

SRI GURU GOBIND SINGH COLLEGE OF COMMERCE

(UNIVERSITY OF DELHI)
PITAMPURA, DELHI-110088

CERTIFICATE - B

Certificate granted to Mr./Mrs./Miss.....

Wife/Son/Daughter of Mr.....

Employed in Sri Guru Gobind Singh College of Commerce, Pitam Pura, Delhi-110088

PART-A

I, Dr.hereby certify.

a) that the patient was admitted to hospital on my advice/on the advice of.....

.....
(Name of Medical Officer)

b) that the patient has been under treatment at.....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 Hospital)

for supply to private patients and do not include proprietary preparation for which cheaper substances of equal therapeuti value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines

Price

(c) that the injections administered were/were not for immunising or prophylactic purpose.

(d) that patient is/was suffering from and is/was under my treatment from to

(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

as required under the rules was (Name of the Chief Administrative Medical Officer State) 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 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 by the medical Officer in all cases.