FORM I

[See rules 5(1)]

Application for Registration of Nursing Home/Renewal of Registration to be submitted in triplicate.

1.	Name of the applicant in full
	(Specify Shri/Smti/Kum/Dr.)
	Recent Passport Photograph
2.	Address of the Applicant
3.	Capacity while applying (Specify Owner/Partner/Managing Director/Other to be named)
4.	Types of Services rendered by the Nursing Home.

S.	Type of Service	Name of Doctor in	Age	Qualification with registration
No		charge of		Number (attested copies to be
		Service/Discipline		furnished)
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				

5. Type of Diagnostic facilities provided by the Nursing Home.

S.	Type of	Equipment with	Name of	Age	Qualification with registration
No	Diagnostic	make/model	Person in		Number (attested copies to be
	facilities		Charge		furnished)
	available				
1	2	3	4		5
1.					
2.					
3.					
4.					
5.					

6. Full Name and Address of the Nursing Home.

Name of the Nursing Home:	
Location:	
Post Office:	
Police Station:	
District:	
Pin Code:	
Phone:	
Fax:	Telex:

7.	Type of Ownership and organization {Specify individual ownership/partnership/company/Co-operative/any other (in case of type of ownership other)}
	Name and Signature of Applicant
Date:	
Place:	
	trike out whichever is not applicable or not necessary. All enclosures are to be authenticated by are of the applicant.

FORM II

[See rules 5(1)]

DECLARATION

I, Shri/Smti/Kum/Dr	sor	son/daughter/wife			
of	age	years, resident			
of					
understood the Meghalaya Nursing Home (Licensing and Registration) Rules, 2011. I also undert					
explain the said Act and Rules to all employees/consultants of the Nursing Home in respect of which					
registration is sought and to ensure that the Act and Rules are fully complied with.					
	•••••				
	Name and Signature of Applicant				
Date:					
Place:					
Trace.					
NID 0. 11 . 11 1	A 11 1	. 1			

N.B. Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant.