

Certificate granted to Mr./Mrs/Km./----- son/daughter/Wife  
of Mr. \_\_\_\_\_ employed in the  
Central Avian Research Institute, Izatnagar

## CERTIFICATE 'A'

**(To be completed in the case of patients who were not admitted to Hospital for treatment)**

I, \_\_\_\_\_, Medical Officer hereby certify.

- a) That I charged and received is ..... for  
.....consultation on .....at  
my consulting room (dates to be given) at the residence of the patients, outside Hospital hours.
- b) That I charged and received Rs. .... for administering  
Intramuscular/ Intravenous / Sub-Cutaneous injection an ..... at my consulting  
room/at the residence of the patient.
- c) That the injections administered were/were not for immunizing of prophylactic purposes.
- d) That the patients has been under my treatment at District Hospital Bareilly/at my consulting room and the  
under mentioned medicines prescribed by me in connection with the essential for the recovery prevention of  
serious deterioration in the condition of the patients. The medicines are not stocked in District Hospital  
Bareilly for supply to private patients and do not include priory preparation for cheaper sustaces for  
equal therapeutic value are available for preparation which are primarily food toilets for disinfectant.

Sl.No.	Name of Medicines	Quantity	Price
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- e) That the patient is/was suffering from \_\_\_\_\_ and  
is/was under my treatment from \_\_\_\_\_
- f) That the patient was/was not given prenatal or post natural treatment.
- g) That the X-Ray Laboratory test etc, for which an expenditure or Rs. ....  
Was incurred were necessary and were undertaken on my advise at  
..... Hospital  
.....
- h) That I referred the patient to Dr. .... for specialist consultation  
and that the necessary approval of ..... as  
required. Chief Administrative Medical Officer of the State under the rules was obtained.
- i) That the patient did not require/required hospitalization.

Dated:

**Signature and Designation of Medical Officer  
and Hospital Dispensary to which attached**