

**ESSENTIALITY CERTIFICATES**

**CERTIFICATE "B"**

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

Certificate granted to Mrs/Mr/Miss \_\_\_\_\_  
wife/son/daughter/father/mother of Mr. \_\_\_\_\_ employed  
in the \_\_\_\_\_

**PART - A**

(to be signed by the medical officer in charge of the \_\_\_\_\_ case of the hospital)

I, Dr. \_\_\_\_\_ hereby certify -

(a) that the patient was admitted to hospital on the advise of -

\_\_\_\_\_  
(name of the medical officer)/on my advice.

(b) that the patient has been under treatment at \_\_\_\_\_ 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 patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available or preparations which are primarily foods, toilet or disinfectants.

<u>Sl.No.</u>	<u>Name of medicines</u>	<u>Price</u>	<u>Sl.No.</u>	<u>Name of medicines</u>	<u>Price</u>
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(c) that the injections administered were/were not for immunizing or prophylactic purposes.

(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 Medical Officer of the state) as required under the rules was obtained.

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. \_\_\_\_\_ 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  
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.

Medical Superintendent  
\_\_\_\_\_

Place :  
Hospital

**NOTE :** Certificates not applicable should be struck off. Certificate(d) is compulsory and must be filled in by the Medical Officer in all cases.

- The minimum of facilities certificate' may be signed either by the Medical superintendent of the hospital concerned or another Gazetted Medical officer who has been authorized in this behalf by the Medical Superintendent.
- (G.I.,M.H.,O.M.No.F.2-35/52-LSG(H.I.), dated the 19<sup>th</sup> Septmber, 10858.)