CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to Hospital for the treatment)
Certificate granted to Mrs. /Mr./Miss/Ma. ……mother/father/ Wife / son / daughter of Mr. ……..employee in the

ICAR-National Institute of Seed Science & Technology, MauNath Bhanjan, Uttar Pradesh 275 103.

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 …… hospital/ my consulting room and that the under mentioned 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 patient and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available nor preparations which are primarily foods, toilets of disinfectants.

Sl.	Name of the medicine	Price
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

C) That the injections administered were not/ were for immunizing or prophylactic purposes.

d) That the patient is /was suffering from …….. and is /was under my treatment from ……..to ……..

e) That the X-ray, laboratory test, ultrasound etc. for which an expenditure of Rs. ……..was incurred was necessary and were undertaken on my advice at ……..(name of the hospital or laboratory).

f) That I called on Dr. ……. For specialist consultation and that the necessary approval of the ……..(name of the Chief Administrative officer of the State) as required under the Rules was obtained.

Date:……

Signature and Designation of the Medical Officer in charge of the case at the Hospital

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. …….. wasincurred, vide bills and receipts attached, were essential for the recovery / prevention of serious deterioration inthe condition of the patient.

Signature and Designation of the Medical Officer in charge 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.

Place ……

Medical Superintendent
Hospital

Note: Certificates not applicable should be struck off certificate copies compulsory and must be filled in by the Medical Officer all in cases.