

ESSENTIAL CERTIFICATE

Certified that Shri/Smt _____

Son/Daughter of Shri/Smt _____

Insurance No. _____ of M/s _____

been under the treatment at E. S. I. Dispensary / Civil Hospital Shillong / G. D. Hospital / Reid Chest Hospital / Dr. H. G. Robert Hospital / NEIGRIHMS / Nazareth Hospital, Shillong on account of _____

from _____ to _____. And that the under mentioned medicines prescribed by me or referred to the above authority for prescribed Institutions. In this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not in stock at E. S. I. S. Dispensary, Shillong, for supply to the Insured person and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available, nor preparation which are primarily foods, toiletries or disinfectant.

Name of Medicines

Quantity

Price

Signature of Medical Officer
With Seal

Signature of Medical Officer
E. S. I. Dispensary