

**CERTIFICATE FOR EMERGENCY ADMISSION & TREATMENT**

*(To be issued by Private Hospital reorganized by M.P. Govt.)*

To,

S.P./Comdt .....

.....

Fax no.....email.....

This is to certify that Mr./Ms.....relationship/self ..... of  
Mr./Ms.....employee unique code.....  
Unit.....was admitted/treated in the.....  
..... from.....to..... as an emergency patient.

For the complaints of .....

Vital sign observed .....

Necessary emergency .....

Investigation with result .....

The diagnosis was .....

Certified that the emergency admission & treatment of the patient was essential PAR for further treatment & request for referral is attached herewith.

Date-

Place

Sign.

Name of Doctor

Name of Hospital

Registration no.