

# **Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013**

CHHATTISGARH

India

## **Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013**

### **Rule**

### **CHHATTISGARH-STATE-UPCHARYAGRIHA-TATHA-ROGOPCHAR-SA of 2013**

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Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013Published vide Notification No. F 21-01/2013/IX/17, dated 20th August, 2013Last Updated 15th October, 2019Notification No. F 21-01/2013/IX/17 dated 20th August, 2013. - In exercise of the powers conferred by sub-section (1) of Section 18 of the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010 (No. 23 of 2010), the State Government, hereby, makes the following rules, the same having been previously published as required by subsection (1) of Section 18 of the said Adhiniyam, namely :-

### **1. Short title, extent and commencement.**

(1)These rules may be called the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013.(2)They extend to whole of State of Chhattisgarh.(3)They shall come into force from the date of their publication in the Official Gazette.

### **2. Definitions.**

(1)In these rules, unless the context otherwise require,-(a)"Act" means the State of Chhattisgarh Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010;(b)"Appellate Authority" means the authority defined in Rule 9 of these rules;(c)"AYUSH" means Ayurveda, Yoga, Unani, Siddha and Homeopathy systems of medicine;(d)"Schedule" means a Schedule appended to these rules;(e)"State Government" means Government of Chhattisgarh;(f)"Unethical Act" means any unethical act defined in Chapter 6 or any misconduct

defined in Chapter 7 of the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations 2002.(2)Words and expressions used and not defined in these rules, but defined in the Act, shall have the same meaning respectively assigned to them in the Act.

### **3. Supervisory Authority.**

(1)The District Collector of the concerned district shall be the Supervisory Authority under these Rules and shall be assisted by a District Committee in discharge of the functions assigned to it under the Act.(2)The Supervisory Authority shall consider the recommendations made by the District Committee in all matters and will make decisions relating to registration and/or grant of licenses to a Clinical Establishment.

### **4. Functions of Supervisory Authority.**

- The Supervisory authority shall perform all functions necessary to regulate the functioning of Clinical Establishments in the State of Chhattisgarh, which are as follows :-(a)To grant/renew, suspend or cancel registration/license of a Clinical Establishment as per the provisions under Sections 3, 6, 8 and 9 of the Act;(b)To enforce imposition of penalties as provided for under Sections 4 and 12 of the Act;(c)To obtain fees for registration/issue of license as required under Section 5 of the Act;(d)To enforce standards as required under Section 7 and 18(2) of the Act;(e)To inspect and investigate as required under Section 11 of the Act;(f)To investigate complaints related to shallful negligence with the provisions of the Act, as required under Sections 13 and 14 of the Act:Provided that, the above functions of the Supervisory Authority are not exhaustive in nature.

### **5. Office of the Supervisory Authority.**

- The Supervisory Authority shall maintain an office to be designated as "Office of ( district name) Clinical Establishment Registration and Licensing Authority". The office shall work as the Secretariat of the District Committee. The office shall be served by staff who shall report to the Chairperson of the District Committee.

### **6. Income of the office of Supervisory Authority.**

- The fees/penalties payable by the Clinical Establishments shall become the income of the office of the Supervisory Authority of the concerned district and shall be used for the purposes of carrying the activities assigned to it.

### **7. Initial corpus of the Supervisory Authority.**

- The State Government may provide grant-in-aid to the Supervisory Authority to supplement its resources, provided that, the quantum of such grant-in-aid shall be determined on the basis of an assessment of their income and expenditure.

## 8. District Committee.

(1)The constitution of the District Committee shall be as follows :-

- |   |                    |
|---|--------------------|
| 1. Chief Medical and Health Officer (CMHO)                                    | - Chairperson      |
| 2. District Collector's nominee [Not below the rank of Dy.Collector]          | - Member           |
| 3. Commissioner/CMO of the Urban Local Body of Heaquarter Town ofthe District | - Member           |
| 4. CEO, Zilla Panchayat   | - Member           |
| 5. Representative of Chhattisgarh Environment Conservation Board              | - Member           |
| 6. District Ayurveda Officer  | - Member           |
| 7. Civil surgeon, District Hospital   | - Member-Secretary |

(2)At least 50% of the members must be present in order to form quorum in any meeting of the District Committee. The representation from the Urban Local Body/ Municipal Corporation shall be compulsory.(3)The District Committee may form one or more team for the purpose of inspection of Clinical Establishments. Such team(s) shall comprise of a minimum of 4 members, from various disciplines including a representative from AYUSH and the representative of Urban Local Body shall compulsorily be present.(4)The reports of the Inspection Team(s) shall be placed before the District Committee for making recommendations to the Supervisory Authority in respect to Clinical recommendations to the Supervisory Authority in respect to Clinical Establishments, inspected by the team(s).

## 9. Appellate Authority.

(1)Following authorities are delegated the powers to perform the functions of the Appellate Authority, to consider appeals against orders issued by the Supervisory Authority, as provided under Section 10 of the Act:-(a)Director of Health Services-In respect of all Allopathic Clinical Establishments, other than hospitals attached to Medical Colleges;(b)Director of Medical Education-In respect of Medial College Hospitals;(c)Director, AYUSH-In respect of Clinical Establishments belonging to Ayurveda, Yoga, Unani, Siddha and Homeopathy systems.(2)The Appellate Authority shall issue a written receipt for every appeal letter/application received by it and shall dispose of the appeal within 90 calendar days from the date of issue of the receipt.(3)The Appellate Authority may confirm, modify or set aside the Supervisory Authority's order or pass such an order as it may deem justified.

## 10. Prescribed Standards.

(1)Every Clinical Establishment liable to obtain a license under the Act must fulfill the standards prescribed in Schedule 1 appended to these rules in this regard and it may be amended from time to time.(2)No Clinical Establishment shall be allowed to operate without a valid license after the expiry of 9 months from the date of notification of these rules. The time period includes the initial 3 months for application, followed by 6 months for inspection and rectification of gaps, found during

the inspection by the District Committee, any delay in the inspection by the District Committee beyond 9 months from the date of notification of these rules, shall entitle the Clinical Establishment to continue its operations until the inspection is done by the committee.(3)The establishments who fail to comply with the prescribed standards after the above mentioned additional period shall not be issued license under Section 6 of the Act.(4)Notwithstanding any contained in sub-rule (2) of this rule, the Supervisory Authority may grant an existing Clinical Establishment further time for rectifying the gaps in respect of shortage of nursing staff only, provided that:(a)Such relaxation shall be given against a written request from the owner/proprietor of the Clinical Establishment;(b)The application for relaxation must be made along with the application for registration;(c)The maximum permissible time for rectification of gaps shall not be more than 3 years from the date of grant of registration;(d)During this period the unskilled and untrained staff working in the establishment shall have to undergo a course of nursing/ midwifery/ paramedical of 6 months duration and obtain a certificate under Chhattisgarh State Skill Development Mission;(e)After the relaxation period of 3 years all the standards as described herein the rules shall be applicable for the establishment and only qualified staff shall be allowed to work in the Clinical Establishment.

## **11. Procedure for issue of license.**

(1)Procedure for Registration and licensing of existing establishments shall be as follows :-(a)All Clinical Establishments already in existence on the date of notification of these Rules shall apply for registration to the office of the concerned Supervisory Authority within 90 days from the date of notification of these rules, as per the format given in Schedule 2.(b)As per section 5 of the Act, every application must be accompanied by fees as prescribed in Schedule 3 and in the form of a bank draft or postal order in the name of the Supervisory Authority. The fees prescribed in Schedule 3 may be revised from time to time;(c)The Supervisory Authority shall issue a Registration Certificate upon receipt of the application and prescribed fee. The Registration Certificate shall be issued in the format given in Schedule 4. The Registration Certificate shall be valid for a period of 6 months from the date of issuance;(d)The Supervisory Authority shall order the District Committee to inspect the Clinical Establishment of the applicant within the validity period of the registration Certificate to confirm (or otherwise) eligibility for issue of license;(e)Where the Establishment is certified to be operating as per the prescribed standards, the Supervisory Authority shall issue a license, under Section 3 and 6 of the Act, which shall be valid for a period of 5 years, as prescribed under Section 8 of the Act. The license shall be issued in the format given in Schedule 5;(f)Where it is found on inspection, that the establishment does not fulfill the prescribed standards, Supervisory Authority may refuse to issue a license;(g)Where the Establishment fails to obtain a license under these rules, the establishment shall have to apply afresh for license. The fee for application shall be same as prescribed for a new Clinical Establishment. Establishments applying for the second time under these rules shall not be issued Registration Certificate and the establishments shall not be deemed to be registered.(2)Procedure for Licensing of new establishments :-(a)Any new Clinical Establishment shall only be allowed to operate after obtaining a valid license, after Rules have been notified.(b)An applicant intending to set up a Clinical Establishment, after the notification of these Rules, shall apply to the concerned Supervisory Authority as per the format prescribed in Schedule 2 along with the fees prescribed in Schedule 3.(c)The Application form must indicate the date of commencement of Clinical Establishment which shall not be less than 30 days from the date of application.(d)The

Supervisory Authority shall indicate a tentative date for inspection in its acknowledgement letter/receipt.(e)Where it is found on inspection that the Establishment does not fulfill the prescribed standards, Supervisory Authority may refuse to issue a license.(f)Where the establishment fails to obtain a license under these rules, the establishment shall have to apply afresh for license. The fee for application shall be same as prescribed for a new Clinical Establishment. Establishments applying for the second time under these Rules shall not be issued registration certificate and the establishments shall not be deemed to be registered.(3)General conditions applicable to all Clinical Establishments are as follow :-(a)The license shall be kept affixed in a conspicuous place in the Clinical Establishment in such a manner so as to be visible to everyone visiting the establishment;(b)In case the license is lost, destroyed, mutilated or damaged, the Supervisory Authority may issue a duplicate license against the application of the Clinical Establishment and after the payment of fees as prescribed in Schedule 3. A certificate of registration/ license issued under this rule shall be marked 'Duplicate' in hand/seal.(c)The license shall be non transferable. In case of change of ownership or management, the Clinical Establishment shall inform the Supervisory Authority of any such change and shall have to apply again for registration or issuance of a fresh license, as the case may be.(d)In the event of change of ownership/change in the category of license/change in location or closure of the establishment, the license shall be surrendered to the supervisory authority.(e)All inspection reports of the Supervisory Authority shall be placed in the public domain and shall be available on demand to the general public;(f)License shall be issued/granted in the name of Establishment and the Proprietor and not in the name of the Owner;(g)In case of Multi-Speciality/Super-Speciality hospitals having Diagnostic Facilities or Physiotherapy Units separate application should be filed for licensing of such Diagnostic and Physiotherapy Units. Small Clinical Establishments where routine/small pathological procedures are carried out shall not require separate license under these rules.

## **12. Procedure for renewal of license.**

(1)Every Establishment must apply for renewal of its license at least 3 months before the date of expiry of its license.(2)The procedure for renewal shall be the same as for licensing of new Establishments.

## **13. Register of Clinical Establishments.**

(1)The Supervisory Authority shall maintain a register indicating category wise list of Clinical Establishments licensed to operate in its jurisdiction. The information shall be in the public domain and shall be available on demand to the General Public.(2)The Register shall be prepared and updated in the format prescribed in Schedule 6 (Table 1) which may be amended from time to time.

## **14. Records to be maintained by Clinical Establishments.**

- Every Clinical Establishment shall maintain such records of patient treated and/or admitted by it for treatment as prescribed in Schedule 7 and may be amended from time to time.

## **15. Reporting of contagious or communicable/notifiable diseases.**

(1) Every Clinical Establishment shall submit the report data and statistics on contagious or communicable/notifiable diseases to the Chief Medical and Health Officer of the concerned district:- (a) Immediate written report through e-mail or Fax ((within 24 hours or on next working day in case of holidays) as per format in Schedule 8 in case a person with any of the following notifiable diseases is received/ admitted/treated by a Clinical Establishment like : Dengue, Swine Flu, Bird Flu, Tuberculosis, Small Pox, Cholera, Plague, Scarlet fever, Yellow fever, Diphtheria, Typhus, Relapsing Fever, Cerebrospinal Fever, Poliomyelitis, Viral Encephalitis, AIDS, Meningococcal Meningitis or any other disease notified by the Government of India, from time to time; (b) Monthly report as per format in Schedule 9.

## **16. Participation in National/State Public Health Programmes.**

- Every Clinical Establishment shall participate in all National/State Public Health Programmes subject to such guidelines which the Directorate of Health Services may issue in this regard from time to time. Participation under various schemes of National/State Government shall be voluntary. Statistical reports of National or State Programmes/Schemes like-Delivery, Casearean Section Operation, Immunization, Sterilization operation under Family welfare, Cataract, Sickle Cell etc. shall be produced before the Chief Medical and Health Officer of the concerned District when demanded.

## **17. Obligation to secure Patient's Convenience.**

(1) Every Clinical Establishment shall ensure that the patient and/or a person authorized by him/her receives following :- (a) The relevant information about the nature, cause, likely outcome of the present illness/treatment/operation. (b) The relevant information about expected costs and complications. (c) An access to his/her clinical records, at all times during admission and treatment and after discharge. (d) Photocopy of medical records after discharge or death (after paying fees for photocopy, if necessary). (e) A discharge summary at the time of discharge, which should contain date of admission/discharge, diagnosis, treatment given, operations, investigations, and follow up. (2) Every Clinical Establishment shall ensure following rights of the patient and his/her attendant: (a) Right to dignity and privacy during examination, procedures and treatment. (b) Right to get informed consent before anaesthesia, blood and blood product transfusions and invasive/high risk procedures/ treatment, risks, benefit, alternatives if any and as to who shall perform the requisite procedure. Informed consent includes information in a language and in manner that the patient can understand; can take risks and benefits; alternatives available and requisite procedures to be performed accordingly; (c) Right of a female patient to have proper privacy during examination. In case of examination by a male doctor, a female attendant must be present; (d) Rights to confidentiality of reports. Such reports and information not to be disclosed to anyone other than the patient or person authorized by the patient. (e) Right of a person suffering from HIV to receive care without any discrimination. Not having a Voluntary Testing and Counselling Centre cannot be a ground to refuse care. For management of patients who are HIV positive, the nursing home should follow guidelines circulated by NACO (National AIDS Control Organization) from time to

time.(f)Right to dignity in case of death or withholding of the body by the hospital;(g)Right to referral/transfer to any other facility that the patient or his/her attendant may want/wish.(h)Right to be asked for a prior consent before being examined by students/ interns for training.(3)The indoor patients shall be considered to be under custody of the treating physician who shall be solely responsible for safety of such patients.

## **18. Procedure of Receipt and Registration of Complaints (Grievance Redressal).**

(1)All communications/complaints in writing (by whatsoever mode they are received) addressed to the Supervisory Authority, either by name or designation, shall be received by the office of the Supervisory Authority.(2)All complaints shall be duly recorded and serially numbered in a register to be maintained by the office of the Supervisory Authority indicating sender's name and address of the complainant as prescribed in Table 2 of Schedule 6.(3)Complaints received by hand shall be immediately registered and an acknowledgment receipt issued across the counter. Complaints received through other modes shall be registered within 1 working day from the date of the receipt of the complaint.(4)For complaints received through mail/email/fax, an acknowledgment shall be sent to the complainant within 3 working days of the receipt of the complaint.(5)Complaints and other communications requiring urgent attention shall be placed expeditiously before Supervisory Authority.(6)The complaints received in respect to the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013, shall be examined through a Committee formed by the Supervisory Authority of the concerned District. The Chairpersons of such committee shall be of a rank higher or equivalent to a Deputy Collector and shall include a specialist doctor of the concerned discipline.

## **19. Miscellaneous.**

(1)Employees of the Supervisory Authority to be public servants-The staff of the office of the Supervisory Authority shall be deemed to be public servants within the meaning of section 21 of Indian Penal Code, 1860.(2)The Supervisory Authority shall have the power to cancel the license of any Clinical Establishment found to be in any unethical practices.(3)Amendments to the rules and/or its schedules-The Government may amend these Rules and/or the Schedules, thereof, from time to time.

## **Schedule 1**

[See Rule 10]Standards for Clinical EstablishmentA. Standard for Clinics

### **1. Minimum Infrastructure Requirement**

1.1Location and Surroundings. - 1.1.1 The clinic shall be located in an open place, having clean surroundings with adequate parking space.1.1.2The clinic shall not be adjacent to on open sewer, drain or public lavatory or to a factory/establishment emitting smoke or obnoxious

odour.1.2Building. - 1.2.1 The building used for the clinic shall comply with the relevant municipal bye-laws enforced from time to time.1.2.2The access to the clinic building shall be friendly for the persons with disability.1.2.3The rooms of the clinic shall be well ventilated, lighted and shall be kept in clean and hygienic conditions.1.2.4The flooring shall be washable with disinfectants such as not to permit retention or accumulation of dust.1.2.5Arrangement for taking anti infective/disinfection measures in all clinical procedure shall be available.1.2.6Each clinic shall have clean and hygienic toilet.

## **2. Space Requirements :**

2.1Individual Allopathic clinics - It should have following minimum standards:-

Consultation/Treatment room and waiting area 200 sq.ft2.2Individual AYUSH Clinic. - It shall have the following minimum standards:- Consultation/Treatment room and waiting area 200sq.ft

## **3. Emergency First Aid. - 3.1 Every doctor has a professional obligation to extend services to protect life. All the clinics must provide immediate medical aid cases of medical emergency. All clinics providing medical care and are registered under these rules must have the following functional life saving equipment:-**

3.1.1Ambu Bag3.1.2Oxygen cylinder with flow meter, catheter and mask3.1.3IV infusion set and IV fluids like Normal saline, dextrose and ringer lactate3.1.4There should be staff trained in cardio pulmonary resuscitation3.1.5Emergency Medicines3.2In case a patient is brought in a critical condition to a clinic and it is decided to refer the patient to a hospital, the patient shall be treated and stabilized before being referred/shifted to the hospital, provided also that the patient shall be transferred to a higher centre or Nursing Home/Hospital, accompanied by a medical attendant along with all medical records (including X-rays, investigation reports, clinical notes).3.3It is also expected that the doctor who had treated the patient initially shall keep in touch with the institution to which the patient has been transferred to, so as to remain aware of the patient's condition.

## **4. Entrance zone. -**

4.1Signage. - 4.1.1 Prominent display boards in local language and Pictorial

depiction.4.1.2Boards/Charts providing information regarding the services available and the timings of the institute.4.1.3Boards or charts mentioning Proprietor's Name, Name of the doctor, his qualification, Stream of medicine practised, Address, Telephone number, email Id (if

any).4.2Outpatient Department. - 4.2.1 Clinics for various medical disciplines-If there are more than one clinics in an Establishment then there should be separate cabins for various disciplines in the clinic with separate provision for examination which ensures privacy to the patient. The cabins should be provided with Doctor's Chair Table, Patients Chair, Attendants' Seat, Wash Basin, X Ray Film View Box and other set of tools as may be required for different disciplines.4.2.2Separate toilets for male and female in the premises in case of Polyclinics and common toilet in case of a single clinic.4.2.3If there is a pharmacy in the premises, it should be located in an area conveniently



accessible to the patients.4.2.4Emergency Room : The emergency room should have an easy access to the incoming patients.4.2.5Treatment Room : Minor OT Dressing Room/Injection Room

## **5. Human Resource.**

## **6. Support Services:**

6.1Electricity. - Provision for continuous supply of electricity and power back up should be there.6.2Water Supply. - Provision for safe drinking water and hand washing arrangements shall be there.6.3All Clinics have to maintain firefighting equipments like extinguishers as prescribed by municipal authorities.

**7. Waste Disposal. - The Disposal of wastes in the hospital shall be in accordance with Bio-Medical Waste (Management and Handling) Rules, 1998. Provisions shall be made for segregation and safe disposal of biomedical wastes, sharps and syringes either their own resources or through tie-up with Common Biomedical Waste Treatment Facilities.**

### **B. Standard for Medical Laboratory**

#### **1. Pathological laboratory**

a. Small Lab : Routine clinical Procedures like HB, TLC, DLC, Urine Sugar (Blood and Urine)b. Large Lab : Above Procedures plus Blood-Urea, Cholesterol, RFT, LFT, Lipid Profile, Bio Chemistry, Microbiology, Histopathology, Common Hormone Assay : T<sub>3</sub>, T<sub>4</sub>, TSH, Prolactin, Urine and Blood Culture, Elisa Test etc.The minimum area of the laboratory should be : 120 + 40 Sq. ft.1.1The clinical laboratory shall be provided with 600 mm wide and 900 mm high bench of length about 2 metres per technician and enough room for pathologist in charge of the laboratory. Each laboratory bench should have a laboratory sink with swan neck fittings, reagent shelving, gas and power point and counter cabinet. Top of the laboratory bench should be acid alkali proof.1.2All clinical laboratories should keep records properly with the name of the patients, their address and the name of the referral doctor along with details of investigation results.1.3All Pathology labs have to maintain firefighting equipments like extinguishers as prescribed by municipal authorities.1.4All labs should have Personnel Protective Equipment (PPF) for the staff.1.5Clean toilet facility for sample collection with due privacy.1.6Supervisory Doctor-1.6.1Minimum qualification to run a small Laboratory is an MBBS degree.1.6.2Minimum qualification to run a large Laboratory shall be MD/DCP in Pathology.1.7Technical Personal - The technical person performing tests under the supervision of the supervisory doctor should have the following qualifications :-1.7.1Diploma in Medical Laboratory Technology (with a course of atleast of one year duration) awarded by a University, State Government, Central Technical Board.1.7.2Any such course approved by the Government of Chhattisgarh, from time to time.1.8Collection Centre. - Collection Centre can be run by a DMLT or a trained nurse. The collection centre should have a room of atleast 80 sq ft area, where facilities of collection and storage of samples and proper transportation of samples from centre to medical lab

should be provided. The transportation should be done carefully with proper maintenance of cold chain.

## **2. Radiology and Imaging. -**

2.1 The role of Radiology Centre is to provide Radio Diagnostic Services and therefore, it shall be run by qualified specialist in Radiology and Imaging. 2.2 The Radio Diagnosis Units generally deal with Radiography, Ultrasonography (USG), Nuclear medicine, and Computed Axial Tomography Scanner (CT Scan), Magnetic Resonance Imaging (MRI) etc. 2.3 Such Units shall have X-Ray and normal Ultrasonography facilities. Apart from this it shall have facilities like Colour Doppler, Echocardiography, Computed Axial Tomography Scan (CT scan), Magnetic Resonance Imaging (MRI) and other Nuclear Medicine related tests. 2.4 All Establishments having Radiology and Imaging facilities must fulfill the clauses laid down in the SAFETY MANUAL prepared by ATOMIC ENERGY REGULATORY BOARD. Some of the points include :- Availability of lead screen near the control panel and lead aprons for technicians. Availability of TLD badges with routine evaluation of technicians for exposure to radioactive rays. Prominent display of logo and caution signage especially for the pregnant ladies in local language. The walls of room where primary beam falls shall not be less than 35 mm thick and walls on which the scattered beam falls shall not be less than 23 mm thick. Windows shall be lead painted or shielded with 1.7 mm lead, if there. 2.5 The Center should have been approved by the Atomic Energy Regulatory Body.

## **3. Ultrasonography. - 3.1 All Establishments performing Ultrasonography should have license under the PC-PNDT Act.**

3.2 In case the Ultrasonic facility maintains a portable machine, the use of such machine shall be limited to the hospital premises as prescribed under the PNDT guidelines.

## **4. Qualifications. -**

4.1 Supervisory Doctor. - 4.1.1 Minimum qualification for X-Ray and Sonography shall be MBBS with Training/Diploma in a relevant discipline, approved by the Government of Chhattisgarh. 4.1.2 Minimum qualification for higher levels of services (CT Scan, MRI etc.) shall be MD Radiology/Radio Diagnosis/Diploma in Medical Radiology and Electrodology/Diploma in Medical Radio Diagnosis/Diploma in Medical Radiology or any other Qualification/Degree or Diploma recognized by MCI. 4.2 Technical Personnel. - The technical person performing the tests under supervision of the supervisory doctor should have one of the following qualifications :- 4.2.1 Diploma in X-ray and Imaging awarded by a University, State Government or Central Technical Board. 4.2.2 Any such course approved by Government of Chhattisgarh, from time to time.

## **5. Support Services. - 5.1 Electricity-Provision for continuous supply of electricity and power back up shall be there.**

5.2 Water Supply-Provision for safe drinking water and hand washing arrangements shall be there. 5.3 All Radiology Labs have to maintain firefighting equipments like extinguisher as prescribed by Municipal Authorities.

**6. Equipment. - 6.1 The Centers must be provided with all instruments/equipments required for emergency & basic life support.**

6.2 The clinic providing interventional/contrast studies must have instruments/equipments/medicines to deal with any allergic and/or anaphylactic complications that may arise.

**7. Waste Disposal. - The Disposal of wastes in the hospital shall be in accordance with Bio-Medical Waste (Management and Handling) Rules, 1998. Provisions shall be made for segregation and safe disposal of biomedical wastes, sharps and syringes either by their own resources or through tie-up with Common Biomedical Waste Treatment Facilities.**

C. Standards For Maternity Homes (Definition as per 2(e) of the Act)

**1. Minimum Infrastructure and Space Requirements for OPD of the maternity home. - Must fulfill the standard prescribed for the clinics in Part A of this Schedule.**

**2. Apart from the above. - The basic minimum facilities to be provided by the Maternity Home are as follows :**

2.1 Maternity Facilities-a. All Maternity Homes should be able to carry out procedures like Suction and Evacuation, Dilatation And Curettage, Caesarean Section and Caesarean Hysterectomy on an emergency basis. b. Blood transfusion facilities should be available within the premises or a dedicated blood bank facility on the panel of the institution. The names, addresses and telephone numbers of such licensed blood banks to be prominently displayed; c. Maternity Homes should have Gynecologists, Surgeons, Anesthetists, and Pediatricians on roles. d. Provision for hot water shall be there. All maternity homes must have : 2.2 OPD Area - The minimum standards for all individual OPDs shall have to be as mentioned in the standards for Clinics in Part A of this Schedule. 2.3 IPD Block. -

Item	Minimum Area Required
Floor space per bed in ward	100 sq. ft. for one bed and additional 60 sq. ft. for every additional bed in the room
Distance between two beds	6 ft.
Clearance between bed and wall	6 inches
Width of doors in the wall	3 ft.

Bath & toilet	36 sq. ft.
Number of urinals	1 per 6 bed
Number of toilets and baths	1 per 6 bed
Number of wash basins	1 per 10 bed
Operation Theatre (sterile zone)	300 sq feet
Instrument Sterilization	50 sq. ft.
Scrubbing up (there should be proper zoning into protective, clean zone and sterile zone)	25 sq. ft.
Labour Room with Toilets	140 sq. ft. + 20 sq. ft.
Doctor's Duty Room	100 sq. ft. (with toilet)
Nurses Station	100 sq. ft. (with toilet)
Ward Store	100 sq.ft.
Trolley Bay	30 sq.ft.
Consulting Room and Examination Room	120 sq. ft.

2.4 Labour Room. -a. Labour tableb. New Bom Resuscitation Unitc. Emergency Medicinesd. Shadow Less Lampe. Instruments for Assisted Deliveriesf. Minor Surgical Instruments2.5 New Born care area -a. This unit shall be located within or in close proximity to labour roomb. Radiant Warmers must be kept in this area.c. Emergency Medicinesd. Suction Machines

### 3. Minimum equipments required for Maternity home :

a. Labour Tableb. Foetal Monitor (Doppler or Cardiotocograph)c. Neonatal Resuscitation Kitd. One suction machine with power back up & one standby foot suction machinee. Minimum one oxygen cylinder for 8 beds or part with one standby cylinder.f. Ambu bag. Oxygen mask catheter, and nebulizersg. Minimum one Infant warmer.h. All instruments equipments required for emergency & basic life support.i. Emergency Tray,j. Dressing Trolley.k. Instruments & equipments required for Emergency Obstetric Care. (LSCS, Obstetric Hysterectomy, Forceps,)l. Defibrillator

**4. Diagnostic Service. - Diagnostics Services Like Pathological Lab, USG, Foetal Monitor and empanelled blood bank tie up, portable, X-ray, ECG machine, if available shall be as per the standards prescribed in Standards of Diagnostics in Part B of this Schedule.**

### 5. Support Service. -

a. Electricity-Provisions for continuous supply of electricity and power back up shall be there.b. Water Supply-Provision for safe drinking water and hand washing arrangements shall be there.c. Fire safety-All Maternity Homes have to maintain firefighting equipments like fire extinguishers.

**6. Waste Disposal. - The Disposal of waste in the hospital shall be in accordance with the Bio-Medical Waste (Management and Handling) Rules, 1998. Provisions shall be made for segregation and safe disposal of biomedical wastes, sharps and syringes either by their own resources or through tie-up with Common Biomedical Waste Treatment Facilities.**

D. Standards for Physiotherapy Unit It is an establishment where massaging, electrotherapy, hydrotherapy, medical gymnastics or any other similar processes are usually carried on for the purpose of treatment of disease or deformity. Following standards shall be maintained for the Physiotherapy Unit:-

**1. Minimum Infrastructure and Space Requirements. - Same as described for a clinic in Part A of this Schedule.**

**2. Human Resource. -**

2.1 Such Establishments shall be under direct supervision of Bachelor of Physiotherapy from a recognised university or institute. 2.2 Male or female employees providing such therapy should be under direct supervision of a qualified Physiotherapist as mentioned above and shall possess a minimum qualification of higher secondary and minimum practical experience as prescribed by the MCI in Physiotherapy department of any hospital.

**3. Equipments. -**

1. Short Wave Diathermy
2. Microwave diathermy
3. Magnetic Therapy
4. Laser therapy
5. Interferential therapy
6. Lumbar Traction and Cervical Traction
7. Paraffin was bath
8. Hot packs
9. Ultra sound therapy

**4. Support Services :**

- a. Electricity.-Provision for continuous supply of electricity and power back up shall be there.
- b. Water Supply.-Provision for safe drinking water and hand washing arrangements shall be there.
- c. Fire safety.-All Physiotherapy Units have to maintain firefighting equipment like fire extinguishers.

**5. Waste Disposal. - The Disposal of wastes in the hospital should be in accordance with Bio-medical Waste (Management and Handling) Rules, 1998. Provisions shall be made for segregation and safe disposal of biomedical wastes, sharps and syringes either by their own resources or through' tie-up with Common Biomedical Waste Treatment Facilities.**

## E. Hospitals and Nursing Homes

### **1. The Basic Minimum Facilities Provided by a Nursing Home/Hospitals includes:**

1.1 Emergency First Aid. - As described for a clinic in part A of this Schedule. 1.2 Indoor Admission facilities. - The Hospital/Nursing Home shall provide facilities for various disciplines. 1.3 Other Services : 1.3.1 The facility shall have ear-marked space for OPD block in the standards as prescribed for clinics in Part A of this Schedule. 1.3.2 Services of one Medical Practitioner on duty shall be available 24hrs for attending to emergency call of the indoor patients. 24hrs duty of Medical Practitioner shall not be compulsory if Day Care Centres are available. But availability of Doctor is compulsory till a patient is there in the Hospital. 1.3.3 Diagnostic Services if available shall be as per standards prescribed for Medical Laboratories in part B of this Schedule. 1.3.4 Services of Physiotherapist if available shall be as per standards prescribed for Physiotherapy Units in Part D of this Schedule.

### **2. OPD Block. - Minimum Infrastructure requirement: As prescribed for a clinic.**

### **3. Entrance zone. - As prescribed for a clinic.**

### **4. Inpatient Department:**

4.1 Wards - a. The ward Should have enough space between beds (as described in clause 8 of Part E of this Schedule) b. Separate toilets for males and females c. Separate room for infectious patients d. Fire fighting equipments/evacuation plan/exit plan and fire alarm e. Emergency Tray f. Suction Machine g. Oxygen cylinder with Mask & Ambu bag h. Dressing Trolley i. Separate wards for male and females. 4.2 Intensive Care Unit (If available). - Intensive Care Unit shall be well supported by medical and paramedical staff in order to provide Resuscitation and Short term Cardio Respiratory Support including Defibrillation. Following standards shall be maintained for Intensive Care Units :- a. Entrance door - 4 ft. wide b. Space per ICU bed - 100 sq. ft. c. Distance between two adjacent beds - 3.5 ft. d. Curtain/partition between beds e. Bedside Supply - centralised oxygen supply facilities must be available f. Suction Machine beside each bed g. Non Invasive Electronic Monitoring - SPO<sub>2</sub>, HR, Rhythm, NIBP, ECG, Temperature h. Ventilator And Defibrillator i. Crash Cart j. Trolley/Resuscitation Tray k. In-House Basic Clinical Lab l. Imaging Facilities - X-Ray, USG, ECG. Qualified Resident Medical Officer m. Nurse and support staff n. Separate hand washing facility o. Wheelchairs/Stretchers p. Separate Medicine and Consumable Storage. 4.3 Operation Theatre Complex/Zone - a. Pre-operative room/area b. Changing room for staff c. Scrub Area d. Sterilization Room e. Store f. Provision for hot water g. Operation Table h. Shadow Less Lamp s. Post-Operative (Recovery) Room. 4.4 Labour Room. - As prescribed for Maternity Homes in Part C of this Schedule. 4.5 New Born Care Unit. - As prescribed for Maternity Homes in Part C of this Schedule.

## **5. Support Services and Necessary Requirements For Staff:**

5.1 Support Services: a. Diet.-Diet may either be outsourced or adequate separate space for cooking shall be provided Hygienic food as advised by physicians shall be available to the patients. b. CSSD (Central Sterile Supply Department) (Compulsory for hospitals with 100 beds or more)-Adequate space and standard procedure for sterilization and sterile storage shall be available. A practical protocol for quality assurance of CSSD shall be developed. c. Laundry.-There shall be separate storage facility for dirty and clean linen and also for infected/soiled and non-infected linen/non soiled linen. d. Electricity.-Provision for continuous supply of electricity and power back up shall be there. e. Water Supply.-Provision for safe drinking water and hand washing arrangements shall be there. f. Fire Fighting equipments-All hospitals to have fire fighting equipments like Fire Extinguishers. 5.2 Necessary requirements for staff- a. The staff employed shall be free from any contagious disease and shall be provided with clean uniforms suitable to the nature of their duties. b. The workers shall be medically examined at the time of employment and periodical checks of the staff should be done. c. Staff should be ensured for medical hazards and statutory rules of employment should be followed.

## **6. Equipment. - The Nursing Home shall provide and maintain the following :-**

a. All instruments/equipments required for emergency & basic life support. b. ECG Machine. c. Emergency Tray. d. One Suction Machine & one Standby Foot Suction Machine. e. Minimum one oxygen cylinder for 8 beds with one Standby Cylinder. f. Defibrillator. g. Infusion Pump. h. Dressing trolley. i. Facility for power back up. j. Fire Fighting Equipments/Evacuation Plan. 6.1 Minimum requirements of Operation Theatre- a. Operation Table. b. Boyles Machine. c. Laryngoscope with 5 blades of different sizes. d. Endo Tracheal Tubes all sizes with connections. e. Pulse Oxymeter/Multi-Parameter Monitor. f. Electric Suction Machine with generator connection. g. Foot Suction Machine. h. Emergency Tray with Medicines. i. Autoclave. j. Shadow Less Lamp. k. Electric Caution.

### **1. Defibrillator.**

m. Oxygen cylinder in sufficient number. 6.2 Minimum Instruments and equipments required for Nursing Home/ Hospital. - Minimum required instruments & equipments shall vary as per particular specialty/super specialty, however, a list has been provided as per Indian Public Health Standards (Annexure-A).

**7. Requirement of Human Resource in case of Super-Speciality/Multi-Speciality Hospitals as per availability. - Hospitals/Nursing Homes offering multi-speciality/super-speciality services must have specialists in the relevant discipline either on their pay roll or as a panelist in their list of consultants. The minimum qualification required for such specialists shall be as indicated in the table below :-**

Speciality/ Discipline	Desirable Qualifications
Super Specialist	DNB/MCH/DM/Post PG Diploma/Fellowship
General Surgeon	MS/DNB, (General Surgery)
Physician	MD/DNB, (General Medicine)
Obstetrician & Gynaecologist	DGO (OBG)/MS/DNB/MD
Paediatrics	DCH/MD (Paediatrics)/DNB
Orthopaedics	MS/DNB/D, ORTH
ENT Specialist	MS/DLO
Anaesthetist	MD (Anaesthesia)/DNB/DA
Eye surgeon	MD/MS/DOMS/DNB/(Ophthalmology)
Dental Surgeon	BDS
Pathologist	MD/DNB/DCP /
Radiologist	MD/DNB/DMRE/DMRD/DMR
Psychiatrist	MD/DPM/DNB
Dermatologist	MD/DNB/Diploma
General Practitioner (allopathy)	MBBS/or any other degree in allopathic medicine
General practitioner (ayush)	BAMS/BHMS/Siddha/Yoga
Specialist of AYUSH	Post Graduate in AYUSH

7.1Resident Medical Officers/General Duty Medical Officers. - Every Hospital/ Nursing Home must have at least one Resident Medical Officer/General Duty Medical Officer for every 20 beds.7.2Nursing staff and other supportive staff. - Minimum nursing and other support staff shall be in the ratio indicated below :

S. No.	Category of Staff which should be available inany nursing home/ hospital/maternity home	For how many Patients	Number to be provided
1.	Nurse/Midwife	20 beds or its part	1
2.	General Duty Attendant	20 beds or its part	1
3.	Sweeper	10 beds or its part	1

\*This is on 8 hourly basis (per shift)

## 8. Physical Standards. -

Specification of areas for Clinical Establishment

Item	Minimum Area Required
Minimum floor space per bed in ward	100 sq. ft. for one bed and additional 60 sq. ft. for



	every additional bed in the room
Minimum distance between two beds	6 ft.
Minimum clearance between bed and wall	60 mm
Minimum width of doors in the wall	3 ft.
Bath & Toilet	36 sq. ft.
Number of Toilets and Baths	1 per 6 bed
Number of Wash Basins	1 per 10 bed
Minimum area of Operation Theatre (sterile zone) up to 10 beds	140 sq. ft.
>10 and <30 beds	200 sq. ft.
>30 beds	300 sq. ft.
Area for Instrument Sterilization	50 sq. ft.
Area for scrubbing up	25 sq. ft.
Area for pantry (NH more than 20 beds)	80 sq. ft.
Labour room with Toilets	140 sq. ft. + 20 sq. ft.
Doctor's duty room	100 sq. ft. (with toilet)
Nurses Station	100 sq. ft. (with toilet)
Area for USG	As per PNDT Guidelines
Area for laboratory	120 sq. ft. + 40 sq. ft.
Physiotherapy unit with equipments	160 sq. ft.
Ward Store	100 sq. ft.
Trolley Bay	30 sq. ft.
Consulting Room and Examination Room	120 sq. ft.

## 9. Emergency Medical Services. -

9.1 All Nursing Homes wherever registered medical practitioner/s are engaged, must primarily attend the emergency patients and provide basic life support without considering the financial ability of the patient, and then refer, if necessary, to the nearest private/public hospital with suitable medical report about the ailments, as early as possible. Golden Hour Treatment Protocols shall be followed.

9.2 Every Nursing Home shall have all logistics for emergency basis life support with trained medical and paramedical personnel.

9.3 Every nursing home shall ensure that they must prescribe rational drugs to their patients and follow the provisions of the Drugs and Cosmetics Act, 1940.

9.4 Every Nursing Home has a professional obligation to extend its services with due expertise for protecting life in emergency or in disaster.

**10. Waste Disposal. - The Disposal of wastes in the hospital shall be in accordance with Bio-Medical Waste (Management and Handling) Rules, 1998. Provisions shall be made for segregation and safe disposal of biomedical wastes, sharps and syringes either by their own resources or through tie-up**

## with Common Biomedical Waste Treatment Facilities.

### Schedule 2

[See Rule 11]Form CE 1 : Application for Registration/issuance of License/ Renewal of License[Clinic (Allopathic Ayush) And Physiotherapy Unit]Application for Registration/Renewal of registration under the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010.

1. Name of the establishment:.....
2. Address : Village/Town:.....Taluka.....  
District:.....State..... Pincode.....  
Tel. No. (With STDcode)..... FaxNo.....  
Email id..... MobileNo.....
3. Year of starting : .....
4. Location: .....

| Municipal Corporation| {||-||}| Others|-| 5. Ownership:| {||-||}| Individual Proprietorship| {||-||}| Registered Partnership|-|| {||-||}| Registered Company| {||-||}| Co-operative Society|-|| {||-||}| Trust/Charitable| {||-||}| PSU| {||-||}| Corporation|-| 6. Name of owner of clinic :.....|-| 7. Name of person in charge of clinic:.....|-| Designation..... Education Qualification.....|-| Address :Village/Town:.....Taluka.....|-| District:.....State..... PinCode.....|-| Tel. No. (With STDcode) .....Fax No.....|-| Email id..... MobileNo.....|-| 8. System of Medicine offers (please tick whichever is applicable):-|| {||-||}| Allopathy| {||-||}| Ayurveda| {||-||}| Unani| {||-||}| Siddha|-|| {||-||}| Homeopathy| {||-||}| Yoga and Naturopathy| {||-||}| Physiotherapy|-| 9. Infrastructure Details :-|| Area of Establishment (in sq.ft.).....|-| Total Area.....Constructed Area.....|-| 10. Whether biomedical waste disposal license obtained from Panchayat/Municipality/Municipal Corporation ?|-|| {||-||}| Yes| {||-||}| No.|-| 11. Whether clearance obtained from CG Environment Conservation Board ?|-|| {||-||}| Yes| {||-||}| No.||||-| 12. Human resource :-|| Total no. of staff as on date of application .....|-| Please furnish the following table :-|| {||-||}| S. No.| Category of staff| Name| Qualification| Registration No. (where applicable)| Nature of service temporary/ permanent/visiting/ consultation|-||||-|||||}{Separate sheet to be attached for various categories of staff}|-||-| 13. Payment option for registration fees :-|| 1. Online payment|| 2. Demand Draft|| 3. Postal order|-| Amount (in words).....|-| Details.....|-| Receipt No.....|}Declaration

.....on my behalf and on behalf of my company/ society/ association/body, hereby, declare that the statements made above are correct and true to the best of my knowledge and I shall abide by all the rules and regulations under the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013. I, further undertake to intimate to the appropriate Registering Authority any change in particulars given above.

Place : Name of Signatory Authority with

Date : Official Seal

Form-CE-2 : Application for Registration/issuance of License/ Renewal of License[Medical Laboratory and Diagnostic Services]Application for Registration/Renewal of registration under The Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010.

1. Name of the establishment:.....
2. Address : Village/Town:.....Taluka.....  
District:.....State.....Pincode.....  
Tel. No. (With STDcode).....Fax No.....  
Email id.....MobileNo.....
3. Year of starting :.....
4. Location : { |

| Municipal Corporation | { | - | } | Others | - | 5. | Ownership: | { | - | } | Individual Proprietorship | { | - | } | Registered Partnership | - | | { | - | } | Registered Company | { | - | } | Co-operative Society | - | | { | - | } | Trust/Charitable | { | - | } | PSU | { | - | } | Corporation | - | 6. | Name of owner  
Medical Laboratory : ..... | - | 7. | Name of person in charge of Medical  
Laboratory : ..... | - |  
Designation.....Education Qualification..... | - | Address  
: Village/Town:.....Taluka..... | - | District:.....State Pin Code..... Tel.  
No. (With STD code) Fax No..... | - | Email id..... Mobile No..... | - | 8. |  
Providing testing and Diagnosis: | - | Laboratory : | - | { | - | } | Pathology Lab | { | - | } | Collection  
Center | - | Diagnostic and imaging centre : | - | { | - | } | X-ray | { | - | } | Sonography | { | - | } | CT  
Scan | - |

| Magnetic Resonance Imaging (MRI) | { | - | } | Isotope Scans | { | - | } | Any other | - | 9. |  
Infrastructure Details: | - | Area of Establishment (in sq. ft.)..... | - | Total  
Area..... Constructed Area..... | - | 10. | Whether  
biomedical waste disposal license obtained from Panchayat/Municipality/Municipal Corporation  
? | - | { | - | } | Yes | { | - | } | No | - | 11. | Whether clearance obtained from CG Environment Conservation  
Board ? | - | { | - | } | Yes | { | - | } | No | - | 12. | Whether clearance obtained from B ARC/AERB ? | - |  
{ | - | } | Yes |

| No | - | 13. | Whether registered under PC-PNDT Act ? | - | { | - | } | Yes |

| No|-| 14.| Human resource :|-|| Total no. of staff as on date of application  
 .....|-|| Please furnish the following table|-|| {||-| S. No.| Category of staff|  
 Name| Qualification| Registration No. (where applicable)| Nature of  
 service|-|-----|-----|-----|-----|}(Separate sheet to be attached for various categories of staff)|-|

15.| Payment option for registration fees :|-|| 1. Online payment|| 2. Demand Draft|| 3. Postal  
 order|-|| Amount (in words).....|-||  
 Details.....|-||

Receipt No.....|}Declaration I,  
 .....on my behalf and on behalf of my company/society/ association/body, hereby, declare  
 that the statements made above are correct and true to the best of my knowledge and I shall abide  
 by all the rules and regulations under the Chhattisgarh State Upcharyagriha Tatha Rogopchar  
 Sambandhi Sthapanaye Anugyapan Niyam, 2013. I, further undertake to intimate to the appropriate  
 Registering Authority any change in particulars given above.

Place : Name of Signatory Authority with

Date: Official Seal

Form-CE-3 : Application for Registration/issuance of License/ Renewal of  
 License[Hospital/maternity Homes/nursing Homes]Application for Registration/Renewal of  
 Hospital/Maternity Homes/Nursing Home registration under The Chhattisgarh State  
 Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010.

1. Name of the establishment:.....
2. Address :Village/Town:.....Taluka.....  
 District:.....State Pin code..  
 Tel. No. (With STD code).....Fax No.....  
 Email id.....Mobile No.....

3. Year of starting :.....

4. Location : { |

| Municipal Corporation| {||-||} Others|-| 5.| Ownership :| {||-||} Individual Proprietorship|  
 {||-||} Registered Partnership|-|| {||-||} Registered Company| {||-||} Co-operative Society|-||  
 {||-||} Trust/Charitable| {||-||} PSU| {||-||} Corporation|-| 6.| Name of owner

of Hospital/Maternity  
 Homes/Nursing Homes):.....

7.| Name of  
 person in-charge:.....|-||  
 Designation.....Education Qualification.....|-||  
 Address :Village/Town:.....Taluka.....|-||  
 District:.....State..... Pin Code.....|-|| Tel.  
 No. (With STD code)..... Fax No.....|-||  
 Email id..... Mobile No.....|-| 8.|

System of Medicine offered (please tick whichever is applicable):-|| {||-||} Allopathy| {||-||}  
 Ayurveda| {||-||} Siddha| {||-||} Unani|-|| {||-||} Homeopathy| {||-||} Yoga and Naturopathy|-|  
 9.| Providing inpatient care :|-|| {||-||} Hospital| {||-||} Nursing Home| {||-||} Maternity

Home|-|| {||-||} Any other

(pleasespecify).....|-|| 10. Providing

DiagnosticServices :|-|| Laboratory :|-|| {||-||} Pathology Lab {||-||} Collection Center|-||

Diagnostic and imaging centre :|-|| {||-||} X-ray {||-||} Sonography {||-||} CT Scan|-||

| Magnetic Resonance Imaging (MRI) {||-||} Isotope Scans|-|| {||-||} Any other|-|| 11.

Infrastructure details:|-|| Area of Establishment (in

square meters).....|-||

Total Area.....Constructed Area.....|-|| (a)

Outpatient Department:|-|| Specialty wise distribution of OPD clinic:|-|| {||-|| S. No. Specialty No.

of rooms Remarks|-||||-||||-||||}|-|| (b) In Patient Department: -|-|| Total No.

of beds.....|-|| Speciality

wise distribution of beds (in case the hospital is more than 100 beds):|-|| {||-|| S. No. Specialty No.

of rooms Remarks|-||||-||||-||||}|-|| (c) Whether Biomedical Waste Disposal License obtained

from Panchayat/Municipality/Municipal Corporation ?|-|| {||-||} Yes {||-||} No|-|| (d) Whether

clearance obtained from Chhattisgarh Environment Conservation Board ?|-|| {||-||} Yes {||-||}

No|-|| (e) Whether clearance obtained from BARC/AERB ?|-|| {||-||} Yes {||-||} No|-|| (f)

Whether registered under PC-PNDT Act ?|-|| {||-||} Yes {||-||} No|-|| 12. Human resource:|-||

Total no. of staff as on date of application.....|-||

Please furnish the following table :-|-|| {||-|| S. No. Category of staff Name Qualification

Registration No. (where applicable) Nature of service temporary/ permanent/visiting/

consultation|-|| 1. Doctor|-|| 2. Nursing staff|-|| 3. Para medical staff|-|| 4.

Pharmacist|-|| 5. Support staff|-|| 6. Other please specify|-|| (Separate sheet to be attached

for various categories of staff) 13. Payment option for registration fees :-|| 1. Online payment|| 2.

Demand Draft|| 3. Postal order|-|| Amount

(in words).....|-||

Details.....

Receipt No.....

on my behalf and on behalf of my company/society/association/body, hereby, declare that the statements made above are correct and true to the best of my knowledge and I shall abide by all the rules and regulations under the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013. I, further undertake to intimate to the appropriate Registering Authority any change in particulars given above.

Place : Name of Signatory Authority with

Date: Official Seal

## Schedule 3

[See Rule 11]

## of Fee For Registration/issuance of License/ Renewal of License

Municipal  
Corporation

Other Areas

	Registration Fee (in Rs.)	Registration Fee (in Rs.)
Individual Clinic (All Pathies)		
(a) Graduates	700	350
(b) Post-Graduate diploma and degree holder	1500	750
(c) Poly clinics & other Clinic	700/doctor	350/doctor
Nursing Home and/or Maternity Homes or Hospitals		
(a) Up to 10 beds	2000	1000
(b) 11-20 beds	3000	1500
(c) 21-30 beds	4000	2000
(d) More than 30 beds	5000	2500
Pathological Laboratory		
(a) Pathological Laboratory	1000	500
(b) Collection Centre for Pathological Labs	1000	500
Imaging, X-Ray And Others		
(a) USG/ECHO/Colour Doppler/X-Ray/ ECT, EEG, EMG, Endoscopy	1000	800
(b) MRI/CT Scan/Angiography	3000	1500
Amendment fees (In addition to original fee)	800	500
Duplicate Copy of License	500	250

## Schedule 4

[See Rule 11]Format For Receipt For Registration Under Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013Registration No.....It is, hereby, certified that the Establishment.....Address..... under the ownership of Mr./Mrs.has paid a total sum of Rupees.....(in figure).....(in words) and is registered under the Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013.This registration, however, does not guarantee the above mentioned establishment, the license under the Act. The registration Certificate will be valid till.....Name of the Supervisory Authority.....

Signature Issuance Date.....

## Schedule 5

[See Rule 11]Format of License Format For The License Under Section 4 of The Chhattisgarh State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013License No.....Subject to terms and conditions specified in Schedule 1 of the these rules, license is, hereby, granted to Clinical Establishment (Name).....Address..... Proprietor's Name.....Address..... Registration No..... dated.....under the State Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010 to establish/

run the Clinical Establishment..... (Individual Clinic/ Polyclinic/ Physiotherapy Clinic/Pathology Lab/Radiology and Imaging .Centre/Maternity Home/Hospital/Nursing Home under the system of Medicine viz: Allopathy/ Ayurvedic/Homoeopathy/Unani/Siddha/ Naturopathy) for a period of 5 years i.e. From.....To.....

Seal..... Date :.....

Supervisory Authority Place :.....

## Schedule 6

[See Rule 13, Clause 8.2]Table 1 : Format for the Register of Clinical Establishments

District.....	Status ason.....	Remarks (*)			
SI. No.	Name and address of Clinical Establishment	Category of Clinical Establishment	Date of registration	Date of issue/renewal of license	Validity of registration license

(\*) Indicate entry/page number of the applications folderTable 2 : Format for Maintenance of Complaints of Clinical Establishments

S. No.	Name of Complainant	Address of the complainant	Name of Clinical Establishment against whom thecomplaint is made	Investigation done	Action Taken	Remarks (*)
--------	------------------------	-------------------------------	---	-----------------------	-----------------	----------------

(\*) Enter cases registered with Appellate Authority.

## Schedule 7

Medical RecordsEvery Nursing Home/Clinical Establishment shall maintain and preserve medical records for a period of five years from the date of the patient attending the hospital. Following records shall be maintained :-

**1. OPD Records. - The "OPD paper" of a patient attending the OPD should contain the Doctor's name and detailed clinical notes including patient's name, age, occupation, chief complaints, onset/duration/ progress of illness, past history, personal history, family history, detailed examination findings, provisional diagnosis and treatment advised.**

## 2. IPD Records. - The Nursing Home shall keep the following details of the patients admitted in the Nursing Home as an in-door patient, namely :-

(i)Records of admission(ii)Discharge/DOR/LAMA/Absconding/Death of the patient;(iii)Records of Treatment(iv)These registers have to be duly maintained and updated chronologically, copies of which have to be kept in the record room of the nursing home for at least 5 years. The information in this regard shall be supplied to the Supervisory Authority, as and when required.

## 3. Other Registers to be maintained. - Other Registers to be maintained are :-

(i)Labour Room Register(ii)Operation Theater Register(iii)MTP register (if registered under the Medical Termination of Pregnancy Act, 1971)(iv)Medico Legal Register(v)Laboratory Register(vi)Radiology and Imaging Register(vii)Ultrasonography Register (viii) PC-PNDT Register(ix)Medical Certificate Register with certificates in duplicate(x)Complaint Register(xi)Birth Register (Notified to such medical officer as authorized)(xii)Death Register (in such format as prescribed by Government/ State Level Authority)(xiii)Information in terms of Government Programmes/area of work (e.g. maternal health, child health, immunization, family planning, vector borne disease, National Leprosy Eradication Programme, Revised National TB Control Programme, Integrated Disease Surveillance Project, NRHM initiatives, Janani Suraksha Yajana)Intimation of Birth of A Child Occurring in Nursing Home as Per Birth and Death RegistrationForm ABirth Register

Following Entries Are To Be Made In The BirthRegister :-

1. Date of birth :
  2. Gender :
  3. Name of the child, if any :
  4. Father's Name :
  5. Permanent address :
  6. Mother's Name :
  7. Place of birth :
1. If institutional-then-Hospital/InstitutionName :
  2. If Home Delivery-then-Address:

Birth ReportStatistical Information(This part to be detached and sent for statistical processing)

1. Address of the mother :
2. Religion of the family :
  - a. Hindu
  - b. Muslim c. Sikh d. Christian
3. Father's education:
4. Mother's education :
5. Father's/Mother's occupation



6. Age of the mother at the time of marriage :
7. Age of the mother at the time of this birth :
8. Total number of the children born alive :
9. Type of attention at delivery : (Tick the appropriate entry below)  
Institutional-Private/Government  
Delivery at Home
10. Method of delivery : (Tick the appropriate entry below)  
1. Normal  
2. Forceps/Vacuum  
3. Caesarean

11. Birth weight (in Kgs.) (If available):

Form B Death Register Legal Information

Following entries are to be made in the  
Death register :-

1. Date of Death :
2. Name of the deceased :
3. Sex of the deceased :
4. Age of the deceased :
5. Place of Death :  
a. If institutional-then-Hospital/Institution Name :  
b. If Death at home-then-Address :  
c. Other (Specify).....

Death Report Statistical Information (This part to be detached and sent for statistical processing)

1. Address of the deceased:
2. Religion of the deceased :  
a. Hindu  
b. Muslim  
c. Sikh  
d. Christian
3. Occupation of the deceased :
4. Type of medical attention received before death:  
a. Institutional  
b. Medical attention other than institutional  
c. No medical attention
5. Was the cause of death medically certified ? Yes No
6. Name of Disease or Actual Cause of Death :  
In case of death of a female, whether the death occurred during  
7. pregnancy or at the time of delivery or within 6 weeks of the Delivery  
: Yes No.

[Schedule 8] [Schedule 8 was missing from the English Version of the Rules as published in the

Rajpatra. Schedule 8 is the translation of the Hindi Version of the Rules as published in the Rajpatra by the Editor.][See Rule 15]Immediate Report of Contagious or Communicable/ Notifiable Diseases

1. Name of the patient: .....
2. Age: .....
3. Sex : .....
4. Address : .....
5. Occupation : .....
6. Date of first visit: .....
7. Clinical notes of the case (summary): .....
8. Examination/Diagnose: .....
9. Advise with reports : .....
10. Diagnose after examination :.....
11. Consultation/Advice : .....
12. Follow-up:.....
13. Date of Inspection :.....

Full Signature.....Name of authorised Doctor of the Hospital.....Name and address of the Hospital.....

## **Schedule 9**

[See Rule 15]Monthly Report of Contagious or Communicable/ Notifiable Diseases

S. No.

Month

Name of the disease

Category of disease

Total no. of patients admitted

Date of first patient admitted

Total no. of deaths

Area from which maximum no. patients are admitted.

Full Signature.....

Name of authorised Doctor of the Hospital.....

Name and address of the Hospital.....

#### Annexure-A List of Equipments

##### Standard Surgical Set-I (Instruments)

S. No.	Instrument	Minimum requirement
1.	Tray, instrument/dressing with cover, 310 x 200 x 600 mm-ss	1
2.	Gloves surgeon, latex sterilizable, size 6	12
3.	Gloves surgeon, latex sterilizable, 6½	12
4.	Gloves surgeon, latex sterilizable, size 7	12
5.	Gloves surgeon, latex sterilizable, 7½	12
6.	Gloves surgeon, latex sterilizable, 8	12
7.	Forceps, backhaus towel, 130 mm	4
8.	Forceps, sponge holding, 228 mm	6
9.	Forceps, artery, pean straight, 160 mm, stainless steel	4
10.	Forceps hysterectomy, curved, 22.5 mm	4
11.	Forceps, hemostatic, halsteads mosquito, straight, 125 mm-ss	6
12.	Forceps, tissue, all/is 6x7 teeth, straight, 200mm-ss	6
13.	Forceps, uterine, tenaculum, 280 mm, stainless steel	1
14.	Needle holder, mayo, straight, narrow jaw, 175mm, ss	1
15.	Knife-handle surgical for minor surgery # 3	1
16.	Knife-handle surgical for major surgery # 4	1
17.	Knife-blade surgical, size 11, for minor surgery, pkt of 5	3
18.	Knife-blade surgical, size 15 for minor surgery, pkt of 5	4
19.		3

	Knife-blade surgical, size 22, for majorsurgery, pkt of 5	
20.	Needles, suture triangular point, 7.3 cm., pkt of 6	2
21.	Needles, suture, round bodied 3/8 circle No. 12 pkt of 6	2
22.	Retractor, abdominal, Deavers, size 3, 2.5 cm x 22.5 cm	1
23.	Retactor, double-ended abdominal, Beltouis, set of 2	2
24.	Scissors, operating curved mayo-blunt pointed 170 mm	1
25.	Retractor abdominal, Balfour 3 blades self-retaining	1
26.	Scissors, operating, straight, blunt point, 170 mm	1
Iud Insertion Kit		
1.	Setal sterilization tray with-cover size 300 x 220 x 70 mm, S/S, Ref IS : 3993	1
2.	Gloves Surgeon, latex, size 6½ Ref. 4148	6
3.	Gloves surgeon latex, size 7½ Ref. 4148	6
4.	Bowl, metal sponge, 600 ml, Ref. IS : 5782	1
5.	Speculum vaginal bi-valve cusco's graves small ss	1
6.	Forceps sponge holding, straight 228 MMH Semken 200 mm	1
7.	Sound uterine simpson, 300 mm graduated UB 20 mm	1
8.	Forceps uterine tenaculum duplay DBL-CVD, 280 mm	1
9.	Forceps tissue-160 mm	1
10.	Anterior vaginal wall retractor stainless	1
11.	Torch without batteries	1
12.	Gloves surgeon, latex, size 7, Ref: 4148	6
13.	Gloves surgeon, latex size 6 Ref. IS : 4148	6
14.	Battery dry cell 1.5 V 'D' Type for Item 7G	1
15.	Speculum vaginal bi-valve cusco's/Grea Ves Medium ss	1
16.	Forceps artery, straight, Pean, 160 mm	1

17.	Scissors operating, straight, 145 mm, Blunt/Blunt	1
18.	Forceps uterine vulsellum curved, Museux, 240 mm	1

## Normal Delivery Kit

S. No.	Instrument	Minimum requirement
1.	Trolley, dressing carriage size 76C, long x 46cm wide and 84 cm high. Ref. IS 4769/1968	1
2.	Towel, trolley 84 cm x 54 cm	2
3.	Gown, operation, cotton	1
4.	Cap. operation, surgeon's 36 x 46 cm	2
5.	Gauze absorbent non-sterile 200 mm x 6 m as per IS : 171/1985	2
6.	Tray instrument with cover 450 mm (L) x 300 mm (W) x 80 mm (H)	1
7.	Macintosh, operation, plastic	2
8.	Mask, face, surgeon's cap of rear ties : B) Beret type with elastic hem	2
9.	Towel, glove	3

## Equipment/Consumables for Anaesthesia

S. No.	Instrument	Minimum requirement
1.	Facemask, plastic w/rubber cushion and headstrap, set of 4	4
2.	Airway Guedel or Berman, autoclave rubber	2
3.	Laryngoscope, set with infant, child	3
4.	Catheter, endotracheal w/cuff, rubber set	3
5.	Forceps, catheter, Magill, adult and child sizes	1
6.	Connectors, catheter, straight/curved	3
7.	Cuffs for endotracheal catheters	4
8.	Breathing tubes, hoses, connectors	4
9.	Vaporiser, halothane	2
10.	Needle, spinal	2

## Equipment for Operation Theatre

S. No.	Instrument
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		Minimum requirement
1.	Diathermy machine	1
2.	Dressing drum all sizes	1
3.	Lamps shadowless : Ceiling lamp	1
4.	Lamps shadowless : Portable type	1
5.	Steriliser	1
6.	Suction Apparatus	1
7.	Trolley for patients	1
8.	Trolley for instruments	1
9.	Boyle's Apparatus with accessories	1

Essential Equipments for Laboratories  
& Blood Storage and Transfusion Centres

S. No.	Instrument	Minimum requirement
1.	Rod, flint-glass, 1000 x 10 mm dia, set of two	2
2.	Cylinder, measuring graduated W/pouring lip, glass, 50ml	2
3.	Bottle, wash, polyethylene W/angled delivery tube, 250ml	1
4.	Timber, clock, interval, spring wound, 60 minutes x 1 minute	1
5.	Rack, slide drying nickel/silver, 30 slide capacity	1
6.	Tray, staining, stainless steel 450 x 350 x 25mm	1
7.	Chamber, counting, glass, double neubauer ruling	2
8.	Pipette, serological glass, 0.05 ml x 0.0125 ml	6
9.	Pipette, serological glass, 1.0 ml x 0.10 ml	6
10.	Counter, differential, blood cells, 6 unit	1
11.	Centrifuge, micro-hematocrit, 6 tubes, 240v	1
12.	Cover glass for counting chamber (item 7), Box of 12	1
13.	Tube, capillary, heparinized, 75 mm x 1.5 mm, vial of 100	10

14.	Lamp, spirit W/screw cap. Metal 60 ml.	1
15.	Lancet, blood (Hagedorn needle) 75 mm pack of 10 ss	10
16.	Benedict's reagent qualitative dry components for soln	1
17.	Pipette measuring glass, set of two sizes 10 ml, 20 ml	2
18.	Test tube, w/o rim, heat resistant glass, 100 x 13 mm	24
19.	Clamp, test-tube, nickel plated spring wire, standard type	3
20.	Beaker, HRG glass, low form, set of two sizes, 50 ml, 150 ml	2
21.	Rack, test-tube wooden with 12 x 22 mm dia holes	1