

# GARGI COLLEGE

(University of Delhi)

Siri Fort Road, New Delhi – 110049

## 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 Mr. -----

employed in the -----

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  
intravenous

/ intra / muscular/subcutaneous injections on------(dates to be given) at my  
consulting room / the residence of the patient;

(c) that the patient has been under treatment at -----Hospital / my  
consulting room and 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 in block letters) for supply to private  
patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value  
are available nor preparation which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES (IN BLOCK LETTERS)

PRICE

1. ----- Rs -----

2. ----- Rs -----

3. ----- Rs -----

4. ----- Rs -----

5. ----- Rs -----

6. ----- Rs -----

7. ----- Rs -----

8. -----	Rs -----
9. -----	Rs -----
10. -----	Rs -----
	-----
	Total -----

(d) that the patient is / was suffering from -----

and is / was under my treatment from -----To-----

(e) that the patient is / was not given pre-natal or post-natal treatment.

(f) 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 / Laboratory )

(g) that I referred the patient to Dr. ----- for specialist

consultation and the necessary approval of the ----- (Name of the Chief Administrative Officer of the State) as required under the rules was obtained;

(h) that the patient did not require / required hospitalization.

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

Dated: -----