

ESSENTIALITY CERTIFICATE

Name of Claimant Dr. Prem Chand Period of treatment

Designation Retd. Principal(CDC) GNC,Sirsa From

Department ...Education (Higher)..... Indoor No dt.

Basic Pay -..... Outdoor No.dt.....

I certified that Mr/MrsSon/Daughter/Wife/Mother/Father of Mr./Mrs.

.....Employed in the office of ...**Govt. National College, Sirsa**..... has been under my treatment in the Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
5. He/She was suffering from

[illegible]

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 1. The medicines have carefully been purchased by me during the course of treatment.
- 2. I am living in House No.
- 3. I have purchased the medicines from the prescribed co-op. Store.
- 4. The medicines have been purchased from private shop after obtaining non availability certificate from
- 5. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 6. Certificate that there is no Co-op Store /Super Bazar at as such medicines have been purchased from private shop.
- 7. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. and he/she is unmarried and unemployed(in case of sons/daughters.)
- 8. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are residence with me at
- 9. In case of spouse working
 - a) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - b) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
 - c) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant **Smt. Indra Devi** Period of treatment

Designation From **06/09/2018 to 07/09/2018**

Department ...Education (Higher)..... Indor No **IP002497** dt 07/09/2018.....

Pay Outdoor No.dt.....

I certified that Mr/Mrs **Smt. Indra Devi**Son/Daughter/Wife/Mother/Father of Mr./Mrs. ...**Late Sh. H. D. Giri**.....Employed in the office of ...**Govt. National College, Sirsa**..... has been under my treatment in the**Sanjivani Hospital Sirsa**..... Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reput value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicined are not in the nature of tonic or food or vitamins etc , the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-----------------|
| 1 | IP DOCTOR VISIT | BL004191 | 7/9/2018 | 1000.00 |
| 2 | ROOM RENT | | | 2000.00 |
| 3 | DOCTOR CHARGE | | | 1000.00 |
| 4 | DIAGNOSTICS | | | 4100.00 |
| 5 | ENDOSCOPY | | | 2200.00 |
| 6 | MEDICINE CHARGES | | | 73.00 |
| 7 | MEDICINES & CONSUMABLES | | | 2386.73 |
| 8 | PHARMECY RETURNS | | | -29.44 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 12730.29 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 10. The medicines have carefully been purchased by me during the course of treatment.
- 11. I am living in House No.
- 12. I have purchased the medicines from the prescribed co-op. Store.
- 13. The medicines have been purchased from private shop after obtaining non availability certificate from
- 14. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 15. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 16. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my and he/she is
unmarried and unemployed(in case of sons/daughters.)
- 17. For Parents only.
His/Her total monthly income does not exceed Rs. 750/- p.m. and my mother/father is/are residence
with me at
- 18. In case of spouse working
 - d) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - e) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
 - f) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant **Smt. Indra Devi** Period of treatment
Designation From **06/09/2018 to 07/09/2018**
Department ...Education (Higher)..... Indoor No **IP002497** dt 07/09/2018.....
Pay Outdoor No.dt.....

I certified that Mr/Mrs **Smt. Indra Devi**Son/Daughter/Wife/Mother/Father of Mr./Mrs. ...**Late Sh. H. D. Giri**.....Employed in the office of ...**Govt. National College, Sirsa**..... has been under my treatment in the**Sanjivani Hospital Sirsa**..... Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERTIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-----------------|
| 1 | IP DOCTOR VISIT | BL004191 | 7/9/2018 | 1000.00 |
| 2 | ROOM RENT | | | 2000.00 |
| 3 | DOCTOR CHARGE | | | 1000.00 |
| 4 | DIAGNOSTICS | | | 4100.00 |
| 5 | ENDOSCOPY | | | 2200.00 |
| 6 | MEDICINE CHARGES | | | 73.00 |
| 7 | MEDICINES & CONSUMABLES | | | 2386.73 |
| 8 | PHARMECY RETURNS | | | -29.44 |
| 9 | SURGICAL ITEMS | 9294 | 6/9/2018 | 180 |
| 10 | MEDICINES | 9370 | 7/9/2018 | 750 |
| | | | | |
| | | | TOTAL | 13660.29 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 19. The medicines have carefully been purchased by me during the course of treatment.
- 20. I am living in House No.
- 21. I have purchased the medicines from the prescribed co-op. Store.
- 22. The medicines have been purchased from private shop after obtaining non availability certificate from
- 23. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 24. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 25. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my and he/she is
unmarried and unemployed(in case of sons/daughters.)
- 26. For Parents only.
His/Her total monthly income does not exceed Rs. 750/- p.m. and my mother/father is/are residence
with me at
- 27. In case of spouse working
 - g) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - h) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
 - i) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant **Smt. Harwinder Kaur** Period of treatment ...4 Days.....
 Designation From **15/09/2018 to 18/09/2018**
 Department ...Education (Higher)..... Indor No **IP002623** dt 15/09/2018.....
 Pay Outdoor No.dt.....

I certified that Mr/Mrs **Smt. Harwinder Kaur**.....Son/Daughter/Wife/Mother/Father of
Mr./Mrs.**Sh. Satnam Singh**.....Employed in the office of ...**Govt. National College,**
Sirsa..... has been under my treatment in the**Sanjivani Hospital**
Sirsa..... Hospital/Dispensary in my consultation room and the under mentioned
medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the
condition of the patient. The medicines were not stocked in the(Name of Hospital
/Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are
available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERIFIED THAT

6. The medicines have no cheaper and effective substitute.
7. The treatment given was indoor/outdoor.
8. The price claimed is reasonable.
9. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
10. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percrbed | Date on Which Actually Purchased | Price |
|---------|--|---|----------------------------------|-----------------|
| 1 | ADMISSION CHARGES | BL004402 | 15/9/2018 | 500.00 |
| 2 | ROOM RENT (15/9/18 TO 18/09/18) | | | 4000.00 |
| 3 | DOCTOR CHARGE | | | 2000.00 |
| 4 | DIAGNOSTICS | | | 4820.00 |
| 5 | ENDOSCOPY | | | 2200.00 |
| 6 | MEDICINE CHARGES | | | 135.00 |
| 7 | MEDICINES & CONSUMABLES | | | 2433.80 |
| 8 | RADIOLOGY AND LAB CHARGES | | | 2950.00 |
| 9 | MEDICINES | 001000235 | 18/9/2018 | 135 |
| | | | | |
| | | | | |
| | | | TOTAL | 19173.80 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 28. The medicines have carefully been purchased by me during the course of treatment.
- 29. I am living in House No.
- 30. I have purchased the medicines from the prescribed co-op. Store.
- 31. The medicines have been purchased from private shop after obtaining non availability certificate from
- 32. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 33. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 34. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my and he/she is
unmarried and unemployed(in case of sons/daughters.)
- 35. For Parents only.
His/Her total monthly income does not exceed Rs. 750/- p.m. and my mother/father is/are residence
with me at
- 36. In case of spouse working
 - j) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - k) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
 - l) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant **Sh. Ashok Gunda**

Period of treatment

Designation Lect. In Chemistry

From **25/09/2018** to **25/09/2018**

Department ...Education (Higher)..... Indor No

Pay37400+ 9000 GP..... Outdoor No.FHM03595695dt 25/09/2018.....

I certified that Mr/Mrs **Smt. Usha Rani**Son/Daughter/Wife/Mother/Father of Mr./Mrs.

Sh. Ashok Gunda.....Employed in the office of ...**Govt. National College, Sirsa**..... has been

under my treatment in the**Fortis Hospital , Mohali (Pb)**.....

Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were

absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not

stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include

preparation for which cheaper substitute of equal the repute value are available not the prescribed are primarily food/toilers/tonics

or disinfectants.

CERIFIED THAT

6. The medicines have no cheaper and effective substitute.
7. The treatment given was indoor/outdoor.
8. The price claimed is reasonable.
9. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
10. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-----------------|
| 1 | MEDICAL/SUGICAL PROCEDURE | 1002/18/0/Cs/0149104 | 25/9/2018 | 25300.00 |
| 2 | Implant | do | do | 5800.00 |
| 3 | Medicine | do | do | 470.26 |
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| | | | TOTAL | 31570.26 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 1. The medicines have carefully been purchased by me during the course of treatment
- 2. .I am living in House No.Old Subji Mandi, Ekta Chowk, Sirsa
- 3. I have purchased the medicines from the prescribed co-op. Store.
- 4. The medicines have been purchased from private shop after obtaining non availability certificate from
- 5. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 6. Certificate that there is no Co-op Store /Super Bazar at as such medicines have been purchased from private shop.
- 7. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. **Usha Rani**..... is my**Wife**..... and he/she is unmarried and unemployed(in case of sons/daughters.)
- 8. For Parents only.
His/Her total monthly income does not exceed Rs. 3500/- p.m. and my mother/father is/are residence with me at**above said...Address**.....
- 9. In case of spouse working
 - m) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - n) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
 - o) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant **Sh. Ashok Gunda**

Period of treatment

Designation Lect. In Chemistry

From **25/09/2018** to **25/09/2018**

Department ...Education (Higher)..... Indor No

Pay37400+ 9000 GP..... Outdoor No.FHM03595695dt 25/09/2018.....

I certified that Mr/Mrs **Smt. Usha Rani**Son/Daughter/Wife/Mother/Father of Mr./Mrs.

Sh. Ashok Gunda.....Employed in the office of ...**Govt. National College, Sirsa**..... has been

under my treatment in the**Fortis Hospital , Mohali (Pb)**.....

Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were

absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not

stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include

preparation for which cheaper substitute of equal the reput value are available not the prescribed are primarily food/toilers/tonics

or disinfectants.

CERIFIED THAT

CERIFIED THAT

11. The medicines have no cheaper and effective substitute.
12. The treatment given was indoor/outdoor.
13. The price claimed is reasonable.
14. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
15. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percrbed | Date on Which Actually Purchased | Price |
|---------|--|---|----------------------------------|-----------------|
| 1 | MEDICAL/SUGICAL PROCEDURE | 1002/18/0/Cs/0149104 | 25/9/2018 | 25300.00 |
| 2 | Implant | do | do | 5800.00 |
| 3 | Medicine | do | do | 470.26 |
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| | | | | |
| | | | TOTAL | 31570.26 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

10. The medicines have carefully been purchased by me during the course of treatment
11. .I am living in House No.Old Subji Mandi, Ekta Chowk, Sirsa
12. I have purchased the medicines from the prescribed co-op. Store.
13. The medicines have been purchased from private shop after obtaining non availability certificate
from
14. The amount of medicines purchased from private shop against one or more prescribed does not
certificate from
15. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
16. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. **Usha Rani**..... is my**Wife**..... and he/she
is unmarried and unemployed(in case of sons/daughters.)
17. For Parents only.
His/Her total monthly income does not exceed Rs. 3500/- p.m. and my mother/father is/are
residence with me at**above said...Address**.....
18. In case of spouse working

p) Certified that my wife/husband is not getting any fixed medical allowance from any source.

q) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.

r) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant Sh. Ashok Kumar Ganda
Designation Retd. Associate Prof. GNC,Sirsa
Department ...Education (Higher).....
Pay -37400+9000 GP

Period of treatment:- 11 March 2019
From **11/03/2019 to 11/03/2019**
Indoor No **FHM03873148** dt. 11/03/2019
Outdoor No.dt.....

I certified that Mr/Mrs **Mrs. Usha Rani**Son/Daughter/Wife/Mother/Father of Mr./Mrs. ...**Sh. Ashok Kumar Ganda Retd. Associate Prof.**.....Employed in the office of ...**Govt. National College, Sirsa**..... has been under my treatment in the**Fortis Hospital Mohali** Hospital/Dispensary in my consuitation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the repute value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERIFIED THAT

6. The medicines have no cheaper and effective substitute.

7. The treatment given was indoor/outdoor.

8. The price claimed is reasonable.

9. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.

10. He/She was suffering from ... **Cataract Left Eye**

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percrived | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|----------|
| 1 | Consultation | 0020412 | 11/03/2019 | 800 |
| 2 | Medical /Surgical Procedure | 0283765 | 11/03/2019 | 25300 |
| 3 | Implant (Lens IOL) | Do | 11/03/2019 | 5800 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 31900.00 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 37. The medicines have carefully been purchased by me during the course of treatment.
- 38. I am living in House No.
- 39. I have purchased the medicines from the prescribed co-op. Store.
- 40. The medicines have been purchased from private shop after obtaining non availability certificate from
- 41. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 42. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 43. In case of Wife/ Husband/Children.
That the patient Mr./Mrs.Smt. Usha Rani..... is my ...WIFE.....
and he/she is unmarried and unemployed(in case of sons/daughters.)
- 44. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are residence with me at
- 45. In case of spouse working
 - s) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - t) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
 - u) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant Sh. Ashok Kumar Ganda
Designation Retd. Associate Prof. GNC,Sirsa
Department ...Education (Higher).....
Pay -37400+9000 GP

Period of treatment:- 11 March 2019
From **11/03/2019** to **11/03/2019**
.. Indoor No **FHM03873168** dt. 11/03/2019
Outdoor No.dt.....

I certified that Mr/Mrs Ashok Kumar Ganda Son/Daughter/Wife/Mother/Father of Mr./Mrs.Employed in the office of ...**Govt. National College, Sirsa**..... has been under my treatment in the**Fortis Hospital ,Mohali** Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERIFIED THAT

11. The medicines have no cheaper and effective substitute.
12. The treatment given was indoor/outdoor.
13. The price claimed is reasonable.
14. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
15. He/She was suffering from ... **Cataract Right Eye**

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-----------------|
| 1 | Consultation | 0020426 | 11/03/2019 | 800 |
| 2 | Medical /Surgical Procedure | 0283774 | 11/03/2019 | 25300 |
| 3 | Implant (Lens IOL) | Do | 11/03/2019 | 5800 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 31900.00 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 46. The medicines have carefully been purchased by me during the course of treatment.
- 47. I am living in House No.
- 48. I have purchased the medicines from the prescribed co-op. Store.
- 49. The medicines have been purchased from private shop after obtaining non availability certificate from
- 50. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 51. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 52. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my ... and he/she is
unmarried and unemployed(in case of sons/daughters.)
- 53. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at
- 54. In case of spouse working
 - v) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - w) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
 - x) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant Sh. Pardeep Kumar Giri

Designation Assistant GNC,Sirsa

Department ...Education (Higher).....

Basic Pay -46200

Period of treatment:- 2 Days

From **28/01/2019** to **30/01/2019**

Indoor No **IP004188** dt. 28/01/2019

Outdoor No.dt.....

I certified that Mr/Mrs Pardeep Kumar Son/Daughter/Wife/Mother/Father of Late Sh. H.D Giri. Employed in the office of **Govt. National College, Sirsa.....** has been under my treatment in the**Sanjivnani Hospital Sirsa.....** Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERTIFIED THAT

16. The medicines have no cheaper and effective substitute.
17. The treatment given was indoor/outdoor.
18. The price claimed is reasonable.
19. The medicines are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject from time to time.
20. He/She was suffering from.....

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Prescribed | Date on Which Actually Purchased | Price |
|---------|--|---|----------------------------------|-----------------|
| 1 | Room Rent | BL007062 | 30/01/2019 | 2000 |
| 2 | Diagnostics | Do | Do | 4850 |
| 3 | Services and Procedures | Do | Do | 1518 |
| 4 | Medicines and Consumables | Do | Do | 2644 |
| 5 | Medicines | 001007422 | Do | 280 |
| 6 | Medicines | 001007430 | Do | 18 |
| | | | TOTAL | 11310.00 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

55. The medicines have carefully been purchased by me during the course of treatment.
56. I am living in House No.
57. I have purchased the medicines from the prescribed co-op. Store.
58. The medicines have been purchased from private shop after obtaining non availability certificate from
59. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
60. Certificate that there is no Co-op Store /Super Bazar at as such medicines have been purchased from private shop.
61. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my ... and he/she is unmarried and unemployed(in case of sons/daughters.)
62. For Parents only.

His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are residence with me at

63. In case of spouse working

- y) Certified that my wife/husband is not getting any fixed medical allowance from any source.
- z) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
- aa) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the claimant
Name
(in Capital letters)

Designation

Place:
Date:

ESSENTIALITY CERTIFICATE

Name of Claimant PArtap Singh
Designation Chowkidar GNC,Sirsa
Department ...Education (Higher).....
Pay- 25600
Period of treatment
From 09/12/2018 to 12/12/2018
Indor No 18/10733dt. 09/12/2018
Outdoor No.dt.....

I certified that Mr/Mrs Mr. Ajay Singh.....Son/Daughter/Wife/Mother/Father of Mr. Partap Singh (Chowkidar).....Employed in the office of ...Govt. National College, Sirsa..... has been under my treatment in theSPS Hospital Sirsa..... Hospital/Dispensary in my consuitation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the repute value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERIFIED THAT

- 21. The medicines have no cheaper and effective substitute.
- 22. The treatment given was indoor/outdoor.
- 23. The price claimed is reasonable.
- 24. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
- 25. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|----------|
| 1 | Laboratory | 18/10733 | 09/12/2018 | 1600.00 |
| 2 | Others | 18/10733 | 09/12/2018 | 1700.00 |
| 3 | Treatment | 18/10733 | 09/12/2018 | 1000.00 |
| 4 | Consultation | 18/10733 | 09/12/2018 | 2000.00 |
| 5 | Bed Charges | 18/10733 | 09/12/2018 | 6200.00 |
| 6 | Gastroenterology | 18/10733 | 09/12/2018 | 15000.00 |
| 7 | Purchase of Medicines | 13415 | 09/12/2018 | 560.00 |
| 8 | Purchase of Medicines | 13424 | 09/12/2018 | 270.00 |
| 9 | Purchase of Medicines | 13462 | 09/12/2018 | 1200.00 |
| 10 | Purchase of Medicines | 13652 | 10/12/2018 | 1053.00 |
| 11 | Purchase of Medicines | 13666 | 10/12/2018 | 163.00 |
| 12 | Purchase of Medicines | 13770 | 11/12/2018 | 960.00 |
| 13 | Purchase of Medicines | 13946 | 12/12/2018 | 1180.00 |
| 14 | Purchase of Medicines | 13997 | 12/12/2018 | 150.00 |

Total 33036.00

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 64. The medicines have carefully been purchased by me during the course of treatment.
- 65. I am living in House No.
- 66. I have purchased the medicines from the prescribed co-op. Store.
- 67. The medicines have been purchased from private shop after obtaining non availability certificate from
- 68. The amount of medicines purchased from private shop against one or more prescribed does not certificate from

69. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
70. In case of Wife/ Husband/Children.
That the patient Mr./Mrs.Ajay Singh..... is my ...Son..... and
he/she is unmarried and unemployed(in case of sons/daughters.)
71. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at
72. In case of spouse working
bb) Certified that my wife/husband is not getting any fixed medical allowance from any source.
cc) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
dd) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the claimant
Name
(in Capital letters)

Designation

Place:
Date:

ESSENTIALITY CERTIFICATE

Name of Claimant Period of treatment
Designation From
Department ...Education (Higher)..... Indor No
Pay Outdoor No.....dt
I certified that Mr/MrsSon/Daughter/Wife/Mother/Father of Mr./Mrs.
.....Employed in the office of has been under my treatment in the
..... Hospital/Dispensary in my consuitation room and
the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious
deterioration in the condition of the patient. The medicines were not stocked in the(Name of
Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the repute
value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERIFIED THAT

- 1. The medicines have no cheaper and effective substitute.
- 2. The treatment given was indoor/outdoor.
- 3. The price claimed is reasonable.
- 4. The medicine are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt.
orders issued on this subject form time to time.
- 5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percribed | Date on Which Actually Purchased | Amount |
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| | | | TOTAL | |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:_____

- 6. The medicines have carefully been purchased by me during the course of treatment
- 7. .I am living in House No.
- 8. I have purchased the medicines from the prescribed co-op. Store.
- 9. The medicines have been purchased from private shop after obtaining non availability certificate
from
- 10. The amount of medicines purchased from private shop against one or more prescribed does not
certificate from
- 11. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 12. In case of Wife/ Husband/Children.
That the patient Mr./Mrs..... is my and he/she is unmarried
and unemployed(in case of sons/daughters.)

13. For Parents only.

His/Her total monthly income does not exceed Rs. 3500/- p.m. and my mother/father is/are residence with me at

14. In case of spouse working

- a) Certified that my wife/husband is not getting any fixed medical allowance from any source.
- b) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
- c) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the claimant
Name
(in Capital letters)

Designation

Place:

Date:

ESSENTIALITY CERTIFICATE

Name of Claimant Period of treatment
DesignationFrom.....to.....
Deartment ...Education (Higher)..... Indor Nodt.....
Pay Outdoor No.dt.....
I certified that Mr/Mrs **Mr/Mrs**.....Son/Daughter/Wife/Mother/Father of
Mr./Mrs.....Employed in the office of **Govt. National College,
Sirsa**.....has been unde my treatment in the Hospital/Dispensary in
my consutation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for
recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the
.....(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for
which cheaper substitute of equal the repute value are available not the prescribed are primarily food/toilers/tonics or
disinfectants.

CERIFIED THAT

- 26. The medicines have no cheaper and effective substitute.
- 27. The treatment given was indoor/outdoor.
- 28. The price claimed is reasonable.
- 29. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt.
orders issued on this subject form time to time.
- 30. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Percrived | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-------|
| 1 | | | | |
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| | | | TOTAL | |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:_____

- 73. The medicines have carefully been purchased by me during the course of treatment.
- 74. I am living in House No.
- 75. I have purchased the medicines from the prescribed co-op. Store.
- 76. The medicines have been purchased from private shop after obtaining non availability certificate
from
- 77. The amount of medicines purchased from private shop against one or more prescribed does not
certificate from
- 78. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 79. In case of Wife/ Husband/Children.

That the patient Mr./Mrs. is my and
he/she is unmarried and unemployed(in case of sons/daughters.)

80. For Parents only.

His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at

81. In case of spouse working

- ee) Certified that my wife/husband is not getting any fixed medical allowance from any source.
- ff) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
- gg) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the claimant
Name
(in Capital letters)

Designation

Place:
Date:

ESSENTIALITY CERTIFICATE

Name of Claimant **Sh. Subhash Chander**
Designation **Rtd.Junior Engineer**
Deartment ... **PWD (B & R)**.....
Pay

Period of treatment ...**6Days**.....
From **22/12/2019** .to **27/12/2019**
Indor No **002734** dt **22/12/2019**
Outdoor No.dt.....

I certified that Mr/Mrs **Subhash Chander** Son/Daughter/Wife/Mother/Father of Mr./Mrs/Sh. **Khem Chand Miglani** Employed in the office of ...**PWD (B&R)**.....has been unde my treatment in the **Poonia Hospital, SIRSA**..... Hospital/Dispensary in my consuitation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the(Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the repute value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERIFIED THAT

1. The medicines have no cheaper and effective substitute.
- 2.The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Outdoor Ticket No. & Date on which Prescribed | Date on Which Actually Purchased | Price |
|---------|--|---|----------------------------------|-------|
| 1 | ICU Charges (From 22-12-19 to 26-12-19) | BL001893 | 27/12/2019 | 17250 |
| 2 | Private Room Charges (27-12-2019) | Do | Do | 2300 |
| 3 | Service (Oxygen Charges) | Do | Do | 1000 |
| 4 | BIPAP Ventilation (5) | Do | Do | 7500 |
| 5 | OP Consultation | BN049641 | 22/12/2019 | 550 |
| 6 | Lab Test (Arterial Blood Gas) | BN049643 | 22/12/2019 | 900 |
| 7 | Lab Test (CBC) | BN049683 | 23/12/2019 | 200 |
| 8 | Diagnostic Tests (X-Ray Chest PA) | BN049684 | 23/12/2019 | 300 |
| 9 | Lab test (CBC) | BN049825 | 24/12/2019 | 200 |
| 10 | Lab Test (CBC) | BN049910 | 25/12/2019 | 200 |
| 11 | Lab Test (CBC, HbAc) | BN050016 | 26/12/2019 | 650 |
| 12 | Pharmacy/Medicines | 0030675 | 22/12/2019 | 2410 |
| 13 | Pharmacy/Medicines | 0030735 | 23/12/2019 | 1800 |
| 14 | Pharmacy/Medicines | 0030864 | 24/12/2019 | 1900 |
| 15 | Pharmacy/Medicines | 0030985 | 25/12/2019 | 830 |
| 16 | Pharmacy/Medicines | 0031043 | 26/12/2019 | 1750 |
| 17 | Pharmacy/Medicines | 0031104 | 27/12/2019 | 100 |
| 18 | Pharmacy/Medicines | 0031125 | 27/12/2019 | 540 |
| | | | TOTAL | 40380 |
| | | | Discount | 150 |
| | | | Net Payment | 40230 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

6. The medicines have carefully been purchased by me during the course of treatment.

7. I am living in House No.

8. I have purchased the medicines from the prescribed co-op. Store.

9. The medicines have been purchased from private shop after obtaining non availability certificate from

10. The amount of medicines purchased from private shop against one or more prescribed does not certificate from

11. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.

12. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my and
he/she is unmarried and unemployed(in case of sons/daughters.)

13. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at

14. In case of spouse working
hh) Certified that my wife/husband is not getting any fixed medical allowance from any source.
ii) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
jj) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant Sh. Jai Kishan

Period of treatment

Designation Rtd. LA.....

Deartment ...Education (Higher)..... Bill No 3204 Dated.09/09/2019

Pay Outdoor No.dt.....

I certified that Mr/Mrs **PARDEEP BENIWAL** Son of **Sh. JAI KISHAN**

Employed in the office of **Govt. National College, Sirsa**

has been under my treatment in the FORTIS HOSPITAL MOHALI

Hospital /Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the FORTIS HOSPITAL MOHALI (Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reput value are available not the prescribed are primarily food/toilers/tonics or disinfectants.

CERTIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Bill No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|------------------------------------|----------------------------------|-------|
| 1 | MEDICINES | 3201/ 09-09-2019 | 09-09-2019 | 8174 |
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| | | | TOTAL | |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

82. The medicines have carefully been purchased by me during the course of treatment.
83. I am living in House No.
84. I have purchased the medicines from the prescribed co-op. Store.
85. The medicines have been purchased from private shop after obtaining non availability certificate from
86. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
87. Certificate that there is no Co-op Store /Super Bazar at

as such medicines have been purchased from private shop.

88. In case of Wife/ Husband/Children.

That the patient Mr./Mrs. is my and
he/she is unmarried and unemployed(in case of sons/daughters.)

89. For Parents only.

His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at

90. In case of spouse working

- kk) Certified that my wife/husband is not getting any fixed medical allowance from any source.
- ll) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
- mm) Certified that I am not an adhoc employee and am working on regular basis.

Signature of the claimant
Name
(in Capital letters)

Designation

Place:
Date:

ESSENTIALITY CERTIFICATE

[illegible]

I certified that Mr/Mrs **PARDEEP BENIWAL** Son of **Sh. JAI KISHAN**

Employed in the office of **Govt. National College, Sirsa**

has been under my treatment in the FORTIS HOSPITAL MOHALI

Hospital /Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the FORTIS HOSPITAL MOHALI (Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERTIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
6. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
7. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Bill No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|------------------------------------|----------------------------------|-------------|
| 1 | MEDICINES | 4161/ 10-10-2019 | 10-10-2019 | 9180 |
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| | | | TOTAL | 9180 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

91. The medicines have carefully been purchased by me during the course of treatment.
92. I am living in House No.
93. I have purchased the medicines from the prescribed co-op. Store.
94. The medicines have been purchased from private shop after obtaining non availability certificate from
95. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
96. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
97. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. is my and
he/she is unmarried and unemployed(in case of sons/daughters.)
98. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at
99. In case of spouse working
nn) Certified that my wife/husband is not getting any fixed medical allowance from any source.
oo) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.
pp) Certified that I am not an adhoc employee and am working on regular basis.

Place:

Date:

Signature of the claimant
Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant Sh. Jai Kishan Period of treatment

Designation Rtd. LA.....

Department ...Education (Higher)..... Bill No 4632 Dated.10/11/2019

Pay Outdoor No.dt.....

I certified that Mr/Mrs **PARDEEP BENIWAL** Son of **Sh. JAI KISHAN**

Employed in the office of **Govt. National College, Sirsa**

has been under my treatment in the FORTIS HOSPITAL MOHALI

Hospital /Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The medicines were not stocked in the FORTIS HOSPITAL MOHALI (Name of Hospital /Dispensary) for the supply to the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the prescribed are primarily food/toilets/tonics or disinfectants.

CERTIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
8. The medicined are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in the Govt. orders issued on this subject form time to time.
9. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Bill No. & Date on which Percribed | Date on Which Actually Purchased | Price |
|---------|--|------------------------------------|----------------------------------|--------------|
| 1 | MEDICINES | 4632/ 10-11-2019 | 10-11-2019 | 20158 |
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| | | | TOTAL | 20158 |

Signature & Stamp of the A M A

In case of Indoor Treatment

Certified that the medicines claimed in this bill are as per indoor Ticket.

(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

100.

The medicines have carefully been purchased by me during the course of treatment.
101.

I am living in House No.
102.

I have purchased the medicines from the prescribed co-op. Store.
103.

The medicines have been purchased from private shop after obtaining non availability
certificate from
104.

The amount of medicines purchased from private shop against one or more prescribed does
not certificate from
105.

Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
106.

In case of Wife/ Husband/Children.

That the patient Mr./Mrs. is my and
he/she is unmarried and unemployed(in case of sons/daughters.)
107.

For Parents only.

His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are
residence with me at
108.

In case of spouse working

qq) Certified that my wife/husband is not getting any fixed medical allowance from any source.

rr) Certified that my wife/husband is employed and he/she has not claimed reimbursement of
any of these medicines. An affidavit to this effect has been given for claiming the
reimbursement claim.

ss) Certified that I am not an adhoc employee and am working on regular basis.
- Place:

Date:

Signature of the claimant

Name
(in Capital letters)

Designation

ESSENTIALITY CERTIFICATE

Name of Claimant**Sh. Rakesh Maria**

DesignationAsstt. Prof (Public Administration) GNC,Sirsa

Department...Education (Higher).....

Pay -.....

Period of treatment:- 03/01/2020 to 04/01/2020.

From :- 03/01/2020 to 04/01/2020

Indoor No**IP002777** dt. 03/01/2020

I certified that Mr/Mrs **Sh. Rakesh Maria S/o Sh.**
Employed in the office of ...**Govt. National College, Sirsa**
has been under my treatment in the Poonia Hospital, Sirsa Haryana
Hospital/Dispensary in my consultation room and the under mentioned medicine prescribed by me in this connection
were absolutely essential for recovery/prevention of serious deterioration in the condition of the patient. The
medicines were not stocked in the **Poonia Hospital, Sirsa Haryana** (Name of Hospital /Dispensary) for the supply to
the patient and do not include preparation for which cheaper substitute of equal the reputed value are available not the
prescribed are primarily food/toilets/tonics or disinfectants.

CERTIFIED THAT

1. The medicines have no cheaper and effective substitute.
2. The treatment given was indoor/outdoor.
3. The price claimed is reasonable.
4. The medicines are not in the nature of tonic or food or vitamins etc . the cost of which is not reimbursable in
the Govt. orders issued on this subject from time to time.
5. He/She was suffering from

| Sr. No. | Particulars/Name & Quantity of Medicines in Capital Letter | Indoor Ticket No. & Date on which Prescribed | Date on Which Actually Purchased | Price |
|---------|--|--|----------------------------------|-----------------|
| 1. | Day Care | BL001943 | 04/01/2020 | 500.00 |
| 2. | IOL (Hydrophilic Acrylic) | Do | Do | 5800.00 |
| 3. | File Charges | Do | Do | 200.00 |
| 4. | Procedure Charge (Phacoemulsification with IOL) | Do | Do | 11500.00 |
| 5. | INJ. Sodium Hyaluronate | Do | Do | 3160.00 |
| 6. | INJ. Chondroitin Sulphate 0.75ml | Do | Do | 2150.00 |
| 7. | INJ. Balanced Salt Solution | Do | Do | 1700.00 |
| | Gross Amount | | | 25010.00 |
| | Discount | | | 10.00 |
| | Net Amount | | | 25000.00 |

Signature & Stamp of the A M A

In case of Indoor Treatment
Certified that the medicines claimed in this bill are as per indoor Ticket.
(No.) relates to the case.

Signature & stamp of the A.M.A.

Certified that:

- 6. The medicines have carefully been purchased by me during the course of treatment.
- 7. I am living in House No.
- 8. I have purchased the medicines from the prescribed co-op. Store.
- 9. The medicines have been purchased from private shop after obtaining non availability certificate from
- 10. The amount of medicines purchased from private shop against one or more prescribed does not certificate from
- 11. Certificate that there is no Co-op Store /Super Bazar at
as such medicines have been purchased from private shop.
- 12. In case of Wife/ Husband/Children.
That the patient Mr./Mrs. and he/she is unmarried and unemployed(in case of sons/daughters.)
- 13. For Parents only.
His/Her total monthly income does not exceed Rs.3500/- p.m. and my mother/father is/are residence with me at
- 14. In case of spouce working
 - tt) Certified that my wife/husband is not getting any fixed medical allowance from any source.
 - uu) Certified that my wife/husband is employed and he/she has not claimed reimbursement of any of these medicines. An affidavit to this effect has been given for claiming the reimbursement claim.
 - vv) Certified that I am not an adhoc employee and am working on regular basis.

Place:
Date:

Signature of the claimant
Name
(in Capital letters)

Designation