

Ref. No. _____

Date: _____

FORM-II

**ESSENTIALITY CERTIFICATES
CERTIFICATE "A"**

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

Employee Code: _____

Medical Health Card No. _____

Certificate granted to Mrs./Mr./Miss _____ Husband /Wife /Son
/Daughter of Mr./Mrs. _____ employed in
the NIT-Uttarakhand, Srinagar (Garhwal) having Health Card or Medical Identity Card No. _____

(a) I, Dr. _____ hereby certify that I charged and received
₹ _____ for _____ Consultations
on _____ (dates to be given) at my consulting room/at the residence of the patient.

(b) that I charged and received ₹ _____ for administering _____ intra-venous /
intra-muscular / subcutaneous injections on _____ (dates to be given)
at my consulting room / at the residence of the patient.

(c) that the injections administered were not were for immunizing or prophylactic purposes.

(d) that the patient has been under treatment at _____ Hospital /my consulting room
located at H.No. _____ 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 stocked in the _____ (name of hospital) for supply to
private patients and do not included proprietary preparations for which cheaper substances of equal therapeutic
values are available nor preparations which are primarily foods, toilets or disinfectants.

(e) that the patients 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;

(f) that the X-Ray, laboratory tests, etc., for which an expenditure of ₹ _____ was incurred was
necessary and were undertaken on my advice at _____ (name of the hospital
or laboratory)

(g) that I referred that patient to Dr. _____ for specialist consultation and that the
necessary approval of the _____ (name of the Chief Administrative Medical Officer of the State) as
required under the rule was obtained.

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

S.No.	Bill No.	Date	Name of Medicines	Price

**Signature of AMA, Designation and
Registration Number of the Medical Officer and
Hospital/Dispensary to which attached**

Dated: _____

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

Note: 1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer, who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds ₹5000/-.

2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.

CERTIFICATE

Certified that I, Mr./Ms./Mrs./Dr. _____ employed in NIT Uttarakhand am not availing of medical facilities or financial/medical allowances in lieu thereof either for myself and/or the members of my family from any (other) source other than under the CS (MA) Rules, 1944.

Date: _____

Signature of the Employee

Forwarded to Establishment Section

Counter Signature of HoD/Section Head