ESSENTIALITY CERTIFICATE

CERTIFICATE – A

Certificate granted to DEMAMIS_MISS_SHIKHA_SAXENA. wite/swit/auguster of Mi_Mis_AVNISH_SAXENA. employed in theDISTRICAL_JUGGE_JHANS_I. 1. Dr		•	completed in the case of patients who are not admitted to hospital for treatment)	
employed in the				
1. Dr. hereby certify a) that I charged and received Rs. for				
that I charged and received Rs	employed in the DISTRICT JUDGE, JHANSI.			
that I charged and received Rs		ъ		
on	1.		• • •	
patient/at hospital. b) that I charged and received Rs		a)		
intra venous/intra-muscular/subcutaneous injections on				
(date to be given) at hospitality/at my consulting room/at the residence of the patient. c) that the injections administered were/were not immunizing or pophylactic purposes. d) that the patient has been under treatment at **D. **Land **L		b)	that I charged and received Rs for administering	
that the injections administered were/were not immunizing or pophylactic purposes. d) that the patient has been under treatment at District Head Market hospital / my consulting room and that the under mentioned medicines prescribed by me in this connections were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the District Hospital Damski (name of hospital) for supply to private patients and do not included proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods toilets or disinfectants. Name of Medicines (IN BLOCK LETTER) Quantity Price Price Price Counting Price that the patient is / was suffering from Demicity potatogram and is/was under my treatment from 03-9-20. L. 08-10. 2020. f) that the patient is / was not given pre-natal treatment. 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 the hospital / laboratory). h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the (name of the chief Administration officer of the State) as required under the rules was obtained. Signature and Designation of the Medical Officer of the State) as required under the rules was obtained. That the patient did not require hospitalization. Place: Medical Superintendent. Medical Superintendent. Medical Superintendent. Medical Superintendent. Medical Superintendent. Medical Superintendent.			intra venous/intra-muscular/subcutaneous injections on	
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Signature and Designation of the Medical Officer. Or. (5) White Medical Officer. Or. (5) White Medical Officer. M.B.B.S., White Medical Off				
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Place : Thanse. With मुण्डलीय प्रमुख अधिकित	I Certify that the patient has been under treatment of the district five for patient's treatment. hospital and that the facilities provided were the minimum which were essential for patient's treatment.			
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Place : <u>अधिकार्थः</u> जिला विकित्सालय झाँसी			Medical Superintendent.	
Date: 13.16.16.20	Place :	<u>Jh</u>		
	Date :		13. 10·10·20	