

ESSENTIALITY CERTIFICATE CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules.

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss.....
 father/mother/wife/son/daughter of Mr.
 employed in the Central Board of Secondary Education,.....

Photo to be
attested by
the Hospital
Authority

I, Dr. hereby certify:-

- (a) that I charged and received Rs. for
 consultation on (dates to be given) at my consulting room
 the residence of the patient;

- (b) that I charged and received Rs. for administering
 intravenous/intra-muscular/subcutaneous injection on (dates to
 given) at
 my consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at
 hospital/my consulting room and that the under mentioned medicines prescribed by me in
 connection were essential for the recovery/prevention of serious deterioration in the condi
 of the patient. The medicines are not stocked in the
 (name of hospital) for supply to private patients and do not include proprietary preparati
 for which cheaper substances of equal therapeutic value are available nor preparations which
 primarily foods, toilets or disinfectants.

Names of medicines	Price (in Rs.)
1.
2.
3.
4.

1. Full name
2. Lock
3. He

(e) that the patient is/was suffering from
and is /was under my treatment from to

(f) that the patient is/was not given pre-natal or post-natal treatment ;

(g) 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);

(h) that I referred the patient to Dr. for Specialist
consultation and that the necessary approval of the
(name of the Chief Administrative Officer of the State) as required under the rules was obtained;

(i) that the patient did not require/required hospitalization.

Dated: / /20

Signature of AMA/Designation of
the Medical Officer and Hospital
(Dispensary to which attached)

