

Certificate granted to Dr.Mrs./Mr./Miss
 wife/son/daughter of Sri/Smt..... Pensioner/
 Family Pensioner of ICMR-National Institute of Nutrition, Hyderabad.....

CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to Hospital for treatment)

PART-A

(To be signed by the medical Officer-in-charge of the case of the Hospital)

1. Dr.....hereby certify:-

a. That the patient was admitted to hospital on the advice of
on my advice

.....
 (Name of the Medical Officer)

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 Hospital)

for supply to private patents and do not include proprietary preparations for which cheaper substances of equal
 therapeutic value are available for preparations which are primarily foods, toilets for disinfectants.

Sl. No.	Name of Medicines	PRICE	
		Rs.	Ps.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

- c. That the injections administered were for immunising or prophylactic purposes
 were not
- 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 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 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 bill 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

Medical Superintendent
..... Hospital

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

Place: Medical Superintendent
.....Hospital

Note:- Certificates not applicable should be struck off. Certificates (D) is compulsory and must be filled in
the Medical Officer-in-charge of the cases.

*The ‘minimum facilities certificate’ may be signed either by the Medical superintendent of the Hospital concerned
or another Gazetted Officer who has been authorised in this behalf by the Medical Superintendent.
