

CENTRAL INSTITUTE OF INDIAN LANGUAGES

Manasagangothri, Mysore - 570 006

FORM OF CERTIFICATE - 'A'

Certificate granted to Mr/Mrs/Miss
wife/son/daughter of Mr. employed in Central
Institute of Indian Languages Mysore.

CERTIFICATE - A

(To be completed in the case of Patients who are not admitted in 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
..... intramuscular injections / sub-cutaneous/intravenous injections on
..... (dates to be given) at my consulting room/the residence
of the patient.

c) that the injections administered were not for immunising or prophylactic purposes.

d) that the patient has been under treatment at
Hospital/my consulting room and that the undermentioned 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 for preparations which are primarily
foods, toilets or disinfectants.

Cash Bill No. and Date	Name of the Medicines	Price	
		Rs.	Ps.

- 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 necessary and were undertaken on my advice at (name of the Hospital or Lab)
- 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/require hospitalisation.

Signature and Designation of the
Medical Officer and Hospital /
Dispensary to which attached

Date:

N.B. : Certificates not applicable should be struck off. Certificate(s) is compulsory and must be filled in by the Medical Officer in all cases.
