

Institute of Home Economics
(University of Delhi)

CERTIFICATE 'B'

Certificate granted to Mrs./Mr./Miss.....Wife/Son/
Daughter of Mr. /Mrs.employed in the Institute of Home
Economics, New Delhi-1100016.

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 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 preparations for which cheaper substances of equal
therapeutic value are available nor preparations which are primarily food, toilets or disinfectants.

Name of Medicines	Price
1.
2.
3.
4.
5.
6.

(c) that the injections administered were for/were not immunizing or prophylactic purpose;

(d) that the patient is/was suffering fromand 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

(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 certified 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

Medical Superintendent
_____ Hospital

I, certified 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.

Place_____

Medical Superintendent
_____ Hospital

N.B. :- Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.