Ref. No._____ **Date:**_____

FORM-III

ESSENTIALITY CERTIFICATES

CERTIFICATE "B"

(To be completed in the case of patients who are 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._____

PART A

(To be signed by the Medical Officer in charge of _____ in case of the hospital)

1. I, Dr._____ hereby certify

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

(b) that 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 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 which are primarily foods, toilets or disinfectants.

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

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

(c) that the injections administered was/were not for immunizing or prophyiactic purposes.

(d) that the patient is / was suffering from _____ and is / was under treatment from _____ to _____.

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

(e) that the X-Ray, Laboratory tests etc., for which an expenditure of ₹_____ was incurred were 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 _____(Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

Registration Fee/Consultation Fee ₹_____

Medicine ₹_____

Lab Test etc. ₹_____

Total: ₹_____

Signature and Designation of the Medical Officer
In charge of the case at the Hospital (with seal)

Checked Verified

Nurse **Medical Officer**

NB: Certificates not applicable should be struck off. Certificate is compulsory and must be filled in by the Medical Officer in all cases.

PART B

I certify that the patient has been under treatment at the _____ _____hospital and that the service of the special nurses for which an expenditure of ₹_____ was incurred, vide bills and receipt attached, were essential for the recovery / prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Medical Officer
In Charge of the case at the 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

Place:_____

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

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* The "minimum facilities certificate" may be signed either by the medical superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.

[G.I.M.H., O.M. No. F.2 – 35 / 52 – LSG (H.I.), dated the 19th September, 1958]

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