



**SRI AUSROBINDO COLLEGE
(UNIVERSITY OF DELHI)
MALVIYA NAGAR, NEW DELHI-110017
CERTIFICATE-'A'**

(To be complete in the case of a patient who is not admitted to Hospital)

Certificates granted to.....Father/
Mother/Husband/Wife/Daughter/Son of Shri.....employed in
The office.....

Dr.....hereby certify

- (a) That I have charged and received in case Rs.....for consultation on
.....at the residence of patient/at my consulting room
- (b) That have charged and received in cash Rs.....for administering
.....intravenous/ Intra muscular injection onat my consulting room/
at the residence of the patient.
- (c) That the injection administered was not for immunising or prophylactic purpose.
- (d) That the injection has been under my treatment at my consulting room outside the hospital hours 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. The medicine is not stocked in the disposal. Government Hospital for supply to private patient an do not included proprietary. Preparations for which cheaper substances of equal the paretic value available for preparation which are primarily foods, toilets or disinfections.

Name of the Medicine	Price	Name of the Medicine	Price

- (e) That Patient is/was suffering from.....and is/was under my treatment
Fromto.....

- (f) That the patient is/was not pre-natal of post-natal treatment.
- (g) That the x-ray Laboratory tests etc. for which an expenditure of Rs.....
Rupees.....
Incurred were necessary and undertaken on my advice at government hospital / Private clinic
- (h) That I referred the patient to Drfor specialist consultation
- (i) That the patient did not require hospitalization.

Certified that Dr.....was consultation by the
Patient on my advice and the consultation as essential for the speedy recovery
- (j) That the treatment at in excess of the prescribed period of ten days was essential of the recovery of the patient.
- (k) That the patient has reasonable chance of recovery if he is treated as an out-patient.
- (l) That the mixture/powder could not be dispensed in the hospital and authorised the purchases from the chemist.
- (m) Certified that I am practising Medicine for more than 10 years.
- (n) Certified that I am criticising Allopathic system of medicine and am permitted to do so.
- (o) That the patient did not require / required leave during period of treatment.

Signature of the Medical Officer

With Rubber Stamp

Dated.....