CERTIFICATE granted to Mr./Mrs./Miss. _____

wife/son/daughter of Mr./Mrs./Miss. _____

employed in the NATIONAL INSTITUTE OF VIROLOGY, 20-A, Dr. Ambedkar Road, P.O. Box No. 11, PUNE - 411 001.

CERTIFICATE 'A'

(To be completed in the case of patient who are not admitted to Hospital Treatment).

I, Dr. _____ hereby certify :-

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

b) that I charged and received Rs. _____ for administering intra-venous / intramuscular injection / subcutaneous injections on _____ at my consulting room / at the residence of the patient;

c) that the injections administered were for / were not for immunising or prophylatic purposes;

d) that the patient has been under treatment at _____ Hospital / my consulting room / and Hospital 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 _____ Hospital for supply to private patients and do not include proprietory preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

SR. NO.	NAME OF MEDICINES	QUANTITY	Price (Rs. Ps.)

(c) that the patient is/was suffering from _____ and is / was under my treatment from _____ to _____

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

(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 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) required under the Rules was obtained.

(i) that the patient did not require / require Hospitalisation.

PLACE : PUNE

DATE :

Signature and Designation
of the Medical Officer and
the Hospital Dispensary to
which attached.

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