

Regd A/D.

F.T.S No. - 24490

No. DMHS/CLINICAL EST./2014-15/3898  
Administration of Daman & Diu  
Directorate of Medical & Health Services  
Primary Health Centre, Daman.

Date: 16 /01/2015.

To,  
Shri Sunil Kumar, *on absence duty*  
Under Secretary,  
Government of India,  
Ministry of Health and Family Welfare,  
(Medical Services Section),  
Nirman Bhawan,  
New Delhi.

Sub.: Regarding furnish information regarding the progress of implementation of the Clinical Establishments Act, 2010.

Sir,

Please refer to your reminder II No. Z. 8013/05/2014-MS dated 31st December, 2014 regarding furnish information regarding the progress of implementation of the Clinical Establishments Act, 2010.

It is to inform that the Clinical Establishments (Regulation and Registration) Act, 2014 has been implemented in UT of Daman & Diu.

The Nodal Officer of UT level & District level has been notified. The UT Council is formed as per the Clinical Establishments Act and the District registration authority has also been notified. The provisional registration has been started online (copy enclosed).

The Clinical Establishments (Regulation and Registration) Rules, 2014 has been notified in the Official Gazette vide No. DMHS/Clinical Est./2010-11/F.222/2075 dated 04//09/2014 (copy enclosed).

In view of above, it is to inform that the information regarding the progress of implementation of the Clinical Establishment Act (CEA) 2010 is filled up in the format provided by the Ministry of Health and Family Welfare (Medical Services Section), Nirman Bhawan, New Delhi (copy enclosed).

Yours faithfully



(Dr. K. Y. Sultan)

Director

Medical & Health Services

Encl. As above.



## Regulation of Clinical Establishments Daman

Where the Clinical Establishments Act (CEA), 2010 is applicable

- 1) Has the State / UT Council been notified (yes/ No) Yes
  - c) If yes, kindly provide date of notification 15/04/2011 & details of number of meeting held 2
  - d) If no by when would the same be notified \_\_\_\_\_
- 2) Have the Rules under section 54 of the CEA, 2010 been notified (Yes / No) Yes
  - c) If yes, If yes, kindly provide date of notification 04/09/2014 & provide a copy
  - d) If no by when would the same be notified \_\_\_\_\_
- 3) Have the District Registration Authority been notified for all the district (Yes / No) Yes
  - c) If yes, If yes, kindly provide date of notification 15/04/2011 & provide a copy
  - d) If no by when would the same be notified N.A
- 4) Are the Clinical Establishments being Registered online (Yes ) (Kindly provide the number registered) - 58
  - b) If No, are the Clinical Establishments being Registered Offline (Yes) ( Kindly provide the number registered)
- 5) If the State has received funds for the implementation of the CEA, 2010, from MOHFW, GOI, kindly provide details of funds approved and utilization as per the budget approved. No.
- 6) Number of dissemination and Sensitization meeting and workshops held. 2

Where the State has its own legislation (kindly provided a copy)

- 1) kindly provide the number of clinical establishment registered. No

Where there is no legislation for regulating clinical establishment.

- 1) What steps have been taken by the State government to adopt the CEA, 2010 or enact appropriate legislations (in brief) NA

Any Other information or details:- Provisional registration have been started

Name & designation, phone number, email, contact details of the Nodal officer for regulation of Clinical Establishment

Dr. K.Y. Sultan  
Director of Medical & Health Services  
09978930867





No.DMHS/Clinical Est./2013-14/  
Administration of Daman & Diu  
Directorate of Medical & Health  
Primary Health Centre, Daman.

1283

Dated: 18/9/2013

- Read: 1. D.O. letter No.Z.28015/18/2007-MH-II dated 6/01/2011 received from the Dy. Director General ( Leprosy) Directorate General of Health Services, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
2. D.O.letter No.A.28015/207/2007-H(Pt.) dated 4/02/2011 received from the Additional Secretary & Director General (CGHS) Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
3. Notification No.DMHS/Clinical Est./2011-12/145 dated 15/4/2011 issued by the Joint Secretary (Health), Daman.

### A M E N D M E N T

The Administrator of UT of Daman & Diu is hereby pleased to constitute the Union Territory Council for Clinical Establishments with the following members:-

- |     |  |                   |
|-----|--|-------------------|
| 1.  | Secretary (Health)   | -Chairman         |
| 2.  | Director, Medical & Health Services  | -Member Secretary |
| 3.  | Mission Director, NRHM,Daman & Diu   | -Member           |
| 4.  | Medical Superintendent,Govt.Hospital,Daman                                 | -Member           |
| 5.  | Medical Officer(Ayurveda)  | -Member           |
| 6.  | Medical Officer(Homeopathy)  | -Member           |
| 7.  | Deputy Director(Dental), Daman   | -Member           |
| 8.  | Sr. Pharmacist, DMHS, Daman  | -Member           |
| 9.  | President, Indian Medical Association, Daman                               | -Member           |
| 10. | Hony.Secretary,Indian Red Cross Society,Daman/<br>Dy.Collector(H.Q.),Daman | -Member           |

The Union Territory Council shall perform the following functions,  
namely:-

- compiling and updating the State Registers of clinical establishment
- sending monthly returns for updating the National Register;
- representing the U.T. in the National Council;

*Handwritten signature*



Office

Daman

Handwritten

6286

No.DMHS/Clinical Est./2013-14/ 2122  
Administration of Daman & Diu  
Directorate of Medical & Health Services  
Primary Health Centre, Daman.

Dated: 16/9/2013

O R D E R

The Administrator of UT of Daman & Diu is hereby pleased to appoint the Nodal Officer and his team for the smooth implementation of Clinical Establishment Act, 2010:-

- |   |   |               |
|---|---|---------------|
| (i) Director, Medical & Health Services | - | Nodal Officer |
| (ii) Deputy Director, Daman             | - | Member        |
| (iii) Health Officer, Diu               | - | Member        |

The Nodal Officer along with the team will assist the District Registration Authority for the smooth implementation of Clinical Establishment Act, 2010 in the UT.

This issues with the approval of the Administrator of Daman & Diu & DNH vide diary No.6289 dated 04/09/2013

*Samp*  
16/9/13  
( Smt. Seema Bawa )  
Deputy Secretary (Health)

To,  
All concerned.

Copy to:-

1. The Staff Officer to the Administrator, Secretariat, Daman
2. The PA to the Secretary (Health), Secretariat, Daman.
3. The PA to the Special Secretary (Health), OI DC, Daman.
4. The PA to Collector, Daman/Diu.
5. The Dy. Director, Planning & Statistics, Daman for publication in Official Gazette of Daman & Diu.
6. The Assistant Director(OL) for Hindi translation.

*Handwritten signature*





प्राथमिक स्वास्थ्य केंद्र दीव
Primary Health Centre Diu
आयक. म
INWARD NO 85
दिनांक
DATED 26/11/11

NO.DMHS/Clinical Est./2011-12/146  
Administration of Daman & Diu  
Directorate of Medical & Health Services  
Primary Health Centre, Daman.

Dated: 15/04/2011

Read:-1) D.O. letter No.Z.28015/18/2007-MH-II dated 6/01/2011 received from the Dy. Director General (Leprosy) Directorate General of Health Services, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.

2) D.O. letter No.A.28015/207/2007-H(Pt.) dated 4/02/2011 received from the Additional Secretary & Director General (CGHS) Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.

### NOTIFICATION

In pursuance of the directives of the Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi vide above referred D.O. letter, the Administrator of Daman & Diu is hereby pleased to constitute the District Registering Authority for each District for registration of Clinical Establishments with the following members

#### Daman District

1. District Collector - Chairperson
2. Dy. Director, Daman - Covenor
3. Three Members with such qualifications and on such terms and conditions as may be prescribed by the Central Government

#### Diu District

1. District Collector - Chairperson
- ✓ 2. Health Officer, Diu - Covenor
3. Three Members with such qualifications and on such terms and conditions as may be prescribed by the Central Government

The purposes of provisional registration of clinical establishments under section 14, the District Health Officer shall exercise the powers of the authority as per the procedure that may be prescribed.

This is issues with the approval of the Administrator vide diary 1135 dated 5/4/2011.

*13*  
( P. J. Bamania )  
Joint Secretary (Health)

Copy to:

1. The Additional Secretary & Director General (DGHS), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110 108.
2. The Director, Medical & Health Services, Daman.
3. The Dy. Director, Medical & Health Services, Daman.
4. The Medical Superintendent, Govt. Hospital, Daman.
5. The Sr. Surgeon, Govt. Hospital, Diu
6. The Health Officer, PHC/CHC, Ghoghla, Diu.

*Wsu*

*S.D. Est. 1. bring this to note of Reg. No as done he don*

*15/4/11*



No.DMHS/Clinical Est./2013-14/ 2120  
Administration of Daman & Diu  
Directorate of Medical & Health Services  
Primary Health Centre, Daman.

Dated: 18/9/2013

- Read: 1. D.O. letter No.Z.28015/18/2007-MH-II dated 6/01/2011 received from the Dy. Director General (Leprosy) Directorate General of Health Services, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
2. D.O. letter No.A.28015/207/2007-H(Pt.) dated 4/02/2011 received from the Additional Secretary & Director General (CGHS) Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
3. Notification No.DMHS/Clinical Est./2011-12/146 dated 15/4/2011 issued by the Joint Secretary (Health), Daman.
4. Notification No.DMHS/Clinical Est./2012-13/900 dated 09/07/2012 issued by the Deputy Collector (HQ), Daman.
5. No.CHC/Clinical Est./2012-13/312 dated 27/6/2012 issued by the Health Officer, CHC, Ghoghla, Diu.

### AMENDMENT

The Administrator of UT of Daman & Diu is hereby pleased to constitute the following District Registering Authority for registration of Clinical Establishments:-

#### DAMAN DISTRICT

- |   |               |
|---|---------------|
| 1. District Collector, Daman                      | - Chairperson |
| 2. Dy. Director, Medical & Health Services, Daman | - Convenor    |
| 3. Superintendent of Police, Daman                | - Member      |
| 4. Chief Executive Officer, Dist.Panchayat, Daman | - Member      |
| 5. Secretary, Indian Medical Association, Daman   | - Member      |

#### DIU DISTRICT

- |  |               |
|--|---------------|
| 1. District Collector, Diu                       | - Chairperson |
| 2. Health Officer, Diu                           | - Convenor    |
| 3. Superintendent of Police, Diu                 | - Member      |
| 4. Chief Executive Officer, Dist. Panchayat, Diu | - Member      |
| 5. President, Indian Medical Association, Diu    | - Member      |

 -2/-



SERIES - I No. : 08  
DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

- (l) "*Registration*" means to register under section 11 and the expression registration or registered shall be construed accordingly;
- (m) "*Schedule*" means the Schedule appended to this Act;
- (n) "*Standards*" means the conditions that the Central Government may prescribe under section 12 for the registration of clinical establishment;
- (o) "*UT Administration*", in relation to a Union territory, means the Administrator thereof appointed under article 239 of the Constitution and
- (p) "*To stabilize (with its grammatical variations and cognate expressions)*" means with respect to an emergency medical condition specified in clause (d) to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a clinical establishment.

#### Establishment of U.T Council for Clinical Establishments

The U.T Administration shall by notification constitute a Union Territory Council for clinical establishments.

#### Functions of the Union Territory Council:

The Union Territory Council shall perform the following functions, namely:—

- a. compiling and updating the Union Territory Registers of clinical establishment;
- b. sending quarterly returns for updating the National Register (including in the digital format);
- c. representing the Union Territory 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 in the Union Territory.
- f. monitor the implementation of the provisions of the Act and rules in the U.T.
- g. recommend to the Government, any modifications required in the rules in accordance with changes in technology or social conditions;
- h. perform any other function as may be outlined by the National council of Clinical Establishments;
- i. Any other function as may be prescribed by the Central Government.

#### Disqualified as appointment as member:

A person shall be disqualified for being appointed as a member of the UT Council if he –

- a) Has been convicted and sentenced to imprisonment for an offence which, in the opinion of the UT Administration, involves moral turpitude or
- b) Is an undischarged insolvent; or



- c) Is of unsound mind and stands so declared by a competent court or
- d) Has been removed or dismissed from the service of the Government or corporation owned or controlled by the Government or
- e) Has in the opinion of the UT Administration such financial or other interest in the Council as is likely to affect prejudicially the discharge by him of his functions as a member.

ii.

(6) **Conduct of Business:**

Every meeting of the Union Territory Council shall be presided over by the Chairperson.

(11)

(7) **Time & Place for Meetings of the Union Territory Council:**

The meetings of the Union Territory Council shall ordinarily be held at Union Territory Capital on such dates as may be fixed by the Council. The Union Territory Council shall meet every six months.

(8) **Notice of Meeting:**

Notice of every meeting other than a special meeting shall be dispatched by the Member Secretary of District Registering Authority to each member of the Council not less than 15 days before the date of the meeting.

(12)

(9) **Quorum, Call for Meeting, Minutes of Meetings:**

- i. One - third of the total number of members of the Union Territory Council shall form a quorum and all actions of the Council shall be decided by a majority of the members present and voting.
- ii. The notice and agenda of every such meeting of the Union Territory Council shall ordinarily be given 15 days before the meeting by the Member Secretary of the Council.
- iii. The proceedings of the meetings of the UT Council shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson. The decisions taken therein shall be given effect to.
- iv. A copy of the minutes of each meeting of the Union Territory Council shall be 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 decisions therein shall be given effect to, provided 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.

(13)

(14)

(10) **Registration and Filling of Casual Vacancies:**

- i. A member desiring to resign his seat on the Union Territory Council shall send his resignation in writing to the Chairperson and every such resignation shall take effect





SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

from the date mentioned by him in this behalf or in case no such date is mentioned, from the date of the receipt of his letter by the Chairperson after confirmation from the member concerned about his resignation.

- ii. When a casual vacancy occurs by reason of death, resignation or otherwise of a member, a report shall be made forthwith by the Chairperson to the UT Administration which shall take steps to have the vacancies filled by nomination or election, as the case may be.

**(11) Finance and Accounts:**

The Accounts of the Council shall be audited annually by a Chartered Accountant, who is to be appointed with the prior approval of the Controller and Auditor General of India. Any expenditure incurred in connection with such audit shall be payable by the Council.

**(12) The District Registering Authority- Establishment of District Registering Authority:**

The U.T Administration shall, by notification under Section 10 of the Act and in accordance with the rules framed by Central Government in this behalf set up an authority to be called the District Registering Authority for each district for registration of clinical establishments.

**(13) Functions of the District Registering Authority:**

- a. to grant, renew, suspend or cancel registration of any clinical establishments;
- b. to enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act 2010;
- c. to investigate 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 certificates issued; included those cancelled, suspended or rejected to the Union Territory Councils;
- e. to report to the Union Territory Council on a quarterly basis on action taken against non registered clinical establishments running operation in violation of the Act;
- f. perform any other function as may be prescribed by the central government and or the U.T Administration from time to time.

**(14) Powers of the District Authority:**

The District Authority shall, for the purposes of discharging its function under this Act, have the same powers as are vested in a Civil Court under the Code of Civil Procedure, 1908, in respect of the following matters namely:



- a) Summoning and enforcing the attendance of any person and examining him on oath.
- b) Requiring the discovery and production of any document or other electronic records or other material objective producible as evidence.
- c) Receiving evidence on affidavits
- d) Requisitioning of any public record
- e) Issuing commission for the examination of witnesses or documents.
- f) Reviewing its decisions, directions and others
- g) Dismissing an application for default or deciding it exparte.
- h) Any other matter which may be prescribed.

(19)

(20)

i.

ii.

(15) **Time and Place of and Preparation of Business for Meetings of the District Registering Authority:**

The meetings of the District Registering Authority shall be held at least once in a month at a stipulated date and time

(16) **Conduct of Business:**

Every meeting of the District Registering Authority shall be presided over by the Chairperson.

(17) **Notice of Meeting:**

Notice of every meeting other than a special meeting shall be dispatched by the Convener to each member not less than 15 days before the date of the meeting.

(21)

(18) **Quorum, Minutes:**

- i. One - third of the total number of 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.
- ii. The proceedings of the meetings of the District Registering Authority shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson. The decision taken therein shall be given effect to subject to their being consistent with the provisions of the Act.
- iii. The proceeding of annual meeting of District Registering Authority be submitted to the UT Council

(22)



19) **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 by the District Collector 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 she / he is so appointed.

20) **Registration of Clinical Establishments - Application for Registration:**

- i. The applicant shall apply to the District Registration Authority for provisional registration, either in person, or by post or through web based online facility with the necessary information as per Annexure - 1 Form under Section 14 (1) and 14 (3) of the Act.
- ii. Once the process for permanent registration is started by U.T, the clinical establishment 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 Establishments in a form and format that may be prescribed by the National Council /UT Administration under Section 24 and 25 of the Act.
- iii. If an establishment is offering services in more than one category as specified under the Clinical Establishments (Registration and Regulation) Rules (Central Government), 2010, the establishment will need to apply for a separate provisional or permanent registration for each category of establishment under Section 14 (I) and Section 30 of the Act. However, if a laboratory or diagnostic center is a part of an establishment providing outpatient / inpatient care, no separate registration will be required.

(21) **Acknowledgement of Application:**

The Registration Authority, or any person in his office authorized in this behalf, shall, acknowledge receipt of the application for permanent registration, in the acknowledgment slip provided as per Annexure - 2 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.

(22) **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 of receipt of such application, grant to the applicant a certificate of provisional registration containing particulars and information as per Annexure - 3 either by post or electronically under Section 15, read with Section 17 of the Act.



(23) Certificate of registration:

- i. The District Registering Authority shall grant the applicant a certificate of permanent registration as per Annexure - 4 either by post or electronically after satisfying itself that the applicant has complied with all the requirements and criteria, including provision of minimum standards and personnel required to run the clinical establishment under Sections 28 and 30 of the Act.
- ii. In case of permanent registration, under Section 29 of the Act, the authority shall pass an order within 1/2 month –
  - (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 an application, for permanent registration.

(24) Fees to be charged

- i. The various fees charged for provisional and permanent registration, renewal, late application, duplicate certificate, change of ownership, management or name of establishment is prescribed in Annexure - 5 under Section 14 (I) read with Section 19, Section 20 (2), Section 22; Section 24; Section 35 of the Act.
- ii. Clinical establishments owned, controlled and managed by the government (Central, UT or local authority) or department of government, shall be exempt from payment of fees for registration.
- iii. The fees prescribed for various categories of clinical establishments may be revised by the UT Council through a notification issued by the UT Administration.
- iv. The fee shall be paid by a demand draft drawn / online transaction in favour of the Registration Authority concerned as specified under Section 14 (I) and Section 30 of the Act.

*The fees collected by the District Registration Authority concerned for registration of the Clinical Establishments shall be deposited by the Authority concerned in a Nationalized bank account opened in the name of the official designation of the Registration Authority concerned and shall be utilized by the council and Authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the council.*

- The Accounts shall be maintained as per the Financial Code rules and shall be audited by engaging a qualified Chartered Accountant. The annual Audit reports shall be submitted to the concerned State Council.

(25)





- In the event of any change of ownership or management, the establishment shall intimate to the District Registration in writing within one month of such change along with the fee prescribed in Annexure - 5 for issue of a revised certificate of Provisional or Permanent registration, as the case maybe, incorporating the changes and on surrendering the old certificate under Section 20 (2) and Section 30 of the Act.
- 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 (b) Annexure 5 and the provisional certificate shall be marked "Duplicate" as per Annexure - 9 under Section 19 and Section 30 of the Act.

**(25) Renewal of Registration:**

- i. 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 double of the registration fee (Provisional/Permanent) as prescribed in Annexure - 5.
- ii. The fee for renewal of registration shall be charged as per the rate notified by the UT Administration from time to time and the period after which a license is to be renewed shall also be prescribed by the UT Administration through an official notification.
- iii. The period after which the Clinical Establishments shall have to apply for renewal will be prescribed by the UT Administration through a notification.
- iv. For renewal of permanent registration, the clinical establishment shall apply three (3) months before expiry of the registration period of two (2) years. The renewal will be granted by the Authority within 3 months of receipt of the application 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.
- v. Under Section 30 (4) of the Act the clinical establishment shall apply for renewal of permanent registration six months 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 double of the registration fee (Provisional/Permanent) as prescribed in Annexure - 5.



SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

(26) Registers to be maintained, furnishing of returns and display of information,  
Registers to be maintained:

- i. 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 under Section 37 (1) (2) and Section 38 (1) (2) of the Act.
- ii. Every District Registration Authority including any other authority set up for the registration of clinical establishments under the law for the time being in force shall supply in digital format to the U.T Council of Clinical Establishments a copy of every entry made in the District register of clinical establishments for a particular month by the 15th day of the following month in keeping with Section 37 (2) of the Act.

(27) Display of Information:

- i. The District Registering Authority shall, within a period of forty-five days from the grant of provisional registration, mandatorily 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 Annexure - 7.
- ii. The UT 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.
- iii. The District Registering Authority shall, 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 which have been granted permanent registration, Address, Ownership, Name of Person in Charge, System of Medicine offered, Type and Nature of Services offered, details of the Medical Staff (Doctors, Nurses, etc) and the details and information related to having complied with the minimum standards and personnel prescribed for the particular category of clinical establishment as under Section 26 of the Act.
- iv. The District Registration Authority shall cause to be displayed the above information in public domain for a period of 30 days for filing objections before granting permanent registration.
- v. 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. 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 (Provisional or Permanent) registration has expired as under Section 21 and Section 30 of the Act.

(28)

i.

ii.

ii

i

(29)



**(28) Information to be provided by Clinical Establishments:**

- i. The Clinical Establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of three monthly reports. The minimum medical records to be maintained and nature of information to be provided by the Clinical Establishments are prescribed as per Section 12(1) (iii) of the Act.
- ii. Copies of all records and statistics shall be kept with the clinical establishment concerned for at least 3 years or in accordance with any other relevant act in force at the time under Section 12 (1) (iii) of the Act. All clinical establishments shall be responsible for submission of information and statistics in the time of emergency or disaster or epidemic situation.
- iii. The government may notify from time to time, the nature of information that needs to be furnished by the Clinical Establishments including other disease notified for this purpose along with the prescribed interval.
- iv. In addition to the specific provisions of the Clinical Establishments (Registration & 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.

**(29) Power to Enter:**

- i. 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, subject to a unanimous decision by all members of the District Registration Authority for conduct of such entry and search.
- ii. Such entry and search of clinical establishments can be conducted if anyone is carrying on a clinical establishment without registration or does not adhere to the prescribed minimum standards or has reasonable cause to believe the Clinical Establishments is being used for purposes other than it is registered or contravenes any of the provisions of this Act & Rules, shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of Section 34 of the Act.
- iii. The inspection team shall normally 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 equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make any such other enquires as they consider necessary to verify the statements 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. Provided further that surprise inspections may also be conducted by the inspection teams from the UT.

- iv. The Officer and / or inspection team so constituted by the Registering Authority shall submit a report as per **Annexure - 6** within a week of the inspection to the District Registration Authority with a copy to the State Council.

### Penalties & Appeals

#### (30) Penalties:

- i. In keeping with the provisions of Section 41 (1) (2) (3) and Section 42 (1) (2) (3) of the Act, whoever carries on a clinical establishment without registration or whoever willfully disobeys any direction, or obstructs any person or authority or withholds any such information or provides false information shall be liable for a monetary penalty.
- ii. Whoever carried on a clinical establishment without registration, shall, on first contravention be liable to a monetary penalty upto fifty thousand rupees, for second contribution to a monetary penalty which may extend to two lakh rupees and for any subsequent contravention to penalty which may extend to five lakh rupees.
- iii. 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.

The penalty fees collected by the District Registration Authority concerned shall be, deposited by the Authority concerned in a Nationalized bank account opened in the name of official designation of Registration Authority concerned and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the Council.

#### (31) Appeals:

- i. 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 Sections 29 and 34 of the Act, may file an appeal **Annexure - 8** to the UT Council within thirty (30) days from the date of receipt of such order along with prescribed fees as indicated in **Annexure - 5**.
- ii. After receipt of the appeal, the UT Council shall fix the time and date for hearing and inform the same to the appellant and others concerned by a registered letter giving at least 15 days time for hearing of the case.
- iii. The appellant may represent by himself or authorized person or a Legal practitioner and submit the relevant documentary material if any in support of the appeal.





SERIES - I No. : 08

DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

The UT 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.

If the UT 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 UT Council shall be final and binding.

If no appeal is filed against the 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.

The appeal fees collected by the authorities shall be deposited by the Authority concerned in a Nationalized bank account opened in the name of the official designation of the Registration Authority concerned and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the Council.

*Sawp*  
*3/9/14*  
Dy. Secretary (Health)  
Daman & Diu



**Annexure - 1**  
**[See Rules 20 (i)]**

**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: 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. Sys  
 Allo,

9. Ser

I  
 /  
a)

10. T  
a

C

I

11.

HU

12

No



SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

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

- Allopathy  Ayurveda  Unani  Siddha  Homeopathy  Yoga & Naturopathy

**9. Services provided :** (please tick whichever is applicable)

- Inpatient  Outpatient  Laboratory/Imaging Centre  
 Any other, please specify: \_\_\_\_\_

**a) Category of clinical Services:**

- General  Single Specialty  Multi Specialty  Super Specialty

**10. 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

**b) No. of Beds:** \_\_\_\_\_

**c) Outpatient :**

- Single Practitioner  Polyclinic  Sub Centre  Physiotherapy Clinic  
 Dialysis Centre  Any other, please specify: \_\_\_\_\_

**d) Laboratory :**

- Pathology  Haematology  Biochemistry  Microbiology  
 Genetics  Collection  Any other, please specify: \_\_\_\_\_

**11. Whether clearance from Pollution Control Board/Authority obtained?**

- Yes  No  Applied For

**HUMAN RESOURCES**

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

No. of permanent staff: \_\_\_\_\_ No. of temporary staff: \_\_\_\_\_



SERIES - I No. : 08  
DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

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				

The  
Regi  
(Nar  
Auth  
  
Cor  
Or  
Inc  
Thi  
rer  
  
Sig  
Of  
  
SI

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:  
Signatory  
Date:

Signature of the Authorized

Office Seal





Annexure - 2  
[See Rules 21]

**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.

SEAL

Designation of the Issuing Authority (Computer Generated)  
Place & Date: (Computer Generated)



SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

**Annexure - 3**  
**[See Rules 22]**

**PROVISIONAL CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

**Provisional registration No:** (Computer Generated)  
**Date of issue:** (Computer Generated)  
**Valid up to:** (Computer Generated)

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: \_\_\_\_\_

1.  
2.  
3.  
4.  
5.  
6.

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 (Computer Generated)

Place & Date: (Computer Generated)

**District Registration Authority**  
**Address:**

**Phone number in case of Grievances**



SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

Annexure - 4  
[See Rules 23 (i)]

**PERMANENT CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT**

Permanent registration No: (Computer Generated)  
Date of issue: (Computer Generated)  
Valid up to: (Computer Generated)

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 (ComputerGenerated)  
Place & Date: (Computer Generated)

**District Registration Authority**  
**Address:**

**Phone number in case of Grievances**



**Annexure - 5**  
**[See Rules 24 (iii) & 25 (i)]**

**FEES TO BE CHARGED**

Description	Urban		Rural	
	Provisional	Permanent	Provisional	Permanent
Out Patient Care	500	1000	250	500
In Patient Care	1500	3000	750	1500
Testing & Diagnostic	2500	5000	1250	2500

Other fees:

- \* For Renewal fee will be same as 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 ₹. 1000/-.
- \* For change of ownership, management or name of establishment would be ₹.2000/-
- \* For any appeal the amount would be ₹.1000/-

If a laboratory or diagnostic centre is a part of a establishment providing Outpatient/Inpatient care no separate registration is required. However, fee as applicable above would have to be paid.

SU

Number

Name of the ins

Address of Clinic

Procedure (eg. K With,

lie Conc

Spec

1)

2)

\*

Da

Pla





SERIES - I No. : 08
DATED : 5 <sup>TH</sup> SEPTEMBER, 2014.

Annexure - 6  
[See Rules 29 (iv)]

**SUGGESTED FORMAT FOR SUBMISSION OF INSPECTION REPORT**

Number of visits made with date : \_\_\_\_\_

Names and details of members of : \_\_\_\_\_  
the inspection team

Address and contact details of : \_\_\_\_\_  
Clinical establishment visited

Process followed for inspection : \_\_\_\_\_  
(eg. 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.

Signature (of all members of the inspection team)

Date:

Place:



SERIES - I No. : 08  
DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

Annexure - 7  
[See Rules 27 (i)]

DISPLAY OF REGISTRATION STATUS FOR FILING OBJECTIONS

I, \_\_\_\_\_, 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 their under, hereby publish the list of Clinical Establishments within the jurisdiction of UT of Daman & Diu:

Sr. No.	Name of Clinical Establishment with address	Ownership/ in Charge	System of medicine	Date on which application was submitted	Category and standards complied with

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

Place:

Date:

SEAL

Signature:

Name:

UT C  
Director  
Daman &  
Diu.  
I,  
Folder  
2010  
by the  
dated  
(i)  
(ii)  
(iii)  
to cor  
(i)  
(ii)  
(iii)  
Plac  
Dat  
Sig  
Nar



SERIES - I No. : 08  
DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

Annexure - 8  
[See Rules 31 (i)]

APPLICATION FOR APPEAL

To  
The UT Council,  
Directorate of Medical & Health Services,  
Daman & Diu,  
Daman.

Sir,

I, Dr. \_\_\_\_\_ of  
\_\_\_\_\_ had applied for registration/ is a valid license  
holder with registration number \_\_\_\_\_ under Clinical Establishment 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 ` 1000/-.

Thanking you,

Place:  
Date:  
Signature  
Name:

ld  
5  
5 (24)



SERIES - I No. : 08  
DATED : 5<sup>TH</sup> SEPTEMBER, 2014.

Annexure - 9  
[See Rules 24 (iii)]

DUPLICATE

CERTIFICATE FOR CLINICAL ESTABLISHMENT

Permanent Registration No. (Computer generated)  
Date of Issue: (Computer generated)  
Valid up to: (Computer generated)

- 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: (Computer Generated)  
Place and Date: (Computer Generated)

District Registration Authority  
Address:

Phone Number in case of Grievances

