

ASSAM POWER GENERATION CORPORATION LIMITED

I certify that Sri/Smti (patient name), (employee name), an employee of APGCL, was under my treatment for disease from to at the hospital/ my consulting room and the under mentioned tests/medicines are prescribed by me in this connection which are essential for recovery/prevention of the serious deterioration in the condition of the patient. The medicines are not stocked in the hospital for supply to private patient and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available nor preparations which are particularly foods, toiletries or disinfectants.

Name of medicines/Voucher No. & Date

Amount

This is also to certify that the bills enclosed herewith against the above mentioned voucher nos are authentic and genuine.

Countersignature of Medical Superintendent/
Director/Head of Hospital Section
(applicable in case of Hospitalization)

Signature & designation of
Authorized Medical Attendant