CERTIFICATE – A

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

Certificate granted to _____

Self/Wife/Husband/Son/Daughter/Father/Mother of _____

employed in the **National Institute of Epidemiology, (Indian Council of Medical Research), T.N.H.B., Ayappakkam, Chennai – 600 077**

I, Dr. _____

(Registration No._____) hereby certify :-

01. that I Charged and received Rs._____ (Rupees _____ _____) for _____ consultation on _____ **(date to be given)** at my consulting room outside hospital hours.

02. that I Charged and received Rs._____ (Rupees _____ _____) for administering _____ **intra-venous / intra-muscular / subcutaneous injection** on _____ _____ **(date to be given)** at my consulting room outside hospital hours.

03. that the injections administered were not/were for immunising or prophylactic purposes.

04. that the patient has been under my treatment at _____ _____hospital/my consulting room and that the undermentioned 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 primary foods, toilets or disinfectants.

SL. No.	NAME OF THE MEDICINES	QUANTITY	COST
	TOTAL Rs.		

P.T.O.

05. that the patient is / was suffering from _____ and is / was under my treatment from _____ to _____ .

06. that the patient is / was not given pre-natal or post-natal treatment.

07. that the X-Ray, Laboratory Test etc. for which as expenditure of Rs._____ (Rupees _____) was incurred was necessary and were undertaken on my advice at _____ (Name of the hospital or / Laboratory.

08. that I referred the patient to Dr. _____ for **SPECIALIST** consultation and that the necessary approval of the _____ (Name of the Chief Administrative Officer of the State) as required under the rules was obtained.

09. that the patient did not require / required hospitalisation.

STATION : _____

DATE : _____

SIGNATURE OF AMA / DESIGNATION OF THE MEDICAL OFFICER AND HOSPITAL / DISPENSARY TO WHICH ATTACHED
(SEAL WITH ADDRESS AND REGISTRATION No.)

N.B. : - CERTIFICATES NOT APPLICABLE SHOULD BE STRUCK OFF. CERTIFICATE (5) IS COMPULSORY AND MUST BE FILLED IN BY THE MEDICAL OFFICER IN ALL CASES.