

FORM - `C`
CERTIFICATE OF EXPENSES FOR EMERGENCY MEDICAL TREATMENT TO
GOVERNMENT SERVANT

(To be issued by attending private practitioner)

This is to certify that, Mr./M/s.....
wife / husband / son / daughter / father / mother / brother / sister of Mr. / Mrs.
----- Address -----
-----employed in
the -----as-----
was treated in the-----from----- to -----as
an emergency patient.

For the complaints of -----

Vital sign observed -----

Necessary emergency -----

Investigation with -----
Results -----
The Diagnosis Was -----

Total expenditure (Aunexure `D`) incurred for the treatment was
Rs. -----

And details of which are given in form `D`

Certified that after the emergency treatment the patient was advised to attend
authorised medical attendant for treatment.

Date :

Place :

Sign
Name of Dr.
Register No.
Name of Hospital