



### CERTIFICATE-A

(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Sri/Smt/Km. ....  
Wife/Son/daughter of Sri/Smt. ....  
employed in the .....  
Gandhi Memorial & Associated Hospital, K.G.M.U. Lucknow.

I Prof./Dr. ....  
hereby certify.

That the patients has been under treatment at .....  
hospital/my consulting room and that the under mentioned 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 the Hospital) for supply to the private patients and do not include proprietary preparations for  
which cheaper substances of equal therapeutic value are available for preparations, which are primarily  
foods, toilets or disinfections.

S.No.	Firm Name	Voucher No.	Date	Amount (Rs.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Grand Total (Rs.)				

**Physician/Surgeons In-charge  
G.M. & A.H./K.G.M.U., Lucknow.**

- 2. That the patients is/was suffering ..... and is/was under my treatment from ..... to .....
- 3. That the patient is/was not given parental or postnatal treatment.
- 4. That the X-ray, laboratory test, etc. for which an expenditure of Rs. .... was incurred were necessary and were undertaken on my advice at ..... (Name of Hospital or Laboratory).
- 5. That I referred the patient to Dr. .... for specialized consultation and that the necessary approval of the ..... (Name of the Chief Administrative Medical Officer of the State) as required under the rules was obtained.
- 6. That the patient did not require/required hospitalization.

Dated :

**Physician/Surgeons In-charge  
G.M. & A.H./K.G.M.U., U.P.,  
Lucknow,**

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.

Counter Signature

**Superintendent,  
G.M. & Associated Hospitals  
K.G. Medical University, U.P.,  
Lucknow**

Certificate granted to Mrs./Mr./Miss ..... wife/daughter of  
..... employed in the  
Mr. ....  
Gandhi Memorial & Associated Hospital, K.G. Medical University, Uttar Pradesh, Lucknow.