

## CERTIFICATE 'B'

(To be completed in the case of patents who are  
admitted to hospital for treatment)

Certificate granted to Dr. / Sh. / Smt. / Km. ....  
 Father / Mother / Son / Daughter / Self Wife of Dr. / Sh. / Smt. / Km. ....  
 ..... employed in the I.I.P.R., Kanpur

### Part 'A'

(To be signed by the medical Officer In charge of the .....  
 ..... case of the hospital

I- Dr. .... hereby certify:

- (a) That the patient was admitted to hospital on the advice of Dr. ....  
 ..... (Name of the medical officer) on my advice.
- (b) That the patient has been under treatment at .....  
 ..... and that undermentioned medicines prescribed 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 preparation for which cheaper  
 substances of equal therapeutic value are available nor preparation which are primarily foods,  
 toilets or disinfectants.

Name of medicines	Price (Rs.)	Name of the medicines	Price (Rs.)
1-		9-	
2-		10-	
3-		11-	
4-		12-	
5-		13-	
6-		14-	
7-		15-	
8-		16-	

- (c) That the injection administered were/were not for immunising or prophylactic purposes.
- (d) That the patient is/was suffering from .....  
 and is/was under treatment from ..... to .....
- (e) That the X-ray, laboratory tests, etc - for which and 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 Administrative Medical Officer of the State) as required under the rules was obtained.

Signature & Designation of the case at the hospital

PART 'B'

I certify that the patient has been under treatment at the ..... hospital and that 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 at the hospital

Counter signed

Medical Superintendent  
Hospital

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

Medical Superintendent

Place .....

Hospital .....

Note:- Certificates not applicable should be stuck off. Certificate(s) is compulsory and must be filled in the Medical Office in all cases.