

BHAGINI NIVEDITA COLLEGE

(UNIVERSITY OF DELHI)
KAIR, (NEAR NAJAFGARH) NEW DELHI-110043

CERTIFICATE B

(To be completed in the case of a patients who are admitted to the Hospital for treatment)

Certificate granted to Mrs./Mr./Miss.....wife/Son/Daughter
of Mr.....employed in the.....

PART A

1. 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 that 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 Medi are not stocked in the (name of the hospital) for supply to private patient and do not include proprietary preparations for which cheaper substances to equal therapeutic value are available not preparations which are primarilly foods. Toilts or disinfectants :

Name of Medicines	Price	Name of Medicines	Price

- (c) that the injections administered are/were not for immunisation or prophylactic purpose;
- (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 hospital or laboratory)
- (f) that I called on Dr. for specialist consultation and that the necessary approval of the (Name of the chief Administrative) (Administrative Medical officer of the State) as required under the rules, was obtained.

P.T.O.

Signature and Designation
of the Medical officer
incharge of the case
at the
Scanned with CamScanner

PART B

I 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
incharge of the case at the
hospital

COUNTERSIGNED

Medical Superintendent
..... Hospital

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.

Medical Superintendent
.....
Hospital

Place.....

Note : Certificate not applicable should be struck off. Certificate is compulsory and must be filled in by the Medical officer in all cases.