

SRI GURU TEGH BAHADUR KHALSA COLLEGE

(UNIVERSITY OF DELHI)

DELHI-110 007

CERTIFICATE - B

(To be Completed in the Case of Patient when Admitted to Hospital for Treatment)

CERTIFICATE granted to Mr./Mrs./Miss

wife/son/daughter of Mr.

employed in Sri Guru Tegh Bahadur Khalsa College

PART-A

(To be signed by the Officer-in-charge of the case of the Hospital)

I Dr. hereby certify

(a) That the patient was admitted in the hospital on the advice of/my advice
..... (name of Medical Officer)

(b) That the patient has been under treatment at

..... And that the undermentioned medicine prescribed by me
in this connection were essential for the recovery/prevention of serious deformation in the condition of
the patient. The medicines are not stocked in for supply to
(Name of Hospital)

private patients and do not include proprietary preparations for which other cheaper substances of
equal therapeutic value are available nor preparation which are primarily food, toilets or disinfectants.

Name of the medicines	Price
.....
.....
.....
.....
.....
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.....

(c) That the injections administered were not for immunising or prophylactic of mental or dental 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/Laboratory)

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

Date

Signature and designation of the
Medical Officer-in-Charge
of the case at the Hospital

PART-B

I certify that patient has been under treatment of
and that the Service of Special nurse, for which an expenditure of
was incurred vide bills and receipts attached were essential for the recovery/prevention of serious
deterioration in the condition of patient

Signature of Medical Officer-in-charge
of the Hospital

COUNTERSIGNED

I certify that the patient has been under treatment at and that
the facilities provided were minimum which were essential for the patient treatment.

Date

Medical Superintendent

Place

N.B. :- Certificate not applicable should be struck off. Certificate (b) is compulsory and must be filled in by the
Medical Officer- in all cases.