

# SHIVAJI COLLEGE

(UNIVERSITY OF DELHI)

RAJA GARDEN, NEW DELHI-110027. PH. : 25116644, 25191458

## CERTIFICATE 'B'

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss .....

wife / son/ daughter of Mr. ....

employed in Shivaji College .....

### PART A

1. Dr. ....hereby certify

- (a) that the patient was admitted to hospital on the advice of  
on my advice

.....  
(Name of Medical Officer)

- (b) that the patient has been under treatment at .....  
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 patients and do not include proprietary preparations which cheaper substances  
of equal therapeutic value are available nor preparations which are primarily foods, toilets or  
disinfections :

Name of medicine

Price

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....
9. ....
10. ....

- (c) that the injection administered were for immunising or prophylactic purposes.  
were not

- (d) 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.....  
.....  
.....

(Name of hospital or laboratory)



- (f) that I called on 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, service of the special nurses, for which an expenditure of Rs.....  
was incurred vide bills and receipts attached, was essential for the recovery prevention of serious  
deterioration in the condition of the patient

.....  
Signature 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 .....

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