

DEMOGRAPHIC AND GENERAL DETAILS:

1. Applying for (please tick the relevant)

a. Certification ☐

b. Renewal ☐

Renewal cycle number

2. Name of the Hospital: (the same shall appear on the certificate)

3. Contact Details of Hospital:

Street Address

City/Town

Locality/Village/Tehsil

District

State

Website: _____

Location of Hospital:

Urban ☐

Rural ☐

Does the hospital have split location(s): Yes ☐

No ☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐ Private – Corporate

☐ Armed Forces

☐ PSU

☐ Trust

☐ Government

☐ Charitable

☐ Others (Specify.....)

5. Year and month in which registered and under which authority (as per state and central requirements)

6. Year and month in which clinical functions started:
