NATIONAL INSTITUTE OF IMMUNOHAEMATOLOGY (ICMR), MUMBAI

13th floor, New Multistoreyed Bldg., K.E.M. Hospital Campus, Parel,Mumbai - 400 012.

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Certificate granted to _____

Wife/son/daughter of Shri/Smt. _____

CERTIFICATE 'A'

I, Dr. _____ hereby certify, that I charged and received Rs. _____ for _____ consultation

(a) On _____ (date to be given) at my consulting room, at the residence of the patient.

(b) That I charged and received Rs. _____ for administering _____ intra-venous/intra-mascular injection on _____ (date to be given) consulting room at the residence of the patient

(c) That the injections administered were/were not for immunising on prophylactic purpose.

(d) That the patient has been under treatment at _____ hospital/my consulting room, and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of senior deterioration in the condition of the patient. The medicine are not stocked in the _____ (Name of the hospital) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal th era peutive value are available not preparations which are primarily foods, toilets or disinfections.

MEDICAL REIMBURSEMENT CLAIM

Sr. No.	Voucher/Bill No. & Date	Name of Items/Medicine	Amount Claim Rs.	CGHS Code No.	Amount Admissible Rs.	Amount In-Admissible Rs.

(e) That the patient is/was suffering from _____ and is/was under my treatment from _____ to _____.

...2/-

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-Ray, laboratory tests etc. for its which an expenditure of Rs. _____ was incurred, were necessary and were undertaken on my advice at _____.
(Name of Hospital or Lab.)

(h) that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ of the
(Name of the Chief Administrative Medical approval)
_____ as required under the rules was obtained.
(Name of the chief administrative medical officer)

(i) that the patient did not required hospitalization.

Signature, Designation and Degree of the Medical Officer and Hospital/ Dispensary to which attached.

Date : _____

N.B.: Certificate not applicable should be struck off. Certificate (A) is compulsory and must be filled in by the Medical Officer in all cases.