

**CERTIFICATE "B"**  
**(TO BE COMPLETED IN THE CASE OF PATIENTS WHO ARE ADMITTED TO HOSPITAL FOR TREATMENT)**

Certified granted to Dr./Mrs./Miss.....Wife/Son/daughter of  
Dr./Mr. .... employed in the VPKAS(ICAR), Almora (Uttarakhand).

**PART A**

I, Dr. ....Hereby certify –

- (a) that the patient was admitted to hospital on the advice of (Name of the medical officers) on my advice :-
- (b) that the patients has been under treatment at and that the under mentioned medicines prescribed by in this connection were essential for the recovery/prevention of serious deterioration in condition of the patient. The medicines are not stocked in the (Name of the hospital) for supply to private patients and do not include propriety for which cheaper substances of equal therapeutc value are available nor preparations which are primarily foods, toilets or disinfectants :

Name of medicines	Price
1.	
2.	
3.	
4.	
5.	

- (c) that the injections administered were/were not for immunizing 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**

**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 recover/prevention of serious deterioration in the condition of the patient.

**Signature and Designation of the Medical Officer**

COUNTERSIGNED  
Medical Superintendent  
.....Hospital

Medical Superintendent  
.....Hospital