

# CGHS BANGALORE

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## CERTIFICATE FROM THE TREATING SPECIALIST

I Dr \_\_\_\_\_ working as \_\_\_\_\_

In the hospital \_\_\_\_\_ Here by certify that

Shri/Smt/Miss/Master \_\_\_\_\_ Is suffering from

\_\_\_\_\_ for the last \_\_\_\_\_

Years \_\_\_\_\_ Months.

For his/her treatment the following medicines/drugs/equipment's are required in the quantity and strength as mentioned below

Name of the medicine	Strength	Dosage	Quantity	Duration

I hereby certify that the above mentioned drugs/medicines/equipment's are Essential/ LIFE SAVING to the patient and I recommend the same should be given to the patient for his wellbeing.

Signature & Seal of the Specialist \_\_\_\_\_

Date- \_\_\_\_\_

Designation \_\_\_\_\_

Name of hospital with Seal \_\_\_\_\_

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## APPLICATION FOR PROCUREMENT OF LIFE SAVING DRUGS (LOCAL & IMPORT) AND SPECIAL MEDICINES/EQUIPMENTS UNDER NOTIFICATION NO. 20/99-CUS DATED 28.02.1999

NAME OF THE PATIENT-

AGE

CGHS CARD NO/BEN ID

NAME OF THE DISEASE

NAME OF HOSPITAL WHERE  
TREATMENT IS BEING TAKEN

Name of the medicine	Strength	Dosage	Quantity	Duration

### ENCLOSURES TO BE ATTACHED ALONG WITH THIS FORM

CERTIFICATE FROM TREATING SPECIALIST

INVESTIGATION REPORT/SHORT HISTORY

LETTER FROM SPECIALIST IF MEDICINE SHOULD BE IMPORTED

CARD COPY

UTILISATION CERTIFICATE

DATE

PATIENT

SIGN OF APPLICANT  
& RELATIONSHIP WITH

# CGHS BANGALORE

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## UTILIZATION CERTIFICATE

This is to certify that the following medicines have been utilised by the under mentioned patient.

Name of the medicine	Strength	Quantity

Date of Issue from Dispensary-

Date of Utilisation

Name & Signature of the patient-

Ben ID-

Contact No-

Signature of the treating specialist

with date and stamp