

**ABV-INDIAN INSTITUTE OF INFORMATION TECHNOLOGY AND
MANAGEMENT (ABV-IIITM), GWALIOR (MP)**

CERTIFICATE - A

P.F. No./ Roll No.:

Tel.:

Bank Name:

Account No.:

Certificate granted to Shri/Smt./Kumari.....(indicate relation).....of Shri/Dr.
.....

I, Dr.....hereby certify

1. That I charged and received Rs.....(Rupees only) for consultations at my consulting room/hospital OPD/patient's residence after hospital hours.
2. That the patient has been under treatment athospital/my consulting room and the under mentioned medicines by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. These medicines were not stock in the ABV-IIITM Gwalior Health Centre for supply to the private patient and do not include proprietary preparation for which cheaper substance/substances of equal therapeutic value are available nor preparation which are primarily foods, toilets and disinfectants.

NAME OF MEDICINES (IN BLOCK LETTERS)

S. No.	Name	Qty.	Amount	R or NR*	S. No.	Name	Qty.	Amount	R or NR*
1					5				
2					6				
3					7				
4					8				

R = Reimbursable, NR = Non-Reimbursable*

3. That the patient is/was suffering fromand is/was under my treatment from.....to.....
4. That the X-ray, Laboratory test etc. dated.....for which expenditure of Rs.....was incurred were necessary and were undertaken on my advice, due to their non-availability of Health Centre.
5. That I referred the patient to thehospital which is the nearest entitled hospital from the place where the patient fell ill which in my opinion could provide the necessary and suitable treatment.
6. That I referred the patient to Dr.Specialist M. O. in Government employment in thefor specialist consultation.

Signature and Designation of the
Medical Adviser/Medical officer

Date:

(For Use in the Accounts Section)

S. No.....

Date.....

- (a) Total amount of claim passed: Rs. _____
 (b) Less advance drawn, if any: Rs. _____
 (c) Net amount payable/recoverable: Rs. _____

Checked by _____ Claim Prepared by _____

Please Pay Rs. _____ (Rupees _____)

Dealing Hand

Asst. Registrar

JR/Deputy Registrar

Registrar