

APPENDIX VIII Form of Certificates A - B

Certificate granted to Mrs./Mr./Miss Shahin Sitara w/o Sh. Jamshed Ali, P.O.
M.A.C.T. KHUSHINAGAR PADRAUNA.

CERTIFICATE "A"

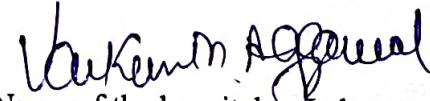
(To be completed in the cause of patients who are not admitted to hospital for treatment)

1. Dr. VAIKUNTH AGGARWAL hereby certify,
 - (a) That the charged and received Rs.-----for consultation on -----(dated to be given) at my consulting room at the residence of patient.
 - (b) That I charged and received Rs.....for administeringintra-muscular-injections onsub-cutaneous at my consulting room.....at the residence of the patient.
 - (c) that the injections administered were for immunising or prophylactic purposes. Were not.
 - (d) that the patient has 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 condition of the patient. The medicines are not stocked in the v.....v. for supply to private patients,.....(name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily/ foods, tonics or.

SL.	NAME OF MEDICINES	PRICE	
1	Bill No 1971/22-23 Dt. 06-12-2022	14000=00	3154
2	Bill No T032356 Dt. 02-12-2022	520=00	8000-
3			-
4			
	Total	14520=00	8000

- (e) That the patient is/was suffering from and is/was under my treatment from 02-12-2022 to 06-12-2022
- (f) That the patient is/was not given prenatal or postnatal treatment.
- (g) That the X-Ray, Laboratory test, etc. for which on expenditure of Rs...../- was incurred were necessary and were undertaken on my advice at Shanti Madan Hospital M 2nd.

NOTE-


 (Name of the hospital or Laboratory)
Dr. Vaikunth Aggarwal
 B.D.S., M.D.S.
 Endodontist

p(h) That referred the patient to Dr.....for specialist consultation and that the necessary approval of the.....(Name of the Chief).....as required under the rules (Administrative Medical Officer of state)

(i) that the patient did not required hospitalisation.....required.

Date...19-12-2022

Vaikunth Aggarwal
Signature & Designation
Medical Officer and Incharge
Dispensary to which attached
Dr. Vaikunth Aggarwal
B.D.S., M.D.S.
Endodontist

N.B.:Certificates not applicable should be struck off.
Certificates(a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED
Passed for Rs 6520=00
(Rs. Six Thousand five hundred)
(Twenty only)
Vaikunth Aggarwal
Medical superintendent Aggarwal
B.D.S., M.D.S.
Endodontist

I Certify that the patient has been under treatment at the ----- and that the facilities provided were the minimum which were essential for the patient's treatment.

Place: MZN.

Dated: 19.12.2022

मुकुन्द
कुर्यांगर

Vaikunth Aggarwal
Medical Superintendent of
Dr. Vaikunth Aggarwal
hospital
B.D.S., M.D.S.
Endodontist