



भा.कृ.अनु.प-राष्ट्रीय सुकर अनुसंधान केंद्र  
ICAR-NATIONAL RESEARCH CENTRE ON PIG  
भारतीय कृषि अनुसंधान परिषद  
INDIAN COUNCIL OF AGRICULTURAL RESEARCH  
RANI, GUWAHATI-781131



Phone No.0361 2847195

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter of  
Mr. \_\_\_\_\_ employed in the \_\_\_\_\_  
\_\_\_\_\_.

I, Dr. \_\_\_\_\_ hereby certify \_\_\_\_\_

- (a) that I charges and received Rs. \_\_\_\_\_ for \_\_\_\_\_  
consultation on \_\_\_\_\_ (dates to be given) at my  
consulting room/at the residence of the patient;
- (b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_  
\_\_\_\_\_ intravenous/intra-muscular/subcutaneous injection  
on \_\_\_\_\_ (dates to be given ) at \_\_\_\_\_ my  
consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic  
purposes;
- (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 serious deterioration in the  
condition of the patient. The medicines are not stocked in the  
\_\_\_\_\_ (name of hospital) for supply to private patients and do  
not include proprietary preparations for which cheaper substances of equal  
therapeutic value are available nor preparations which are primarily foods, toilets or  
disinfectants.

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- (e) that the patient is/was suffering from \_\_\_\_\_ and is /was under my treatment from \_\_\_\_\_ to \_\_\_\_\_;
- (f) that the patient is/was not given pre-natal or post-natal treatment ;
- (g) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

Dated: \_\_\_\_\_