



CENTRAL SANSKRIT UNIVERSITY
(Established by an Act of Parliament)
New Delhi-110058



(University Ordinance No. 6)

Form-6

ESSENTIALITY CERTIFICATE – A

(To be completed in the case of patients WHO ARE NOT ADMITTED to hospital for treatment)

Certificate granted to Dr./Shri/Smt./Prof.
wife/son/daughter of Prof./Dr./Shri/Smt. Employee/ Retired Persons of
..... (Name of Campus/ Office)

I, Dr. hereby certify-

- (a) that I charged and received/- for consultation on/...../..... (dates to be given) at my consulting room/at the residence of the patient.
- (b) that I charged and received/- for administeringintra-venous/intra-muscular/subcutaneous injections on/...../..... (dates to be given) at my consulting room/the residence of the patient.
- (c) that the injections administered were not/were for immunizing or prophylactic purposes.
- (d) that the patient has been under treatment at hospital/my consulting room 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 medicines are not stocked in the (name of hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines

Price

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

- (e) that the patient is/was suffering from and is/was under my treatment from/...../..... to/...../.....,
- (f) that the patient is/was not given pre-natal or post-natal treatment.
- (g) that the X-ray, laboratory test, etc., for which an expenditure of/- was incurred was necessary and were undertaken on my advice at (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. for Specialist consultation.
- (i) that the patient did not require/required hospitalization.

**Signature of AMA/Designation of the Medical Officer and hospital/
dispensary to which attached**

Dated:

N.B.- Certificates not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer/ Authorized Medical Attendant in all cases.