

ESSENTIALITY CERTIFICATE

(to be filled in capital letters)

Name of claimant **Smt.** -----

Period of treatment

Designation -----

From -----

Department -----

Outdoor -----

No. and Date -----

Basic Pay Rs. -----

Bank Account No. -----

-

Bank Address

MICR Code of Bank -----

IFSC no. Of Bank

PAN No. Of Employee/Retiree-----

I certify that _____ **H/o Smt.** -----employed in the office of the _____ has been under my treatment in the **PGI, Hospital, Chandigarh** in my consultation room and that the under mentioned medicines prescribed by me in this connection were absolutely essential in the condition of the patient. The medicines were not stocked in the **Hospital** for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the preparation prescribed are primarily food/tonic or disinfectants.

CERTIFIED THAT

- 1 The medicines have no cheaper and effective substitute.
- 2 The treatment given was in-door/out-door.
- 3 The price claimed is reasonable.
- 4 The medicines are not in the nature of tonics or food or vitamins etc. the cost of which is not reimbursement in the Govt. orders issued on this subject from time to time.
- 5 He was suffering from -----

Sr. No.	Name & quality of medicines (in capital letters)	Outdoor/Indoor Ticket No. and Date on which prescribed	Date of actual purchased	Price	
				Rs.	Paisa
1	2	3	4	5	6

IN CASE INDOOR TREATMENT
Certified that the medicines claimed
Capital _____
I this bill are as per head ticket.

SIGNATURE & STAMP OF A.M.A
Name _____ **in**

Certified that:-

- 1 The medicine have actually purchased by me during the course of treatment.

- 2 I am living in _____.
- 3 The medicines have been purchased from private shop after obtaining non-availability certificate from Ambala Co-operative Stores/Super Bazar of Sector _____, Chandigarh/Panchkula.
- 4 The amount of medicines purchased from private shop against or six more prescription does not exceed Rs.50/- in the single day.
- 5 In case of wife/children/husband
That the patient Mr./Ms._____ is my -----and he/she is wholly dependent upon me and is unemployed in case of sons/daughter.
- 6 For parents only:
His/her total monthly income does not exceed Rs.750/- p.m./
- 7 In case of spouse is working:
 - (a) Certified that my wife/husband is not getting any fixed medicines allowance from any sources.
 - (b) Certified that my wife/husband is employed and is not getting any medical reimbursement to this effect has already been furnished.
 - (c) Certified that I am not adhoc employee and working on regular basis.

Place: PANCHKULA
Dated:

Signature of Claimant
Name:
Designation
GOVT.P.G.COLLEGE for WOMEN.,
SECTOR-14,PANCHKULA

