

**ANNEXURE -XVI**  
**[See Rule 29 (3)]**  
**ESSENTIALITY CERTIFICATE**  
**CERTIFICATE-B**

(To be completed in the case of patients WHO ARE ADMITTED to Hospital for treatment)

Certificate granted to Mrs./Mr./Miss \_\_\_\_\_

Wife/Son/Daughter of Mr./Mrs./Miss \_\_\_\_\_

employed at \_\_\_\_\_

I Dr \_\_\_\_\_ treating doctor/authorized

Signatory of the treating Hospital hereby certify

(a) That the patient was admitted to hospital on the advice of \_\_\_\_\_

(Name of the medical officer) on my advice:

(b) That the patient has been under treatment at \_\_\_\_\_ and

that the under mentioned medicines prescribed by me in this connection were essential for recovery/prevention of serious deterioration in the condition of the patient. The medicine are not stocked in \_\_\_\_\_ (name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparation which are primarily food, toilets or disinfectants.

**NAME OF MEDICINES**

**PRICE**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

(c) Hospital service charges

**Rates**

1. Investigations
2. Consultation Fees.
3. Surgical procedure (if any)
4. Accomodation Charges.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) Others

Place:

Date:

Treating doctor/Authorised  
 Signatory of Treating Hospital

**Note:** Certificates not applicable should be struck off Certificate (B) is compulsory and must be filled in by the Medical Officers in all cases.