OP / IP No.

**FORM OF ESSENTIALITY CERTIFICATE**

` I certify that Shri/Smt………………….**,Head of Section** employed in the **Govt. Polytechnic College,ADOOR, Technical Education** Department has been under treatment at this hospital / Dispensary or at his/her residence for the period from …………………………………… To …………………………………………………….…..….. 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. They do not include proprietory preparations for which cheaper substance of equal therapeutic value are available, not preparations which are primary foods, tonics, toilet preparations or disinfectants.

 It is certified that the case did not require hospitalization but is one of prolonged nature requiring medical attendance at the outpatient department spreading over a period of more than 10 days.

 The patient was/has been suffering from …………………………**…**…………………………………………………………… (Name of disease.)

|  |  |  |  |
| --- | --- | --- | --- |
| Trade / Brand name of Medicines. | Chemical / Pharmacological Name of Medicine. | Description | Price |
|  |  |   |  |

Date………………………….. ( Office seal ) Signature name and Designation of the Authorised Medical Attendant

 …………………………………………………………….. Name of Institution