## RLBCAU -Jhansi CERTIFICATE "A"

| e<br>See A. III  |   | amployed in the efficiency of the   |                                   | aughter of                 |
|--|---|---|-----------------------------------|----------------------------|
| I  | *************************************** | employed in the office of the   |                                   | ***** ** ******            |
|  |   | here by certify:-   | * . * .                           |                            |
|  |   |   | (a) W                             |                            |
| (a) .  | at the residence of the pati            | ived Rsfor consultation.<br>ent after/before hospital, dispensary hours.  |                                   | at my con                  |
|  |   |   |                                   |                            |
| (b)<br>intrave<br>resider  | enous/intramuscular/sub ta              | d received Rs. for anous injections on  | at my const                       | ng<br>ulting room/         |
|  |   |   |                                   |                            |
| (c)  | That the Injections admir               | nistered were not immunizing or prophylactic  | cs purposes.                      |                            |
| d)   |   | n under treatment at  |                                   |                            |
| ecover<br>he<br>hich c   | y/prevention of serious de              | medicines prescribed by me in this consterioration in the condition of the patient. To ospital for supply to patients and do not include the patient of the patients and the patient of the patients are available, not prepare | he medicines a<br>clude proprieta | re not stockery reparation |
| S/No.  | Date & No. of Bill                      | Name of Medicines   | Price                             |                            |
|  |   |   | Rs.                               | P.                         |
| 100  |   |   | 143.                              | 1.                         |
|  |   |   |                                   |                            |
|  |   |   |                                   | 1                          |
| ľ  |   |   |                                   | 1. +                       |
|  |   |   |                                   | 1                          |
|  |   |   |                                   |                            |
| .  |   |   |                                   |                            |
|  |   |   | 1.5                               |                            |
|  |   |   |                                   |                            |
| 2.9  |   |   | 100                               | 1 -                        |
|  |   |   |                                   |                            |
| - :  |   |   |                                   |                            |
|  | Lad at a constant                       |   | Los e 9                           |                            |
| n . 11   | hat the patient is/was suffe            | ering froma   | nd is/was unde                    | r my treatme               |
|  | ·                                       | 10  |                                   |                            |
| TI   | nat the Y-Ray laboratory                | tests etc. datedfor   |                                   | - 1% C D                   |
|  | iat the A-Ray laboratory                | was incurred were necessary and were un   | which the expe                    | naiture of R               |
| **********   | *************************************** | was incurred were necessary and were un   | idertake on my                    | advice at ti               |
| •••••••  | ······································  |   |                                   | 'a ja                      |
| Th   | at the patient did not requi            | ired hospitalization  |                                   | 4                          |
|  | at I referred the nation                | to Drfor speci  | ial appareltation                 | and that the               |
| Th   | annroyal of the                         | as required under the   | rules aves obto                   | and that the               |
| Th   |   | as required under the   | iules was obta                    | ined vide in               |
| Th<br>ssary  | o Nod                                   | ated  |                                   |                            |
| Thessary and the sary of the s | o Nod                                   |   |                                   | . 1                        |
| Thessary a symmetry That   | o Nod<br>at the case was definitely n   | not of prolonged treatment.   | r treatment fo                    | r the centre               |
| The ssary of the start of the s | o Nod<br>at the case was definitely n   |   | r treatment fo                    | r the centra               |