## **CERTIFICATE FOR HOSPITALIZATION**

| Certificate granted to Mrs./Mr. husband /wife /son /daughter |  |          |         |      |                                 |    |         |           |
|--|--|----------|---------|------|---------------------------------|----|---------|-----------|
| of   |  |          |         |      | ,BSNL.                          |    |         |           |
|  |  |          |         | PART | :`A'                            |    |         |           |
| I, Dr.   | or. hereby   |          |         |      |                                 |    | ertify: |           |
| (a)  | that   | the      | patient | was  | admitted                        | to | hospi   | tal or    |
| (b)  | that the patient has been under treatment at 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. |          |         |      |                                 |    |         |           |
| (c)  | treatm   | ent from |         |      | to                              |    |         |           |
| (d)  | treatment fromto that the X-ray, laboratory tests, etc. for which an expenditure of Rs. was incurred were necessary and were undertaken on my advice a   |          |         |      |                                 |    |         |           |
|  | was i  | ncurred  |         |      | d were und<br>oital or laborate |    | n my    | advice at |