

**CERTIFICATE “A”**

(To be completed in the case of patients who are not admitted to hospital for treatment).

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

1. Dr. .... hereby certify

- (a) that I charged and received Rs. .... for ..... Consultation on  
.....(data to be given) at my consulting room/at the residence of the patient.
- (b) That I charged and received Rs. ....for administering .....  
Intravenous/intra-muscular/SC at my consulting room/at the residence of the patient.
- (c) That the injections administered were not/were for immunizing of 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 medicines 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 .... , Toilets or disinfectants.

Name of medicine	Price
1.....	.....
2.....	.....
3.....	.....

- (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 hospitalization.

Signature & Designation  
Of the Medical Officer