WalsoL

ESSENTIALITY CERTIFICATE
(For Indoor and Outdoor treatment in Government Hospital)

	I Certify that Mr./Mrs./
Wife	/Husband/Son/Daughter/of Shri/Smt.
media recov	Haryana Vidhan Sabha has been under my treatment at the Hospital/Dispensary/my consulting room and that the under mentioned cines prescribed by me in this connection were absolutely essential for treatment and rery/prevention of serious deterioration in the condition of the patient. The medicines were tocked in the
disinfe	therapeutic value are available for preparations which are primarily food, toilets or ections.
2.	Indoor/Outdoor No. dated
3.	to
4.	Certified that the medicines charged have no cheaper effective substitute.
5.	Certified that the price claimed is reasonable.
6.	Certified that the medicines are not in the nature of tonic etc. the cost of which is not re-imburseable under Government orders issued on the subject from time to time.
7.	Certified that the medicines prescribed are not in the list of non re-imburseable medicines/articles.
8.	He/she is suffering from
	(In capital letter)
Sr. No.	Name & Quantity of Indoor/Outdoor Date on which Price

Sr. No.	Name & Quantity of Medicines (In Capital Words)	Indoor/Outdoor Ticket No. and date on which prescribed	Date on which actually		
		- Formation		Rs.	Ps
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-;					
				7	
					
					117,
					
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Counter Signature Of Medical Authority (With Seal)

Signature of Authorized Medical Attendant. (With Seal).

In case of Indoor Treatment Certified that the medicines claimed in this billians as per bed head ticket related to the case. No.

Ce				Switch and the control of
		e by Claiman		Signature and Stamp of A.M.A.
1.	Th	medicines ha	ive actually be	een purchased by me during the course of treatment.
2.			MITTORITE	DIEVIOUSIV
3.	Му	Husband/Wife	e has not clain	ned this amount from any other place.
4.				
	and	have purchase	d the medicin	es from Super Bazar/Shop allocated
*77		4		OR
	The	e is no Super	Bazar/Co-oper	rative Store at the place
5.	The	medicines hav	e been purcha	sed from private shop after obtaining non-availability
		-	- Larget AC DEO	MC/Super Mazar
).	The	amount of me	dicines purcha	ased from Private Shop arrivat
	presc	ription does no	ot exceed Rs.1	100/- in a month.
	The	atient, Mrs./N	fr.	
	is my	wife/Husband	l/Son/Daughte	er who is residing with me, is unemployed and is
	wholl	y dependent u	pon me.	with the, is unemployed and is
	The p	ationt Man As		
133		atient, Mrs./M	r	
				no with me is what .
	is my	Mother/Father	who is residi	ng with me is wholly dependent upon me and his/her
	is my	Mother/Father e does not exc	who is residing the residing the residual who is residual to the residual to t	ng with me is wholly dependent upon me and his/her-P.M.
	is my	Mother/Father e does not exc e spouse is we	who is residing seed Rs.3500/- orking	P.M.
	is my incom	Mother/Father e does not exc e spouse is we My Wife/Hu	who is residing the residing the residence of the residen	etting any fixed medical allows
	is my incom In cas (a)	Mother/Father e does not exc e spouse is we My Wife/Hus My Wife/Hus	who is residing the residing the resident who is resident to the resident who is resident to the resident to t	etting any fixed medical allowance from any source.
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