

**CENTRAL INSTITUTE OF POST HARVEST ENGINEERING &
TECHNOLOGY, LUDHIANA**

ESSENTIALITY CERTIFICATES

CERTIFICATE- 'B'

(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
Sh. _____ employed in the CIPHET, Ludhiana.

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 _____
(name of the Hospital) 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 to 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 medicines	Price	Name of medicines	Price

- (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) ;

P.T.O.

- (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***

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 patient.

***Signature of the Medical Officer
in charge of the case at the Hospital***

COUNTERSIGNED

Medical Superintendent

(*name of the 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

Place _____

(*name of the Hospital*)

**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.*