

* Form of Essentiality Certificate follows:-

FORM OF ESSENTIALITY CERTIFICATE

I certify that Shri/Smt employed in the has been under treatment of this hospital/dispensary or at his/her residence for the period from to 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. They do not include proprietary preparations for which cheaper substance of equal therapeutic value are available, not preparations which are primary foods, tonics, toilet preparations or disinfectants.

It is certified that the case did not require hospitalisation but is one of prolonged nature, requiring medicine attendance at the our-patient department spreading over a period of more than 10 days.

The patient was/has been suffering from (name of disease).

Trade /Brand name of medicines	Chemical/Pharmacological name of medicine	Description	Price	
			Rs.	Ps.

Name and designation of the
Authorised Medical Attendent.

Date:

(Office Seal)

Name of Institution.