

CERTIFICATE FOR HOSPITALIZATION

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

Certificate granted to Mrs./Mr./Miss _____,
husband/wife/son/daughter/mother/father of Mrs/Mr. _____

employed in the office of _____, BSNL.

PART A

I, Dr. _____ hereby certify:

(a) That the patient was admitted to hospital on _____.

(b) That the patient has been under treatment at _____

and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.

(c) That the patient is/was suffering from _____ and is/was under treatment from _____ to _____.

(d) That the X-ray, laboratory tests, etc. for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital or laboratory);

Signature and Designation of the
Medical Officer In-charge of the hospital