

Name of the Hospital:

ESSENTIALITY CERTIFICATE

CERTIFICATE –B

(To be filled by the concerned physician/surgeon for the patients who are admitted in the Hospital for treatment)

Name of the Doctor: Department of

Certificate granted to Mr/Mrs/Miss.:

Son/Wife/Daughter/Father/Mother of Shri/Smt..... R/O :

..... Employed in the

Pay label of the Government servant: Salary (Basic Pay + DA):

As per the referral letter No. Dated..... from the State Medical Board Government of Manipur.

I, Dr..... (in block letters) hereby certify:-

- a) That the patient was admitted to Hospital on the advice of Dr..... (Name of the consultant/on my advice)
- b) That the patient has been under treatmenthospital 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 patients and do not include proprietary for which cheaper substances of equal therapeutic value available nor preparation which are primarily foods, toilets or disinfection.

Sl. No	Name of Medicine	Price
1.		
2.		
Total (Rupees:		

List Attached as annexure No

C) That, the injections administered were/were not for immunising of prophylactic purpose.

d) That the patient is/was suffering fromand is/was under my treatment from to

e) That the X-ray, Lab Test etc for which and expenditure of Rs.(In words Rs.) was incurred/was necessary and were undertaken on my advice at.....(Name of the hospital or laboratory).

f) That I called on/ referred to Dr....., for special consultation with the necessary approval of the(name of the Chief Administrative Officer of the State/ Head of Department) as required under the Rules, was obtained.

Signature & designation of Treating Surgeon/Physician

Name in Block Letter.:

Registration No.:

(Seal)

COUNTER SIGNATURES

I, certify that the patient has been under treatment at thehospital and that the facilities provided were the minimum which were essential for the patients treatment for which an expenditure of Rs..... was incurred vide bills and receipts attached were.

Further the hospital bills enclosed here with is as per the CGHS rate.

Reason if any, the CGHS rate was not used :

Date :

Medical Superintendent

Place:

.....Hospital

N.B. Certificates not applicable would be struck off. Certificate (9) in compulsory and must be filled in by the Medical Officer in all cases.

Name of the Hospital:

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A' Under Central Service (Medical Attendance) Rules

(To be completed in the case of patients who are not admitted to hospital for treatment)

Name of the Doctor: Department of

- 1. Name and designation of Government Servant (In Block Letters).....
(i) Whether married or unmarried
(ii) If married, the place where wife/husband is employed.....
2. Office in which employed:
3. Pay label of the Government servant: 4. Salary (Basic Pay + DA):
5. Place of duty.
6. Actual residential address.
7. Name of the patient and his/her relationship to the Government servant.....
(N.B.—In the case of children state age also).
8. Place at which the patient fell ill.
9. Referral letter No. Dated..... from the State Medical Board Government of Manipur.

Certificate granted to Mrs./Mrs./Miss.:
wife/son/daughter of Mr._.....; Employed in the

I, Dr. hereby certify;

- (a) That I charges and received Rs. for consultation on (dates to be given) at my consulting room/at the residence of the patient;
(b) That I charged and received Rs. for administering intravenous/intra-muscular/subcutaneous injection on (dates to be given) at my consulting room/the residence of the patient;
(c) That the injection administered were not/were for immunising or prophylactic purposes;
(d) That the patient has been under treatment at hospital/my consulting room 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(name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Names of medicines Price

Table with 3 columns: Sl. No, Name of Medicine, Price. Rows include 1., 2., and Total (Rupees:).

- (e) That the patient is/was suffering from and is /was under my treatment from to;
(f) That the patient is/was not given pre-natal or post-natal treatment;
(g) That the X-ray, laboratory test etc., for which an expenditure of Rs. was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
(h) that I referred the patient to Dr. for Specialist consultation and that the necessary approval of the(name of the Chief Administrative Officer of the State/Head of the Department) as required under the rules was obtained;
(i) That the patient did not require/required hospitalisation.
(j) that the hospital bills enclosed here with is as per the CGHS rate.
Reason if any, the CGHS rate was not used:

Signature & designation of Treating Surgeon/Physician
Name in Block Letter.:
Registration No.:

(Seal)