

HEMWATI NANDAN BAHUGUNA GARHWAL UNIVERSITY, SRINAGAR
(A CENTRAL UNIVERSITY)

ESSENTIALITY CERTIFICATES

CERTIFICATE 'A'

(To be completed in the case of patients who are NOT ADMITTED to hospital for treatment)

Certificate granted to Mrs. / Mr. / Miss _____ Husband / Wife / Son / Daughter of
Mr. _____ employed in the HNBGU, Srinagar Garhwal. Health (or) Medical
Identity Card No. _____

(a) I, Dr. _____ hereby certify 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 _____ intra – venous
/ intra – muscular / subcutaneous injections on _____ (dates to be given) at my
consulting room / at the residence of the patient.

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

(d) that the patient has been under treatment at _____ Hospital /my consulting room
located at H.No. _____ and that the under mentioned 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 hospital) for supply to private
patients and do not included proprietary preparations for which cheaper substances of equal therapeutic values are
available not preparations which are primarily foods, toilets or disinfectants.

(e) that the patients is / was suffering from _____ and is / was under my treatment
from _____ to _____

(f) that the X-Ray, laboratory tests, etc., for which an expenditure of Rs. _____ was incurred was necessary
and were undertaken on my advice at _____ (name of the hospital or
laboratory)

(g) that I referred that patient to 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
rule was obtained.

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

Vr. No. With Date	Sl No	Name of Medicines	Price in Rs.
	1		
	2		
	3		
	4		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		

Signature, Designation and
Registration Number of the Medical Officer and
Hospital/Dispensary to which attached.

Dated: _____

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

Note: 1. The above certificate may be deemed to be regular receipt for the payments received by the Medical Officer,
who will be required to affix a revenue stamp on the Essentiality Certificate itself when the payment exceeds
Rs. 5000-00.

2. The cash memos for purchase of medicines must be countersigned by the doctor prescribing the medicines.

