

APPENDIX-1

FORM OF ESSENTIALITY CERTIFICATE

- 1.Vide.G.O. (P) 515/86/FIn,dt:16.9.21986
- 2.Vide.G.O. (P) 12/86/H&FWD,dt:23.1.86

Certified that Sri/Smt.....Employed in theDepartment has been under treatment at this Hospital,Dispensary or at his/her residence as in /out Patient for the period fromto.....and that he under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration of the condition of the patient.They do not include proprietary preparations which is substance of equal therapeutics 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 medical attendance at the out patient Department spread in over a period of more than 10 days

The patient was/has been suffering from.....

Trade brand name of Medicine	Chemical/Pharmacological Name of Medicine	Description (Name of disease)	Price

Date:
(office seal)

Name and designation of the
Authorised Medical Practitioner
with name of institution