

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

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.

