



**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. \_\_\_\_\_

(Signatures of Medical Officer)

Designation & Seal.

Dated: \_\_\_\_\_

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Passed for Rs. \_\_\_\_\_ (Rupees) \_\_\_\_\_

And included in Bill No. \_\_\_\_\_ Dated \_\_\_\_\_

(Signatures of DDO)

(Signatures of Controlling Officer)

**INSTRUCTIONS**

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