

**APPENDIX-VIII
FORM OF CERTIFICATE A&B**

Certified granted to Mrs./Miss _____ Wife/Son/Daughter
of Mr. _____ employed in the office _____

CERTIFICATE 'A'

I, Dr. _____ hereby certify.

- a) That I charge and received Rs. _____ for _____ for Consultation on _____ (date to be given) at my consulting room.
- b) That I charge and received Rs. _____ for administering _____ intravenous/intra-muscular/subcutaneous injection on _____ (date to be given) at my Consulting room/ 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 _____ Hospitals/ My Consulting room and that the under mentioned medicines may be prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in condition of the patient. The medicines are not stock by _____ (name of hospitals) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of the medicines	Quantity	Price
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- e) That the patient 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.
- g) That the X-ray laboratory test etc. for which an expenditure of Rs. _____ incurred was necessary and were undertaken on my place at _____ (Name of Hospitals/Laboratory).
- h) That I referred the patient to Dr. _____ for specialist consultation and the necessary approval of the _____ (Name of the Chief Administrative Medical Officer of the State) as required.
- i) That the patient did not require hospitalization.

Date:

Signature & Designation of the
Medical Officer & Hospital/ Dispensary to
Which attached