CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to hospital for treatment.)

Certificate granted to Mr / Mrs /Miss……. wife / son / daughter of Mr / Mrs / Miss …….. employed in the ……..

I, Dr. …….. hereby certify:-

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

(b) That I charged and received Rs. ……..for administering……..intravenous / intramuscular / subxutareous injections on …….. (dates to be given) at my counsulting room/the residence of the patients.

(c) That the injections administered were not/were for immunizing or pro-phylactic purposes.

(d) That the patient has been under treatment…….. hospital / my consulting room 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 medicines are not stocked in the …….. (name if hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal the periodic value are available nor preparations which are primarily foods, toolsets or disinfectants.

Sl. No.	**Name of medicines**	**Rs.**

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

(f) That 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/Laboratory).

(g) That I referred the patient to Dr…… for specialist consultation…… (name of the Chief Administration Medical Officer of the State) are required under the rules was obtained.

(h) That the patient did not required / required hospitalization.

Date: ……

Signature and designation of
The Medical Officer and the
Hospital/Dispensary to which
attached.

N.B. Certificates not applicable should be stuck
of certificates is compulsory and must be filled
in by the Medical Officer in all cases.