

# NATIONAL RESEARCH CENTRE ON CAMEL

(Indian Council of Agricultural Research)

Post Bag No. 07, Jorbeer, Bikaner - 334 001.

## CERTIFICATE

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

Certificate granted to Mrs/Mr/Miss  
..... wife/son/daughter  
of Mr/Dr ..... employed in the  
.....

### PART-A

- I, Dr. .... hereby certify :
- a) that the patient was admitted to hospital on the advice of  
..... (name of the medical officer)/on my advice
- b) that the patient has been under treatment at  
..... 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 the hospital) 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.

	<u>Name of the medicines</u>	<u>Price</u>
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

- c) that the injections administered were/were not for immunising or prophylactic purposes.
- d) that the patient is/was suffering from ..... and is/was under treatment from ..... to .....
- e) that the X-ray, laboratory tests etc., for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at ..... (name of hospital or laboratory).
- f) that I called on 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 rules was obtained

Signature and Designation of the  
Medical Officer in charge of the  
case at the hospital

(2)

**PART-B**

I certify that the patient has been under treatment at the ..... Hospital and that the service of the special nurses for which an expenditure of Rs. .... was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patients.

Signature and Designation of  
the  
Medical Officer in charge of the  
case at the hospital

**COUNTERSIGNED**

Medical Superintendent

..... Hospital

\*I certify that the patient has been under treatment at the ..... Hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent  
..... Hospital

Place:

Note: Certificates not applicable should be struck off. Certificate(d) 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 or another gazetted Medical Officer who has been authorised in this behalf by the Medical Superintendent.