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Ref. No	Date:
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FORM-III

ESSENTIALITY CERTIFICATES CERTIFICATE "B"

(To be completed in the case of patients who are ADMITTED to hospital for treatment)

Employe	ee Code:		Med	Medical Health Card No		
Certificat	e granted to	Prof./Dr./Mrs./Mr <mark>./M</mark>	s		Husband /Wife	
/Son / D	Daughter of Mr.	/Mrs	- TEAL		Employed in the NIT-	
Uttarakh	and, Srinagar (G	<mark>arhwa</mark> l) having Heal	th Card or Medical Identity Car	d No		
			PART A			
(To be si	gned by <mark>the Me</mark> c	lical Officer in charge	e of CTCO		n case of the hospital)	
1. I, Dr		/ X/0,	herel	by certify		
(a)	that the	patient was			he advice o	
				medical officer) / on m	ny advi <mark>ce.</mark>	
		peen under treatmer			and	
			ped by me in this connection v			
serious	deterioration	in the condition	n of the patient. The		ot stock <mark>ed in the</mark>	
					(name of the hospital)	
			include proprietary prep <mark>ara</mark> tions which are primarily foods, to		r substances of equal	
S.No.	Bill No.	Date	Name of Med	licines	Price	
			A			
	3	FRAIC	ाध्यरयतः	विद्या		

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d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
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d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
d) that the patient is / was suffering from	
(c) that the injections administered was/were not for immunizing or prophylactic put (d) that the patient is / was suffering from	rposes. and is /
d) that the patient is / was suffering from	
was under treatment from	and is /
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 ₹ and were undertaken on my advice at aboratory). f) that I called on Dr hat the necessary approval of the(Na	
e) that the X-Ray, Laboratory tests etc., for which an expenditure of ₹and were undertaken on my advice ataboratory). f) that I called on Drhat the necessary approval of the(Na	
and were undertaken on my advice ataboratory). f) that I called on Drhat the necessary approval of the(Na	
abora <mark>tory).</mark> f) that I called on Dr(Nather the necessary approval of the(Nather the necessary approval of the	was incurred were necessary
f) that I called on Dr(Na	(name <mark>of ho</mark> spital or
hat the necessary approval of the(Na	
	for specialist consultation and
Officer of the State) as required under the rules, was obtained.	me of the Chief Admi <mark>nistra</mark> tive Medical
Registration Fee/Consultation Fee ₹	विद्या
_ab Test etc. ₹	
「otal: ₹	
=	
Checked	and Designation of the Medical Officer of the case at the Hospital (with seal)

Nurse Medical Officer

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I certify that the patient has been under treatment at the
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 Office In Charge of the case at the Hospita
COUNTERSIGNED
Medical Superintendent hospital
* I certify that the patient has been under treatment at the hospita and that the facilities provided were the minimum which were essential for the patient's treatment.
5-10
Medical Superintendent Hospita
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 of 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, 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 Establishment Section