

SG1 Form

**Application Form for Provisional Registration of
Clinical Establishment**

A) ESTABLISHMENT DETAILS:

1. Name of the establishment :- _____

2. Address :- _____

Village/Town:- _____ Taluka:- _____

District:- _____ State:- _____ Pin code:- _____

Tel.No. (With STD code):- _____ Mobile:- _____ Fax:- _____

Email ID:- _____ Website (if any):- _____

3. Year of establishment :- _____

(from 4 to 11 tick (N) whichever are applicable)

4. Location :-

Metro State Capital City Town Notified Area
Village Any other (specfy) _____

5. Ownership of Services

Public Sector

a). Central Government,

b). State Government

c). Local Government *Please specify:-* _____

d). Public sector undertaking,

e). Railways Employee State Insurance Corporation (ESIC)

f). Autonomous organization,

g). Society/Not for profit companies

h). Any other : (please specify):- :- _____

Private Sector

a). Individual Proprietorship

b). Registered Partnership

c). Registered Company

d). Corporation (including a society) registered under a Central Provincial or State Act (Please specify _____)

e). Trust (including Charitable) registered under a Central Provincial or State Act (Please specify _____)

f). Branch of Foreign Service Provider (Please Specify) _____

g). Any other (Please spefy) :- _____

6. Name of Owner of Clinical Establishment:- _____

Address :- _____

Village/Town:- _____ Taluka:- _____

District:- _____ State:- _____ Pin code:- _____

Tel.No. (With STD code):- _____ Mobile:- _____ Fax:- _____

Email ID:- _____

7. Name & Designation & Qualification of person in-charge of the clinical establishment :-

Name:- _____

Designation:- _____ Qualification:- _____

Address :- _____

Village/Town:- _____ Taluka:- _____

District:- _____ State:- _____ Pin code:- _____

Tel.No. (With STD code):- _____ Mobile:- _____ Fax:- _____

Email ID:- _____

8. System of Medicine offered

Allopathy Ayurveda Unani Siddha

Homeopathy Yoga & Naturopathy Dental

9. Type of Establishment:

Clinic

Single Practitioner Polyclinic Physiotherapy clinic
Medical Termination of Pregnancy Dental
Mobile Clinic Any other (specify) _____

Centre

Sub-Centre Primary Health Centre Community Health Centre
Urban Health Centre Dispensary Day Care Centre
Counseling Centre Wellness Centre Fitness Centre
In Vitro Fertilizer (IVT) Centre Dialysis
Hospice Centre Any other (Specify):- _____

DIAGNOSTIC CENTRE

Laboratory

Pathology:-

Hematology Histopathology Cytology
Genetics Sample Collection Centre
Biochemistry Microbiology
Any other (specify):- _____

Radiological Investigation:

Imaging Centre:-

Portable X'Ray Conventional X'Ray Digital X'Ray
X-Ray with Computer Radiography System Ultrasound
Ultrasound with Color Doppler Mammography
Orthopentogram(OPG) Magnetic Resonance Imaging (MRI)
Positron Emission Tomography(PET) Scan CT Scan
Uro-Flowmetry
Any other (specify) _____

Miscellaneous:-

Electro Cardio Graphy (ECG) Echocardiography
Tread Mill Test Electro Myo Graphy(EMG)
Electro Encephalo Graphy (EEG)
Electrophysiological Studies
Any other (Specify):- _____

Blood Banks:-

(A) Based on Location

Stand Alone Hospital Based Any other(specify):- _____

(B) Based on Facilities

Blood bank/ Centre having whole bloods facility only
Blood bank/ Centre having whole bloods and component facility
Blood bank/ Centre having whole bloods /OR component facility
Any other (specify):- _____

Hospital:-

General Practice Services Maternity Home
Single Specialty Services Multi Specialty Services
Super Specialty Services Operation Theatre
Emergency Casualty ICU
ICCU Any other(specify):- _____

Sanatorium:-

Any other (specify):- _____

(B) **SYSTEM OF MEDICINE:**

10 Nature offered [please tick (N) whichever is applicable]

a). **Allopathic:**

Specialty

Medical

Surgical

Obstetrics & Gynecology

Pediatrics

Any other (specify):- _____

b). **Ayurveda:-**

Ausadh Chikitsa

Shalya Chikitsa

Sodhan Chikitsa

Rasayana

Pathya Vyavastha

Any other:- _____

c). **Unani:-**

Matab

Jarahat

Haj-bit-Tadbeer

Hifzab-e-Sehat

Any other (specify):- _____

d). **Siddha:-**

Maruthuvam

Sirappu Maruthuvam

Varman Thokknam & Yoga

Any other(Specify):- _____

e). **Homeopathy:-**

General Homeopathy

Any other (specify):- _____

f). **Naturopathy:-**

External Therapies with natural modalities

Internal Therapies

Any other (Specify):- _____

g). **Yoga:**

Ashtang Yoga

Any other (specify):- _____

(C) **INFRASTRUCTURE DETAILS**

11 Area of the establishment (in Sq. meters):

(a) Total Area:- _____ (b) Constructed Area:- _____

12 Out Patient Department:

12.1 Total no. of OPD Clinics:- _____

12.2 Specialty-wise distribution of OPD clinic:-

Sl.No.	Specialty	No. of Rooms

13 In Patient Department:
13.1 Total number of beds:- _____

13.2 Specialty wise distribution of beds, please specify:

Sl.No.	Specialty	No. of Rooms

14 Biomedical Waste Management:

14.1 Method of treatment and/or disposal of Bio-medical waste
Through Common Facility onsite facility
Any other (specify):- _____

14.2 Whether authorization from Pollution Control Board/Pollution control committee obtained?

Yes No Applied for Not Applicable

(D) HUMAN RESOURCES

15 Total No. of Staff (as on date of application)

No. of permanent staff:- _____ No. of temporary staff:- _____

Please furnish the following details:-

Name of staff	Category/ Designation (eg. Doctor/Nurse/Pharmacist/Support staff)	Qualification	Regn. No.	Nature of Service Temp/perm

NB :- Separate annexure may be attached.

16 *Payment option for Registration Fees:*

Cash Payment

Demand Draft

Postal Order

Amount (in Rs.) : _____

Details : _____

Receipt No. : _____

I _____ on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rule and declarations in respect of my clinical establishment.

I further declare that this clinical establishment is not and will not be used for immoral purpose. I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

Place :- _____

Date :- _____

Signature of Applicant

Office Seal