

APPENDIX VI

Form Med. 103

Referred to in item (2) of Government of India decisions below Rule 2 (h) (iii)

CERTIFICATE granted to Mr./Mrs./Miss .....
..... wife/son/daughter of Mr./Mrs. ....
..... employed in the .....

CERTIFICATE 'B'

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

(To be signed by the Medical Officer I/C of .....case)
of the hospital

I, Dr. .... hereby certify :-

- (a) That the patient was admitted to hospital on the advice of Civil Surgeon,
..... The Superintendent, Balrampur / Civil Hospital,
Lucknow; vide his letter No. ....
dated .....
(b) That the patient has been under treatment at Gandhi Memorial & Associated Hospitals / K.G.
Medical University, Lucknow, 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 Gandhi Memorial & Associated Hospitals,
Lucknow, for supply to 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 dis-infectants.

Rs. P.

- 1. Cost of medicines as per Cash memos attached.
2. Blood charges as per Receipts attached.
3. Special Nursing charges as per receipts attached.
4. Hospital dues certificate issued from this hospital (enclosed herewith)
Total

- (a) that Injections administered were / were not for immunising or prophylactic purposes.
(d) that the patient is /was suffering from .....
..... and is / was under my treatment
from ..... to .....
(e) that the X-ray, Laboratory tests etc. for which an expenditure of Rs. ....
was incurred were necessary and were under taken on my advice at K.G. Medical University,
Lucknow.
(f) that I called on Dr. .... for specialist consultation
and that the necessary approval of the .....
as required under the rules was obtained.

(Name of the Chief Administrative Medical Officer of the State)

Prof. & Head Department of .....
K.G. Medical University, U.P.,
Lucknow

Surgeon/Physician Incharge,
K.G. Medical University, U.P.,
Lucknow

**PART 'B'**

I certify that the patient has been under treatment at the Gandhi Memorial and Associated Hospitals, K.G. Medical University, Lucknow, and that the service of the special aurses, for which an expenditure of Rs. .... was incurred vide bills and receipts attached, were essential the recovery / prevention of serious deterioration in the condition of the patients.

**Surgeon/Physician Incharge,  
G.M. & Associated Hospitals  
K.G. Medical University, U.P.,  
Lucknow**

COUNTERSIGNED FOR Rs. ....)  
RUPEES .....)  
(.....)

I certify that the patient has been under treatment at the Gandhi Memorial and Associated Hospitals / K.G. Medical University, Lucknow, and that the facilities provided were the minimum which were essential for, the patient's treatment.

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

**N.B.:** Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the medical officer in all cases.