



COLLEGE OF VOCATIONAL STUDIES
(UNIVERSITY OF DELHI)
TRIVENI, SHEIKH SARAI, PHASE II,
NEW DELHI – 110017



REQUISITION SLIP

Slip No.....

Date:

Kindly issue the following items:

Purpose:

Sr. No.	Item Description	Quantity	Remarks
1.			
2.			
3.			
4.			
5.			

Signature:.....

Name of Employee:.....

Designation:.....

Department:.....

Sanctioned/ Approved by:

Administrative Officer

Principal



COLLEGE OF VOCATIONAL STUDIES
(UNIVERSITY OF DELHI)
TRIVENI, SHEIKH SARAI, PHASE II,
NEW DELHI – 110017



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Administrative Officer

Principal



COLLEGE OF VOCATIONAL STUDIES
(UNIVERSITY OF DELHI)
TRIVENI, SHEIKH SARAI, PHASE II,
NEW DELHI – 110017



SANCTION SLIP

Kindly sanction the purchase/ procure of the following items:

Date:

Purpose:

Sl. No.	Item Description	Quantity	Estimated Rate (per qty.)	Estimated Amount	Remarks
1.					
2.					
3.					
4.					
5.					

Signature:.....

Name of Employee:.....

Designation:.....

Department:.....

Recommended/ Forwarded by:

- TIC/ Convener (wherever applicable)

- Caretaker

- Administrative Officer

Sanctioned/ Approved by:

Principal



COLLEGE OF VOCATIONAL STUDIES
(UNIVERSITY OF DELHI)
TRIVENI, SHEIKH SARAI, PHASE II,
NEW DELHI – 110017



SANCTION SLIP

Kindly sanction the purchase/ procure of the following items:

Date:

Purpose:

Sl. No.	Item Description	Quantity	Estimated Rate (per qty.)	Estimated Amount	Remarks
1.					
2.					
3.					
4.					
5.					

Signature:.....

Name of Employee:.....

Designation:.....

Department:.....

Recommended/ Forwarded by:

- TIC/ Convener (wherever applicable)

- Caretaker

- Administrative Officer

Sanctioned/ Approved by:

Principal



कॉलेज ऑफ वोकेशनल स्टडीज College of Vocational Studies
दिल्ली विश्वविद्यालय University of Delhi

छुट्टी आवेदन पत्र Application for Leave

1. आवेदक का नाम Name of Applicant : _____
2. धारित पद Post held : _____
3. संविदात्मक/तदर्थ/अस्थायी/स्थायी Contractual/Ad-hoc/Temporary/Permanent
4. अनुभाग/विभाग Section/Department : _____
5. आवेदित छुट्टी का प्रकार Nature of Leave applied for: _____
6. आवेदित छुट्टी का आधार Ground on which leave applied for : _____
7. आवेदित छुट्टी की अवधि Period of leave applied for :
From _____ से to _____ तक (_____ दिन Day/s)
8. छुट्टी अवधि के दौरान पता Address during leave : _____

दिनांक Dated : _____

आवेदक के हस्ताक्षर Signature of Applicant

प्रभारी की संस्तुति

Recommendation of the In-charge

प्रशासनिक अधिकारी / प्राचार्य
A.O./Principal

कार्यालय उपयोग हेतु For Office Use

उपरोक्त छुट्टी/छुट्टियों की कटौती के पश्चात आपके छुट्टी खाते में _____ दिन/दिनों की छुट्टी/छुट्टियां शेष है/हैं।
After deduction of above leave/leaves, _____ day/days is/are available at your credit.

संबंधित सहायक
Dealing Assistant

अनुभाग प्रभारी
Section In-Charge

प्रशासनिक अधिकारी
Administrative Officer

कॉलेज ऑफ वोकेशनल स्टडीज College of Vocational Studies
दिल्ली विश्वविद्यालय University of Delhi

परिवार के सदस्यों की घोषणा Declaration of Family Members

मैं इसके द्वारा घोषित करता/ती हूँ:

I hereby declare:

1. कि मेरे परिवार के निम्नलिखित सदस्य मेरे साथ रह रहे हैं और पूरी तरह से मुझ पर निर्भर हैं:
1. That the following are the members of my family residing with and wholly dependent on me:

के प्रयोजन के लिए **For purpose of**

- ☐ छुट्टी यात्रा रियायत **Leave Travel Concession and**
- ☐ चिकित्सा प्रतिपूर्ति **Medical reimbursement**

क्रमांक S. No.	नाम Name	संबंध Relationship	उम्र Age	जन्म तिथि Date of Birth

नोट

Note: A husband/wife/child/parent having an independent source of income is not related as member belonging to the family of the Govt. servant except when the income including pension, temporary increase in pension but excluding dearness relief on pension or stipend etc. does not exceed Rs. 1500/- per month.

2. That my husband/wife is not in service, if in service, a certificate from the employer to the effect that he/she shall not avail the facility of LTC/HTC from here.
3. That my father/mother is/is not a retired pensioner and the amount of pension drawn by him/her is as shown in the attached income certificate viz. Rs. 1500/-
4. That any change in the list of family members declared will be intimated to the College for Record.
5. That I have carefully gone through the contents of the letter regarding definition of 'FAMILY'.

Signature of the Employee _____

Name (In Block Letters) _____

Designation _____

Section/Department _____

Counter signed by the A.O./Principal

Family Photo

दिल्ली विश्वविद्यालय University of Delhi



1. कर्मचारी का नाम :

Name of the employee :

2. पिता/पति का नाम :

Father's/Husband's name:

3. पद :

Designation :

4. अनुभाग/विभाग :

Department/Section :

5. वेतन स्तर और मूल वेतन :

Pay Level & Basic Pay

6. सीएस (एमए) नियमों के अनुसार परिवार के सदस्यों का विवरण:

Details of Family Members as per CS (MA) rules:

[illegible]

7. प्रारंभिक नियुक्ति की तिथि :
Date of initial appointment
8. सेवानिवृत्ति की तिथि :
Date of retirement
9. आवासीय पता :
:
:
Residential Address :
:
:
10. दूरभाष संख्या :
Telephone No.
11. स्वास्थ्य केंद्र सदस्यता संख्या (यदि कोई हो) :
Health Centre Membership No. (if any)

सत्यापित किया / Verified by:

कर्मचारी के हस्ताक्षर / Signature of the Employee

"प्रत्यक्ष भुगतान सुविधा के तहत" चिकित्सा उपचार कार्ड का दुरुपयोग एक दंडनीय अपराध है। जान-बूझकर तथ्यों को छुपाने या गलत जानकारी/सूचना देने पर मेडिकल आई-कार्ड को रद्द करने सहित उपयुक्त कार्रवाई की जाएगी। सेवारत कर्मचारियों के मामले में उचित अनुशासनात्मक कार्रवाई की जाएगी।

Misuse of Medical I-Card "Under Direct Payment Facility" is a punishable offence. Suitable action including cancellation of Medical I-Card shall be taken in case of wilful suppression of facts or submission of false information/statements. Suitable disciplinary action shall be taken in case of serving employees.

कृपया दोनों भाषाओं में भरें / Please fill in Both Languages

क्रमांक संख्या / Sr. No. _____

Passport
Photo



कॉलेज ऑफ वोकेशनल स्टडीज College of Vocational Studies
दिल्ली विश्वविद्यालय University of Delhi



पहचान पत्र अनुरोध प्रपत्र / Identity Card request form

1. कर्मचारी का नाम :
Name of the employee :
2. पिता/पति का नाम :
Father's/Husband's name:
3. पद :
Designation :
4. अनुभाग/विभाग :
Department/Section :
5. जन्म तिथि / Date of Birth :
6. रक्त वर्ग / Blood Group :
7. सेवानिवृत्ति की तिथि :
Date of retirement :
8. आवासीय पता :
:
:
Residential Address :
:
:
9. दूरभाष संख्या / Telephone No.:.....
10. ईमेल / E-mail id :

सत्यापित किया / Verified by:

कर्मचारी के हस्ताक्षर / Signature of the Employee

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)

Date: _____

Honorarium Bill

DATE OF VISIT _____ DAY _____

Purpose of Visit	Amount (Rs.)

NAME OF PERSON _____ DESIGNATION _____ SIGN _____

Bill Verified for Rs. _____ (Rs. _____)

Teacher-in-charge/D.P.Ed/Librarian

S.O.(A/cs)/S.O.(Admn.)/A.O.

Bill passed for payment for Rs. _____ (Rs. _____)

DEBIT HEAD : HONORARIUM CHARGES

Dealing Assistant

A.O.(A/cs)

BURSAR

PRINCIPAL

Received Rs. _____ from the Principal, College of Vocational Studies, on account of Honorarium.

Signature _____

Pan No. _____

Bank Account No _____

Ifsc Code _____

COLLEGE OF VOCATIONAL STUDIES

(University of Delhi)

FORM 2

Para 26

REIMBURSEMENT OF TUITION FEE

1. Certified that the child/children mentioned below in respect of whom reimbursement of tuition fee is claimed is/are wholly dependent upon me:

Name of the Child 1	Date of birth 2	School in which studying 3	Class in which studying 3	Monthly tuition fee actually payable 5	Tuition fee actually paid from July, 19... to February, 19...	Amount of reimbursement claimed 7
					March, 19... to June, 19... 6	
1.						
2.						
3.						

2. Certified that the tuition fees indicated against the child/each of the children had actually been paid by me *vide* certificate(s) from the institution(s) attached.

3. Certified that—

(i) my wife/husband is/is not a Central Government, College/University servant.

(ii) my wife/husband is a Central Government, College/University servant**but she/he will not claim reimbursement of tuition fee in respect of our child/children.

(iii) my wife/husband is employed with* she/he is/is not entitled to reimbursement of tuition fees in respect of our child/children

4. Certified that during the period covered by this claim, the child/children attended the school(s) regularly and did not absent himself/herself/themselves from the school(s) without proper leave for a period exceeding one month.

5. Certified that the child/children mentioned has/have been studying in the same class for more than two years.

6. Certified that I or my wife/husband have/has not claimed and will not claim the children's educational allowance in respect of the children mentioned above.

7. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Tuition fees, I undertake to intimate the same promptly and also to refund excess payment if any, made.

Bill Verified for Payment for Rs

Signature of the employee

Name of the Employee.....

Designation.....Deptt.....

Dealing Asstt. S.O. (Admn.) Approved Principal
(For Accounts Branch)

Dated.....

Passed for Payment for Rs.

(Rupees)

Debit Head.....Reimbursement of Tuition Fee....

Bursar

Principal

Paid vide Cheque No..... dt

Dealing Asstt.

S. O. (Actts)

COLLEGE OF VOCATIONAL STUDIES

(University of Delhi)

FORM of the application for claiming refund Medical Expense insured in connection with Medical attendance and or treatment of college employees and their families : -

N.B. : SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. NAME & DESIGNATION OF THE EMPLOYEE (in block letters)
 - (i) Whether married or unmarried
 - (ii) If married the Place where wife/husband of the employee is employed (where applicable)

(In case employed, a joint declaration duly counter-signed by the wife employee/husband of the child may be furnished at the time of first bill in each FINANCIAL YEAR)

2. Where Employed
3. Pay of the College employee and other emoluments, which should be shown separately.

COLLEGE OF VOCATIONAL STUDIES

BASIC PAY

Other Allow.

Total

4. Place of Duty

College of Vocational Studies

5. Actual Residential Address

6. Name of the patient and his / her relationship to the employee. (in case of children, state ages).

7. Place at which the patient fell ill.

8. Whether member of W.U.S. Heath Centre or not

9. Is there any Medical Store run by the Coop Society or Govt. within 2 kms. from the residence of the claimant.

10. DETAIL OF THE AMOUNT CLAIMED :

MEDICAL ATTENDANCE

- (i) The name, qualification and designation of the Medical Officer consulted and the hospital or dispensary in which attached.
- (ii) The number & date of consultations & the fee paid for which consultation.
- (iii) The number & dates of injection and the fee paid for each injections.
- (iv) Whether consultation and/or injection were had at the consulting room of the Medical Officer or at the residence of the patient.

COLLEGE OF VOCATIONAL STUDIES

(UNIVERSITY OF DELHI)

CERTIFICATE-A

CERTIFICATE granted to M/r Mrs./Miss.....
wife/son/daughter of Mr..... employed in the College of Vocation Studies
I, Dr.....here by

- (a) that I charged and received Rs.....for consultation.....
(date to be given) at my consulting room/at the residence of patient.
- (b) that I charged and received Rs.....for administering intramuscular/subcutaneous
injections on.....dates.
- (c) that the injections administered were not for immunising or prophylactic purpose.
- (d) that the patient has been under treatment at.....hospital/my consulting
room and that the undermentioned 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 not
preparations which are primarily foods, toilets or disinfectants.

NAME OF THE MEDICINES (In Block Letters)

PRICE

1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....
7.	.....	.....
8.	.....	.....
9.	.....	.....

- (e) that the patient is/was suffering from.....(BLOCK LETTERS) and is/was
under my treatment from.....to.....
- (f) that the patient is/was not given pre-natal treatment,
- (g) that the X Ray, Laboratory test etc. for which an expenditure of Rs.....was incurred
were necessary and were undertaken on my advise at.....(Name of hospital or
laboratory)
- (h) that I referred that patient to Dr.....for specialist consultation and
that the necessary approval of the.....(Name of the Chief Administrative
Medical Officer of the State) as required under the rules was obtained.
- (i) that patient did not require/required hospitalisation.

Dated :

Signature & Designation of the
Medical Officer and Hospital/
Dispensary to which attached

N.B. : Certificates not applicable should be struck off. Certificate (e) is compulsory and must filled in by the Medical
Officer in all cases.

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)

CONTINGENT BILL

MG/SS/SECURITY ACCOUNT

NAME _____ TOTAL ADVANCE (Rs.) _____

DESIGNATION _____ EXPENDITURE INCURRED _____

BALANCE PAYABLE/RECOVERABLE _____

NOTE :- Prior approval of the Principal for incurring the following expenditure may be attached with the vouchers :-

S. No.	Particulars	Amount (Rs.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	TOTAL	

Bill verified for Rs. _____ The expenditure has been incurred in connection with _____

Section Officer/Librarian/

Staff Adviser/Teacher's Incharge _____ Signature _____

Admitted / Passed for Rs. _____ Debit Head _____

Dealing Assistant

S.O. (A/Cs)

Bursar

Principal

College of Vocational Studies
(University of Delhi) Sheikh sarai Phase –II, New Delhi 110017
Proforma (Foreign travel)

1. NAME :

2. DESIGNATION:

3. PAY:

4. DEPARTMENT/BRANCH:

5. PASSPORT No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Details of private foreign travel to be undertaken:

Period of stay in abroad		Name of foreign country to visited	Purpose	Estimated expenditure	Source of funds	Remarks
From	TO					

7. Details of previous foreign travel if any, undertaken during the last four years:

Period of stay in abroad		Name of foreign country to visited	Purpose	Expenditure incurred on travel, board/lodging, visas etc.	Source of funds	Remarks
From	To					

Signature.....

Name.....

Form for Annual Immovable Property Return

Name of the Officer (In Full) and Service the officer Belongs _____

1. Present Post:
2. Present Pay: Rs.

Name of District, Sub-Division Taluk and Village in Which Property is situated	Name and Details of Property			If not in own name state in whose name held and his/her relationship to the Government servant	How acquired whether by purchase, lease**, mortgage, inheritance, gift, or otherwise, with date of acquisition and name with details of person/persons from whom acquired	Annual income from the property	Remarks
	Housing & Other Building	Lands	*Present Value				
1	2	3	4	5	6	7	8

Signature.....
Date

In applicable clause to be struck out.

*in case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.
** Includes short-term lease also.

College of Vocational Studies (New)
(University of Delhi)

Clearance Form for College employees to be submitted at the time of retirement/ resignation

Name.....Designation.....

Date of Retirement/Leaving.....Date of Submission.....

Clearance from the College

Sr. No.	Sections	Concerned	Dues If any	Sign	
1	Teaching Deptt. (Attd. Asstt, TT, etc.)	Teacher In Charge			Teacher In Charge
1	Library	JLIA/SPA/PA			Librarian/Off. Librarian
2	Teacher's Laptop issued form Library	JLIA/SPA/PA/ Librarian/Off. Librarian			
3	Central Lib/science Lib/Rattan Lal Lib/SDC Lib	Concerned Librarian			
1	Infrastructure/Locker	Caretaker			A.O. (Admin.)
2	Store (Non-Consumables)	Dealing Assistant (Store)			
3	Establishment	JACT/Asst./Sr. Asst. (Adm.)			
4	Information Technology	System Admin.			
1	A/C	JACT/Asst./Sr. Asst. (A/c)			A.O.(A/c)

College of Vocational Studies
University of Delhi

Clearance Form for College employee to be submitted at the time of retirement / resignation

Name.....Designation.....

Date of Retirement.....Date of Submission.....

Clearance from the University

Nothing is due

W.U.S. Health Centre

Nothing is due

President/Secretary
D.U.T. & C. Society Ltd.

College of Vocational Studies
(University of Delhi)

Sheikh Sarai, Phase-II, New Delhi-110017

LECTURE REMUNERATION BILL

Department _____ **For the month** **Year** **Dated**

Name & Address	Paper and Subject	Course / Class (Year)	Date of Lectures delivered	Total number of lectures delivered	Rate	Amount	Signature of Lecturer
							<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Revenue Stamp</div>

(For Admin. Office use)

Certified that the above Lectures were delivered by Shri/Smt. _____

And the bill may be passed of Rs. _____

Rupees _____

_____ only)

.....
D.A.
.....
A.O.
.....
TIC
.....
Principal

(For Account Office use)

Passed for Rs. _____

Rupees _____

_____ only) out of the Head

“Honorarium to Guest Teachers”.

.....
D.A.
.....
A.O.
.....
Bursar
.....
Principal

Cheque No. _____ Dated _____

- Please Note:**
1. The remuneration bill must be accompanied by the attendance sheet of the month.
 2. The remuneration bill must be pre-receipted.

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)

Conveyance Bill

Date :

DATE OF VISIT 1-2 DAY 1

FROM TO (Place of Visit)	Mode of conveyance Taxi/Scooter/ Bus/Own Scooter	Detail of work carried/ purpose of visit	Amount (Rs.)

Certified that I have used Bus/Scooter/own Scooter/Taxi as mode of **CONVEYANCE** and actual payment made by me has been claimed.

NAME OF EMPLOYEE _____ DESIGNATION _____ SIGN. _____

Bill Verified for Rs. _____ (Rs. _____)

Teacher-in-charge/D.P.Ed./Librarian

S.O.(A/cs)/S.O.(Admn.)/A.O.

CONVEYANCE FOR BUS/SCOOTER/OWN SCOOTER/TAXI CHARGES SANCTIONED.

PRINCIPAL

Bill passed for payment for Rs. _____ (Rs. _____)

DEBIT HEAD : CONVEYANCE CHARGES FOR LOCAL JOURNEY

CASHIER •

S.O: (A/cs)

BURSAR

PRINCIPAL

Received Rs. _____ from the Principal, College of Vocational Studies, on account of conveyance charges for my above conveyance bill.

SIGNATURE _____

- NOTE : - Staff upto the Level of S.O.'s are entitled for the use of public transport i.e. BUS CHARGES.
- Principal approval will be required for the use of Scooter/Taxi in advance.
- Bill for Rs. 500/- and above, Revenue Stamp may be affixed.

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)

**APPLICATION FOR ADVANCE OUT OF MAINTENANCE GRAND/STUDENTS SOCIETIES
BUILDING FUND ACCOUNT**

Name of the person applying for advance : _____

Amount of advance required Rs. : _____

Designation & Office/Dept. in which working : _____

Purpose for advance : _____

IN CASE PREVIOUS ADVANCES IN NOT SETTLED

a) Date on which advance was drawn : _____

b) Account submitted on : _____

c) Reason for not submitting the previous advance : : _____

Admn. Officer/S.O./Librarian

D.P. Ed/Teaching - Incharge

I Promise to submit the account for the advance immediately on the completion of the purchases / work and not beyond fortnight from the receipt of the advance and to use the money as per rules.

Signature of the applicant

Proposal has been approved and the sum of Rs. _____ may be paid

ADVANCE SANCTIONED

PRINCIPAL

ACCOUNTS BRANCH

Passed for payment of Rs. _____ (Rupees _____)

DEBIT HEAD

ADVANCE ACCOUNT

ENTRY IN ADVANCE REG. PAGE NO. _____

Deal. Assistant

S.O. (A/CS)

Bursar/A.o.

Principal

Payment vide Cheque No. _____ Dated : _____

Note : 1) Estimated expenditure itemwise must be got approved, before applying for advance.

2) Normaly, no advance will be sanctioned until and unless the previous account is settled.

Tax Saving Form AS Per Old Regime

Statement showing particulars of claims by an employee for deduction of tax under section 192

1. Name and address of the employee:

2. [Permanent Account Number or Aadhaar Number] of the employee:

3. Financial year:

DETAILS OF CLAIMS AND EVIDENCE THEREOF			
Sl. No.	Nature of claim	Amount (Rs.)	Evidence/particulars
(1)	(2)	(3)	(4)
1.	House Rent Allowance: (i) Rent paid to the landlord (ii) Name of the landlord (iii) Address of the landlord (iv) [Permanent Account Number or Aadhaar Number] of the landlord Note : [Permanent Account Number or Aadhaar Number] shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees		
2.	Leave travel concessions or assistance		
3.	Deduction of interest on borrowing: (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) [Permanent Account Number or Aadhaar Number] of the lender (a) Financial Institutions (if available) (b) Employer (if available) (c) Others		
4.	Deduction under Chapter VI-A (A) Sections 80C, 80CCC and 80CCD (i) Section 80C (a) (b) (c) (d) (e) (f) (g)		

Tax Saving Form AS Per Old Regime

Statement showing particulars of claims by an employee for deduction of tax under section 192

1. Name and address of the employee:

2. [Permanent Account Number or Aadhaar Number] of the employee:

3. Financial year:

DETAILS OF CLAIMS AND EVIDENCE THEREOF			
Sl. No.	Nature of claim	Amount (Rs.)	Evidence/particulars
(1)	(2)	(3)	(4)
1.	House Rent Allowance: (i) Rent paid to the landlord (ii) Name of the landlord (iii) Address of the landlord (iv) [Permanent Account Number or Aadhaar Number] of the landlord Note : [Permanent Account Number or Aadhaar Number] shall be furnished if the aggregate rent paid during the previous year exceeds one lakh rupees		
2.	Leave travel concessions or assistance		
3.	Deduction of interest on borrowing: (i) Interest payable/paid to the lender (ii) Name of the lender (iii) Address of the lender (iv) [Permanent Account Number or Aadhaar Number] of the lender (a) Financial Institutions (if available) (b) Employer (if available) (c) Others		
4.	Deduction under Chapter VI-A (A) Sections 80C, 80CCC and 80CCD (i) Section 80C (a) (b) (c) (d) (e) (f) (g)		

COLLEGE OF VOCATIONAL STUDIES
(University of Delhi)
CERTIFICATE 'B'

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mr./ Mrs./ Miss.....
Wife/ Son / Daughter of Mr.....
Employed in the

PART 'A'

*(To be signed by the Medical Officer Incharge of the.....
.....Case of the Hospital)*

1. Dr.....hereby certify :-

(a) that the patient was admitted to hospital on the advice of.....
.....(name of the medical officer) on my advice.

(b) that the patient has been under treatment atand
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 the hospital) for supply to
private patient and do not include proprietary preparation for which cheaper substance of equal
therapeutics value are available nor preparation which are primarily foods, toilets or disinfectants.

<i>Name of medicine</i>	<i>Price</i>
1.
2.
3.
4.
5.
6.

(c) that the injection administered were/were not for immunising of prophylactic purposes.

(d) that the patient is/ was suffering from.....
and is /was under treatment from
to.....

- (e) that the X-Ray, Laboratory tests, etc., for which an expenditure of Rs.....
 was incurred were necessary and were undertaken on my advice at.....
 (name of hospital or laboratory).
- (f) that I called on Dr.....for
 Special; consultations and that the necessary approval of the
 (name of the Chief Administrative Medical Officer of the state) as required the rules, was obtained.

.....
Signature and Designation of the Medical Officer
Incharge of the case at the Hospital.

PART 'B'

I certify that the patient has been under treatment at the.....
 hospital and that the service of the special nurses for which an expenditure of Rs.....
was incurred, vide bills and receipts attached, were essential for the recovery/ prevention
 of serious deterioration in the condition of the patient.

.....
 Countersigned
 Medical Superintendent

.....
 Signature of the Medical Officer
 Incharge of the case at the Hospital

.....Hospital

Essentially Certificates,

I certify that patient has been under treatment at the
 Hospital and that the facilities provided were the minimum which were essential for the patient's treatment

.....
 Medical Superintendent

Place.....Hospital.