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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)

(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./M	SHusband /Wife
/Son /Daughter of Mr./Mrs	employed
in the NIT-Uttarakhand, Srinagar (Garhwa) having Health Card or Medical Identity Card No
ME	
(a) I, Dr	
₹for	Consultations
on(c	lates to be given) at my consulting room/at the residence of the patient.
(b) that I charged and received ₹	for administeringintra–venous /
	on(dates to be given)
at my consulting room / at the residence of	
(c) that the injections administered were n	ot were for immunizing or prophylactic purposes.
(d) that the patient has been under treat	ment atHospital /my consulting room
located at H.No.	and that the under mentioned medicines prescribed by me in
this connection were essential for the reco	very / prevention of serious deterioration in the condition of the patient.
The medicines are not stocked in the_	(name of hospital <mark>) for</mark> supply to
private patients and do not included prop	rietary preparations for which cheaper substances of equal therapeutic
values are available nor preparations which	n are primarily foods, toilets or disinfectants.
(e) that the patients is / was suffering from	and is / was under my treatment
from 3 to 3 to 5 to 5 to 5 to 5 to 5 to 5 to	
(f) that the patient is /was not given pre-na	
	., for which an expenditure of ₹was incurred was
necessary and were undertaken on my ad	vice at(name of the hospital
or laboratory)	
(g) that I referred that patient to Dr	for specialist consultation and that the
	(name of the Chief Administrative Medical Officer of the State) as
required under the rule was obtained.	

(h) that the patient did not $\slash\hspace{-0.4em}$ require/required hospitalization.

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S.No.	Bill No.	Date	Name of Medicines	Price
		E	OF TECHNO	
			कि सम्बद्धाः	
		(1) ×(2)	4/67	
	6	AW 1		
	15	4 4		4
	1			70
	130		5	D
	ō	5 7		
		VENT	S CQ	7

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, Prof./Dr./Mrs./Mr./Ms.	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 Fetablishment Section	