



**CENTRAL SANSKRIT UNIVERSITY, DELHI**  
**(University Ordinance No. 6)**

**ESSENTIALITY CERTIFICATE - B**

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

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

**PART - A**

I, Dr. .... 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 the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ..... (*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 nor preparations which are primarily foods, toilets or disinfectants.

<b>Name of Medicines</b>	<b>Price</b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

- (c) that the injections administered were/were not for immunizing of prophylactic purpose;
- (d) that the patient is/was suffering from ..... and is/was under treatment from ...../...../..... to ...../...../.....
- (e) that the X-ray, laboratory tests, etc., for which an expenditure of ...../- was incurred were necessary and were undertaken on my advice at ..... (*name of hospital or laboratory*);
- (f) that I called on Dr. ..... for Specialist consultation and that the necessary approval of the ..... (*Name of the Chief Administrative Medical Officer of the State*) as required under the rules, was obtained.

**(Signature and Designation of the Medical Officer in charge of the case at the hospital)**

**PART - B**

I certify that the patient has been under treatment at the ..... hospital and that the service of the special nurses for which an expenditure of ...../- was incurred, *vide bills* and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

**Signature of the Medical Officer in charge of the case at the hospital**

**COUNTERSIGNED**

**Medical Superintendent of ..... Hospital**

\*I Certify that the patient has been under treatment at the ..... hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

**Medical Superintendent of the Hospital**

**Place:** .....

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

\* The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.