

# Essentiality Certificate

1. Certified that Mr./Mrs. \_\_\_\_\_ wife/son/daughter/father of Shri \_\_\_\_\_ Employed in \_\_\_\_\_ Department has been under my treatment at the \_\_\_\_\_ Hospital my Consulting room at \_\_\_\_\_ and under medicines prescribed by me in this connection in the condition of the payment. The medicines are not stocked in the civil hospital for supply to entitle & do not include property preparations for which cheaper substitute of equal there aquatic value are available not preparations which are primary food toilets or disinfectants.
2. Certified that treatment as in patient was necessary.
3. Certified that prices claimed are reasonable.
4. Certified that the medicines charged have no cheaper effective substitutes.
5. Period of treatment from \_\_\_\_\_ to \_\_\_\_\_
6. Certified that the medicines are not in the nature etc or certified that Medical which in the nature of tonic/foods ware Prescribed as medicines as essential as the cost of which is not reimbursable under Govt. order issued on the subject from time to time.
7. Certified that the medicines prescribed are not in the list non-reimbursable medicine articles list as revised vide Pb. Govt. Letter No. 17014 S-5131/CH/45617706 dated 26 Jan. 1957.
8. He/She is suffering \_\_\_\_\_.

Sr. No.	Name of medicines (In Block letters)	Invoice/ Bill No.	Date in which actually purchased	Price	
					Paise

**Signature and designation of the authorized Medical Officer**

- \* Certified that I am a employee of \_\_\_\_\_ and Posted in \_\_\_\_\_ and My basic pay is Rs. \_\_\_\_\_
- \* Certified that Patient i.e. Mr./Mrs./Ms \_\_\_\_\_ is wholly dependent under me and resides with me.
- \* He/She is not in Govt. service /Service with any Public sector, PSUs or Autonomous Body.
- \* Certified that the medicines claimed above have actually been purchased from the local market and has consumed by me the dependant.
- \* Certified that I am **(Drawing/Not Drawing)** fixed medical allowance.
- \* Certified that my wife/husband/father/mother has not claimed above said bill.
- \* Certified that the medicines have been purchased during the period of treatment.

**Signature of the claimant**