



Application for Grant of Permanent Registration of Clinical Establishment

I. ESTABLISHMENT DETAILS							
1. Name of the establishment :							
2. Address of the establishment:				Street Name 1			
				Street Name 2			
				Village/Town/city			
				Block			
				District			
				Pincode			
				Mobile No.			
				E-Mail ID			
				Website (if any)			
3. Month and Year of starting :							
(From 4 to 11 mark all whichever are applicable)							
4. Location:							
Description :							
<u>Non-Government / Private Sector</u>							
<u>Non-Government / Private Sector</u>							
6. Name of the owner of Clinical Establishment:							
Address				Street Name 1			
				Street Name 2			
				Village/Town/city			
				Block			
				District			
				Pincode			
				Mobile No.			
				E-Mail ID			
				Website (if any)			
7. Name, Designation and Qualification of person in-charge of the clinical establishment:							
Sl no	Name	Designation	Qualification	Registration Number	Name of Central/State Council (with which registered)	Mobile	E-mail ID
8. Systems of Medicine offered: (please tick whichever is applicable)							
9. Type of establishment :(please tick whichever is applicable)							
(I) Clinic (Outpatient)							
(II). Day Care facility.							
(III). Hospitals including Nursing Home (outpatient and inpatient):							
(IV). Dental Clinics and Dental Hospital:							
a. Dental clinics.							

b. Dental Hospitals (specialties as listed in the IDC Act.)		
(V).Diagnostic Centre :		
A. Medical Diagnostic Laboratories:		
B. Diagnostic Imaging centers:		
i. Radiology :		
ii. Electromagnetic imaging:		
iii. Ultrasound:		
C. Miscellaneous		
Collection centers For the clinical labs and diagnostic centres shall function under registered clinical establishment.		
(VI). Allied Health professions:		
(VII) AYUSH		
Ayurveda		
Yoga		
Unani		
Siddha		
Homoeopathy		
Naturopathy		
II.TYPES OF SERVICE		
TYPE		
SPECIALITY SPECIFIC		
Medical Specialties – for which candidates must possess recognized PG degree(MD/Diploma/DNB or its equivalent degree)		
Surgical specialties		
Medical Super specialties		
Surgical Super specialties		
III INFRASTRUCTURE DETAILS		
10. Area of the establishment (in sqft):		
a) Total Area::		
b) Constructed area:		
11. Out Patient Department:		
11.1 Total no. of OPD Clinics:		
11.2 Specialty-wise distribution of OPD Clinic.		
S. No.	Specialty	
12. In Patient Department:		
1. Total number of beds :		
12.2. Specialty-wise distribution of beds, please specify:		
S. No.	Specialty	Beds
13. Biomedical waste Management		
13.1 Method of treatment and /or disposal of Bio-medical waste		
13.2.Whether authorization from Pollution Control Board/Pollution Control Committee obtained?		
IV HUMAN RESOURCES		

No. of permanent staff :					
No. of temporary staff:					
Please furnish the following details:-					
SI No.	Name	Category of staff	Qualification	Registration	Nature of service Temporary/Permanent
No records entered.					
Support Staff :					
S. No.	Category	Beds		Remark	
Signatures and Dates :				Signature of Applicant : Date : 01-01-1970	