

**ESSENTIALITY CERTIFICATE**

I Certify that Mrs. / Mr. / Miss ..... Wife / Son /Daughter  
of Mr/Mrs..... employed in the  
..... has been under my treatment for .....  
diseases from .....to ..... at  
.....Hospital / my consulting room and that the under mentioned  
medicine prescribed by me in this connection were essential for the recovery / prevention of  
serious deterioration the condition of the patient . The Medicines are not stocked in the  
.....Hospital ( for supply to patients) and do not include proprietary  
preparations for which cheaper substance of equal therapeutic value are available or  
preparations which are primarily foods, toilets of disinfectants.

**Name of Medicines**

**Price**

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**Signature and Designation of Authorized Medical Attendant  
Signature of the Medical Officer in charge in the case of the hospital**