



(e) that the patients is / was suffering from ..... and is / was under my treatment from ..... to .....

(f) that the patient is / was not given pre-natel or post - natel treatment.

(g) that the X-Ray, laboratory test etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at .....

(h) that I referred the patient to Dr. .... for specialists consultation and that the necessary approval of the .....

(Name of the Chief Administrative Medical Officer)

as required under the rule was obtained.

i) that the patient did not require hospitalisation.

\_\_\_\_\_ require

Signature & Designation of the  
Medical Officer of hospital /  
dispensary

Date .....

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