

ESSENTIALITY CERTIFICATE
CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules
(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to _____
Mrs./Mr./Miss _____ Wife/ Daughter of Mr/ Mrs
_____ employed in the

I, Dr. _____ here certify

(A) that the patient has 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 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 the hospital) for supply to private patients and do not include proprietary
preparations for which cheaper substances of equal therapeutic value are available nor
preparation which are primarily foods toilets of disinfectants:

DETAILS OF MEDICINE LIST ATTACHED.

(C) that the injections administered were/ were not for immunization or prophylactic
purpose:

(D) that the patient is/was suffering from _____
and is/was under my treatment from _____ to _____.

(E) 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).

(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.

PART - B

I certify 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 and Designation of the
Medical Officer in Charge of the
case at 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.

Medical Superintendent
_____ Hospital

Place :

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

* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.