

ZAKIR HUSAIN POST GRADUATE EVENING COLLEGE

(UNIVERSITY OF DELHI)

CERTIFICATE-B

Certificate granted to Mr./Mrs./Miss.....
wife/son/daughter/mother/father of Mr./Ms.....
employed in the ZAKIR HUSAIN POST GRADUATE EVENING COLLEGE, NEW DELHI-110002.

PART A

I Dr.....hereby certify.

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

.....
(Name of Medical Officer)

(b) that the patient has been under treatment at.....
and 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/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 preparations for which are primarily
foods, toilets of disinfectants.

Name of medicines

Price

- | | | |
|----|-------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

(c) that the injections administered were/was not for immunising or prophylactic purposes.

(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 hospital or laboratory)

(f) that I called on Dr.....for specialist
consultation and that the necessary approval of the.....
.....as required under the rules was obtained.

.....
Signature & 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 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 of the Medical Officer-
in-charge of the case at the Hospital

COUNTERSIGNED

Medical Suprintendent

..... 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 Suprintendent

..... Hospital

Place :

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