

APPENDIX VIII
Form of Certificates A and B

Certificate granted to Mrs./Mr./Miss. PRIYANKA VERMA
 wife/Son/Daughter of Mr. Abhilash Bhutani
 employed in the Distt. & Session Court, Mainpuri

CERTIFICATE A

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

I Dr. Naresh Sehgal & Neelam Vinay hereby certify

(a) that I charged and received Rs. 1500 & 800 resp. for consultation on 10/8/19, 15/9/19, 9/11/19, 22/8/19 resp. (dates to be given) at my consulting room at the residence of patient.

(b) that I charged and received Rs. _____ for administering _____ intra-muscular-injections on _____ sub-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 the condition on the patient. The medicines are not stocked in the v. _____ v. for supply to private patient.

(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, toilets or

NAME OF MEDICINES	PRICE
1. HB SET TAB	167 /-
2. Calcimax forte Tab	112 /-
3. Lupigest SR 300 Cap	756 /-
4. Thyronorm 12.5	177 /-
5. Folinine 1.15	261 /-
6.	
7.	
8.	

Rs 1,474 /-

(e) that the patient is/was suffering from Pregnant and is/was under my treatment from August 2019 to February 2020.

(f) that the patient is/was not given prenatal or postnatal treatment.

(g) that the X-ray, laboratory test, etc. for which an expenditure of Rs. 9470/- was incurred were necessary and were undertaken on my advice at Dr. Naresh Sehgal, Luckhmalhotra & Neelam Vinay (Name of hospital or laboratory)

(h) that I referred the patient to Dr. Anil Gupta, Health Plus diagnostic Centre for Magnus diagnostic Centre 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 require hospitalisation.....required.

Dated 08/June/2020.

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

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

COUNTERSIGNED

Medical Superintendent _____ Hospital

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

Place : _____ Medical Superintendent Dated : _____ Hospital

P.S. : Due to lockdown situation associated with COVID-19, I couldn't visit Delhi & Lucknow for verification of this form/certificate. BUT the bills connected with them are duly verified (attached therewith).

Shilpa
09/June/2020

CERTIFICATE - B

(To be completed in case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs. PRIYANKA VERMA wife of Mr. ABHILASH BHUTANI employed in DISTRICT AND SESSION COURT, MAINPURI as JUDICIAL MAGISTRATE 1ST.

PART - A

(To be signed by Medical Officer incharge of the case at the hospital)

1. I, Dr. NARESH BASSI hereby certify
- a. that the patient was admitted to the hospital on my advice / advice of Dr NARESH BASSI (Name of Medical Officer)
- b. that the patient has been under treatment at AIME BASSI HOSPITAL and 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.
2. The medicines are not stocked in the AIME BASSI HOSPITAL for the supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily fods, toilets.

S.L NO.	NAME OF MEDICINES	PRICE
1	<u>Details attached</u>	
2		
3		
4		
5		
6		
7		

Total = 10,150/-

Ten Thousand One hundred & fifty only.

Self-attested
Priyanka
09/22/2020

List of Medicines

Name of medicine Price

24 March 2020

1. Betadine solution	200/-
2. Betadine scrub	300/-
3. Lekobondfull	1180/-
4. Anawin	50 /-
5. Vitkzfnl	50 /-
6. Oxytocin inj	95/-
7. MethergenFnl Butadol inj	95/-
8. Carts inj	70/-
9. Butadol	80/-
10. Glyco inj	20/-
11. Acuzene lgm inj	100 /-
12. Nssoo inj	140/-
13. Nslitar inj	90/-
14. Dnssoo inj	140/-
15. Cromic 2-No	240 /-
16. Cromic 1-0	240/-
17. Baby wipes	140/-
18. Mask	20/-
19. Looz gloves box	350/-
20. D 5%500 ml	70/-
21. DNS 500ml	140/-
22. IocasRing	20/-
23. Lactogen no 1	320/-
24. Cotton roll	60/-
25. Amikacin inj	200/-
26. Dynapar inj	60/-
27. Acizene 1gm inj	100/-
28.. LPneedle 26no	120/-
29. Bogtidide	200/-
30. Greens net	320/-
31. IocasRing	30/-
32.. SICSRing	15/-
33. 2MSRing	15/-
34. Surgical glass	600/-
35. Cath. 16 no	200/-
36. Urobag	210/-
37. Feeding tube	60/-
38. Macures extaocs	60/-
39. Fixies	50/-
40. Zelko 20 no ?	120/-
41. Inset	120/-
42. Ethilon -1	200/-

Self-attested
Anil
09/June/2020


Dr. NARESH BASSI
M.S. (G. Surgery)
PMC Reg No EP21714
AIME BASSI HOSPITAL
ADVANCED MULTI-SPECIALITY CENTRE
200, Tagore Nagar, LUDHIANA-141001 (Pb.)
Phone No.: 0161-4633160, 2303160

43. Vicgl No 1 1346/-
44. Vicgl No 20 670/-

March 25, 2020

Name of the medicine	Price
1. Perinorm inj	12/-
2. Glact powder	300/-
3. Cotton roll	120/-
4. DNS 500ml	140/-

March 26, 2020

Name of the medicine	Price
1. Perinorm	12/-
2. Acazone 1gm inj	150/-
3. Amikacin inj	300/-
4. DNS 500 ml.	210/-

TOTAL - 10,150

P.S. : Original copy of the BILLS duly verified by the Medical Superintendent has been attached.

[Signature]
Dr. **MAHESH BASSI**
PMC Reg No. 1121114
AME BASSI HOSPITAL
(ADVANCED MULTI-SPECIALITY CENTRE)
200, Tagore Nagar, LUDHIANA-141001 (Pb.)
Phone No.: 0161-4633160, 2303160

Self-attested
Pipal
09/June/2020