FORM – CE-3: APPLICATION FOR REGISTRATION / ISSUANCE OF LICENSE / RENEWAL OF LICENSE

[HOSPITAL/MATERNITY HOMES/NURSING HOMES]

Application for Registration / Renewal of Hospital/Maternity Homes/Nursing Home registration under The Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010

1. Name of the Establishment: .................................................................

2. Address :

   Village/ Town:.......................... Taluka ..............................................

   District : .........................State ..................Pin code......................

   Tel. No. (With STD code).............................Fax No. .................

   Email id............................................. Mobile No...........................

3. Year of starting: .................................................................

4. Location : □ Municipal Corporation □ Others

5. Ownership: □ Individual Proprietorship □ Registered Partnership

   □ Registered Company □ Co-Operative Society

   □ Trust / Charitable □ PSU □ Corporation

6. Name of owner of Hospital/Maternity Homes/Nursing Homes):
   ...................................................................................................

7. Address of Owner:...........................................................................


8. **Name of person in-charge:** .................................................................

   Designation ...................................... Education Qualification ............

   Address: Village/ Town: .........................Taluka ...............................

   District : ............................State ......................Pin code..............

   Tel. No. (With STD code).................................Fax No. .................

   Email id........................................... Mobile No..........................

9. **System of Medicines offered (please tick whichever is applicable):**

   - [ ] Allopathy
   - [ ] Ayurveda
   - [ ] Unani
   - [ ] Siddha

   - [ ] Homeopathy
   - [ ] Yoga and Naturopathy

10. **Providing inpatient care:**

    - [ ] Hospital
    - [ ] Nursing Home
    - [ ] Maternity Home

    - [ ] Any other (please specify)...........................................................

11. **Providing Diagnostic Services:**

    **Laboratory:**

    - [ ] Pathology Lab
    - [ ] Collection Center

    **Diagnostic and imaging centre:**

    - [ ] X ray
    - [ ] Sonography
    - [ ] CT Scan

    - [ ] Magnetic Resonance Imaging (MRI)
    - [ ] Isotope Scans
    - [ ] Any other
12. **Infrastructure details:**

   Area of Establishment (in square meters) ..............................................

   Total Area .................................. Constructed Area ..........................

a. **Outpatient Department:**

   Specialty wise distribution of OPD clinic:-

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<tr>
<th>S. No</th>
<th>Specialty</th>
<th>No. of rooms</th>
<th>Remarks</th>
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b. **In Patient Department:**

   Total No. of beds .................................

   Specialty wise distribution of beds (in case the hospital is more than 100 beds):-

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<th>S. No</th>
<th>Specialty</th>
<th>No. of rooms</th>
<th>Remarks</th>
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b. Whether clearance from Panchayat/ Municipality/Municipal Corporation?
   
   [ ] Yes   [ ] No.

a. Whether license/authorization obtained from CG Environment Conservation Board?
   
   [ ] Yes   [ ] No.
b. Whether clearance obtained from AERB/Director Radiation Safety Chhattisgarh?

☐ Yes ☐ No.

c. Whether registered under PC-PNDT Act?

☐ Yes ☐ No.

13. Human resource:

Total no. of staff as on date of application .................................

Please furnish the following table:-

<table>
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<tr>
<th>S. No</th>
<th>Category of staff</th>
<th>Name</th>
<th>Qualification</th>
<th>Registration No. (where applicable)</th>
<th>Nature of service tempera/ permanent /visiting / consultation</th>
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<tbody>
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<td>1.</td>
<td>Doctor</td>
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<td>2.</td>
<td>Nursing staff</td>
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<td>3.</td>
<td>Para medical staff</td>
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<td>4.</td>
<td>Pharmacist</td>
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<td>5.</td>
<td>Support staff</td>
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<td>6.</td>
<td>Other please specify</td>
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(Separate sheet to be attached for various categories of staff)

14. Payment option for registration fees:

1. Online payment  2. Demand draft  3. Postal order

Amount (in words)..............................................................................................................

Details ..................................................................................................................................

Receipt No. ..........................................................................................................................
DECLARATION

I, ........................................................................on my behalf and on behalf of my company/ society/ association/ body, hereby, declare that the statements made above are correct and true to the best of my knowledge and I shall abide by all the rules and regulations under the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013.

I, further undertake to intimate to the appropriate Registering Authority any change in particulars given above.

Place: ................................................................. Name of Signatory Authority with

Date: ................................................................. Official Seal