

CERTIFICATE FOR HOSPITALIZATION (BSNL)

(To be completed in the case of patients who are admitted to Hospital for Treatment)

Certificate granted to Mrs. /Mr. Miss _____
husband/wife/son/daughter/mother/father of Mrs./Mr. _____ employed in the
Office of _____ BSNL.

PART 'A'

I, Dr _____ hereby certify:

(a) That the patient was admitted to Hospital on _____

(b) That the patient has been under treatment at _____ 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.

(c) That the patient is/was suffering from _____ and is/was under treatment from
_____ to _____

(d) That the X-ray, Laboratory Tests, etc., for which an expenditure of Rs. _____ was incurred
were necessary and were undertaken on my advice at _____ (name of Hospital or
Laboratory);

Signature and Designation of the
Medical Officer In-charge of the
Case at the Hospital