

CERTIFICATE FORM 'C'

Certificate of expenses for emergency medical treatment is Government Servant
(To be issued by attending private practitioners)

This is to certify that,
Shri/Smit. _____

_____ address _____

_____ employed in the _____

_____ as a _____

_____ was treated by the _____

_____ at _____

w.e.f _____ to _____ as emergency
patient for the complaints of Vital Sign observed

_____ Necessary emergency
investigation _____ with results

_____ The
Diagnosis was _____

Total expenditure (Annexure D) incurred for treatment was
Rs. _____ and details of which are given in from 'D'

Certified that after the emergency treatment the patient was advised to
attend authorized Medical (Authority) attend for treatment.

Place:
Date:

Signature of Madical Officer
Hospital Stamp