Change requirements in PCPNDT form

1. ~~Establishment~~ 
   1. ~~Add upload doc feature for following 2 docs~~
      1. ~~Address Proof [single]~~
      2. ~~Building Layout [single]~~
2. Ownership
   1. Add upload doc feature
      1. If Ownership is Individual
         1. Affidavit [single]
         2. Study Certificates [multiple]
      2. If Partner/Co-Operative/**Others**
         1. Affidavit [single]
         2. Study Certificates [multiple]
         3. Articles of Association [single]
      3. Company
         1. Affidavit [single]
         2. Study Certificates [multiple]
         3. Articles of Association/Memorandum of Association [single]
   2. **If Ownership is Others, take input (textbox) from the user**
3. Institution Types
   1. Govt. Hospital
   2. Municipal Hospital
   3. Public Hospital
   4. Private Hospital
   5. Other
      1. If other is selected, take input via text field
4. Facility & Institution
   1. ~~Change Facility Type from dropdown to checkbox list~~
   2. Move Institution details to another Tab
   3. ~~Remove multiple adding feature~~
5. Equipment
   1. Add 2 columns Sl.No & Type of equipment **[Buy back/New]**
   2. Add upload doc feature for equipment invoice
   3. EmployeeAdd upload doc feature for Reg. Certificate
   4. Change Qualification field name to Designation
6. Rename Requirements tab to Declaration
   1. Remove Reason control
   2. Add check box mentioning that, I Agree
   3. Place declaration content [Bharath will give a doc (hard copy)

Order of Tabs

Applicant

Facility [Facility & Institution]

Centre Address [Establish]

Ownership & Institution [upload a doc]

Procedures/Tests [Required]

Equipment

Facilities

Employee

~~Requirements~~

~~Attachments~~

Declaration [merge with Requirements tab]

- Remove Ownership Tab

- Shift Ownership Type to Institution Tab

APMCE Requirements

1. Services [user can select multiple]
   1. Basic Service & Family Medicine
   2. Basic Specialty
   3. Super Specialty
   4. Physiotherapy Centers
   5. Dental Services
   6. Diagnostic Centers (Basic Lab facilities)
   7. Diagnostic Centers with Hi-end equipment
2. Staff details
   1. Doctors
      1. Name
      2. Registration Number Allotted by MCI/APMC
      3. Document/Certificate
   2. Nursing Staff
      1. Name
      2. Registration Number Allotted by NCI/Any Other Board
      3. Document/Certificate
   3. Para Medical Staff
      1. Name
      2. Registration Number
      3. Document/Certificate
   4. Supporting Staff
      1. Name
      2. Phone Number
      3. Email
   5. Specialists
      1. Name
      2. Registration Number
      3. Specialty
      4. Document/Certificate
      5. Master Data for Basic Specialty
         1. Orthopedic and Trauma Care
         2. ENT Care
         3. Eye (Ophthalmic) Care
         4. Obstetric and Gynecology Care
         5. Cancer Treatment
      6. Master Data for Super Specialty
         1. Cardiology and Cardiothoracic Surgery
         2. Urology and Nephrology Care
         3. Neurology and Neuro-Surgery
         4. Neonatology and Pediatric Surgery
         5. Plastic Surgery
         6. Chest Diseases and Respiratory Medicine
         7. Gastroenterology and Surgical Gastroenterology Care