

Application Form for Registration of Clinical Establishments

I. ESTABLISHMENT DETAILS

1. **Name of the establishment:** _____

2. **Address:** _____

Village/Town: _____ Block: _____

District: _____ State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID : _____ Website (if any): _____

3. **Month and Year of starting:** _____

(From 4 to 11 mark all whichever are applicable)

4. **Location:**

Rural _____ Urban _____ Metro _____

Notified / inaccessible areas (including Hilly / tribal areas)

5. **Ownership of Services**

Government/Public Sector

Central government ☐ State government _____ Local government (Municipality, Zilla parishad, etc)

Public Sector Undertaking _____ Other ministries and departments (Railways, Police, etc.)

Employee State Insurance Corporation _____ Autonomous organization under Government ☐

Non-Government / Private Sector

Individual Proprietorship _____ Partnership _____ Registered companies (registered under
central/provincial/state Act) _____ Society/trust (Registered under central/provincial/state Act)

6. **Name of the owner of Clinical Establishment:** _____

Address: _____

Village/Town: _____ Block: _____ District: _____

State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID: _____

7. **Name, Designation and Qualification of person in-charge of the clinical establishment:** _____

Qualification(s): _____

Registration Number: _____

Name of Central/State Council (with which registered): _____

Tel No (with STD code): _____ Fax: _____ Mobile: _____ E-mail ID: _____

8. **Systems of Medicine offered: (please tick whichever is applicable)**

☐ Allopathy ☐ Ayurveda ☐ Unani ☐ Siddha ☐ Homoeopathy ☐ Yoga ☐ Naturopathy ☐ Sowa-Rigpa

☐

9. **Type of establishment :(please tick whichever is applicable)**

☐ (I). **Clinic (Outpatient)**

☐

- Single practitioner
(Consultation services only/with diagnostic services/with short stay facility)