

**ZAKIR HUSAIN DELHI COLLEGE**  
(University of Delhi)

Certificate granted to Mr. /Mr./ Dr. : .....wife/son/daughter  
of Mr. : .....employed in the  
.....

**PART A**

I, Dr. : ..... hereby certify.

(a) That the patient was admitted to hospital on the advice of : .....  
..... (name of the medical officer) /on my advice;

(b) That the patient has been under treatment at .....  
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 preparation for which cheaper  
substances of equal therapeutic 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 immunising or prophylactic purpose.

(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 in charge of the  
Case at the hospital

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. .... as incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

*Signature of the Medical Officer  
In charge of the case at the  
Hospital*

COUNTERSIGNED

Medical Superintendent

..... Hospital

I certify that the patient has been under treatment at the ..... Hospital and that the facilities provided were the minimum which were assential for the patient's treatment.

Medical Suprintendent

..... Hospital

Place .....

Date .....

Note – Certificates not applicable should be stuck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.