital and that the service of the special nurses for which an 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 of the Medical Officer-in-charge
of the case at the hospital

COUNTERSIGNED

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
_____ Hospital

NOTE: CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (B) IS COMPULSARY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.