

FORM NO. II

FORM OF APPLICATION FOR REGISTRATION AND LICENCE

(Vide rule 8)

1. Name of establishment:
2. Address of establishment with PO & PS:
3. Phone No.:
4. Whether new or old for renewal: New Old
5. Name of the Applicant:
6. Address of the Applicant:
7. Phone No.:
8. Nature of the firm: Ownership / Partnership / Registered Company / Voluntary / Organisation / Society / Body. (Please tick)

Type of establishment: (Please tick) See form IV for others

| | | | | | |
|---------------------|-----------------|-------------------------|-----------------|-----------------------------|-------------------------|
| Nursing Home | Maternity Home | Pathological Clinic/Lab | X-ray Clinic | E.C.G. Clinic | |
| Small | | Medium | Large | | |
| C. T. Scan Centre | U. S. G. Centre | O. P. D. Centre | M. R. I. Centre | Other (Specify) | |
| Specialist O. P. D. | | General O. P. D. | | | |
| Day Care Centre | Polyclinic | At Maternity Home | At Nursing Home | As individual establishment | At Physiotherapy Centre |

9. Date of establishment of centre, if already started:
10. Trade Licence :
 - Name of Authority :
 - Licence No. :
 - Date of Issue :
11. C. E. Licence: (Applied For New / Renewal)
 - Challan No. : _____
 - Date : _____
 - Rs. : _____
12. Clearance from Pollution Control Board: Yes / No / Applied for
13. Clinical Waste Disposal Licence: (from Panchayat / Municipality / Municipal Corporation): Yes / No / Applied for

14. Premises:
- Whether construction approved by authority? Yes / No
 - Whether owned by the owner : Yes / No (submit a copy of the deed, if yes)
 - Whether rented : Yes / No (submit up to-date rent receipt, if yes)
 - Whether leased : Yes / No (submit Lease-deed with N.O.C.)
 - Reception Counter : Yes / No
 - Waiting room : Yes / No
 - Record room : Yes / No
 - Ventilation : Whether sufficient?
 - Lighting : Whether sufficient?
 - Drinking Water Supply :
 - ❖ Source : Piped Water Supply / Underground / Others
 - ❖ Quantity : Adequate / Inadequate
 - ❖ Quality : Satisfactory / Unsatisfactory
 - Cooling arrangement : Provided / Not Provided
15. Exemption granted from:
- Customs Duty : Yes / No / Applied for (if 'yes', then)
 - ❖ Whether free treatment facilities @40% in OPD and 10% in IPD: Yes / No
 - ❖ Monthly Report Submitted: Yes / No
16. Registers: (To be maintained)
- Staff register : Present / Will be provided
(Name / address / qualification of all)
 - Attendance Register : Present / Will be provided
 - Stock Register : Present / Will be provided
(Including stock of life- saving drugs)
 - Cash book Register : Present / Will be provided
 - Admission Register : Present / Will be provided
 - Inspection Book : Present / Will be provided
17. Whether Training of Medical
Or Paramedical Courses are / will be given: Yes / No
If 'Yes', whether approved by State Medical Council / Government of WB? Yes / No
18. Sanitary Arrangement :
- Drainage System : Covered / Uncovered
 - Water Closets : Number: For Male For Female
 - Lavatory : Number: For Male For Female
 - System of Garbage disposal : Own arrangement / Other (specify)
19. Electric Supply : Generator / Government Supply / Both
20. In case of Nursing Home / Maternity Centre / Physical Therapy Centre:
- Total No. of Beds :
 - Number of Cabins : Space for each patient : Sq. ft.
 - Number of Cubicle : Space for each patient : Sq. ft.
 - Number of Ward : Space for each patient : Sq. ft.
 - Number of beds in : Space for each patient : Sq. ft.
- ICCU / ITU / RCU / NCU
Dialysis unit

DECLARATIONS

- A. Regarding display of Rate Charges : (Strike out whichever is / are not applicable)
- Doctor's Charges : Present for renewal case / will be provided for new case
 - Bed Charges : Present for renewal case / will be provided for new case
 - OT Charges : Present for renewal case / will be provided for new case
 - Investigation Charges : Present for renewal case / will be provided for new case
 - Service Charges : Present for renewal case / will be provided for new case

- B. Regarding Operation Theatre :
- Total O.T. Space : Present for renewal case / will be provided for new case
 - List of Equipments : Present for renewal case / will be provided for new case
 - Shadow-less Light : Present for renewal case / will be provided for new case
 - Boyles' Apparatus : Present for renewal case / will be provided for new case
 - Anaesthetist List : Present for renewal case / will be provided for new case
(With Name, Registration No., Qualification)
 - Auto cave : Present for renewal case / will be provided for new case

- C. Regarding Maternity Home :
- Labour room space : Sq. ft.
 - List of Equipments : Present for renewal case / will be provided for new case
 - Sucker Machine : Present for renewal case / will be provided for new case

D. Regarding Electrical Installation and Supply:
Present for renewal case / will be provided for new case
(Submit a copy of recent [6 months] certificate from competent authority regarding installation and safety norms, as per law of the land)

E. Regarding Accommodation of Residential Staff:
For Renewal Case : Provided as per rule
For New Application : Will be provided as per rule

F. Regarding Cooking, Storing and Distribution of Food for patients:
For Renewal Case : Provided as per rule
For New Application : Will be provided as per rule

.....
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 rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists / proposed to be established.

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 the applicant)
Office Seal.

21. Staff :

Total No. of Staff:

No. of Permanent Staff:

No. of Temporary Staff:

In case of Nursing Home / Maternity Home, furnish the following:

| Category of Staff | Name | Qualification | Registration No. | Name of the faculty | Nature of Service (Temp / Perm.) | Appointment Letter (Yes/ No) | Joining Letters (Y / N) |
|-------------------|------|---------------|------------------|---------------------|----------------------------------|------------------------------|-------------------------|
| Office Staff | | | | | | | |
| R.M.O | | | | | | | |
| Nursing Staff | | | | | | | |
| Matron | | | | | | | |
| Female Attendant | | | | | | | |
| Group 'D' Staff | | | | | | | |
| Other Staff | | | | | | | |

(Separate sheet to be attached along with attested copies of appointment letters and joining letters)

In case of Physiotherapy Centre, submit the following:

| Category of Staff | Name | Qualification | Registration No. | Name of the faculty | Nature of Service (Temp / Perm.) | Appointment Letter (Yes/ No) | Joining Letters (Y / N) |
|-------------------|------|---------------|------------------|---------------------|----------------------------------|------------------------------|-------------------------|
| M.O. | | | | | | | |
| Physiotherapist | | | | | | | |
| Female Attendant | | | | | | | |
| Other Staff | | | | | | | |

(Separate sheet to be attached along with attested copies of appointment letters and joining letters)

In case of Pathological Laboratory Centre / X-ray Clinic / ECG Centre / EEG Centre / CT Scan Centre / USG Centre / MRI Centre / Other (tick the Centre), submit the following:

| Category of Staff | Name | Qualification | Registration No. | Name of the faculty | Nature of Service (Temp / Perm.) | Appointment Letter (Yes/ No) | Joining Letters (Y / N) |
|-------------------|------|---------------|------------------|---------------------|----------------------------------|------------------------------|-------------------------|
| M.O | | | | | | | |
| Lab Technician | | | | | | | |
| Female Attendant | | | | | | | |
| Group 'D' Staff | | | | | | | |
| Other Staff | | | | | | | |

(Separate sheet to be attached along with attested copies of appointment letters and joining letters. Skip the column or columns which is/are not applicable particularly in case of female attendant and group 'D' staff.)