

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/son/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.