

## FORM OF ESSENTIALITY CERTIFICATE

I certify that Sri./Smt.....(name of patient)  
\*dependant of Sri/Smt.....employed in KSRTC ..... Depot  
has been under treatment at this Hospital / Dispensary /or at his/her residence for the period  
from ..... to ... .. 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 patient. They  
do not include proprietary preparations for which cheaper substances of equal therapeutic value are  
available, nor preparations which are primary foods, tonic, toilet preparation or disinfectants. The  
medicines are not stocked in the hospital for issue to Govt. Servants.

It is certified that the case did not require hospitalization but is one of prolonged nature  
requiring medical attendance at the out patient department spreading over a period of more than 10  
days.

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

*\*Strike off if not applicable*

Bill No. / Date	Trade/Branch Name of Medicines & Quantity	Chemical/Pharmacological Name of Medicines	Description	Price	
				Rs.	Ps.
<b>Total</b>					

Signature:

Name:

Designation of the Authorized:

Date:

Medical Attendant:

Name of patient: .....

Address: .....

.....

Bill No. / Date	Trade/Branch Name of Medicines & Quantity	Chemical/Pharmacological Name of Medicines	Description	Price	
				Rs.	Ps.
<b>Total</b>					

Signature:

Name:

Designation of the Authorized:

Date:

Medical Attendant: