

Himachal Pradesh University

CERTIFICATE 'B'

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

PART-A

1. Dr. _____ hereby certify that :-
- a) the patient was admitted to hospital on my advice of/the advice of _____
(Name of the Medical Officer).
- b) 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 stoked in the _____
_____ (Name of Hospital) for supply to private patients and do not include proprietary preparations for which cheaper substance of equal therapeutic value are available, nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines	Price	Name of Medicines	Price
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

- c) that the patients is/was suffering from _____ and is/was under my treatment from _____ to _____
- d) that the injections administered was/were not for immunising or prophylactic purposes.
- 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 the hospital or laboratory).
- f) that I called on Dr. _____ for specialists consultation and that the necessary approval of the _____ Medical Officer of the State).
(Name of Chief Administrative)
as required under the rule was obtained.

Signature & Designation of the
Medical Officer-Incharge of the
case at the hospital

PART - B

- I certify that the patient has under treatment at the _____ hospital and that the services 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 M.O. Incharge of
the case at 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

- NB - Certificates not applicable should be struck off.
Certificate(s) is compulsory and must be filled in by the Medical Officer.

COUNTERSIGNED

CONTROLLING OFFICER
(Stamp & Date)

ACCOUNT SECTION

Bill No. _____

Page _____

Volume _____

Passed for Payment of Rs. _____

(Rupees _____)

DA/S.O. (Acs I)

AR (Acs)/F.O.

AUDIT SECTION

RSA/RAB