

ESSENTIALITY CERTIFICATE 'A'

Form Med. 103

Certificate granted to Mrs./Mr./Miss.....
Wife/Son/Daughter of MR/MRS/MISS
employed in **Ministry of Micro, Small and Medium Enterprises Office of the
Development Commissioner (MSME)**

CERTIFICATE 'A'

**(To be completed in the case of patients who are NOT ADMITTED TO HOSPITAL
for treatment)**

I, Dr. hereby certify:-

(a) that I charged and received Rs. for Consultations on
..... (dates to be given) at my consulting room/ at the residence of the patient;

(b) that I charged and received Rs.....for administering
.....intra-venous/intra-
muscular/subcutaneous injections
on.....(dates to be given) at
my consulting Room/the residenceof 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 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 food, toilets or disinfectants.

Name of medicines	Price (Rs.)
1	
2	
3	
4	
5	
6	
7	
8	

(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. was incurred was necessary and were undertaken on my advice at
(name of the hospital or laboratory);

(h) that I referred the patient to Dr. for SPECIALIST consultation and that the necessary approval of the (Name of the Chief Administrative Officer of the State) as required under the rules was obtained;

(i) that the patient did not require/required hospitalisation.

Signature of Medical officer and
Hospital/dispensary to which attached.

Dated:- -----

N.B.:- CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF.

CERTIFICATE (A) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.