

FORM I

{See Rule 5 (a)}

Application for Registration of Nursing Home/Renewal of Registration to be submitted in triplicate.

1. Name of the applicant in full

(Specify Shri/Smti/Kum/Dr.)

Recent Passport Photograph
of the applicant

2. Address of the Applicant

3. Capacity while applying

(Specify Owner/Partner/Managing Director/Other to be named)

4. Types of Services rendered by the Nursing Home.

Sl. No.	Type of Service	Name of the Doctor in charge of the Services/Discipline	Age	Qualification with Registration Number (attested copies to be furnished)
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				
6.				

5. Type of Diagnostic facilities provided by the Nursing Home.

Sl. No.	Type of Diagnostic facilities available	Equipment with make/model	Name of person in charge	Age	Qualification with Registration Number (attested copies to be furnished)
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					

6. Full Name and Address of the the Nursing Home:

Name of the Nursing Home:

Location:

Post Office:

Police Station:

District:

Pin Code:

Phone:

Fax:

Telex:

7. Type of Ownership and organization

{Specify individual ownership/partnership/company/

Co-operative/any other (in case of type of ownership other)}

(_____)

Name and Signature of Applicant

Date:

Place:

N.B. Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant.