

Application Form for Registration of Clinical Establishments

I. ESTABLISHMENT DETAILS

1. Name of the establishment: _____

2. Address: _____

Village/Town: _____ Block: _____

District: _____ State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID : _____ Website (if any): _____

3. Month and Year of starting: _____

(From 4 to 11 mark all whichever are applicable)

4. Location:

Rural _____ Urban _____ Metro _____
Notified / inaccessible areas (including Hilly / tribal areas)

5. Ownership of Services

Government/Public Sector

Central government State government Local government (Municipality, Zilla parishad, etc)
Public Sector Undertaking Other ministries and departments (Railways, Police, etc.)
Employee State Insurance Corporation Autonomous organization under Government

Non-Government / Private Sector

Individual Proprietorship Partnership Registered companies (registered under
central/provincial/state Act) Society/trust (Registered under central/provincial/state Act)

6. Name of the owner of Clinical Establishment: _____

Address: _____

Village/Town: _____ Block: _____ District: _____

State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID: _____

7. Name, Designation and Qualification of person in-charge of the clinical establishment: _____

Qualification(s): _____

Registration Number: _____

Name of Central/State Council (with which registered): _____

Tel No (with STD code): _____ Fax: _____ Mobile: _____ E-mail ID: _____

8. Systems of Medicine offered: (please tick whichever is applicable)

Allopathy Ayurveda Unani Siddha Homoeopathy Yoga Naturopathy Sowa-Rigpa

9. Type of establishment :(please tick whichever is applicable)

(I). Clinic (Outpatient)

- Single practitioner
(Consultation services only/with diagnostic services/with short stay facility)

- Poly clinic
(Consultation services only/with diagnostic services/with short stay facility)
- Dispensary
- Health Checkup Centre

(II). Day Care facility

Medical Surgical Medical SPA Wellness centers (where qualified medical professionals are available to supervise the services).

(III). Hospitals including Nursing Home (outpatient and inpatient):

- Hospital Level 1 a
- Hospital Level 1 b
- Hospital Level 2
- Hospital Level 3 (Non teaching)
- Hospital Level 4 (Teaching)

(IV). Dental Clinics and Dental Hospital:

a. Dental clinics

- Single practitioner
- Poly Clinics (dental)

b. Dental Hospitals (specialties as listed in the IDC Act.)

- Oral and maxillofacial surgery
- Oral medicine and radiology
- Orthodontics
- Conservative dentistry and Endodontics
- Periodontics
- Pedodontics and preventive dentistry
- Oral pathology and Microbiology
- Prosthodontics and crown bridge
- Public health dentistry

(V).Diagnostic Centre

A. Medical Diagnostic Laboratories:

- | | | |
|------------------------------------|---------------------------------------|--------------|
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Biochemistry | Microbiology |
| Molecular Biology and Genetic Labs | | Virology |

B. Diagnostic Imaging centers

i. Radiology

- General radiology
- Interventional radiology

ii. Electromagnetic imaging

- Magnetic Resonance Imaging (MRI),
- Positron Emission Tomography (PET) Scan

iii. Ultrasound

C. Miscellaneous

- | | |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Electro Cardio Graphy(ECG) | <input type="checkbox"/> Echocardiography |
| <input type="checkbox"/> Tread Mill Test | <input type="checkbox"/> Electro MyoGraphy (EMG) |
| <input type="checkbox"/> Electro Encephalo Graphy(EEG) | <input type="checkbox"/> Electrophysiological studies |
| Mammography | |
| <input type="checkbox"/> | |

D. Collection centers

For the clinical labs and diagnostic centres shall function under registered clinical establishment

Yes/No

if Yes, then No of Collection Centre:

(VI). Allied Health professions:

- Audiology
- Behavioral health (counseling, marriage and family therapy etc)
- Exercise physiology
- Nuclear medicine technology
- Medical Laboratory Scientist
- Dietetics
- Occupational therapy
- Optometry
- Orthotics
- Orthotics and prosthetics
- Osteopathy
- Paramedic
- Podiatry
- Health Psychology/ Clinical Psychology
- Physiotherapy
- Radiation therapy
- Radiography / Medical imaging
- Respiratory Therapy
- Sonography
- Speech pathology

(VII) AYUSH

Ayurveda

Ausadh Chikitsa Shalya Chikitsa Shodhan Chikitsa Rasayana
Pathya Vyavastha

Yoga

Ashtang Yoga

Unani

Matab Jarahat Ilaj-bit-Tadbeer Hifzan-e-Sehat

Siddha

Maruthuvam Sirappu Maruthuvam Varmam Thokknam & Yoga

Homoeopathy

General Homoeopathy

Naturopathy

External Therapies with natural modalities

Internal Therapies

II. TYPES OF SERVICE

- **TYPE**

-

General Practice Services

Single Specialty Services

Multi Specialty Services (including Palliative care Centre, Trauma Centre, Maternity Home - applicable for hospitals only)

Super Specialty Services

- **SPECIALITY SPECIFIC**

Medical Specialties – for which candidates must possess recognized PG degree (MD/Diploma/DNB or its equivalent degree)

- i. Anesthesiology
- ii. Aviation Medicine
- iii. Community Medicine
- iv. Dermatology, Venerology and Leprosy
- v. Family Medicine
- vi. General Medicine
- vii. Geriatrics
- viii. ImmunoHaematology and Blood Transfusion
- ix. Nuclear Medicine
- x. Paediatrics
- xi. Physical Medicine Rehabilitation
- xii. Psychiatry
- xiii. Radio-diagnosis
- xiv. Radio-therapy
- xv. Rheumatology
- xvi. Sports Medicine
- xvii. Tropical Medicine
- xviii. Tuberculosis & Respiratory Medicine or Pulmonary Medicine

Surgical specialties - for which candidates must possess, recognized PG degree (MS/Diploma/DNB or its equivalent degree)

- i. Otorhinolaryngology
- ii. General Surgery
- iii. Ophthalmology
- iv. Orthopedics
- v. Obstetrics & Gynecology

Medical Super specialties –

- i. Cardiology
- ii. Clinical Hematology including Stem Cell Therapy
- iii. Clinical Pharmacology

- iv. Endocrinology
- v. Immunology
- vi. Medical Gastroenterology
- vii. Medical Genetics
- viii. Medical Oncology
- ix. Neonatology
- x. Nephrology
- xi. Neurology
- xii. Neuro-radiology

Surgical Super-specialities-

- i. Cardiovascular thoracic Surgery)
- ii. Urology
- iii. Neuro-Surgery
- iv. Paediatrics Surgery.
- v. Plastic & Reconstructive Surgery
- vi. Surgical Gastroenterology
- vii. Surgical Oncology
- viii. Endocrine Surgery
- ix. Gynecological Oncology
- x. Vascular Surgery

III INFRASTRUCTURE DETAILS

10. Area of the establishment (in sqft):

a) Total Area: _____ b) Constructed area: _____

11. Out Patient Department:

11.1 Total no. of OPD Clinics: _____

11.2 Specialty-wise distribution of OPD Clinic

S.No.	Specialty

12. In Patient Department:

12.1. Total number of beds: _____

12.2. Specialty-wise distribution of beds, please specify:

S.No.	Specialty	Beds

13. Biomedical waste Management

13.1 Method of treatment and /or disposal of Bio-medical waste

- Through Common Facility Onsite Facility
- Any other (please specify): _____

13.2. Whether authorization from Pollution Control Board/Pollution Control Committee obtained?

Yes No Applied For Not Applicable

IV HUMAN RESOURCES

14. Total number of Staff (as on date of application):

No. of permanent staff: _____ No. of temporary staff: _____

Please furnish the following details:-

Category of staff	Name	Qualification	Registration No	Nature of service Temporary/ Permanent
Doctors				
Nursing staff				
Para-medical staff				
Pharmacists				
Administrative staff				
Others, please specify				

Separate annexure may be attached.

Support Staff

Category	Total no.	Remark

15. Payment options for Registration Fees:

Online payment Demand Draft Bank Challan

Amount (in Rs): _____

Details: _____

Receipt No. _____

I,on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to the best of my knowledge and I shall abide by all the provisions made under the Clinical Establishment (Registration and Regulation) Act 2010.

I undertake that I shall inform the District Registering Authority of any changes in the particulars given above.

I shall comply with the minimum standards prescribed under Clinical Establishment Act for the services provided by us and also all other conditions of registration as stipulated under the aforesaid Act and Rule there-under.

Place:

Date:

Signature of the Authorized Signatory

Office Seal