

Name of the Hospital:

Annexure – I

UTILIZATION CERTIFICATE

SL. NO.	PARTICULARS	DETAILS
1.	Name and designation of Government Servant (In Block Letters)	
2.	Father Name:	
3.	Name of the patient and his/her relationship to the Government servant (N.B.—In the case of children state age also).	
4.	Address	
5.	Date:	
6.	MRD No:	
7.	Amount Sanctioned / Estimated:	
8.	Funding Authority:	
9.	DD/CHQ. No. /NEFT. No. & Date:	
10.	Date of Admission:	
11.	Date of Surgery:	
12.	Type of Surgery:	
13.	Amount Utilized:	
14.	Bill No. & Date:	
15.	Amount of Refund (If Any):	
16.	Deptt./OT / Log Book Entry No:	
17.	Material Utilized:	

Signature & designation of Treating Surgeon/Physician

Name in Block Letter:.....

Registration No.:

(Seal)

Signature & Seal of HOD

Name of the Hospital:

Annexure - III

Signature Authentication Certificate

I the under signed have checked and satisfied myself that the signature in initials of the treating doctors are routine and officially recognized. The full name and the full designation on the date of the attestations are correct as per our office record.

SL. NO	PARTICULARS	
1.	Specimen signature of the Treating Doctor	
2.	Signature	
3.	Full Name of the Treating Doctor	
4.	Identification No. Medical Council No.	
5.	Seal of the office	
6.	Date	

Date :

Medical Superintendent

Place:

.....Hospital

Name of the Hospital:

Annexure - IV

EMERGENCY ADMISSION CERTIFICATE

This is to certify that Mr. / Mrs./Ms.....S/o. D/orW/o.....

.....aged about.....admitted in our hospital in.....

.....Department under emergency on..... atam / pm.

The provisional diagnosis is.....

Signature & designation of attending medical authority /Treating Surgeon/Physician

Name in Block Letter.:

Registration No.:

(Seal)

Signature & Seal of Medical Superintendent