

# SHYAM LAL COLLEGE, SHAHDARA DELHI-32

(UNIVERSITY OF DELHI)

## CERTIFICATE - B

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

### PART A

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

(a) that the patient was admitted to hospital on the advice of \_\_\_\_\_  
on my advice

(Name of medical officer)

(b) that the patient has been under treatment at \_\_\_\_\_

\_\_\_\_\_ 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 of Hospital)

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

Name of Medicines

Price

1

2

3

4

5

6

7

8

9

10

11

12

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

(d) that the patient is/was suffering from \_\_\_\_\_ and  
is/was under my 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 Admn. 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 \_\_\_\_\_  
was incurred vide bills and receipts attached, was \_\_\_\_\_ 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.

Place \_\_\_\_\_

\_\_\_\_\_  
Medical Superintendent,  
Hospital

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