FORM OF ESSENTALLITY CERTIFICATE

U.P Power Corporation Limited

(To be completed in case of patient admitted to Hospital for treatment)

1. Name of Patient :
2. Name and designation Of Employee on whom dependent :
3. Relationship of Patient with employee :
4. Pay scale of the employee :
5. Office of posting :

Paste Photo of Patient

Photo of the Patient
Verified by Authorised Doctor

I, Dr.....hereby certify that :-

1. The above patient was admitted for treatment of..... (disease) at.....(Hospital) .....(Name of Place)..... (date) on my advice/on the advice of Dr ..... And has been discharged from the hospital on .....

2. The under mentioned medicines prescribed by me during the period of hospitalization and there after (up to a maximum of 15 days) after release from the hospital) were essential for the treatment/ recovery/ prevention of the serious deterioration in the condition of the patient, vouchers for which have been verified. These medicines/ injections do not include prescriptions which are of food/ nutritive value and of toiletry disinfectant and prophylectic.

Sl. No.	Name of Medicine	Quantity	Cost in Rs.

Total Cost Rs.

3. The accommodation was provided to the patient in private/general ward of this hospital as is ordinarily provided to the inpatients of the employee's status, for which he had been charged at the rate Rs. .....per day From .....to .....(date) . This does not include/ inculudes diet charges of the patient @ Rs. .....per day.

2/-

MEDICAL

4. The X-ray/ laboratory tests etc, on which an expenditure of Rs ..... Was incurred, were necessary and were undertaken on my advice. The same are at the schedules rates of the Government hospitals / laboratory.

5. The services of special nurse were essential for the recovery / prevention of serious deterioration in the condition of the patient, for the period from .....to .....(date). on which an expenditure of Rs. .....was incurred.

6. The operation and/or other hospital charges totalling Rs.....have been incurred on the treatment of the patient.

7. The services of Dr .....were essential for specialized consultation, on which an amount of Rs ..... has been incurred.

Signature of employee

Signature of Authorised
Medical Attendant with Seal