

# Dr. BHIM RAO AMBEDKAR COLLEGE

(University of Delhi)

Main Wazirabad Road, Yamuna Vihar, Delhi-110094

## Certificate 'B'

(To be completed in the case of patients who are admitted to the hospital for treatment)  
Certificate granted to Mr./Ms.....wife/son/daughter of  
Mr./Mrs.....employed in the.....

### **PART A**

To be signed by the medical officer in charge of the.....(name of the hospital) I, Dr.....hereby certify.

- (a) That the patient was admitted to the hospital on the advice of.....  
(name of the medical officer) on my advice.
- (b) That the patient has been under treatment at.....and that the under mentioned medicines prescribed by me in this connection were essential for that 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 patient and do not include proprietary preparations for which cheaper substances of equal therapeutic values are available nor preparations which are primarily foods, toiletries and disinfectants.

#### **Medicines**

#### **Cost**

- 1.
- 2.
- 3.
- 4.
- 5.

- (c) That the injections administered were not for immunization or prophylactic purpose.
- (d) That the patient is / was suffering from.....and was under treatment from.....
- (e) That the X-ray, laboratory test etc., for which and expenditure of ..... was incurred were necessary and were undertaken on my advice at.....(name of the hospital/laboratory)
- (f) That I called on Dr . .....for specialist consultation. Permission 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 of the Hospital

I certify that the patient has been under treatment at the..... hospital and that the facilities provided for the said purpose for which an expenditure of Rupees.....was paid vide bills and receipts attached were essential for the recover / prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer  
In Charge of the case at the hospital

### **(COUNTERSIGNED)**

I certify that the patient has been under treatment at the..... hospital and the facilities provided were the minimum which were essential for the recovery / prevention of serious deterioration in the condition of the patient.