

# SRI AUROBINDO COLLEGE (EVENING)

(UNIVERSITY OF DELHI)  
MALVIYA NAGAR, NEW DELHI - 110 017

Form No 6 (11) (a)

## CERTIFICATE 'A'

( To be completed in the case of a patient who is not admitted to the Hospital )

Certificate granted to Mr. / Ms. (Name of Patient).....

Father/Mother/Husband/Wife/Daughter/Son of Mr. / Ms. ....

employed in the Sri Aurobindo College (Evening), New Delhi.....

I, Dr.....hereby Certify :

(a) that I have charged and received in case Rs.....for consultation on.....  
as the residence of patient/at my consultation room.

(b) that I have charged and recived in case Rs.....for administering.....  
intervenous / Intra-muscular injections on .....at my consulting room /the residence  
of the patient :

(c) that the injections adminisered were not for immunising or prophvictic purpose.

(d) that the patient has been under my treatment at my consulting room outside the hospital hours  
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 dispensary/Government Hospital for supply to private patients and do not include  
Proprietary preparations for which cheaper substances of equal therapeutic value are available for  
preparations which are primarily foods, toilets or disinfections.

Name of Medicines	Price	Name of Medicines	Price
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(e) that the patient is/was suffering from.....and is/was under my treatment  
from.....to.....

2.

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-ray, laboratory tests, etc. for which an expenditure of Rs..... (Rupees.....) .....was incurred were necessary, and were undertaken on my advice at Government Hospital / Private Clinic.

(h) that I referred the patient to Dr. ....for specialist consultation.

(i) that the patient did not require hospitalisation.

(j) Certified that Dr. ....at .....was consulted by the patient on my advice and the consultation as essential for the speedy recovery of the patient.

(k) Certified that the disease was not one prescribed period of ten days was essential for the recovery of the patient.

(l) that the treatment in in-excess of the prescribed period of ten days was essential for the recovery of the patient.

(m) that the patient has reasonable chance of recovery if he is treated as an out-patient.

(n) that the mixture/power could not be dispensed in the hospital and authorised the purchase from the chemist.

(o) Certified that I am practising Medicine for more than 10 years.

(p) Certified that I am practising Ailopathic system of medicine and am permitted to do so.

(q) that the patient did not require/required leave the period of treatment.

(Signature of the Medical Officer)  
with Rubber Stamp.

Registration No.

Dated.....

Degree :