

# SRI GURU TEGH BAHADUR KHALSA COLLEGE

(UNIVERSITY OF DELHI)

DELHI-110 007

## CERTIFICATE - A

CERTIFICATE granted to Mr./Mrs./Miss .....  
wife/son/daughter of Mr. ....

I, Dr./ Hospital ..... hereby certify that

(a) I charged and received Rs. .... for consultation on .....  
[date (s) to be given] at my consulting room/at the residence  
of patient.

(b) I charged and received Rs. .... for administering  
..... intra muscular injection  
or subcutaneous on ..... at my consulting room/at the  
residence of patient. (dates to be given)

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

(d) that the patient has been under my treatment at hospital / consulting 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.

(e) that 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  
substance of equal therapeutic value are available nor preparation which are primarily foods,  
toilets or disinfectants.

Cash Memo No. ....

Name of Medicines	Price
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
7. ....	.....
8. ....	.....
<u>Total</u>	.....

(f) that the patient is/was suffering from .....  
and is/was under my treatment from (Period of claim) ..... to .....

(g) that the patient is/was not given pre-natal or post-Natal treatment;

(h) that the X-Ray, Laboratory test etc. for which an expenditure of Rs. ....  
was incurred, were necessary and was undertaken on my advice at .....  
.....; (Name of hospital of Lab.)

(i) that I referred the patient to Dr. \_\_\_\_\_ for  
specialist consultation and that the necessary approval of the .....

[Name of the Chief Administration / Medical Officer of the state ]

as required under the rules, was obtained.

(j) that the patient did not require / required hospitalisation.

Date .....

Signature & Designation of the Medical Officer  
and hospital/dispensary to which attached with stamp

N.B.: Certificate not applicable should be struck off. Certificate(s) is compulsory and must be filled in by the  
medical officer in all cases