

ESSENTIAL CERTIFICATE

1. Certified that Sh./Smt. \_\_\_\_\_ Son/Daughter  
wife/Husband/Sister/Mother/Father of \_\_\_\_\_ (Reti)  
employed in the office of \_\_\_\_\_  
has been under my treatment at the \_\_\_\_\_  
and that the under mentioned medicines prescribed by me in this  
connection were absolutely for the treatment and recovery/prevention  
of serious deterioration in the condition of the patient. These  
medicines were not stocked in the \_\_\_\_\_  
\_\_\_\_\_ for supply to the entitled patient and  
do not include preparation for which cheaper substitute of equal  
therapeutic value are available for the purpose of disinfection,
2. Certified that the medicines have no cheaper effective.  
3. Certified that the treatment as in/for patient was not  
necessary.  
4. Period of the treatment from \_\_\_\_\_ to \_\_\_\_\_  
5. Certified that the medicines articles as drawn up for  
Central Govt. Servants by the DHS, New Delhi vide his No. 4156/MIL, dt.  
16.8.60 as amended from time to time which has been made applicable  
medicines of Pb. Govt. Servants vide Pb. Govt. memo No. 10551-4HB-IV-61/  
47760, dated 17.11.61.  
6. He/She was suffering from \_\_\_\_\_

Sr.No.	Name of medicines	Outdoor ticket No. & date.	Date of Purchase	Price Rs.	Paise
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Signature of authorised  
Medical Officer.

1. Certified that my/wife/husband/sob/daughter/father/mother is  
dependent upon me and is residing with me/he/she is not Govt.  
service.  
2. Certified that the amount has been drawn earlier and will not be  
drawn here after.  
3. That my basic pay is Rs. \_\_\_\_\_ P.M.  
4. Certified that the medicines were purchased and consumed  
during the period of treatment.

Signature of applicant.