

ZAKIR HUSAIN POST GRADUATE EVENING COLLEGE

(UNIVERSITY OF DELHI)

CERTIFICATE-A

Certificate granted to Mr./Mrs./Miss
 wife/son/daughter/mother/father of Mr./Ms.
 employed in the ZAKIR HUSAIN POST GRADUATE EVENING COLLEGE, NEW DELHI.

I Dr.....hereby certify.

- (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 musucular injection or subscutaneous.
 on.....at the at my consulting room
residence of patient
 (dates to be given)
- (c) that the injections administered were for immunising or prophylactic purposes.
were not
- (d) 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/are not stocked in the

.....
 (Name of the Hospital)

for supply to private patient and do not include proprietary preparations for which cheaper substances of
 equal therapeutic value are available nor preparations for which are primarily foods, toilets of disinfectants.

Name of medicines

Price

- | | | |
|----|-------|-------|
| 1. | ..... | ..... |
| 2. | ..... | ..... |
| 3. | ..... | ..... |
| 4. | ..... | ..... |
| 5. | ..... | ..... |

- (e) that the patient is/was suffering from.....and is/was under my treatment
 from.....to.....
- (f) that the patient is/was given pre natal or post natal teratment.
- (g) 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 hospital or laboratory)
- (h) that I referred the 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 rules was obtained.
- (i) that the patient did not require hospitalisation.
required

.....
 Signature & Designation of the Medical Officer
 and hospital dispensary to which attached.

Date.....

N.B. Certificate not applicable should be struck off. Certificate is compulsory and must be filled by the Medical Officer in all cases.