

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 Prof./Dr./Mrs./Mr./Ms. \_\_\_\_\_ 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.

