

ESSENTIALITY CERTIFICATE

I certify that Mr./Mrs. _____ s/w/d/o _____
employee of the office of the _____
Chandigarh has been under the treatment of the _____
and that under mentioned medicines prescribed by me in this connection were absolutely
essential for the treatment and recovery of the serious deterioration on condition of the
patient. These medicines were not stocked in the hospital for supply to entitled patients
and do include preparatory, preparation for which cheaper substitute of equal their
appointic value are available for preparations which are primarily food, toilets or
disinfectant.

2. Certified that the treatment as indoor/outdoor Patient was necessary.
3. Certified that the medicines charges have no/not cheaper substitute.
4. Period of treatment from _____ to _____.
5. Certified that the medicines are not in the nature of tonic etc., the cost of which is
not reimbursable under Govt. orders issued on the subject from the time to time.
6. Certified that the price claimed is reasonable.
7. Certified that the medicines prescribed are not in the list of inadmissible
medicines/articles/ as drawn up for Central Govt. Servants by the D.G.H.S., New
Delhi vide his No. 4-18/18158 MII Dated 16.08.56 as amended from time to time
which has been made applicable mutandis of Punjab Govt. Servants vide Punjab
Govt. Memo No. 1015-I-4 HBIV-61/47760 Dated 07.11.1961.
8. He/She is suffering from _____.
9. Name of the Medicines Outdoor Ticket Date on which Price
 Ticket No. & Date actually purchased

Certified that my _____
is wholly dependent upon me, resides
with me and has no income from any
other source.

Signatures & Designation
Medical Attendant

Certified that the medicines have been
actually purchased consumed by the
concerned patients.