

**ESSENTIALITY CERTIFICATE 'B'**

Certificate granted to Mrs./Mr./Miss \_\_\_\_\_  
wife/son/daughter of Mr. \_\_\_\_\_  
employed in the \_\_\_\_\_

**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).

I. 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 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 \_\_\_\_\_

\_\_\_\_\_ for supply to private patients and do not include proprietary  
(name of the Hospital) preparations for which cheaper substances of equal therapeutic  
value are available nor preparations which are primarily foods,  
toilets or disinfectants.

**Name of Medicine**

**Price**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

c) that the injections administered were \_\_\_\_\_ for immunising or prophylactic purposes.  
were not

d) that the patient is/was suffering form \_\_\_\_\_  
\_\_\_\_\_ and is/was under treatment form  
\_\_\_\_\_ 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 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.

**PART - B**

I certify that the patient has been under treatment at the \_\_\_\_\_  
\_\_\_\_\_ Hospital and that the service of the special nurses for which 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**

Medical Superintendent  
\_\_\_\_\_ Hospital

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.

Date \_\_\_\_\_

Medical Superintendent  
\_\_\_\_\_ Hospital

Certificates not applicable should be struck off. Certificate compulsorily and must be filled in by the Medical Officer  
in all cases.