

VERIFICATION CERTIFICATE

I Dr. _____ hereby certify that _____
suffering from _____ and is/was under my treatment from
_____ to and that the above mentioned medicines/tests were prescribed by
me in this connection.

The claim is verified for Rs. _____

Date: _____

(Signature of Medical Officer)

Designation & Seal

Passed for Rs. _____ (Rupees) _____ and
included in Bill No. _____ Dated: _____.

(Signature of Controlling Officer)

(Signature of the DDO)

INSTRUCTIONS

1. List all the medicines, tests etc. individually.
2. Attach Cash-Memo duly verified.
3. Mention dates of admission to the Hospital, Stay etc.