

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 prophylactic 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.

अभ्यासाध्यरयेतः विद्या

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)

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.

\* 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**