



05. that the patient is / was suffering from \_\_\_\_\_  
\_\_\_\_\_ and is / was under my treatment  
from \_\_\_\_\_ to \_\_\_\_\_ .

06. that the patient is / was not given pre-natal or post-natal treatment.

07. that the X-Ray, Laboratory Test etc. for which as expenditure of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_)  
was incurred was necessary and were undertaken on my advice at \_\_\_\_\_  
\_\_\_\_\_ (Name of the hospital or / Laboratory.

08. that I referred the patient to Dr. \_\_\_\_\_  
for **SPECIALIST** consultation and that the necessary approval of the  
\_\_\_\_\_ (Name of the Chief Administrative  
Officer of the State) as required under the rules was obtained.

09. that the patient did not require / required hospitalisation.

STATION :

SIGNATURE OF AMA / DESIGNATION OF THE MEDICAL OFFICER  
AND HOSPITAL / DISPENSARY TO WHICH ATTACHED  
(SEAL WITH ADDRESS AND REGISTRATION No.)

DATE :

**N.B. : - CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (5) IS  
COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.**

**ESSENTIAL CERTIFICATE  
CERTIFICATE – B**

(To be completed in the case of patients who are ADMITTED to hospital for treatment)

Certificate granted to \_\_\_\_\_

Self/Wife/Husband/Son/Daughter/Father/Mother of \_\_\_\_\_  
employed in the **ICMR-National Centre for Disease Informatics and Research, Bengaluru**

**PART - A**

( To be signed by the Medical Officer in-Charge of the \_\_\_\_\_

\_\_\_\_\_ case of the Hospital)

I, Dr. \_\_\_\_\_

(Registration No. \_\_\_\_\_) hereby certify :-

01. that the patient was admitted to hospital on the advice of \_\_\_\_\_  
\_\_\_\_\_ (name of the Medical Officer / on my advice.

02. that the patient has been under treatment at \_\_\_\_\_  
\_\_\_\_\_ and

that the undermentioned medicines prescribed by me in in this connection were essential for the recovery/prevention of serious determination 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 preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

03. Charged and received Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ ) for administering \_\_\_\_\_

**intra-venous / intra-muscular / subcutaneous injection** on \_\_\_\_\_  
\_\_\_\_\_ (date to be given) at my consulting room outside hospital hours.

04. that the injections administered were not/were for immunising or prophylactic purposes.

05. that the patient has been under my 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 deterioration 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 preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primary foods, toilets or disinfectants.

