

# UNIVERSITY OF DELHI

## CERTIFICATE - B

Certificate granted to Mr./Mrs./Miss .....  
wife / son / daughter of Mr. ....  
employed in the .....

### PART - A

I, Dr. .... hereby certify :-

(a) that the patient was admitted in the hospital on the advice of / on my advice  
.....  
(Name of the 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 preparation for which cheaper  
substances of equal therapeutic value are available nor preparations which are primarily  
foods, toilets or disinfectants.

NAME OF MEDICINES : (In Block Letters)

PRICE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(c) that the injections administered was / were not for immunising prophylactic purposes.  
(d) that the patient is was suffering from ..... and is/was under my  
treatment from ..... to .....  
(e) that the X-Ray, Laboratory-Test, etc. for which an expenditure of  
Rs.....was incurred were necessary and were undertaken  
on my advice at .....

(Name of Hospital Laboratory)

(f) that I called on Dr. ..... for specialist consultation and that the necessary approval of ..... (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.

.....  
Signature & Designation of the Medical Officer-in-charge in case of the Hospital.

**PART - B**

I certify that the patient has been under treatment at the ..... Hospital and that the service of the special nurse, for which an expenditure was incurred vide bills and receipts attached were essential for the recovery/prevention of the serious deterioration in the condition of the patient.

.....  
Signature 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*  
..... *Hospital*

Place :

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.