DECLARATION TO BE SIGNED BY THE EMPLOYEE

Corumos that I am guided by Institute Bules (5 to 2 to	edge and bolief and that the person for whom me	
mile is all / not an earning member of my face in team of		
The stay will file.	ent has not been claimed at her source of emp	loyment.
Date:	Signatura of ampleuse	
Dayadaaadaa	Signature of employee	
Department to which attached		
FORM FOR TREATMENT BY TEOLIN		
FORM FOR TREATMENT BY TECHNOLOGY LOCALIST	DLOGY MEDICAL ATTENDANT	
B. C. ROY TECHNOLOGY HOS	SPITAL OR OTHERWISE	
Certificate granted to Mrs. / Mr. / Miss		
employed in the		
,		
(To be completed in the case of patients who are	re not admitted to hospital for treatme	nt)
Dr. a) that the injections administered are not for immunising or prophylactic pur b) that the patient has been under trailing at the Tree prophylactic pur	hereb	v certify:
in this connection were assential for the recovery / prevention of strious of	consulting room and that the undermentioned in	nodictries proscribod by m
Name of Medicines	Quantity	Price
		Rs. P.
	1.20	1.0.
	N SWE	
that the patient is / was suffering from		
that the patient is / was suffering from	of my kestment keys	
that the patient is / was not given pro-patal or seet	10 10	
that the X-ray, laboratory tests, etc. for which the expenditure of Rs.	was looured	
Unat I referred the parison to D	was incurred were necessary and were	undertaken on my advice
that the patient do Dr. that the patient did not require / required hospitalisation		
The second of th		
4	COUNTERSIGNED	
nature of Medical Officer with date Senior Me		
: Certificates not applicable should be struck off cartificates as	edical Officer-in-Charge, B. C. Roy Te	choologuit
: Certificates not applicable should be struck off, certificate(s) is	compulsors and	crinology Hospital
TO DE LIGHT	the filled by the	e Medical Officer.
TO BE USED IN THE ACCOUN		
pees		193
Owner and Albert M. Haller on		
Constant E		
Accountant teralgued and certifled that the claim:	Andrews West	