

**ESSENTIALITY CERTIFICATE**

**CERTIFICATE-B**

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss .....  
wife /son/daughter of Mr./Mrs./Miss .....  
employed in the Central Pollution Control Board, Delhi

**PART-A**

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

- (a) that the patient was admitted to hospital on the advice of ..... (name of the medical officer)/on my advice;
- (b) that the patient has been under treatment at ..... and that the under mentioned 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 not preparations which are primarily foods, toilets or disinfectants.

**NAME OF MEDICINES**

**PRICE**

- 1.
- 2.
- 3.
- 4.
- 5.

- (c) that the injections administered were/were not for immunising of prophylactic purposes;
- (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 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 and Designation of the  
Medical Officer-in-charge of the case at the hospital.

:2:

**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 of the Medical Officer-in-charge  
of the case at the hospital.

**COUNTERSIGNED**

\* 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

Place .....

Hospital .....

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

\* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent. (G.I.M.H.,O.M. No.F-2-35/52-LSG (H.I.) dated 19.9.1958)

**ESSENTIALITY CERTIFICATE**

**CERTIFICATE 'A'**

**(To be completed in the case of patients who are NOT ADMITTED to hospital for treatment)**

Certificate granted to Mrs./Mr./Miss.....  
Wife/Son/Daughter of Mr./Mrs./Miss ..... employed in Central Pollution  
Control Board, Delhi

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

- (a) that I charged and received **Rs.** ..... for ..... consultations on ..... (dates to be given) at my consulting room/ at the residence of the patient;
- (b) that I charged and received **Rs.**..... for administering .....intra- venous/intra-muscular/subcutaneous injections on.....(dates to be given) at..... my consulting Room/the residence of the patient;
- (c) that the injections administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at ..... hospital/ my consulting room and that the under mentioned 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 primarily food, toilets or disinfectants.

Sl. No.	Name of Medicine	Price	Sl No.	Name of Medicine	Price

.....2/-

**:2:**

- (e) that the patient is/was suffering **from** ..... **and is/was** under my treatment **from** ..... **to** .....
- (f) that the patient is/was not given pre-natal or post-natal treatment;
- (g) that the X-ray laboratory test, etc., for which an expenditure of **Rs.** .....was incurred was necessary and were undertaken on my advice at .....(name of the hospital or laboratory);
- (h) 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;
- (i) that the patient did not require/required hospitalisation.
- (j) that the mixture/ointment/powder entered at serial ( ) under certificate (d) could not be dispensed at the hospital and the patient was advised to buy it from the market.
- (k) that the period of treatment/No. of injections in excess of the prescribed one was/were essential for the complete recovery of the patient.

**Signature of AMA/Designation of the Medical officer  
and hospital/dispensary to which attached.**

**Dated:- -----**

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