ZAKIR HUSAIN DELHI COLLEGE (EVENING) (UNIVERSITY OF DELHI)

CERTIFICATE-A

Cert	tificate granted to Mr./Mrs./Miss	
	fe/Son/Daughter/Mother/Father of Mr. Mrsbloyed in the Zakir Husain Delhi College (Evening), New D	
	I Dr	hereby certify.
(a)	that I charged and received Rsfo	or
	consultation ondate(s) to be given at t	my Consulting Room he residence of patient
(b)	that I charged and received Rs	nistering
(c)	that the injections administered were for immunising or propwere not	phylactic purposes.
(d)	and the under mentioned medicines prescribed by me in this prevention of serious deterioration in the condition of the pa	my consulting room connection were essential for the recovery/
	(Name of the Hosp for supply to private patient and do not include proprietary patherapeutic value are available for preparations for which are	pital) preparations for which cheaper substances of equal
	thorupoutto varia are available to propriet	
	Name of Medicines	<u>Price</u>
 3. 4. 		
2. 3. 4. 5.	Name of Medicines that the patient is/was suffering from	Price and is/was under my treatment
2. 3. 4. 5. (e) 1 (f)	Name of Medicines	Price
2. 3. 4. 5. (e) (f) (g)	that the patient is/was suffering from from to that the patient is/was given pre natal or post natal treatment. that the X-ray, laboratory test, etc. for which an expenditure was necessary and were undertaken on my advice at that I referred the patient to Dr. the necessary approval of the	Price and is/was under my treatment of Rs
2. 3. 4. 5. (e) (f) (g) (h)	that the patient is/was suffering from from to that the patient is/was given pre natal or post natal treatment. that the X-ray, laboratory test, etc. for which an expenditure was necessary and were undertaken on my advice at	Price