

HANS RAJ COLLEGE, DELHI

CERTIFICATE : A

(O.P.D. Treatment)

Certificate granted to Mr./Ms.....
wife/son/daughter/Father/Mother of..... employed in Hans
Raj College, Delhi-110007.

1. Dr.....hereby certify.

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

(b) That I charged and Received Rs..... for administering.....

Intra Muscular Injection or subcutaneous on
(date/s to be given) at the residence of the patient/my consulting room;

(c) That the injections administered were/ were not for immunising or prophylactic purposes:

(d) That the patient has been under treatment at.....
hospital / my consulting room and that the undermentioned medicines prescribed by me in this
connection were essential for the recovery / prevention of serious deteriorations 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 preparation for which cheaper
substances of equal therapeutiq value are available nor preparation which are primarily foods, toilets
of disinfectants.

NAME OF THE MEDICINES (IN BLOCK LETTERS) :

PRICE

1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....
7.	.....	.....
8.	.....	.....
9.	.....	.....
10.	.....	.....
11.	.....	.....
12.	.....	.....

Total Rs.

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

(f) That the present Bill claim is fromto.....

(g) That the patient is/was not given per-natal or post-natal treatment;

(h) That the X-ray, laboratory, etc. for which an expenditure of Rs..... was
incurred were necessary and were undertaken on my advice at.....
.....(name of the hospital or laboratory).

(i) That I referred that patient to Dr. for specialist consultation
and that the necessary approval of the

(name of the Chief Administrative Medical Officer of State)

as required under the rules was obtained;

(j) That the patient did not require/ required hospitalization.

Signature