Application for Provisional Registration of Clinical Establishment

[Under Section 14 of the Clinical Establishments (Registration and Regulation) Act, 2010]

1. Name of the Clinical Establishment:			
2. Address:			
Village/Town/City:	Block:		
District:	State:	Pin code	e
Tel No (with STD code):	Mobile:	Email II)
Website (if any):			
3. Name of the owner:			
Address:			
Village/Town/City:	Block:		
District:	State:	Pin cod	e
Tel No (with STD code):	Mobile:	Email ID:	
4. Name of the Person In charge Qualification(s):			
Registration Number:			
Name of Central/State Council (with which	registered):		
Name of Central/State Council (with which Tel No (with STD code):Mo	bile:	E-mail ID:	
5. Ownership			
<u> </u>	Central Government	State Government	Local Government
Public Sector Undertaking	Any other (please spec		Local Government
b) <i>Private Sector</i> Individual Propi	rietorchin Regie	tarad Partnershin	Pagistared Company
Co-operative Society			lease specify):
Co-operative society	Trust / Charitable	Any other (p	lease specify)
6. System of Medicine: (please tick which			
Allopathy	Ayurveda	Unani	Siddha
Homoeopathy	Yoga	Naturopathy	Sowa-Rigpa
7. Type of Clinical Services:	General	Single Specialty	Multi Specialty
Super Specialty		fy):	
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8. Type of Clinical Establishment: (please	tick whichever is appl	icable)	
		Laboratory	Imaging
Any other (please specify):			
b) i) <i>Inpatient:</i> Hospital	Nursing Home	Maternity Ho	ome Sanatorium
Palliative Care	Primary Health Centre		Health Centre
Any other (please specify):	riillary Health Centre	Community	Health Centre
ii) Number of Beds (Inpatient): iii) Outpatient: Single practitioner	Dispensary	Polyclinic	Dental Clinic
Physiotherapy / Occupational Therap		Infertility Clinic	Dialysis Centre
	•	Mobile Clinic	Dialysis Centre
Day Care centre	Sub-Centre	Mobile Clinic	
Any other (please specify):	II	D:1	Missabisless
iv) <u>Laboratory:</u> Pathology	Haematology	Biochemistry	Microbiology
Genetics V	Any other (please spec		Ultrasound
v) <u>Imaging Centre:</u> X ray	Electro Cardio Graph (
		Any other (please spec	erry):
vi) Any other (please specify):			
I hereby declare that the statements made the provisions of the Clinical Establishments shall intimate to the District Registering Aut	s (Registration and Regu	lation) Act, 2010 and th	e rules made there under. I
Place:		•	Owner/Person in charge
Date:		(Name:)