							State/UT's v	vise Details of Bank A	account under Clinical Establishment Act 2010			
S. NO.	State/UT's	Fees for Category	of Clinical Establishme	nt Act 2010 in Rupee	s		Bank Accounts details	Demand Draft/Banker Cheque in Favour of Challan				
		Clinics	Hospital ( Bed No)				Lab	Imaging Centre	Other Category			
			51-100	101-300	301-500	>500						
			Prov./ Perm.	Prov./ Perm.	Prov./ Perm.	Prov./ Perm.	Prov./ Perm.					
1 .	Assam	Not Received										
2	Bihar	Not Applicable										
3	Chandigarh (UT)	Provisional -100 , Permanent - 500	Provisional -100 , Permanent- 1000	Provisional -200 , Permanent- 1000	Provisional -100 , Permanent- 1500		Provisional - 1000	Provisional -1500	1. For renewal half of the amount or registration fee (Provisional/Permanent) 2. For late application the amout would be double of the registration fee (Provisional/Permanent) 3. For duplicate Certificate the amount would be Rs. 200/ 4. For change of owernership management or name of establishment would be Rs. 100/- 5. For any appeal the amount would be Rs. 1000/ If a laboratory or disgnostic centre is a part of an establishment provising outpatient/ inpatient care no separate registration is required.	Name of the Bank - Central Bank of India, Account No. 3445114830, Account Type: Savings, IFSC Code: CBIN0280414, Address of Branch: SCF 7-8-9-10, Sector 22C, Chandigarh	Demand Draft In favour of District Registering Authority, CEA 2010.	
4	Haryana	NA NA	2000/8000	3000/12000	4000/16000	5000/20000	500/2000	NA	NA .	Beneficiary Name - Haryana State Council for Clinical Establishments Panchkula , Name of Bank - IDBI Bank , Bank Account Number - 0016104000178792 , Type of Account - Saving Bank Account , IFSC Code Number - IBKL0000016 , Address of Branch - SCO No. 65, Sector-11, Panchkula-134109, Haryana.		
5	Himachal Pradesh	Urban/Rural - (500-500)	Urban/Rural - (4000- 2500)	Urban/Rural - (4000-2500)	Urban/Rural - (4000-2500)	Urban/Rural - (4000-2500)	Urban/Rural - (2500-1500)	Urban/Rural - (2500-1500)	Urban/Rural - (OPD+IPD=1500-1000 OPD+Test& Diag=3000-2000)	Name of Account Holder- Director Health Safety & Regulation, Name of Bank- State Bank of India (SBI), A/c No. 32745478799, IFSC Code-SBIN0014639, Address of Branch- State Bank of India, Block No.6, SDA Complex Kasumpti, Shimla-171009, Tel. No. 0177- 2629998.	Director Health Safety & Regulation	
	Jammu & Kashmir (UT)	Not Received										
7	Jharkhand	500	1000	1000	1500	1500	1000	1500	1500	Beneficiary Name - JRHMS CLINICAL ESTABLISHMENT ACT, Name of Bank - Indian Bank, Bank Account Number - 50416399613, IFSC Code Number - IDIB000R624, Address of Branch- RCH Campus Branch, Namkum, Ranchi, -834010	JRHMS CLINICAL ESTABLISHMENT ACT	
8	Lakshadweep (UT)	Not Received										
9	Ladakh (UT)	Not Applicable										

10	Puducherry (UT)									Beneficiary Name - The Director (Health), Member Secretary, UT Council, CEA 2010, Puducherry, Name of Bank - State Bank of India , Bank Account Number - 3981076210 , Type of Account - Saving Bank Account, IFSC Code Number - SBIN0000900 , Address of Branch - State Bank of India, Main Branch, No.5, Suffren Street, Puducherry-605001		
	Sikkim		Rs.2000/- for provisional and Rs.7000/- for permanent	Rs.2000/- for provisional and Rs.7000/- for permanent	Rs.5000/- for provisional and Rs. 15,000/- for permanent	Rs.5000/- for provisional and Rs. 15,000/- for permanent	Large-Rs. 3000/- for provisional Rs. 5000/- for permanent and Small-1500/-for provisional and Rs. 3000/- for permanent		Rs.500/- for provisional and Rs.1000/- for permanent	No separate account for Clinical Establishment has been opened as per Sikkim Financial Rule 1979 Sub Rule 1 of Rule 29 and Sub Rule 7 of Rule 38. All the fees collected goes to the State Revenue		
12	Telangana	Not Applicable										
13	Uttarakhand	Not Received										
14	Mizoram	Clinics	Hospital ( Bed No	)	-1	Lab	Imaging Centre	Other Category	Bank Account Details*	Demand Draft/Banker Cheque in Favour of Challan		
			1 - 30	30 - 100	100 and above					Chanan		
			1 - 30	30 - 100	100 and above							
			Urban - 1000 Rural - 500 Metro - 2000	Urban - 2000 Rural - 1000 Metro - 4000	Urban - 3000 Rural - 1500 Metro - 6000		Urban - 3000 Rural - 1500 Metro - 6000		Name of Bank- State Bank of India Name of Account Holder - Mizoram State Council for Clinical Establishment Account No- 37586358997 Account type - SB IFSC Code- SBIN0013053 Address of Branch-State Bank of India, New Secretariat, New Capital Complex, Aizawl, Mizoram			
15	Andman & Nicobar	Description	Urban		Rural				Bank Account Details*	Demand Draft/Banker Cheque in Favour of Challan		
			Provisional	Permanent	Provisional	Permanent				Chanan		
		Out Patient Care	500	1000	250	500			Bank Name: Canara Bank Account No. : 99092200018825 IFC Code: CNRB0019909 Address of Branch: Directorate of Health Services Complex, Atlanta Point, Port Blair - 744101 Account Type: Savings Account			
		In Patient Care	500	1000	250	500						
		1 to 30 beds										
		In Patient Care 30 to 100 beds	1000	2000	50	250						
		In Patient Care	1500	3000	100	300						
		Above 100 beds	1300	3000	100	300						

		Testing & Diagnostic Laboratories Diagnostic	1000	2000	50	250						
		Diagno & Imaging Centre	1500	3000	100	300						
16	Rajasthan	Description	Urban		Rural		Metro					
			Provisional	Permanent	Provisional	Permanent	Provisional	Permanent				
		OPD	0	200	0	100	100	500				
		1 to 30 beds	0	200	0	100	100	500				
		30 to 100 beds	100	500	50	250	200	1000				
		Above 100 beds	200	1000	100	300	300	1500				
		Testing & Diagno Lab	100	500	50	250	200	1000				
		Diagno & Imaging Centre	200	1000	100	300	300	1500				
17	UTTAR PRADESH	Description	Urban		Rural		Metro					
			Provisional	Permanent	Provisional	Permanent	Provisional	Permanent				
		Out Patient Care	100	500	50	250	200	1000				
		In Patient Care										
		1 to 30 beds	100	500	50	250	200	1000				
		30 to 100 beds	200	1000	100	500	400	2000				
		Above 100 beds	300	1500	150	550	600	3000				
		Testing & Diagnostic										
		Laboratories	2	1000	100	500	400	2000				
		Diagnostic & Imaging Centre	300	1500	150	650	600	3000				
		Other Fees:-						ļ				
		• For Renewal half	the amount of registr	ation fee (Provisional /	Permanent)	(//////////////////////////////////////						
		· For Duplicate Cer	tificate the amount w	ould be Rs. 20G		r ermanent)						
		· For any appeal the	amount would be R	or name of establishm s. 100								
					providing out patient	/ Inpatient care no sepa	rate registration is re	equired.				
		State Clinical Estab	lishment Council Ac	count								
		Account No. IFSC Code	7179931195 IDIB000H562									
18	Arunachal Pradesh			ment Act 2010 in Ru	pees				1	Bank Account Details®	Demand Draft/Banker Cheque in Favour of Challan	
		Clinics	Hospita	l ( Bed No)			Lab	Imaging Centre	Other Category			
			50	100	200	300					<u> </u>	

		1000	2000	2000	3000	3000	2000	3000	1000	Bank of Baroda, Ac- 65440100007334, IFSC code- BARBOUNAHL saving account, Address - barapani bazar naharlagun	Arunachal pradesh state council for CEA		
19	Dadra & Nagar Haveli & Daman & Diu (UT)		of Clinical Establishmen	nt Act 2010 in Rupees	5					Bank Account Details®	Demand Draft/Banker Cheque in Favour of Challan	Remark	
		Clinics		Hospital ( Bed	No)		Lab	Imaging Centre	Other Category				
			50	100	200	300							
		Rs.500	Hospitals (Any number (Rural) and Hospital ( Rs.3000(Urban) and R	Any nummber of Bed		ation:	Provisional Regi: Rs.2500(Urban) and Rs.1250 (Rural) and Permanent RegistrationRs.5 000(Urban) and Rs.2500(Rural)	(Rural) and Permanent RegistrationRs.500	Nil	Name of Bank: Bank of Baroda, A/c No.7234010087299,Type of Account:SB, IFSC Code: BARBOBBSILV,Branch Adress: Bank of Baroda, Silvassa, Kalyankunj Apartment, 0260- 2642188/2644100,dbsilv@bankodbaroda.com, MICR Code of Bank:396012114	Baroda, Branch: Silvassa Branch A/c No:72340100087299, IFSC Code: BARB0DBSILV	registration amount woo fees.3)Dupl change in o establishme appeal Rs.1 taking late	: 1) Renewal fees will be same as fees. 2) late application the ald be double of registration icate Certicate Rs.1000/4) Any warership, Management or name of midl be Rs.2000/5) For any 0000/- (° Dadra and Nagar Haveli penalty of Rs.100/- per month for tion for renewal as per the DNH on 25.)