

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

**case at the hospital**