

UTILISATION CERTIFICATE

Certified that Shri / Smt / Kum
A CGHS beneficiary holding the card No.....
is suffering from(Name of Disease)
Has been prescribed the following costly medicines for the recovery
Of his / her Disease.

Name of medicine
were prescribed by me on _____ for the
period from to
and the quantity supplied for the period has been completely utilize

Signature, Seal & Name of the
Treating Specialist.