



Without Prejudice

SBI Life Insurance Company Ltd
Hospital cum Treating Doctor's Certificate

Insured
Member's
recent
photograph

| 'Part – A' Insured Members Hospitalization Details | | | |
|---|---------------------------------------|----|--|
| Name of the Patient (Insured Member): | | | |
| Age of the Patient : | | | |
| Occupation: | | | |
| Address as per Hospital records: | | | |
| | | | |
| IP NO: | Total No of days of Hospitalization : | | |
| In Non-ICU Date and time of admission : | Date and time of discharge: | | |
| In ICU Date and time of admission : | Date and time of discharge: | | |
| Exact History reported by the patient at the time of admission: | | | |
| | | | |
| *Did the patient take treatment earlier in the Hospital? If yes please provide treatment details: | | | |
| | | | |
| | | | |
| *If the space provided is not sufficient for exact history or previous treatment details, please attach sheet. | | | |
| 'Part – B' Treating Doctor and Hospital's Details | | | |
| Name of the treating Doctor: | | | |
| Address of the Hospital : | | | |
| | | | |
| | | | |
| Telephone number: | Email ID : | | |
| Registration Number of the Hospital : | | | |
| Date of Registration : | Valid up to : | | |
| Number of beds in the hospital : | | | |
| Tick what is applicable | | | |
| Fully equipped operation theatre available | Yes | No | |
| Fully qualified nursing staff under employment 24 hours per day | Yes | No | |
| Supervised by a fully qualified physician 24 hours per day | Yes | No | |
| Daily record for hospital patients maintained | Yes | No | |
| Hospital is registered for allopathic treatment | Yes | No | |

Certified that the above Insured Member was undergoing treatment in our hospital and the above information is based on the records maintained in the Register No: _____ Entry No _____ dated _____.

Date: _____

Signature: _____
Name of the Doctor: _____
Stamp of the Hospital: _____