



- (c) that the patient is/was suffering from \_\_\_\_\_ to \_\_\_\_\_ and is / was under my treatment from \_\_\_\_\_
- (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 Rs. \_\_\_\_\_ was incurred were 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 and that the necessary approval of the \_\_\_\_\_  
\_\_\_\_\_  
(Name of the Chief Administrative / Medical Officer of the State) required under the Rules was obtained.
- (i) that the patient did not require / require Hospitalisation.

PLACE : PUNE

DATE : \_\_\_\_\_  
Signature and Designation  
of the Medical Officer and  
the Hospital Dispensary to  
which attached.

**N.B. :** Certificate not applicable should be struck off Certificate (e) is compulsory and must be filled in by the **MEDICAL OFFICER** in all cases.