



ZAKIR HUSAIN DELHI COLLEGE

(UNIVERSITY OF DELHI)
CERTIFICATE 'A'

Certificate granted to Dr. /Mr/Mrs/Miss Wife/son/daughter

Of Dr. /Mr/Mrs/Miss employed in the Zakir Husain Delhi college

1.Dr. hereby certifies :

(a) that I charged and received Rs. For consultation on (date(s) to be given) at my consulting room/at the residence of patient.

(b) that I charged and received Rs. for administering intra-muscular injections or of subcutan cause on date (s) to be given at my consulting room/at the residence of the patient.

(c) that the injection administered were/were not for immunizing 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 for supply to private.

(Name of the Hospital)

patient and do not include proprietary preparations which are primarily food. Toilets of disinfectants.

Name of Medicines (In Capital Letters)	Date	Date		
	C. M. No.	Price	C. M. No.	Price
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

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

From.....to.....

(g) that the X-Ray, Laboratory Test, etc. for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice at

(Name of the Hospital)

(h) that is referred the patient to Dr. for specialist consultation and that the necessary approval of the as required under the rules was obtained.

(Name of the Chief Administrative Medical officer of the state)

(i) that the patient does not require/requires hospitalization.

(j) that the disease is/was chronic not chronic.

.....
Signature & Designation of the Medical
Officer and Hospital / Dispensary
To which attached.

Dated.....

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