

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH & FAMILY WELFARE
ITANAGAR.

No. MPHCL/Est/2007

Dated Itanagar the 31st May /2012.NOTIFICATION

In pursuance of the Section 6(1a) of the Clinical Establishments Act, 2010, the governor of Arunachal Pradesh is pleased to constitute the Arunachal Pradesh State Council with the following members:-

1. Secretary, Health & Family Welfare, Govt. of A.P. Ex-Officio	Chairman.
2. Director of Health Services, Nahaarlagun Ex-Officio	Member-Secretary.
3. DDHS(A.YUSH)	Member.
4. Vice President, Arunachal Pradesh Medical Council	-do-
5. Ex Dental Cell	-do-
6. Assistant Drug Controller, State Pharmacy Council	-do-
7. Registrar, State Nursing Council	-do-

As decided in the meeting of the State Council on the 1st May/2012, the DDHS(PH) is the nodal Officer of the Clinical Establishment Act. Further, the power and functions of the District Registering Authority of Papum Para District is vested with DDHS (PH) to carry out the functions in connection with the provisions of the Act and Rules made there-under.

Sd/- K. Tayeng, IAS
Secretary, Health & Family Welfare,
Govt. of Arunachal Pradesh,
Itanagar.

No. MPHCL/Est/2007

Dated Itanagar the 26th May /2012.

Copy to:-

1. The Secretary to the governor, Arunachal Pradesh, Itanagar.
2. The Commissioner to the Hon'ble Chief Minister, Arunachal Pradesh, Itanagar.
3. The PS to all Hon'ble Minister, Govt. of Arunachal Pradesh, Itanagar.
4. The PS to Chief Secretary, Govt. of Arunachal Pradesh, Itanagar.
5. Commissioner/Secretaries, Govt. of Arunachal Pradesh, Itanagar.
6. Director of Health Services, Nahaarlagun.
7. All DCs/ DMOs.
8. Chief Medical Superintendent, ASH Nahaarlagun.
9. Joint DHS (T&R Pasighat).
10. All members of the A.P State Council of Clinical Establishments.
11. The Director of IPR Nahaarlagun, for publication in the Official Gazette.
12. C/c.

(M. Kanki)
Deputy Secretary H & F W

CLINICAL ESTABLISHMENTS
(REGISTRATION AND REGULATION)
ACT, 2010 (GoI)

AND

ARUNACHAL PRADESH CLINICAL
ESTABLISHMENTS RULES, 2011.



The Arunachal Pradesh Gazette

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Separate paging is given to this part in order that it may be filed as a separate compilation.

GOVERNMENT OF ARUNACHAL PRADESH
PART -III

Resolutions, orders, notifications, rules etc., issued by the
Government and Heads of Departments.

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH AND FAMILY WELFARE
ITANAGAR
ARUNACHAL PRADESH CLINICAL ESTABLISHMENTS
(REGISTRATION AND REGULATION) RULES, 2011

NOTIFICATION

The 17th October 2011.

No.MPH/C-Estu/2007 -In exercise of powers conferred by Section 54 of the Clinical Establishment (Registration and Regulation) Act, 2010 (Act No.23 of 2010) the Governor of Arunachal Pradesh hereby makes the following rules, namely:-

1. Short title and commencement:-

- (1) These rules may be called the Arunachal Pradesh, Clinical Establishments (Registration and Regulation) Rules, 2011.
- (2) These rules extend to the whole of the State of Arunachal Pradesh and are applicable to all the Clinical Establishments in State of Arunachal Pradesh.
- (3) These rules shall come into force on the date of their publication in the Arunachal Pradesh Official Gazette.
- (4) These Rules shall be applicable to various categories of Clinical establishments, as may be notified from time to time.

2. Definition :-

In these rules, unless the context otherwise requires:

- (a) 'Act' means the Clinical Establishments (Registration and Regulation) Act, 2010.
- (b) 'Rules' means the Arunachal Pradesh Clinical Establishments (Registration and Regulation) Rules, 2011.
- (c) 'Authority' means the district registering authority set up under section 10 of the Act.
- (d) 'Certificate' means certificate of permanent registration issued under section 30;
- (e) Clinical Establishment means
 - (i) a hospital maternity home, nursing home, dispensary, clinic sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care of illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons, whatever incorporated or not, or

- (ii) a place established as an independent entity or part of an establishment referred to the sub clause (i) in connections with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, Chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not, and shall include a clinical establishment owned, controlled or managed by
- (a) the Government or department of the Government ;
 - (b) A trust whether public or private.
 - (c) A corporations (including a Society) registered under a Central provincial or State Act, whether or not owned by the Government;
 - (d) A local authority ; and
 - (e) A single doctor
But does not include the clinical establishments owned controlled or managed by the Armed Forces constituted with the Army Act,1950, at the Air Force Act, 1950 and the Navy Act, 1957.
- (f) 'Emergency medical condition' means a medical condition including any illness and/or intentional or accidental injury of any nature that may manifest itself by acute symptoms of sufficient severity (including sever pens) of such a nature that absence of immediate medical allocation could reasonably be expected to result in,
- (i) placing the life or health of the individual or with respect to a pregnant women, the life or health of the women of here unborn child in services jeopardy
 - (ii) Severe impairment to bodily functions ; or
 - (iii) Serious dysfunctions of any / organ or part of a body.
- (g) 'State Council' means the Arunachal Pradesh state council for clinical establishment established under section 8 of the Act.
- (h) 'Prescribed' means prescribed by rules made under the Act by the State Government of Arunachal Pradesh.

- (i) 'Recognized system of Medicine ' means Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani system of medicines or any other system of medicines as may be recognized by the State Government.
- (j) 'Register' means the register maintained by the Authority, State Government (and Central Government) under sections 37, 38 and 39 of this Act.
- (k) 'Registration' means to register under section 11 and the expression registration or registered shall be construed accordingly;
- (l) 'Schedule' means the Schedule appended to the act.
- (m) 'Standards' means the conditions that the Central Government may prescribe under section 12 for registration of clinical establishments from time to time.
- (n) 'to stabilise' (with its grammatical variations and cognate expressions) means with respect to an emergency conditions specified in clause to provide such medical treatment of the condition as may be necessary to assure within reasonable medical probability that no material deterioration of the conditions is likely to result from or occur during the transfer of the individual from a clinical establishment.,
- (o) 'Laboratory Technicians' means a person having approved qualifications in laboratory technician course.
- (p) 'Pharmacist' means a person having atleast a diploma in pharmacy from a recognized institutions and registered with State Pharmacy Council,
- (q) 'Physiotherapist' means a person who holds a diploma or degree in physiotherapy from a recognized institutions in India,
- (r) 'Occupational Therapist ' means a person having a diploma or a degree in occupational therapy from a recognized institution in India,
- (s) 'Graduate Technician' means a person having approved training in handling, recording of reading and maintenance of sophisticated equipment.

The words and expressions not defined in these rules but defined in the Act shall have the same meanings respectively assigned to them in the Act.

3. Establishment of A.P. State Council for Clinical Establishments :

- (1) Under section 8 (1) & (2) of the Act, the State Government of A.P. by way of Notification shall constitute a State Council to be called as Arunachal Pradesh State Council for Clinical Establishments.
- (2) The A.P. State Council shall consist with the following members, namely:
1. Secretary (Health & FW) - Ex-Officio, who shall be the Chairman.
 2. Director of Health Services- Ex-Officio Member Secretary.
 3. Directors of different Streams of ISM & H. - Members
 4. One representative each to be Elected by the Executive Committee of
 - (a) State Medical Council - Member
 - (b) State Dental Council - Member
 - (c) State Nursing Council - Member
 - (d) State Pharmacy Council - Member
 5. One representative to be elected by The state Council of Medical Association - Member
 6. One representative from state level consumer Groups or reputed NGO working in the Field of health - Member
 7. One representative from the line of Paramedical systems. - Member
- (3) The nominated member of the A.P. State Council shall hold office for a term of three years but shall be eligible for re-nomination for maximum of one more terms of three years.
- (4) The elected members of the A.P. state council shall hold office for three years but shall be eligible for re-election.

Provided that the person nominated or elected, as the case may be shall hold office for as long as he/she holds the appointment of the office by virtue of which he/she was nominated or elected to the Arunachal Pradesh State Council.

4. Function of the A.P. State Council. The A.P. State Council shall perform the following functions, namely -
- (a) Compiling and updating the state Register of the Clinical Establishments ;
 - (b) Sending monthly returns for updating the National Register (including no digital format)
 - (c) Representing the State in the National Council
 - (d) Hearing of appeals against the orders of the authority;
 - (e) Publication on annual basis a report on the state of implementation of standards within the State ;
 - (f) Monitor the implementation of the provisions of the Act and Rules in the State

- (g) Recommend to the Government, if any modifications required in the Rules in accordance with the change in technology or social conditions ;
- (h) Perform any other function as may be outlined by the National Council of the Clinical establishments.
- (i) Any other function as may be prescribed by the Central Government.
5. The staff of Arunachal Pradesh State Council shall be engaged from the existing staff of DHS establishment appointed by DHS who is a member Secretary of the Council and in case of the District the same procedure will be followed at district level.
6. **Sub-Committee of A.P. State Council –**
- (j) A.P. State Council may at any time constitute a sub-committee consisting of any member of its member for such period not exceeding two years for the consideration of particular matters at the request of the National Council and/or as determined by the Central Government.
- (k) A motion for the appointment of a subcommittee shall define the functions of the sub-committee number of the member to be appointed thereon and the time line for the completion of the tasks. The Chairman of every such committee shall be appointed by the A.P. State Council at the time of the appointment of the sub-committee.
- (l) Any decision taken by the sub-committee shall be placed before the State Council at its next meeting for its consideration and approval.
7. **Conduct Business** :- Every meeting of the State Council shall be presided by the Chairperson.
8. **Time and place for Meeting of the State Council** :- The meetings of the State Council shall ordinarily be held at the State Capital on such dates as may be fixed by the Council. The State Council shall meet atleast once in three months.
9. **Nature of the Meeting**: - Notice of every meeting other than a special meeting shall be issued by the Member Secretary to each member of the Council not less than one week before the date of the meeting.
10. **Quorum call for Meeting Minutes** :- (1) One third of the total number of the members of the State Council shall form a quorum and all actions of the
- (2) The notice and agenda of every such meeting of the State Council shall ordinarily be given 7-10 days before the meeting by the Member-Secretary of the Council.
- (3) The proceedings of the meetings of the Council shall be preserved in the form of minutes which shall be authenticated after confirmations by the signature of the Chairman.
- (4) A copy of the minutes of each meeting of the State Council shall be decided by a majority of the members present and voting, submitted to the Chairperson within 5-7 days of the meeting and after having been approved by him/her shall be sent to each member of the

Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decision, therein shall be given effect to provide that the Chairperson may, where in his opinion it is necessary or expedient so to do direct that action be taken on the decision of the meeting.

11. **Registration and filling of casual vacancies :-**

- (1) A member desiring to resign his/her seat on the State Council shall send his/her resignation in writing to the Chairperson and every such resignation shall take effect from the date mentioned by him/he in this behalf or in case no such date is mentioned from the date of receipt of his /her letter by the Chairperson after confirmation from the member concerned about his/her resignation.
- (2) When a casual vacancy occurs by reason of death, resignation or otherwise of a member a report shall be made forth with by the Chairperson to the Central Government which shall take steps to have the vacancies filled by nomination or election as the case may be.

12. **Finance and Accounts :-** (1) The State Government of A.P. shall provide fund for A.P. State Council for implementation of the provisions of Act and Rules.

- (2) Fund provided by the State Government and any other fees provided as under the provisions of the Act and Rules shall be deposited in any nationalized bank opened in favour of A.P. State Council.
- (3) The Account of the Arunachal State Council shall be jointly operated by the Member Secretary and the Chairman of the Council.
- (4) The Member-Secretary of the Council shall be limited to the withdrawal of Rs.25, 000/- (Twenty five thousand) from the Account of A.P. State Council and if above Rs.25, 000/-, then signing of both the Member Secretary and Chairman of the A.P. State Council on the body of cheque shall be required.
- (5) The Accounts of the Council shall be audited annually by a Chartered Accountant, who is to be appointed with the prior approval of the State Government.

13. **Establishment of the District Registering Authority :-**

- i. The State Government of Arunachal Pradesh shall by notification under section 10 of the Act and in accordance with the rules framed by the Central Government in this behalf set up an authority to be called the District Registering Authority for each district for registration of Clinical establishments.
- ii. The district registering authority shall consist with the following members namely :-

- (a) District Collector - Chairman
- (b) District Health Officer/DMO - Convener
- (c) Three members with such qualification and
On such terms and conditions as may be
Prescribed by the State Government/

14. Functions of the District Registering Authority :-
- (a) To grant, renew, suspend or cancel registration of any clinical establishment;
 - (b) To enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act, 2010.
 - (c) To investigate the complaints of breach of the provisions of this Act or the rules made there under and take immediate action.
 - (d) To prepare and submit on quarterly basis report containing details of related to number and nature of provisional and permanent registration certificate issued; including those cancelled, suspended or rejected to the State Council.
 - (e) To report to the State Council on a quarterly basis on action taken against non-registered clinical establishments operation in violation of the Act.
 - (f) Perform any other function as may be prescribed by the Central Government/State Government.
15. Notwithstanding anything contained in sub-section (1) of section 10 for the purposes of provisional registration of clinical establishments under section 14 the District Health Officer/District Medical Officer Or CMO shall exercise the powers of the authority as per procedure that may be prescribed.
16. **Time and place of business for meetings of the District Registering Authority** :- The meetings of the District Registering Authority shall be held atleast once in a month at a stipulated date and time ordinarily at district headquarter.
17. **Conduct of Meeting** :- Every meeting of the Distinet Registering Authority shall be presided over by the Chairperson.
18. **Notice of Meeting** : Notice of every meeting other than a special meeting shall be issued by the convener to each member not less than one week before the date of the meeting.
19. **Quorum, Minutes of the Meeting** : (1) One third of the total number of the members of the District Registering Authority shall form a quorum and all actions of the Authority shall be decided by a majority of the members present and voting.
(2) the proceedings of each meeting of the District registering authority shall be prescribed in the form of minutes which shall be authenticated after confirmation by the signature of the chairperson which shall be submitted to the member secretary of the state council by the convener within 3 -5 days of the meeting.
(3) A copy of the minutes of each meeting of the District Registering Authority so submitted shall be submitted to the Chairperson of the State Council by the Member-Secretary of the Council within 5-7 days of the receipt of the minutes

from the District Registering Authority and after having been attested by him shall be sent to each member of the Council within 15 days of the receipt of the minutes. If no objection to their correctness is received within 10 days of their dispatch and decisions herein shall be given effect to provided that the Chairperson may; where in his opinions it is necessary or expedient so to do, direct that action may be taken on the decisions taken in the meeting.

20. **Resignation and filling of Casual vacancies :**

If a casual-vacancy occurs in the office of any other members, whether by reason of death, resignation or inability to discharge functions owing to illness or any other incapacity, such vacancy shall be filled up by the District collector (Chairman) by making a fresh appointment and the member so appointed shall hold office for the remaining term of office of the person in whose place he/she is so appointed.

21. **Registration of clinical Establishments**

Application for Registration : (1) the applicant shall apply to the District Registration Authority for provisional registration, in person or by post or through web based online facility with the necessary information as per SGI form under section 14(1) & (3) of the Act.

(2) The applicant shall apply to the District Registration Authority for permanent registration in person or by post or through web based online facility with the necessary information filled and with evidence of having met the requirements of minimum standards and personnel for different categories of Clinical Establishment in a form and format that shall be prescribed by the National Council under section 24 and 25 of the Act

(3) If an establishment is offering services in more than one category as specified under Clinical Establishments ~~Act~~ (Central Government), 2010 the establishment will need to apply for a separate provisional or permanent registration for each category of establishment under section 14(1) and Section 30 of the Act. However if a laboratory or diagnostic centre is a part of an establishment providing outpatient/inpatient care, no separate registration will be required.

22. **Acknowledgement of applications :** The Registration Authority, or any person in his office authorized in this behalf shall acknowledge receipt of the application for registration in the acknowledgement slip provided as per SG 2 Annexure immediately, if delivered at the office of the authority or not later than the next working day if received by post and by online acknowledgement to be generated automatically by the system.

23. **Grant of Registration :** The authority shall not undertake any enquiry prior to the grant of provisional registration and shall within a period of ten days from the date or receipt of such application, grant to the applicant a certificate of provisional registration containing particulars and information as per SG 3 Annexes either by post or electronically under section 15 read with section 17 of the Act.

24. **Certificate of permanent registration:** (1) The District Registering Authority shall grant the applicant a certificate of permanent registration as per SG4 Annex either by post or electronically after satisfying itself that the applicant has complied with all the requirements and criteria, including provisions of minimum standards and personnel required to run the clinical establishment under section 28 and 30 of this Act.
- (2) In case of permanent registration, under section 29 of the Act, the authority shall pass an order within 31/2 months-
- (a) Allowing the application for permanent registration; or
(b) Disallowing the application; Provided that the authority shall record its justifications and reasons if it disallows and application, for permanent registration.
- (3) The Certificate shall be valid for a period of five years from the date of issue.
25. **Fees to be charged :-** (1) The various fees charged for provisional and permanent registration, late application, renewal, duplicate certificate, change of ownership, management or name of establishment is prescribed in SG5 Annex under Section 14(1) read with section 19, section (20)(2), section 22 section 24, section 35 of the Act.
- (2) Clinical establishments owned, controlled and managed by the Government (Central, State or local authority) or department of Government, shall be exempted from payment of fees for registration.
- (3) The fees prescribed for various categories of clinical establishments may be revised by the State Council through a notification issued by the State Government.
- (4) The fee shall be paid by a demand draft drawn/online transaction in favour of the Registration Authority concerned as specified under Section 14(1) and section 30 of the Act.
- (5) The fees collected by the Authority for registration of the clinical Establishments shall be deposited by the Authority concerned in a nationalized bank account (Eg. SBI) opened in the name of the official designation of the Registration Authority concerned and shall be utilized by the Authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the District Registration Authority.
- (6) The Accounts shall be maintained as per financial code rules and shall be audited by engaging a qualified Chartered Accountant. The annual Audit reports shall be submitted to the A.P. State Council.
- (7) In the event of any change of ownership or management the establishment shall intimate to the District Registration Authority in writing within one month of such change along with the fee prescribed in SG5 Annex for issue of a revised certificate of provisional or permanent registration, as the case may be incorporating the changes and on surrendering the old certificate under section 20(2) and section 30 of the Act.

- (8) In the event of certificate of registration (Provisional or Permanent) being lost or destroyed the owner shall apply to the District Registration Authority to issue a duplicate Certificate upon payment of the fee prescribed under Rule 2(b) SG5 Annex and the provisional certificate shall be marked "Duplicate" as per SG6 Annex under Section 19 and Section 30 of the Act.
26. **'Renewal of Registration'** :- (1) The Clinical establishment shall apply for renewal of provisional registration thirty days before the expiry of the validity of the certificate of provisional registration. In case the application for renewal is not submitted within the stipulated period, the authority shall allow for renewal of registration on payment of the renewal amount as prescribed in SG5 Annex and penalty of Rs.100 per day till the date of application for renewal under section 22 of the Act.
- (2) For renewal of permanent registration, the clinical establishment shall apply three (3) months before the expiry of the registration period of five (5) years. The renewal will be granted by the Authority within three (3) months of receipt of the applications failing which it will be deemed to have been renewed. If the Clinical Establishment does not apply within one month of expiry of registration period, the registration will be deemed to have been suspended.
- (3) Under Section 30(4) of the Act the clinical establishment shall apply for renewal of permanent registration six month before the expiry of the validity of the certificate of permanent registration. In case the application for renewal is not submitted within the stipulated period, the authority will allow for renewal of registration on payment of the renewal amount as prescribed in SG5 Annex and penalty of Rs.100 per day till the date of application for renewal is accepted.
27. **Registers to be maintained:-** (1) Every District Registration Authority shall within a period of two years from its establishment compile, publish and maintain in digital format a register of Clinical Establishments registered by it and it shall enter the particulars of the Certificate so issued in a register containing particulars as prescribed in CG3 Annex under Section 37(1)(2) and section 38(1)(2) of the Act.
- (2) Every District Registration Authority including any other authority set up for registration of clinical establishments under the law for the time being in force shall submit in digital formats to the State Council of Clinical Establishments a copy of every entry made in the District register of Clinical establishments of a particular month by the 15th day of the following month in keeping with sections 37 (2) of the Act.
28. **Display of Information** :- (1) The District Registering Authority shall, within a period of forty five days from the grant of provisional registration, mandatory cause to be published in the public domain through two local dailies and on the website, which the District Registering Authority will launch, the name of the Clinical establishment, Address ownership, Name of person in charge, system of

Medicine offered, Type and Nature of services offered and details of the Medical Staff (Doctors, Nurses, etc.) as under Section 16(2) of the Act.

- (2) The State Council could make changes in the nature of information to be provided in the Public Domain through a notification, except in the case of the mandatory information to be provided under Section 16 (2) of the Act.
 - (3) On having receipt from the Clinical establishment of having complied with the prescribed minimum standards, the District Registering Authority shall, within a period of 7 days, cause to be published in the public domain through two local dailies and on the website, which the District Registering Authority will launch the name of Clinical Establishment, Address, ownership, name of person in charge, System of Medicine offered, type and nature of services offered and details of the Medical staffs, Doctors and Nurses etc.) and the details and information related to having complied with the minimum standards and personnel prescribed for particular category of clinical establishment as under section 26 of the Act.
 - (4) The District Registration Authority shall cause to be displayed the above information in public domain for a period of 30 days for filing objection before granting permanent registration.
 - (5) If any person has any objection to the information published regarding the clinical establishment they shall give in writing the reasons and evidence of objection or non-compliance to the District Registration Authority.
 - (6) The District Registering Authority shall within a period of 15 days cause to be published in the public domain the name of the Clinical Establishment whose (Provision or permanent) registration has expired as under Section 21 and 30 of the Act.
29. **Information to be provided by the Clinical Establishments :** (1) The Clinical Establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national programme as prescribed in CG2 Annex as per Section 12(i)(iii) of the Act and furnish the same to the district authorities in such from (CG2) of three monthly reports.
- (2) Copies of all records and statistics shall be kept with the Clinical Establishment concerned for atleast 3 years or in accordance with any other relevant act in force at the time as under Section 12(i)(iii) of the Act. All Clinical establishments shall be responsible for submissions of information and statistics in the time of emergency or disaster or epidemic situation.
 - (3) The Government may notify from time to time the nature of information that needs to be furnished by clinical Establishments including other disease notified for this purpose along with prescribed interval.
 - (4) In addition to the specific provisions of the Clinical Establishments (Registration and Regulation) Act, 2010 all establishments shall comply and

maintain information and statistics in keeping with other applicable Acts and Rules which are in force in the country.

30. **Power to Enter** :- (1) Entry and search of the Clinical establishment can be done by the District Registering Authority or an officer or team duly authorized by it or subject to such general or special orders as may be made by the Authority. Such a decision will be required to be taken unanimously by all members of the District Registration Authority.
- (2) Such entry and search of the Clinical establishments can be conducted if any one is carrying on a clinical establishment without registration or does not adhere to the prescribed minimum standards or has reasonable cause to believe that CE is being used for purposes other than it is registered or contravenes any of the provisions of this Act and Rules shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of sections 34 of the Act.
- (3) The inspection teams shall intimate the establishment in writing about the date of visit. The team shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipment, furniture, and other accessories and enquire into the professional qualifications of the teaching staff employed and shall make any such other enquiries as they consider necessary to verify the statement made in the application for registration and grant of license. All persons connected with the running of the establishment shall be bound to supply full and correct information to the inspection team.
- (4) The Officer/or inspection team so constituted by the Registering Authority shall submit a report as per SG7 Annex within a week of the inspection to the district Registration Authority with a copy to the State Council.
31. **Penalties** :- (1) In keeping with the provision of Section 41 (1)(2)(3) and section 42(1)(2)(3) of the Act whoever carries on a Clinical establishment without registration or who ever willfully disobeys, any direction or obstructs any person or authority or with holds any such information or provides false information shall be liable for a monetary penalty.
- (2) Whoever carries on a clinical establishment without registration, shall on first contravention be liable to a monetary penalty upto fifty thousand rupees, for second contraventions to a penalty which may extend to two lakh rupees and for any subsequent contravention to a penalty which may extend to five lakh rupees.
- (3) Whoever knowingly serves in a clinical establishment which is not duly registered under this Act shall be liable to a monetary penalty which may extend to twenty five thousand rupees.
- (4) The penalty fees collected by the authorities shall be deposited by the Authority concerned in Nationalized bank account opened in the name of the (Official designation of) the A.P. State Council and shall be utilized by the council and the authority for the activities connected with the implementation of the provisions of the Act and as approved by the State Council.

32. Appeals:- (1) In keeping with section 36,41(4)(5)(6)(7) and section 42(4)(5)(6)(7), any person or clinical establishment, if aggrieved by the decision of the Authority under section 29 and 34 of the Act, may file an appeal to the State Council within thirty (30) days from the date of receipt of such order along with prescribed fees as indicated in SGS Annex.
- (2) After receipt of the appeal, the State Council shall fix the time and date for hearing and inform the same to the applicant and others concerned by a registered letter giving atleast 15 days time for hearing of the case.
- (3) The applicant may represent by himself or authorized person or a legal practitioner and submit the relevant documentary material if any in support of the appeal.
- (4) The State Council shall hear all the concerned, receive the relevant oral/documentary evidence submitted by them, consider the appeal and communicate its decision preferably within 90 days from the date of filing the appeal.
- (5) If the State Council considers that an interim order is necessary in the matter it may pass such order, pending final disposal of the appeal. The decision of the State Council shall be final and binding.
- (6) If no appeal is filed against decision of the Registering Authority in the prescribed period (i.e.) within 30 days from the date of receipt of the order, the orders of the Authority shall be final.
- (7) The appeal fees collected by the authorities shall be deposited by the Authority concerned in a Nationalized bank (SBI) account opened in the name of the the Arunachal Pradesh State Council and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act, as approved by the Council.
33. Any other matter which is required to be or may be prescribed by the State Government.

Sd/- Kaling Tayeng, I.A.S.
Secretary(Health & F.W.)
Govt. of A.P., Itanagar.

Application Form for Provisional Registration of Clinical Establishments

1. Name of the Establishment / Doctor (in case of single practitioner)

2. Address:
Village/Town: Taluka:
District: State: Pin code:
Tel No (with STD code): Mobile:
Website (if any):

3. Name of the owner:
Address:
Village/Town: Taluka:
District: State: Pin code:
Tel No (with STD code): Mobile:
Email ID:

3a) Name of the Person in charge:
Academic Qualification(s):
Registration Number:
Name of Central/State Council with whom registered:

4. Ownership
a) Public Sector: Central government, State government, Local government, Public Sector undertaking, Any other (please specify):
b) Private Sector: Individual Proprietorship, Registered Partnership, Registered Company, Co-operative Society, Trust / Charitable, Any other (please specify):

5. Systems of Medicine offered: (please tick whichever is applicable)
Allopathy, Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy, Sowa-Rigpa, Any other (please specify):

6. Services Provided: (please tick whichever is applicable)
Inpatient, Outpatient, Laboratory / Imaging, Any other (please specify):

a) Category of Clinical services: General, Single Specialty, Multi Specialty, Super Specialty, Any other (please specify):

7. Type of Establishment: (please tick whichever is applicable)
a) Inpatient: Hospital, Nursing Home, Maternity Home, Primary Health Centre, Community Health Centre, Sanatorium, Day Care centre, Any other (please specify):
Number of Beds:

b) Outpatient: Single practitioner, Polyclinic, Sub-Centre, Physiotherapy Clinic, Occupational Therapy, Infertility clinic, Dental clinic, Dispensary, Diagnostics Centre, Any other (please specify):

c) Laboratory: Pathology, Haematology, Biochemistry, Microbiology, Genetics, Collection Centre, Any other (please specify):

d) Imaging Centre: please specify:
Special diagnostics: Please specify:

I hereby declare that the statements above are correct and true to the best of my knowledge and I shall abide by all the rules and declarations under the Clinical Establishment (Registration and Regulation) Act 2010. I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above.

Date: Signature of the Authorized Signatory

SG1 Form

Application Form for Provisional Registration of Clinical Establishments

1. Name of the establishment: _____

2. Address: _____
Village/Town: _____ Taluka: _____
District: _____ State: _____ Pin code: _____
Tel No (with STD code): _____ Mobile: _____ Fax: _____
Email ID: _____ Website (if any): _____

3. Year of starting: _____

4. Location: Rural Urban Metropolitan

5. Ownership

Public Sector
 Central government State government Local government- please specify: _____
 Public Sector Undertaking Railways Employee State Insurance Corporation (ESIC)
 Autonomous organization Any other (please specify): _____

Private Sector
 Individual Proprietorship Registered Partnership Registered Company Co-operative
Society
 Trust/Charitable registered under a Central, Provincial or State Act (please specify): _____
 Any other (please specify): _____

6. Name of the owner of Clinical Establishment: _____

Educational Qualification: _____
Address: _____
Village/Town: _____ Taluka: _____
District: _____ State: _____ Pin code: _____
Tel No (with STD code): _____ Mobile: _____ Fax: _____
Email ID: _____

7. Name of person in-charge of the Clinical Establishment: _____

Designation: _____ Educational Qualification: _____
Address: _____
Village/Town: _____ Taluka: _____
District: _____ State: _____ Pin code: _____
Tel No (with STD code): _____ Mobile: _____ Fax: _____
Email ID: _____

8. Systems of Medicine offered: (please tick whichever is applicable)
 Allopathy Ayurveda Unani Siddha Homeopathy Yoga & Naturopathy

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

Providing Out Patient Care
 Single practitioner Polyclinic Sub-Centre Physiotherapy Clinic
 Occupational Therapy Infertility Dental clinic
 Dispensary Dialysis Centre
 Integrated Counseling and Testing Centre (ICTC) Wellness/fitness centre
 Any other (please specify): _____

Providing In Patient Care

- Hospital Nursing Home Maternity Home Primary Health Centre
 Community Health Centre Sanatorium
 Any other (please specify): _____

Providing Testing & Diagnostic Services:

Laboratory
 Pathology Haematology Biochemistry Microbiology Genetics Collection Centre Any other (please specify): _____

Diagnostic and Imaging Centre
 X Ray centre Mammography Bone Densitometry Sonography
 Color Doppler CT Scan Magnetic Resonance Imaging (MRI)
 Positron Emission Tomography (PET) Scan
 Electro Myo Graphy (EMG)
 Any other (please specify): _____

Any other (please specify): _____

10. Nature of Services (please tick whichever is applicable)

For all Systems of Medicine

- General Single Specialty Multi Specialty Super Specialty Mobile
 Any other please specify: _____

a) Allopathy

- General Practice Out-patient In-patient Day care centre
 Emergency / Casualty ICU ICCU
 Special Care Services for challenged persons Blood Bank
 Organ / Tissue Bank
 Any other please specify: _____

b) Ayurveda

- Ausadh Chikitsa Shalya Chikitsa Shodhan Chikitsa Rasayana Pathya Vyavastha
 Any other please specify: _____

c) Unani

- Matab Jarahat Ilaj-bit-Tadbeer Hifzan-e-Sehat
 Any other please specify: _____

d) Siddha

- Maruthuvam Sirappu Maruthuvam Varnam Thoknam & Yoga
 Any other please specify: _____

e) Homeopathy

- General Homeopathy
 Any other please specify: _____

f) Naturopathy

- External Therapies with natural modalities Internal Therapies
 Any other please specify: _____

g) Yoga please specify: _____

INFRASTRUCTURE DETAILS

12. Area of the establishment (in sq. meters):
a) Total Area: _____ b) Constructed area: _____

13. Out Patient Department:
13.1 Total no. of OPD Clinics: _____
13.2 Specialty-wise distribution of OPD Clinic

S.No.	Specialty	No. of Rooms

14. In Patient Department:
14.1. Total number of beds: _____
14.2. Specialty-wise distribution of beds, please specify:

S.No.	Specialty	No. of Beds

15. Whether Clinical Waste Disposal License obtained from Panchayat/Municipality/Municipal Corporation etc?
 Yes No Applied For

16. Whether clearance from Pollution Control Board/Authority obtained?
 Yes No Applied For

HUMAN RESOURCES

17. 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 Number (where applicable)	Nature of service Temporary/ Permanent
Doctors				
Nursing staff				
Para-medical staff				
Pharmacists				
Support staff				
Others, please specify				

Separate annexure may be attached.

18. Payment options for Registration Fees:

Online payment Demand Draft Postal Order
 Any other (please specify): _____

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 my knowledge and I shall abide by all the rules and declarations under the Clinical Establishment (Registration and Regulation) Act 2010.

I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above.

Place:
Date:

Signature of the Authorized Signatory
Office Seal



SG 2 Annexure(R-22)

**ACKNOWLEDGEMENT
REGISTRATION OF CLINICAL ESTABLISHMENT**

The application in Form _____ for Grant / Renewal of Provisional /
Permanent registration of the Clinical Establishment submitted by
_____ (Name and address of Owner)
has been received by the District Registration Authority on
_____ (date) and found to be

Complete

Or

Incomplete

This acknowledgement does not confer any rights on the applicant for
grant or renewal of registration.

Signature and Designation of Registration Authority or authorized
person in the Office of the Appropriate Authority.

Designation of the Issuing Authority

Place & Date:
SEAL



SG 3 Annex (Sec.15)

**PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Provisional Registration No.
Date of issue:
Valid upto:

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine: _____
6. Type of Establishment: _____

Is hereby provisionally registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.
This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

Designation of the issuing Authority
Place & Date:

District Registration Authority
Address:

Phone number in case of Grievances.



GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority
District

SG 2 Annex(R-22)

ACKNOWLEDGEMENT
REGISTRATION OF CLINICAL ESTABLISHMENT

The application in Form _____ for Grant / Renewal of Provisional /
Permanent registration of the Clinical Establishment submitted by
_____ (Name and address of Owner)
has been received by the District Registration Authority on
_____ (date) and found to be

Complete

Or

Incomplete

This acknowledgement does not confer any rights on the applicant
for grant or renewal of registration

Signature and Designation of Registration Authority or authorized
person in the Office of the Appropriate Authority.

Designation of the Issuing Authority

Place & Date:
SEAL



GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority
District

SG 3 Annex (Sec.15)

PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional Registration No.
Date of issue:
Valid upto:

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine: _____
6. Type of Establishment: _____

Designation of the issuing Authority
Place & Date:
Seal:

Terms & Conditions of Registration*

1. The holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration & Regulation)2010 and the Rules made there under.
2. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in a part of the premises open to the public.
3. Any change of ownership or change of category or change of management or on ceasing to function as a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

*Additional terms & conditions are as stipulated by the appropriate registering authority.
<http://clinicalestablishmentstraining.nic.in/AuthenticatedPage/DRAP/Provisional.aspx?StatusId=QqF1392%2Bps%3d&DistrictId=Mlzt4KmTbnM%3d>;Date: 19/07/2013



SG 4 Annexure

**PERMANENT CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Permanent registration No: _____
Date of issue: _____
Valid upto: _____

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine: _____
6. Type of Establishment: _____

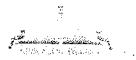
is hereby permanently registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

Designation of the issuing Authority
Place & Date:

District Registration Authority
Address:

Phone number in case of Grievances.



GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority
District

SG 4 Annex (Sec.28)

PERMANENT CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No: _____
Date of issue: _____
Valid upto: _____

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine: _____
6. Type of Establishment: _____

Designation of the issuing Authority
Place & Date:
Seal

Terms & Conditions of Registration*

1. The holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration & Regulation)2010 and the Rules made there under.
2. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in a part of the premises open to the public.
3. Any change of ownership or change of category or change of management or on ceasing to function as a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

*Additional terms & conditions are as stipulated by the appropriate registering authority.
<http://clinicalestablishmentstraining.nic.in/AuthenticationPage/DRA/Provisional.aspx?StatusId=QqF1392%28ps%3d&DistId=Mzt4KmTbnM%3d>, Date: 19/07/2013

SG 5 Annex
Fees to be charged (Pre-Registration)

Description	Urban		Rural		Metro	
	Provisional	Permanent	Provisional	Permanent	Provisional	Permanent
Out Patient Care	100	500	50	250	200	1000
In Patient Care	100	500	50	250	200	1000
1 to 50 beds	200	1000	100	500	400	2000
50 to 100 beds	300	1500	150	650	600	3000
Above 100 beds						
Testing & Diagnostic Laboratories	200	1000	100	500	400	2000
Diagnostic & Imaging Centre	300	1500	150	650	600	3000
Other Fees						
<ul style="list-style-type: none"> • For Renewal half the amount of registration fee (Provisional / Permanent) • For late Application the amount would be double of the registration fee (Provisional / Permanent) • For Duplicate Certificate the amount would be Rs. 200 • For change of ownership, management or name of establishment would be Rs 100 • For any appeal the amount would be Rs. 100 						
If a laboratory or diagnostic centre is a part of a establishment providing out patient / Inpatient care no separate registration is required.						

NOTIFICATION

In exercise of the power conferred under Sub-section (2) (a) (i) (ii) (P) of Section 54 of the Clinical Establishments Act, 2010 (w B-46) and B-25(3) of Arunachal Pradesh Clinical Establishments Rules, 2011, the Governor of Arunachal Pradesh is pleased to approve the revised rates of the registration fees of all categories of Clinical Establishments on the basis of the recommendation of Arunachal Pradesh State Council for CEA as below:-

Revised Rates.

SG-5 Annex (B-25) (1)
Fees to be charged.

Description	Urban		Rural		Metro	
	Provisional	Permanent	Provisional	Permanent	Provisional	Permanent
Out Patient Care	1000	5000	500	2000	2000	10,000
In Patient Care 1 to 30 beds 30 to 100 beds Above 100 beds	1000	5000	500	2000	2000	10,000
	2000	8000	1000	4000	4000	15,000
	3000	10,000	1500	6000	6000	18,000
Testing & Diagnostic Laboratories	2000	8000	1000	4000	4000	15,000
Diagnostic & Imaging Centre	3000	10,000	1200	5000	7000	18,000
Other Fees	<ul style="list-style-type: none"> For Renewal half the amount of registration fee (Provisional / Permanent) For late Application the amount would be double of the registration fee (Provisional / Permanent) For Duplicate Certificate the amount would be Rs. 2000/- (Two thousand) only. For change of ownership, management or name of establishment would be Rs 1000/- (One thousand) only. For any appeal the amount would be Rs. 1000/- (one thousand) only. <p>If a laboratory or diagnostic centre is a part of an establishment providing outpatient / inpatient care no separate registration is required.</p>					

Sd/-

Indira Malto Jain,IAS
Secy. Health & Family Welfare
Govt. of Arunachal Pradesh
Itanagar

Dated Itanagar the 12th August 2013

Memo No. MPH/CEA/APSC/2012/18

Copy to:-

1. Commissioner to His Excellency, Governor of A.P., Itanagar for information please.
2. Commissioner to Hon'ble Chief Minister, A.P., Itanagar for information please.
3. PA to Hon'ble Minister of Health & FW, Govt. of A.P., Itanagar for information please.
4. PA to Hon'ble Parliamentary Secy. Health & FW, Govt. of A.P., Itanagar for information please.
5. Secy. Health & FW Govt. of A.P., Itanagar for information please
6. All DMOs.
7. Director of Printing, Papu Nallah, Govt. of A.P. for publication please.
8. Chief Medical Superintendent, State Hospital, Naharlagun, for information please.
9. Office copy.

(Taki Niyoy) APCS
Deputy Secy. Health & FW
Govt. of A.P., Naharlagun



SG6 Annexe

DUPLICATE

**CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Provisional/ Permanent Registration No: _____

Date of issue: _____

Valid up to: _____

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine : _____
6. Type of Establishment _____

is hereby provisionally / permanently registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Acts 2010 and the Rules made there under.

Designation of the Issuing Authority _____

Place & Date: _____

District Registration Authority
Address:

Phone number in case of Grievances

SG 7 Annexe
Suggested Format for Submission of Inspection Report

Number of visits made with dates

Names and details of members of the inspection team

Name of clinical establishment visited

Address and contact details of clinical establishment visited

Process followed for inspection (e.g. kindly outline who was met with, what records were examined, etc)

Salient Observations / Findings

Conclusions

Specific Recommendations:

- (1) To the Clinical Establishment
- (2) To the District Registering Authority.

* In case of lack of consensus amongst members of the inspection team, the same may be kindly indicated.

Date

Signature (of all members of the inspection team)
Place



GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority
District

SG 6 Annexe(Sec.19)

DUPLICATE CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional/ Permanent Registration No: _____
Date of issue: _____
Valid up to: _____

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine: _____
6. Type of Establishment: _____

Designation of the Issuing Authority

Place & Date:

Seal.

Terms & Conditions of Registration*

7. The holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration & Regulation)2010 and the Rules made there under.
8. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in a part of the premises open to the public.
9. Any change of ownership or change of category or change of management or on ceasing to function as a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

*Additional terms & conditions are as stipulated by the appropriate registering authority.
<http://clinicalestablishmenttraining.nic.in/AuthenticatedPage/DRA/Provisional.aspx?StatusId=Qq1392%20%3d&DistrictId=Mtz4KmTbnM%3d.Date:19/07/2013>

SG 7 Annex (Sec.33(1))
Suggested Format for Submission of Inspection Report

Number of visits made with dates

Names and details of members of the inspection team

Name of clinical establishment visited

Address and contact details of clinical establishment visited

Process followed for inspection (e.g. kindly outline who was met with, what records were examined, etc)

Salient Observations / Findings

Conclusions

Specific Recommendations:

- (1) To the Clinical Establishment
- (2) To the District Registering Authority

* In case of lack of consensus amongst members of the inspection team, the same may be kindly indicated.

Date

Signature (of all members of the inspection tea

Place

Article 5(3)
(Sec. 26)

Display of registration status for filing objections

Being the authority under the Clinical Establishments Act, 2010 after considering the applications received during the period, from to under Sec 24 satisfying the provisions of the clinical establishments act, 2010 and the clinical establishments rules, 2011 made thereunder, hereby publish the list of Clinical Establishments, within the jurisdiction of district

Serial no.	Name of Clinical Establishment with address	Ownership in charge	System of medicine	Date on which application was submitted	Category & standards complied with

Objections if any, in writing to the published list may be addressed in duplicate to (address of the authority) within 30 days, from the date of this notification, as required under S 26 of the act.

Place,
Date,
(Seal of the authority)

Signature:
Name:

Annex A

(see S.36 (2))

Application for Appeal

To
The State Council,
Government of

Sir,
I, Dr., of had applied for registration / is a valid license holder with registration number under clinical establishments act, 2010 for my located at
I was communicated by the district authority as per letter no. dated that either,

- i) That my application was rejected
- ii) That my registration is cancelled
- iii) That I am restrained from carrying on with the running of clinical establishment
- iv) That I am charged with a penalty for an offence under the act
- v) Any other

The above decision of the district authority appears to be not valid. I request you to consider my application as per the justifications mentioned below:

- i)
- ii)
- iii)

I am willing to appear before you for a personal hearing, if necessary. I am enclosing herewith a draft of Rs. 1000/-

Thanking you,

Place:
Date:

Signature:
Name:

CG1 Annexe
Classification of Clinical Establishments

Classification of Clinical Establishments would be as follows:

- 1) Rural / Urban
- 2) Government or Private
- 3) System of Medicine
- 4) Type of Establishment

Systems of Medicine

- Allopathy
- Ayurveda
- Unani
- Siddha
- Homeopathy
- Yoga & Naturopathy

Type of Establishment

Providing Out Patient Care

- Single practitioner
- Polyclinic
- Sub-Centre
- Physiotherapy Clinic
- Occupational Therapy
- Infertility
- Day Care Centre
- Dental clinic
- Dispensary
- Dialysis Centre
- Integrated Counseling and Testing Centre (ICTC)
- Wellness/fitness centre
- Any other

Providing In Patient Care

- Hospital
- Nursing Home
- Maternity Home
- Primary Health Centre
- Community Health Centre
- Sanatorium
- Any other

Providing Testing & Diagnostic Services:

Laboratory

- Pathology
- Haematology
- Biochemistry
- Microbiology
- Genetics
- Collection Centre
- Any other

Diagnostic and Imaging Centre

- X Ray centre
- Mammography centre
- Bone Densitometry centre
- Sonography centre
- Color Doppler centre
- CT Scan centre
- Magnetic Resonance Imaging (MRI) centre
- Positron Emission Tomography (PET) Scan centre
- Electro Myo Graphy (EMG) centre
- Any other

CG2 Annexe
RECORDS TO BE MAINTAINED BY CLINICAL ESTABLISHMENTS

The various medical records to be maintained by clinical establishment

- Out patient Register
- Inpatient Register
- Operation Theater register
- Labor room register
- MTP register (if registered under the MTP Act)
- Case sheets
- Medico legal register
- Laboratory Register
- Radiology and imaging register
- Discharge summary
- Medical certificate in duplicate
- Complaint register
- Birth register (Notified to such medical officer as authorized)
- Death register by Government in such format as prescribed
 - By Government/ State level authority
- Information in terms of government programmes / areas of work (eg maternal health, child health, immunization, family planning, Vector borne disease, NLEP, RNTCP, IDSP, NRHM initiatives – ASHA, JSY)
- Number of beds system-wise and specialty-wise in Clinical Establishments providing in patient care (e.g General Med/Surg Beds, Special Care Beds)
- Total Discharges:

CG3 Annexe
State / District Register for Clinical Establishment

Details of Information Required

(A) At State / District level:

Total number of establishments by

- a. Category
 - System of medicine practiced
 - Type of service provided
 - Rural / urban / metro
 - No of beds

Number of Clinical Establishments increased or decreased

Number of inspections carried out.

Number of Pending applications with reasons

Action Taken against non-registered Establishments operating in violation of the Act

Complaints received by the State Council under the Act and Action taken pursuant thereto

(B) Detailed information

Details of each Clinical Establishment by

Name
Location containing details
Rural / Urban / Metropolitan
Village / Town
Taluka
District
State
Pincode
Phone Number
Email ID:
Ownership Details
Name of Owner
Educational Qualification
Person in Charge of Clinical Establishment
Educational Qualification

Urban / Rural Designation:

Longitude / Latitude:
Systems of Medicine offered

Type of Establishments by category specified under Section ____ of the ____ rules

Nature of Services provided by category specified under Section ____ of the ____ rules

Number of beds system-wise and specialty-wise in Clinical Establishments providing in patient care

Total Employees:

Total Discharges:

Average length of stay (OP / IP)

Utilization Statistics

Details of Staff with Name, Qualification, Registration number, Number temporary or permanent

CG 4 Annexe
Minimum list of services for which rates are to be displayed

Name of the service	Type of Service	Charges (in Rs.)
Room Charges: (includes Room/ Bed charges, Nursing charges, Medical utilities charges)	General Services	
	Private rooms:	
	Semi Deluxe - Shared	
	Deluxe with AC	
Intensive care units: (Charges include the ICU Bed Charges, Medical Utilities, Monitoring and Nursing charges)	MICU & ICU	
	NEURO	
	POW	
	Neonatal ICU	
	Pediatrics ICU	
OT Charges		
General Anesthesia ½ Hour	General ward	
	Twin/ Triple sharing	
General Anesthesia 1 Hour	General Ward	
	Twin/ Triple sharing	
Local Anesthesia	½ Hour	
	1 Hour	
Surgical procedures Charges (Package) (includes Surgeon charges+ Anesthetist charges+ Nursing Home Charges and Inpatient Medicine Charges)	General Surgical Procedures	
	Ob & Gy procedures	
	Orthopedic procedures	Surgical
	Cardiac procedures	Surgical
Doctor Consultation charges: OP	Specialist	
	Super Specialist	
IP	Per Visits	
Emergency Visits	Per Visits	
Emergency care team charges	3 shift per day	
Diagnostic Charges		
Common diagnostic Tests X- ray per film		
Ultra Sound, General and Obstetric care	Abdomen	
	Female Pelvic	
	KUB	
CT Scan: Multi slice/Spiral/CT scan	Brain Plain	
	Chest/ Abdomen/ Neck/ Spine	
MRI 0.5/1/1.5 (Magnetic Resonance Imaging)	Brain	
	Chest	
	Contast	
ECG/TMT/ECHO/EMG/EEG		
Upper GI Endoscopy/ Lower GI Endoscopy		
Lab Investigation:		
Random Blood sugar		

Government of Arunachal Pradesh
 Directorate of Health Services
Notifikasi

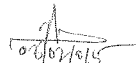
No. APSC/CL/2015 Dated: Notifikasi the 29.05.2015

Subject: Status of District of Arunachal Pradesh

In pursuance of the Section 10(c) of the clinical establishment act 2010, the District Registering Authority (DRA) of the fitness districts of Arunachal Pradesh have been constituted and headed by the Deputy Commissioner and District Medical Officer of the respective districts. The following officers and officials are the members of the District Registering Authority of the following fitness (19) districts:

Sl. No.	Name of the District	Designation of the District Registering Authority Members.					
		Chairman	Convener	Member (Nominated)	Member (Nominated)	Member (Nominated)	Date of Notification
1	Lower Dibang Valley	DC	DMO	SP	Chairperson ZPM	Chairman MVAJO(NGO)	05-11-12
2	West Siang	DC	DMO	SP	Chairperson ZPM	President/Secy. Dist.Pharmacist Association W/Siang	12-10-12
3	East Siang	DC	DMO	SP	Chairperson Pasgira Municipality ZPM	President, Ase Bane Kebang Women Wing	25-07-13
4	Upper Siang	DC	DMO	SP	Chairperson ZPM	Sri Yabuhng Tekang, NGO	12-03-13
5	East Kameng	DC	DMO	SP	Chairperson ZPM	Chairman ERSWCO	18-07-13
6	West Kameng	DC	DMO	SP	Chairperson ZPM	Chairman WWA	23-07-13
7	Lohit	DC	DMO	SP	ZPM (Assistant)	Sri S. Khelia (NGO) Arunachal Patridyapit, Tezu	24-01-13
8	Upper Subansiri	DC	DMO	SP	Sri T. Lestal, ZPM	Sri Mamer Mara, Charitable(NGO)	01-10-12
9	Lower Subansiri	DC	DMO	Dy.SP	Chairman ZPM	President Chamber of Commerce	05-03-13
10	Karimg Rumey Papanome	DC	DMO	SP	Chairman ZPM	NGO/Bazar Committee	02-09-13
11		DDHS(PH) cum Nodal Officer, C/A, Directorate of Health Services, Bahadragun					31-05-12
12	Changlang	DC	DMO	SP	Chairperson ZPM	The President, Tongshang (Nhung) Union(NGO)	24-6-14
13	Longleng	DC	DMO	SP	Chairperson ZPM	Chairman WWA(NGO)	28-7-14
14	Tripura	DC	DMO	SP	Chairperson ZPM	Chairman indigenous people Society	31-7-14
15	Dibang Valley	DC	DMO	SP	Chairperson ZPM	Chairman Yakuso Nimi (Aru Nimi) Tribal Welfare Society	4-8-14
16	Anjaw	DC	DMO	SP	Chairperson ZPM	MGIC PHC Wafong (Karuna Trust)	4-8-14
17	Tawang	DC	DMO	SP	Chairperson ZPM	Eps Greenheads	15-12-14

The District Registering Authority of Papanome District is vested with the Nodal Officer, C/A/DDHS (PH) Vice Government Notification No.MPH/C/Est/2015, dated 31st May 2015.


 (D. T. Lestal) DDHS (PH)
 Cum State Nodal Officer for APSC, C/A

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
WEST SIANG DISTRICT, AYU

No. WS/PH/CHA/2012/GC-6

Dated Ayu the 22nd Nov 2012

NOTIFICATION

It is to inform that Programme Officer, M.O. IC, CHC PH/SC, for registration of clinical establishments at the District Registering Authority. Consisting following members constituted on 19.11.2012 for a minutes of meeting of CHA 2010 & 2011 with DMO in conference hall of DHS office on 19.11.2012.

- | | |
|---|-------------|
| 1. Deputy Commissioner
West Siang District | Chairperson |
| 2. District Medical Officer
West Siang District | Convener |
| 3. N.P.H.S.P. | Member |
| 4. Chairperson ZPM | Member |
| 5. President Secretary
District Pharmacists Association
West Siang District | Member |

2012/11/22
2012/11/22

As such the District Registering Authority Notification issued bearing No. WS/PH/CHA/2012, Dated 1st Nov 2012 is hereby withdrawn.

Sd/-
Ajanta Ete, IAS
Deputy Commissioner
West Siang District, Ayu
Dated Ayu the 22nd Nov 2012

No. WS/PH/CHA/2012/GC-6

Copy to:-

- The Commissioner & Secy, Health & FW, Govt of Arunachal Pradesh, Dispur for Publication of notification please.
- The DDHS (PH) (Armed) Officer CHA, Government of Arunachal Pradesh, Mahabagam for information.
- The Deputy Commissioner West Siang District for information please.
- The District Family Welfare Officer, Ayu.
- The Medical Stores Superintendent, DHS Hospital, Ayu.
- The DTG (DD) (D) O.D.S. O (Surveillance) Officer, West Siang District.
- The MO IC, CHC/PH/SC
- The DIPRO, West Siang District.
- Office copy.

C.D. B. Kamli
District Medical Officer
West Siang District, Ayu

Sd/-
Ajanta Ete, IAS
Deputy Commissioner
West Siang District, Ayu
Dated Ayu the 22nd Nov 2012

2012/11/22
2012/11/22
2012/11/22

GOVERNMENT OF ARUNACHAL PRADESH
 DISTRICT OFFICE, DISTRICT MEDICAL OFFICER
 UPPER SIANG DISTRICT, YINGKLONG.

Contact Phone No: 77-222379 (C1)
 E-Mail: dmoo@arunachal.nic.in, India

MEMO D.O. No. 1141 DMO/MS/141/2014 Dated Yingklong 11th June, 2014

METHOD

As per notification of the State Government of Arunachal Pradesh, a District Registering Authority have been constituted to control and monitor Clinical Establishments in Upper Siang District.

The Composition of District Registering Authority are as follows:-

1. Shri Liyam Borang, Deputy Commissioner, Chairman.
2. Dr. Kaling Dai, District Medical Officer, Convener.
3. Shri Ajai Modi, Champion Zila Parishad, Member.
4. Shri Raju Habong, Superintendent of Police, Member.
5. Shri Yaling Telang, DDO, Member.

Sd/-
 Shri Liyam Borang,
 Deputy Commissioner Cum Chairman DRA
 Upper Siang District
 Yingklong.

MEMO D.O. No. 1141 DMO/MS/141/2014 Dated Yingklong 11th June, 2014
 Copy to:

1. The Secretary Health & PW Deptt. of Arunachal Pradesh, Itanagar for information please.
2. The Director of Health Services, Govt. of Arunachal Pradesh, Itanagar for information please.
3. The State Nodal Officer Clinical Establishments Division of Health Services, Itanagar for information please.
4. The Deputy Commissioner, Upper Siang District, Yingklong for information please.
5. All concerned Members for information please.
6. The Medical Superintendent District Hospital, Yingklong for information.
7. The MO of CHC KANGA, YINGKLONG, PIRIKHEMBA for information.
8. Office Copy.


 (Dr. Kaling Dai)
 District Medical Officer
 Upper Siang District
 Yingklong.

Yingklong

Copy to: 1. Secy Health & PW Deptt. of Arunachal Pradesh, Itanagar for information please.

Copy to: 2. Director of Health Services, Govt. of Arunachal Pradesh, Itanagar for information please.

DHS
 11/6/14
 (Signature)
 CB

at on 11/6/14

GOVERNMENT OF ANDHRA PRADESH
OFFICE OF THE DISTRICT REGISTRAR, OFFICER
East Kamareddy District, S.P.A

Memo No. M/T/11, 2011-12

Dated Seppa: 13th July 2011

MEMORANDUM

As per Memorandum of Understanding, the members have been constituted as the District Registering Authority (DRA) under Clinical Establishments (Registration & Regulation) Act, 2010 for the implementation of the provisions of the said Act in the district level.

- | | |
|--|--------------------------------------|
| 1. Deputy Commissioner, East Kamareddy District, Seppa | Chairman |
| 2. District Medical Officer, do | Dist. Registering Authority Convener |
| 3. Supt. of Police, do | Member |
| 4. Zilla chair person, do | Member |
| 5. Chairman, BRSWCO, do | Member |

Sd/-
Taru Dakke
D.C. cum Chairman
Dist. Clinical Est. & Registration
East Kamareddy Dist. Seppa.

Memo No. M/T/11, 2011-12
Copy to:

Dated Seppa: 17th July 2011

- The Commissioner (Health & FW) cum Chairman AP Council, C.A. Govt. of (A.P) Bangalore for information please.
- The DHB cum member secretary, C.A. Govt. of (A.P) Bangalore for information please.
- The DHO (Public Health) cum joint convener C.A. Govt. of (A.P) Bangalore for information please.
- The D.C cum chairman, C.A. East Kamareddy Dist. Seppa for information please.
- The D.O cum (DRA) & convener, East Kamareddy Dist. Seppa for information please.
- The S.P member, C.A. East Kamareddy Dist. Seppa for information please.
- The Zilla chair person, member C.A. East Kamareddy Dist. Seppa for information please.
- The Chairman BRSWCO, member East Kamareddy Dist. Seppa for information please.
- The Medical Supt. Dist. Hospital, Seppa for information please.
- Office copy.

(Dr. N. Geeta)
District Medical Officer,
East Kamareddy District, Seppa

KABUPATEN ARUNACHAL PRADESH
OFFICE OF THE DISTRICT CLINICAL OFFICER, UPPER SUBANSARI DISTRICT,
DAPURJO.

Dapuri, Arunachal Pradesh

No. D.D.C. 14806/01/2013/14

Dated Dapurjo the 17th Oct. 2013

D.I.S. No. 14806/01/2013/14

10/10/13

The Board consisting with the following officer/official so called District Registration Authority (D.R.A.) is hereby constituted for Registration of Clinical Establishment for Upper Subansari District, Arunachal Pradesh.

1. Sri Lanta, IAS (IAS-D.C.) District Collector, Chairman
2. Dr. Taba Gongol (D.M.O.) Convener
3. Sri T. Tammang (P.) Member
4. Sri T. Tammang (P.R.L.) Member
5. Sri Manoj Kumar (M.A. Chaitanya) (P.G.O.) Member

Yours,

(Tabang Tammang IAS
Deputy Commissioner
Upper Subansari District
Dapurjo.)

No. D.D.C. 14806/01/2013/14

Dated Dapurjo the 8th Aug. 2013

Copy to:

1. The P.S. Secretary (Health & FW) for information.
2. The D.I.S. (M.O.) for information/publication please.
3. All concerned agencies for information please.
4. Office Copy.

(Dr. Taba Gongol
District Medical Officer
Upper Subansari District
Dapurjo.)

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ
ಬೆಂಗಳೂರು

ಸಂಖ್ಯೆ: ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್/151/2011
ಬೆಂಗಳೂರು, 21^{ನೇ} ಜನವರಿ 2011

ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್

ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ, 2011/2012
ಬೆಂಗಳೂರು

1. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್ - ಅಧ್ಯಕ್ಷರು
2. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್ - ಸದಸ್ಯರು
3. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್ - ಸದಸ್ಯರು
4. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್ - ಸದಸ್ಯರು
5. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್ - ಸದಸ್ಯರು

ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್
ಅಧ್ಯಕ್ಷರು

ಸಂಖ್ಯೆ: ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್/151/2011
ಬೆಂಗಳೂರು, 21^{ನೇ} ಜನವರಿ 2011

1. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಅಧ್ಯಕ್ಷರು
2. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಸದಸ್ಯರು
3. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಸದಸ್ಯರು
4. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಸದಸ್ಯರು
5. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಸದಸ್ಯರು
6. ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್, ಸದಸ್ಯರು
7. ಸ್ವತಂತ್ರ ಪ್ರತಿ
8. ಕಛೇರಿ ಪ್ರತಿ

ಶ್ರೀಮತಿ. ಸಿ.ಆರ್.ಎಂ.ಡಿ.ಎಂ.ಎಸ್
ಅಧ್ಯಕ್ಷರು
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ
ಬೆಂಗಳೂರು

jhhs

GOVERNMENT OF WEST BENGAL
OFFICE OF THE DISTRICT REGISTRAR, KOLKATA
KOLKATA

Memorandum No. 113/2013 Dated Koloriang the 2nd Sept 2013.

Subject: REGISTRATION

In pursuance to the District Registrar's Office, West Bengal, letter No. 113/2013, Dated Koloriang the 2nd Sept 2013, accordingly, the Public Registration Authority Board has been constituted as follows by Deputy Commissioner cum Chairman District Registration Authority, Koloriang:

- | | | |
|-----------------------------|---|----------|
| 1. Deputy Commissioner | - | Chairman |
| 2. District Medical Officer | - | Convener |
| 3. SP/DSO | - | Member |
| 4. ZPM | - | Member |
| 5. NGO/Health Committee | - | Member |

This is for kind co-operation in the safety and health of the public in a whole.

Sd/-
Deputy Commissioner,
Koloriang District,
Koloriang

Memorandum No. 113/2013 Dated Koloriang the 2nd Sept 2013.
Copy to:

1. The DPHS (PH) - District Health Officer, CHS, Director of Health Services, Bahadurgang for information and necessary action please.
2. The SP/DSO, Member, Koloriang District for information please.
3. The ZPM Upper Kalyani, Koloriang for information please.
4. The NGO/Health Committee, Koloriang for information please.
5. Register Board.
6. Office copy.

(Dr. Higo Taniq)
Convener, District Registration Authority,
Koloriang District,
Koloriang.

APSC/2013/26
 07/11

GOVERNMENT OF MADHARAJ PRADESH
 OFFICE OF THE DISTRICT MEDICAL OFFICER
 WEST KANNAD DISTRICT, BEMBLA

Dated Bembli, the 23rd July 2013.

U. A. N. No.

1. The following committee consisting of the following Officers
 of the Government Health Care Establishment.
- | | | |
|---------------------|--------------|------------|
| Deputy Commissioner | West Kannada | - Chairman |
| Deputy Commissioner | West Kannada | - Convenor |
| Deputy Commissioner | West Kannada | - Member |
| Deputy Commissioner | West Kannada | - Member |
| Deputy Commissioner | West Kannada | - Member |

(Sd/-)
 Deputy Commissioner
 West Kannada District,
 Bembli

Dated Bembli, the 26th July 2013.

1. The Deputy Commissioner, West Kannada District, Bembli for information please.
 2. The Deputy Commissioner, West Kannada District, Bembli for information please.
 3. The Deputy Commissioner, West Kannada District, Bembli for information please.
 4. The Deputy Commissioner, West Kannada District, Bembli for information please.

(Sd/-)
 District Medical Officer
 West Kannada District,
 Bembli

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
 EAST SIANG DISTRICT - PASIGHAT

No. M-ES/DRA/13-14/3092-64
 Dated Pasighat, the 26th July 2013

To: The Director of Health Services,
 Govt. of Arunachal Pradesh,
 Naharlagun.

Subject: Establishment of District Registration Authority in East Siang District.

Ref: Arunachal Pradesh Govt. notification No. M-ES/2013, dated 28th Oct. 2013.

Sir,
 With regard to the subject cited and the Govt. notification no referred above, & in partial modification to our earlier even letter No. dated 25th July 2013, I would like to bring to your kind notice that the District Registration Authority, has been formed in East Siang District, vide No. M-ES/DRA/13-14/ stated Pasighat, the 25th July 2013 with the following members as per guidelines:

- | | |
|---|------------|
| (a) Deputy Commissioner, East Siang District | - Chairman |
| (b) District Medical Officer, East Siang District | - Convenor |
| (c) Superintendent of Police, East Siang District | - Member |
| (d) Chairperson, Pasighat Municipality, Pasighat | - Member |
| (e) President, Ane Bane Kaling Women wing, Pasighat (P&W) | - Member |

This is for your kind information please.

Sd/- (Rishi Silvastava) IAS
 Deputy Commissioner
 East Siang District
 Pasighat

Memo No. M-ES/DRA/13-14/3092-64
 Dated Pasighat, the 26th July 2013

Copy to:-

1. The PS to HM (Health & FW), Govt. of Arunachal Pradesh, Naharlagun for information please.
2. The PS to Secretary (H&FW), Govt. of Arunachal Pradesh, Naharlagun for information please.
3. The PS to Director of Health Services, Govt. of Arunachal Pradesh, Naharlagun for information please.
4. The PA to DC, East Siang District, Pasighat for information please.
5. The Superintendent of Police, East Siang District, Pasighat for information please.
6. The Chairperson, Pasighat Municipality, Pasighat for information.
7. The President, Ane Bane Kaling Women Wing, Pasighat for information.
8. Office copy.

(To: D. Bagra) K
 District Medical Officer
 East Siang District
 Pasighat

Secy. ES/Health & Family Welfare
 No. 872
 Dated Pasighat, the 26th July 2013

16. 7/13

DMS 8/1/13

1150
11/11/14

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
LONGLENG DISTRICT, LONGLENG

Memo No. MH/D/DO/PP/WH/2014/1150 Dated Longeng, the 14th Sept 2014
BY MR. [Signature]

It is hereby notified that the existing existing District Medical Officer (D.M.O.) post under D.M.O. (G) at the above mentioned establishment of the District Medical Officer, Longeng District, Longeng in the fixed pay of Rs. 24,000/- (Twenty four thousand only) is being vacated by Mr. [Name], on 14/09/2014, Dated by the 14th Sept 2014.

He has reported on duty on 14th Sept 2014 (1/14) and posted in the office of the District Medical Officer, Longeng District, Longeng. His pay has been fixed at Rs. 24,000/- and may be drawn under the Head of account D.M.O. (G).

Sd/-
(Dr. N. Lovang)
District Medical Officer
Longeng District, Longeng

Memo No. MH/D/DO/PP/WH/2014/1150 Dated Longeng, the 14th Sept 2014

- Copy to:
1. The D.M.O. (G) cum Senior Medical Officer, Arunachal Pradesh, Directorate of Health Services, Itanagar for final order on the subject.
 2. Mr. P.M. Hossain for information.
 3. Office Copy.

[Signature]
(Dr. N. Lovang)
District Medical Officer
Longeng District, Longeng

Handwritten notes and signatures at the top left of the page.

OFFICE OF THE DISTRICT ATTORNEY
DISTRICT OF COLUMBIA

and about the 21st day, July

1900

My dear Sir: I have the honor to acknowledge the receipt of your letter of the 17th inst. in relation to the proposed amendment to the charter of the District of Columbia, and in reply to inform you that the same has been referred to the Board of Commissioners for their consideration.

- 1. The proposed amendment to the charter.
- 2. The proposed amendment to the charter.
- 3. The proposed amendment to the charter.
- 4. The proposed amendment to the charter.
- 5. The proposed amendment to the charter.

Very respectfully,
Your obedient servant,
John C. Parsons

Very truly yours,
John C. Parsons

- 1. The proposed amendment to the charter.
- 2. The proposed amendment to the charter.
- 3. The proposed amendment to the charter.
- 4. The proposed amendment to the charter.
- 5. The proposed amendment to the charter.

Very truly yours,
John C. Parsons
District Attorney

NOTIFICATION

The Commission for the Regulation of Clinical Establishments (Regulation of Clinical Establishments) Act, 2010, is hereby notified as follows:

- 1. The Deputy Commissioner : Chairman
- 2. The District Health Officer : Convener
- 3. The Chairperson of the Panel : Member
- 4. The Superintendent of Police : Member
- 5. The MOU, P. Bhawan, Haryana : Member

Functions of the Commission are as follows:

- a) To grant, refuse, suspend or cancel registration of any clinical establishment
- b) To enforce compliance of the provisions and rules of the clinical establishments (regulation of clinical establishments) Act, 2010.
- c) To investigate the compliance of breach of the provisions of this Act or to initiate legal action and take necessary action
- d) To prepare and submit on quarterly basis a report containing details of the number and date of providers and permanent registration certificates issued, including those cancelled, suspended or rejected in the state council
- e) To report to the council on a regular basis on action taken against the registered clinical establishments in violation of the Act.
- f) Perform any other functions as may be prescribed by the Central Government.

Sd/- Duly Kanchik, A.P.S
Deputy Commissioner
Anjaw District : Hawaii (A.P.)

Utara Hupihang, the 4th August 2021

MEMO AND DHE/06-07/2021

Copy to:

- 1. The Secretary Health & Family Welfare, Govt. of Arunachal Pradesh Imphal for his information please.
- 2. The Director of Health Services, Govt. of Arunachal Pradesh, Mahabagun kind information please.
- 3. The Mission Director, P. Bhawan, Govt. of Arunachal Pradesh, Mahabagun kind information please.
- 4. EA to the Deputy Commissioner, Anjaw District for information please.
- 5. The Superintendent of Police, Anjaw District for information please.
- 6. The Chairperson of the Panel, Anjaw District for information please.

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
LOWER DIBANG VALLEY DISTRICT
ROING

NOTIFICATION

Dated Roing, The 5th Nov'2012.

Under section 10 of clinical establishment Act 2010 & under Rule 13 of Arunachal Pradesh clinical establishment Rule 2011 a " District Registering Authority" for Lower Dibang Valley District is hereby constituted with the following officers and officials as members -

1. The Deputy Commissioner , Roing - Chairman
2. The District Medical Officer, Roing - Convener

The following Officers and Officials have been nominated as members of the District Registering Authority, Lower Dibang Valley District, Roing for a period of 3(three) years w.e.f from date of notification of the order that is 5th Nov'2012.

1. The Superintendent of Police , Roing - Member
2. The Chairperson , Zilla Parishad Roing - Member
3. The Chairman , MIYA -JO (NGO), Roing - Member

On expiry of their nomination tenure of 3(three) years they will be replace with new members.


Sd/-
(Shiv Kumar) IAS
Deputy Commissioner
Lower Dibang Valley District
Roing.

Memo No.LDVM/CEA/12-13/

Dated Roing, the 5th Nov'2012

copy to:-

1. The Hon'ble M.P (Rajya Sabha) camp Roing for information please.
2. The Hon'bl MLA 42nd Dambuk / 43rd Roing Assembly Constituency for information please.
3. The Hon'ble Chairperson, Zilla Parishad, Lower Dibang Valley District, Roing for information please.
4. The Commissioner , Health & Family Welfare, Govt of Arunachal Pradesh, Itanagar for information please.
5. The Director of Health Services, Govt. of Arunachal Pradesh, Naharlagun for information please.
6. The Deputy Commissioner, Lower Dibang Valley District, Roing for information please.
7. The Nodal Officer, Arunachal Pradesh, State Council for Clinical Establishment , Directorate of Health Services , Govt. of A.P, Naharlagun for information.
8. The Chairperson , Zilla Parishad Roing for information and necessary action with a copy of the said Act & Rule.
9. The Superintendent of Police , Roing for information and necessary action (with a copy of the said Act & Rule)
10. The Chairman , MIYA -JO (NGO), Roing for information and necessary action with a copy of the said Act & Rule.
11. The District Programme Officer of all the Vertical Health Programme for information.
12. The Medical Officer I/C CHC Parbuk/ Dambuk for information.
13. The Medical Officer I/C PHC Koronu / Hunli / Iduli / Bolung/ Anpum for information.
14. Office copy.
15. Spare copy.


(Dr. A. Yirang)
District Medical Officer
Lower Dibang Valley District
Roing.

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
CHANGLANG DISTRICT, CHANGLANG

NO. CMD/DRA/2014-15

Dated Changlang the 24th June 2014

REGISTRATION

The District Registering Authority for registration of Clinical Establishments for Changlang District has constituted with the following members:

- | | |
|--|------------|
| 1. The Deputy Commissioner | : Chairman |
| 2. The District Medical Officer | : Convener |
| 3. The Chairperson, Zilla Parishad | : Member |
| 4. The Superintendent of Police | : Member |
| 5. The President, Tanglang River Union (TRU) | : Member |

Function of the District Registering Authority:

- To grant, renew, suspend or cancel registration of any clinical establishment.
- To enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act, 2010.
- To investigate the complaints of breach of the provisions of this Act or the rules made there under and take immediate action.
- To prepare and submit on quarterly basis report containing details of related to number and nature of provision and permanent registration certificate issued, including those cancelled, suspended or rejected to the State Council.
- To report to the State Council on a quarterly basis on action taken against non-registered clinical establishments in violation of the Act.
- To perform any other function as may be prescribed by the Central Government/State Government.

Sd/ Chanchal Yadav IAS
Deputy Commissioner
Changlang District, Changlang (AP)
Dated Changlang the 24th June 2014

Memo No. CMD/DRA/2014-15

Copy to:

- The Secretary, Health & Family Welfare, (GoAP), Itanagar for information please.
- The Director of Health Services, GoAP, Nahaingim for information please.
- The Mission Director, National Health Mission, GoAP, Nahaingim for information please.
- The Chairperson, Zilla Parishad, Changlang District, Changlang for information please.
- The Superintendent of Police, Changlang for information please.
- The President, Tanglang River Union (TRU), Changlang for information please.
- The PA to the Deputy Commissioner, Changlang District, Changlang for DC's information please.
- Office Copy.

ND. 2/7

GOVERNMENT OF PUNJAB
Office of the District Registrar, Ludhiana
District, Ludhiana

Memorandum No. 112/2013

Dated Ludhiana, 27th March 2013

REVENUE DEPARTMENT

Under the provision of Clinical Establishments (Regulation & Registration) Act 2010 and Provincial Clinical Establishments Rules, 2011, the Central Registering Authority, Ludhiana and notified for Lower Suburban District

Members of the District Registering Authority:

1	Deputy Commissioner	Chairman
2	District Medical Officer	Member
3	Dy. Superintendent of Police	Member
4	District Chairman P.W.D.	Member
5	President Chamber of Commerce	Member

The functions of the District Registering Authority:

- (a) To grant, renew, suspend or cancel registration of any clinic or establishment;
- (b) To ensure compliance of the provisions and rules of the Clinical Establishments (Regulation and Registration) Act, 2010;
- (c) To investigate the complaints or breach of the provisions of this Act or the rules made thereunder and take immediate action;
- (d) To prepare and submit to State a quarterly report containing details of related to number and names of provisional and permanent registration certificate issued, including the number of complaints suspended or referred to the State Council;
- (e) To report to the State Council on a quarterly basis on a return taken against non-registered clinical establishments operating in violation of the Act;
- (f) Perform any other functions as may be prescribed by the Central Government/State Government.


Sd/- Harjinder,
Deputy Commissioner,
Lower Suburban District,
Ludhiana.

Dated Ludhiana, 27th March 2013

Memorandum No. 112/2013 S.P.A. D. 112/13

Copy to:

- 1 The Deputy Commissioner, Lower Suburban District, Ludhiana for information.
- 2 The Director of Health Services, Headquarters of Ludhiana District, Govt. of Punjab for information.
- 3 The District Medical Officer, Lower Suburban District, Ludhiana for information.
- 4 The Dy. Superintendent of Police, Lower Suburban District, Ludhiana for information.
- 5 The District Chairman P.W.D., Ludhiana for information.
- 6 The President, Chamber of Commerce, Ludhiana for information.
- 7 File.


Dr. H. G. Jassi
District Medical Officer,
Lower Suburban District,
Ludhiana

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
DIBANG VALLEY DISTRICT ANINI

Dated Anini the 4th August 2014.

ORDER


In pursuance of Government of Arunachal Pradesh Gazette Notification, dated 12th October 2011, Arunachal Pradesh Clinical Establishment (Registration and Regulation) Rules, 2011, the District Registration Authority constituted with the following members:

- | | |
|---|-----------------------------|
| 1. Deputy Commissioner | : Chairman |
| 2. DMO | : Convenor/Member secretary |
| 3. SP/DSP | : Member |
| 4. ZP/Chairman | : Member |
| 5. NGO (Aru Khim Tribal Welfare Society)
Chairman Takuso Jitmi | : Member |

Sd/ (Parvate Miso)
Deputy Commissioner
Dibang Valley District-Anini
Dated Anini the 4th August, 2014.

Reference: DVM/DLV-CI/2014-112
Copy to:

1. The Director of Health Services, Govt. of Arunachal Pradesh, Itanagar for information and necessary action please.
2. The Deputy Director of Health Services (PH) of Directorate of Health Services, Itanagar for information and necessary action please.
3. The Deputy Commissioner, Dibang Valley District, Anini for information please.
4. All members District Registration Authority of Clinical Establishments.
5. Office Copy.


{ Dr. Mandip Perme }
District Medical Officer
Dibang Valley District: Anini

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH & FAMILY WELFARE
ITANAGAR

No. MPEL/Chn/2007

Dated Itanagar the 31st Aug, 2012.NOTIFICATION

In pursuance of the Section 6(1)(1) of the Clinical Establishments Act, 2010, the governor of Arunachal Pradesh is pleased to constitute the Arunachal Pradesh State Council with the following members:-

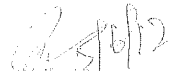
1. Secretary, Health & Family Welfare, Govt. of A.P. - Ex-Officio	Chairman.
2. Director of Health Service, Nahaalagan - Ex-Officio	Member-Secretary.
3. DDHS, (AYUSH)	Member.
4. Vice President, Arunachal Pradesh Medical Council	-do-
5. Ex-Dental Cell	-do-
6. Assistant Drug Controller, State Pharmacy Council	-do-
7. Registrar, State Nursing Council	-do-

As decided in the meeting of the State Council on the 1st May 2012, the DDHS(PH) is the nodal Officer of the Clinical Establishment Act. Further, the power and functions of the District Registering Authority of Papuni Para District is vested with DDHS (PH) to carry out the functions in connection with the provisions of the Act and Rules made there under.

Sd/- K. Tiyeng, IAS
Secretary, Health & Family Welfare,
Govt. of Arunachal Pradesh,
Itanagar.

No. MPEL/Chn/2007
Copy to:-Dated Itanagar the 26th Aug, 2012.

1. The Secretary to the governor, Arunachal Pradesh, Itanagar.
2. The Commissioner to the Hon'ble Chief Minister, Arunachal Pradesh, Itanagar.
3. The PS to all Hon'ble Minister, Govt. of Arunachal Pradesh, Itanagar.
4. The PS to Chief Secretary, Govt. of Arunachal Pradesh, Itanagar.
5. Commissioner/Secretaries, Govt. of Arunachal Pradesh, Itanagar.
6. Director of Health Services, Nahaalagan
7. AH DCS/DMOs.
8. Chief Medical Superintendent, ASH Nahaalagan.
9. Joint DHS (T&R Pasighat).
10. All members of the A.P State Council of Clinical Establishments.
11. The Director of IPR Nahaalagan, for publication in the Official Gazette.
12. O/c.


(M. Kamki)
Deputy Secretary, H & FW

Handwritten notes:
1. 10/11/2023
2. 10/11/2023
3. 10/11/2023

OFFICE OF THE
DEPUTY COMMISSIONER
TAWANG DISTRICT

For approval of Deputy Commissioner, Tawang
District Registration Authority (DRA) is constituted consisting of following Officers and
Public Members as listed below:-

1. District Registrar, Tawang
2. DDO
3. Sr. DSP
4. ZPM Chhaling
5. Eps Greenwale

Sd/-
(G. BHUSHNEK DEV) IAS
Deputy Commissioner

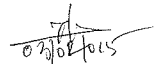
Handwritten signature:
G. BHUSHNEK DEV

- Copy to:-
1. The Nodal Officer Civil Directorate of Health Services Govt. Arunachal Pradesh, Noharligun for information please.
 2. The P.A to Deputy Commissioner, Tawang District, Tawang for information please.
 3. Office Copy.

Handwritten signature:
(D. V. ANANDI LAMU)
District Medical Officer
Tawang District, Tawang.

No. of Districts where notification issued and name of district

1. Total No. of District :17. Nos
2. Name of District
- 1. West Kameng
 - 2. East Kameng
 - 3. Papum Pare
 - 4. Upper Subansiri
 - 5. Lower Subansiri
 - 6. Upper Siang
 - 7. East Siang
 - 8. West Siang
 - 9. Dibang Valley
 - 10. Lower Dibang Valley
 - 11. Lohit
 - 12. Tirap
 - 13. Changlang
 - 14. Anjaw
 - 15. Kurung Kumey
 - 16. Longding
 - 17. Tawang


(Dr. T. Lollen) DDHS (PH)
Cum State Nodal Officer, APSC (CEA)
Directorate of Health Services
Naharlagun