SHYAM LAL COLLEGE, SHAHDARA DELHI-32

(UNIVERSITY OF DELHI)

CERTIFICATE - B

| wile son daughter fo | ther I mother of Mr. | | | |
|--|--|--|-------|-------------------|
| wife son daughter father mother of Mr employed in the PART A | | | | |
| | | | I. Dr | hereby certify :- |
| | | | | |
| (a) that the patient | t was admitted to hospital on the advice of on my advice | | | |
| | (Name of medical officer) | | | |
| (b) that the patien | t has been under treatment at | | | |
| | | | | |
| - this section is | and that the undermentioned medicines prescribed by me | | | |
| n 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) | | | |
| dostalles of equal the | tients and do not include proprietary preparations for which cheaper erapeutic value are available nor preparations which are primarily tants. | | | |
| for supply to private par substances of equal the foods, whilets or disinfect Name of Medicines | crapeutic value are available nor preparations which are mineral | | | |
| oods, woilets or disinfections Name of Medicines | erapeutic value are available nor preparations which are primarily tants. | | | |
| oods, toilets or disinfections Mame of Medicines | erapeutic value are available nor preparations which are primarily tants. Price | | | |
| oods, toilets or disinfections Name of Medicines | erapeutic value are available nor preparations which are primarily tants. Price | | | |
| oods, woilets or disinfections | tants. Price | | | |
| oods, woilets or disinfections Mame of Medicines | erapeutic value are available nor preparations which are primarily tants. Price | | | |
| oods, woilets or disinfections Mame of Medicines | tants. Price | | | |
| oods, woilets or disinfections Mame of Medicines | tants. Price | | | |
| oods, woilets or disinfections Mame of Medicines 1 2 | tants. Price | | | |
| oods, woilets or disinfections of Medicines 1 2 3 4 5 | tants. Price | | | |
| oods, woilets or disinfections of Medicines 1 2 3 4 | tants. Price | | | |
| oods, woilets or disinfections of Medicines 1 2 3 4 5 | tants. Price | | | |
| Name of Medicines 1 2 3 4 5 6 | tants. Price | | | |
| oods, soilets or disinfectives Mame of Medicines 1 2 3 4 5 6 | tants. Price | | | |
| oods, woilets or disinfect Name of Medicines 1 2 3 4 5 6 7 | tants. Price | | | |
| oods, toilets or disinfect Name of Medicines 1 2 3 4 5 6 7 8 9 | tants. Price | | | |
| Name of Medicines 1 2 3 4 5 6 7 8 | tants. Price | | | |

| | not for imminising or prophylactic purposes. |
|--|--|
| (d) that the patient is/was suffering from | gnal |
| was under my treatment from | |
| was associately associated and associated as | Value of Do |
| (c) that the X-ray, laboratory tests etc. fo | or which an expenditure of Rs. |
| as incurred were necessary and were underta | ken on my actvice at |
| is incurred were noons, | |
| (Name of hospit | al or laborasory) |
| | for specialist consultation |
| (f) that I called on Dr. | |
| nd that the necessary approval of the | of the Chief Admn. Medical Officer of the State) |
| (Name | (1) 6770 |
| | as required under the rules was obtained. |
| | |
| | |
| | Signature and Designation of the |
| | cal Officer-in-charge of the case at the Hospital. |
| | delen en e |
| PAI | RTB |
| | der treatment at the |
| I Certify that the patient has been un | nder treatment at the |
| pospital and that the service of the special nur | rses, for which an expenditure |
| Lilla and receipts attached | d, was a lor the recovery prevention of |
| was incurred vide bills and receipts and le | atient. |
| erious deterioration in the condition of the p | The state of the s |
| | |
| | Signature of the Medical Officer-in-charge |
| | of the case at the hospital |
| | |
| COUNTI | ERSIGNED |
| | Superintendent |
| Meaicai | Hospital |
| | Hospital |
| | |
| I Certify that the patient has been | under treatment at the |
| 1 Celtaly that the parties of the same | ere the minimum which were essential for the |
| hospital and that the facilities provided we | LU LANGE |
| patient's treatment. | |
| | |
| | Medical Superintendent, |
| | Medical Superintendent, Hospit |

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.