

CERTIFICATE granted to Mrs./Mr./Miss \_\_\_\_\_  
wife/son/daughter of Mr. \_\_\_\_\_ employed in the  
Indira Gandhi National Forest Academy, New Forest, Dehradun

## 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 at the hospital)

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

Name of Medicines	Price	Name of Medicines	Price
1.		5.	
2.		6.	
3.		7.	
4.		8.	

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

(u) that the 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 \_\_\_\_\_ hospital (name of hospital or laboratory).

(f) that I called in Dr. \_\_\_\_\_ for specialist consultation and that the necessary approval of \_\_\_\_\_ (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 services 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 on 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.

Place \_\_\_\_\_

*Medical Superintendent*

Date \_\_\_\_\_

\_\_\_\_\_ *Hospital*

*N.B. : Certificates not applicable should be struck off. certificate(s) is compulsory and must be filled in by the Medical Officer in all cases.*