## 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)						
mployee Code: Medical Health Card No						
Certificate granted to Prof./D	r./Mrs./Mr./Ms.		Husband			
/Wife	/Son		ghter of			
Mr./Mrs			employed in the NIT-			
Uttarakhand, Srinagar (Garhwal	having Health C	ard or Medical Identity Ca	ard No			
(a) I, Dr		hereby certify	that I charged and received			
₹ fo	)r		Consultations			
on	(dates t	o be given) at my cons	sulting room/at the residence of the			
patient.						
(b) that I charged and received	₹	for administering	intra-venous			
/ intra-muscular / subcutaneou	is injections on_		(dates to be			
given) at my consulting room / a	t the residence of	the patient.				
(c) that the injections administer	ed were not were	e for immunizing or prophy	ylactic purposes.			
(d) that the patient has been u	nder treatment a	t	Hospital /my consulting room			
located at H.No.	ocated at H.Noand that the under mentioned medicines prescribed by me i					
this connection were essential	for the recovery	/ prevention of serious of	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						
(f) that the patient is /was not gi						
(f) that the X-Ray, laboratory	tests, etc., for v	which an expenditure of	₹was incurred was			
necessary and were undertake	en on my advic	e 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.

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(h) that the patient did not / require/required hospitalization.

S.No.	Bill No.	Date	Name of Medicines	Price

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:

Forwarded/Not Forwarded

Counter Signature of HoD/Section Head/Registrar/Director

Signature of the Employee