NATIONAL SANSKRIT UNIVERSITY
A Central University Established by An Act of Parliament
Tirupati , Andhra Pradesh- 517 507

ESSENTIALITY CERTIFICATE - A
(To be completed in the case of patients WHO ARE NOT ADMITTED to hospital for treatment)

Certificate granted to Dr./Shri/Smt./Ku...wife/son/daughter of

Prof./Dr./Shri/Smt. .... Dept./Section/Center/Cell ....

I, Dr...hereby certify-

(a) that I charged and received `....../- for .... consultation on ...../.....] *(dates to be given)* at my consulting room/at the residence of the patient;

(b) that I charged and received `....../- for administering.....................................intra-venous/intra-muscular/subcutaneous injections on ...../...../........ *(dates to be given)* at... my consulting room/the residence of the patient;

(c) that the injections administered were not/were for immunizing or prophylactic purposes;

(d) that the patient 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 hospital)* for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Name of Medicines	Price
1.	....
2.	....
3.	....
4.	....

(e) that the patient is/was suffering from .... and is/was under my treatment from ...../...../....... to ...../...../... ....,

(f) that the patient is/was not given pre-natal or post-natal treatment;

(g) that the X-ray, laboratory test, etc., for which an expenditure of `....../- was incurred was necessary and were undertaken on my advice at..*(name of the hospital or laboratory)*;

(h) that I referred the patient to Dr. .... for Specialist consultation and that the necessary approval of the .... *(name of the Chief Administrative Officer of the State)* as required under the rules was obtained;

(i) that the patient did not require/required hospitalization.

Signature of AMA/Designation of the Medical Officer and hospital/ dispensary to which attached

Date: ...../...../........

N.B.- *Certificates not applicable should be struck off. Certificate(s) is/are compulsory and must be filled in by the Medical Officer in all cases.*