

CLINIC CHECK LIST

APPLICANT DETAILS

1. NAME
2. AGE
3. MOB NUMBER
4. FATHERS NAME
5. HOUSE NUMBER
6. HOUSE NAME
7. LOCAL PLACE
8. AREA
9. POST OFFICE
10. PIN CODE
11. LOCAL BODY
12. LOCAL BODY WARD
13. DISTRICT
14. STATUS OF APPLICANT- OWNER/PARTNER/DIRECTOR

FIRM/ SHOP DETAILS

1. ESTABLISHMENT NAME
2. TYPE OF OPERATION
3. SERVICE TYPE
4. BUILDING NUMBER
5. BUILDING NAME
6. MONTHLY RENT
7. ZONAL NAME
8. NEAR ROAD, LANDMARK
9. VILLAGE
10. POST OFFICE
11. PIN CODE

DOCUMENTS

1. ADHAAR CARD COPY
2. PROPERTY TAX RECEIPT
3. PROFESSIONAL TAX RECEIPT
4. PREVIOUS YEAR FEE RECEIPT
5. IMAGE CERTIFICATE
6. PCB CERTIFICATE

