

ASSAM POWER DISTRIBUTION COMPANY LIMITED
ASSAM ELECTRICITY GRID CORPORATION LIMITED
ASSAM POWER GENERATION CORPORATION LIMITED

ESSENTIAL CERTIFICATE

I certified that Sri/Smti _____
_____ employee in the APDCL/AEGCL/APGCL was under my treatment for
_____ Disease from _____ to _____ at the
_____ hospital my consulting room and the
under mentioned 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
cheaper substances of equal therapeutic value are not available for preparations which are particularly
foods, toilets or disinfectants.

Name of medicines

Amount

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

Signature & designation of
Authorized Medical attendant

Certified that Sri/Smti _____ my son/daughter/father/mother/wife
fully dependent on me. So, the above expenditure may please be reimbursed.

Signature & designation of the employee

Name :
Designation :
Office: