



(c) that the injections administered were/were not for immunizing or prophylactic purpose:

(d) that the patient is/was suffering from \_\_\_\_\_ and is/was under 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 the hospital or laboratory.

(f) that I called on Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval of the \_\_\_\_\_ (Name of the chief administrative medical officer of the state)

Administrative 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 Rs. \_\_\_\_\_ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation 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.

Medical Superintendent

\_\_\_\_\_ Hospital

Place:

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