







(Under Ministry of Labour & Employment, Govt. of India) ISO 9001 : 2015 CERTIFIED

SPECIAL CERTIFICATE FOR HOSPITAL IN-PATIENT CASES

	Book No.	Serial No.
Signature/Thumb impression of insured Person		Date
Name :		
In Patient No. :		
Insurance No.	\$	Hospital Seal
		Hospital Seal
Date of admissionD	ate of discharge	
This is to certify that the above named pe	erson is under in-pat	ient treatment in this hospital upto
and including this day by reason of		
_		
<u>Remarks</u>		
Date :		
Medical Officer Incharge		Counter Signed
Name & Rubber Stamp)		For Superintendent of ESI Hospital (Name & Rubber Stamp)
(To be Deposited in your Br	ach office within thre	