

SHAHEED BHAGAT SINGH (EVE.) COLLEGE

(CERTIFICATE - B)

Certificate granted to Mrs./Mr./Miss.....
Wife/son/daughter of Mr.....
employed in the SHAHEED BHAGAT SINGH (EVE.) COLLEGE

PART - A

1. Dr.....hereby certify :-

(a) that the patient was admitted to hospital on the advice / on my advice of
(Name of medical officer)

(b) that the patient has been under treatment atby
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

Signature of the Medical Officer-in-Charge
of the case of the hospital

COUNTER SIGNED

Medical Superintendent

Hospital

I certify that the patient has been under treatment at
that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent Date
Hospital Price

This Certificate not applicable should be issued to students of Shaheed Bhagat Singh (Eve.) College
the Medical Officer in Charge

- (c) that the injections administered were/were not for immunising or prophylactic purposes.
- (d) that the patient is/was suffering from.....and is/was under my treatment fromto.....
- (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 Admst. 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

PART - B

I certify that the patient has been under treatment of the.....hospital and that the service of the special nurses for which an expenditure of Rs.....was incurred vide bills and receipts attached. Were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer-in-Charge
of the case of the hospital

COUNTER SIGNED

Medical Superintendent
..... hospital

I certify that the patient has been under treatment at.....hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Date : Medical Superintendent
Place : Hospital

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