

## APPLICATION FORM

1. Name Of the Institution. \_\_\_\_\_
2. Address. \_\_\_\_\_  
\_\_\_\_\_
3. Tel No. \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Types of Hospitals/ Diagnostic Lab( **Multi specialty Hospitals., Single/Multi Super Specialty Hospitals /Lab & Diagnostic Services**).  
\_\_\_\_\_
- 4A. Mention the type of specialty for which it is to be empanelled.

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5. **History of the Hospital** (Track record for the last 2 years)

6. **No. of Beds** \_\_\_\_\_

7. **Man Power (Regular)**

Medical/para-medical staff on regular basis and not on part-time basis. Detail Annexed-1 as per Empanelment policy. Minimum Medical and Para Medical staff norms for 100 bedded hospitals are as under:

Minimum Eligibility Criteria:

S.No.	Category	Minimum as per the norms	Available in the Hospital
1.	Physician/Surgeon	4	
2.	Anaesthetist	1	
3.	Pathologist	1	
4.	Radiologist	1	
5.	Casualty Medical Officers	3	
6.	Medical Officer General Duty	1	
7.	House Surgeons	5	
8.	Dental Surgeon	1	
9.	Physiotherapist	1	
10.	Matron	1	
11.	Nursing Sisters	5	
12.	Staff Nurses	26	
13.	Pharmacist	5	
14.	Lab Technician	3	

15.	Radiographer	1	
16.	Lab Attendant	1	
17.	OTA Assistant	1	
18.	Storekeeper	2	
19.	Clerk	2	
20.	Accountant	1	
21.	Head Clerk	1	
22.	Cashier	1	
23.	Carpenter	1	
24.	Electrician	1	
25.	Plumber	1	
26.	Helper	2	
27.	Cook	2	
28.	Dhobi	3	
29.	Chowkidar	3	
30.	Mali	3	
31.	Class-IV	30	

8. Detail of regular Man Power employed to provide services of the Specialty for which hospital has applied for empanelment on the following format (Annexure-1):

**8 A** Specialty for which empanelment is applied:-

**8 B** Medical and Para Medical Staff of that specialty on the following format:

Sr. No.	Name of the Doctor/Para Medical Staff	Qualification	Since Employed

**9. Technical Parameters:**

9A No. of OTs (Annexure-2)-

9B ICU - Detail of Medical and Para-medical staff employed on regular basis and list of equipments (Annexure-3).

9C CCU - Detail of Medical and Para-medical staff employed on regular basis and list of equipments (Annexure-4).

10. **Lab Services:** Detail of Medical and Para-medical staff employed on regular basis, list of equipments (Annexure-5)

11. **Blood Bank:** Detail of Medical and Para-medical staff employed on regular basis, list of equipments (Annexure-6)

**12. Performance Report: (Last 2 years)**

List of No. of Operations/procedures performed by the hospital for the last two years of the specialty for which application is submitted for empanelment (Annexure-7).

Sr. No.	Name of the operations/ procedure	Total no.

**13. General Physical Guidelines**

1. **Multi Specialty hospitals.** Detail Annexed as per Empanelment policy. Y/N\_\_\_\_\_
2. **Super specialty hospitals** Detail Annexed as per Empanelment policy. Y/N\_\_\_\_\_
3. **Lab & Diagnostic Services** Detail Annexed as per Empanelment policy. Y/N\_\_\_\_\_
4. The hospital must have minimum following adequate infrastructure/logistic, confirming to the services provided by it such as:- Detail Annexed as per Empanelment policy. **(Annexure-8)**
  - Gas Pipe line Y/N\_\_\_\_\_
  - Computerization Y/N\_\_\_\_\_
  - Ambulance service Y/N\_\_\_\_\_
  - Pharmacy Y/N\_\_\_\_\_
  - CSSD Y/N\_\_\_\_\_
  - Lifts & Ramp/Stairs Y/N\_\_\_\_\_
  - Kitchen/canteen Y/N\_\_\_\_\_
  - Fire fighting system Y/N\_\_\_\_\_
5. Bio-medical Waste disposal system Detail annexed-9as per Empanelment policy. Y/N\_\_\_\_\_
6. Copy of the site plan duly approved by the competent authority and hospital should run from the legal authorized premises. Detail Annexed -10 as per Empanelment policy. Y/N\_\_\_\_\_
7. Parking space. Detail Note Annexed -11 as per Empanelment policy. Y/N\_\_\_\_\_
8. Easily accessible/approachable to the patients. Y/N\_\_\_\_\_
9. Photocopies of Post graduate degrees (specialist/super specialists) of the specialist with the application. Detail Annexed-12 as per Empanelment policy. Y/N\_\_\_\_\_
10. All facilities located in the same premises. Detail Note Annexed-13 Y/N\_\_\_\_\_
11. Arrangement for the 24 hrs water supply. Detail Note Annexed-14 Y/N\_\_\_\_\_
12. 24 hrs electricity supplies with the proper backup. Detail Note Annexed-15 Y/N\_\_\_\_\_
13. Copy of the no objection certificate from the fire brigade. Detail Note Annexed-16 Y/N\_\_\_\_\_

14. Bank Draft of Rs. 25,000/- in the name of “DGHS Reimbursement fund” Annexure-17-A  
Bank Draft No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_
15. Agrees to pay Security of Rs. 1 lac in the form of Bank Draft in the name of “DGHS Reimbursement fund” which is refundable after the State Govt. grants approval for empanelment . Annexure-17-B Y/N \_\_\_\_\_
16. **Agreement:** Signed agreement on stamp Paper is annexed -18 as per empanelment policy Y/N \_\_\_\_\_
17. Agrees to send a report to the O/o Director General Health Services, Haryana Panchkula regarding the patients who have taken treatment from the hospitals on quarterly basis. Y/N \_\_\_\_\_
18. Agrees to put information showing validity of empanelment of Hospitals on the Notice Board at Reception. Y/N \_\_\_\_\_
19. Agrees to abide by all terms and conditions laid in the empanelment policy and agreement . Y/N \_\_\_\_\_
20. Registration Certificate of Ultrasound Machine/s etc. Annexed-19. Y/N \_\_\_\_\_
21. Registration Certificate of MTP Annexed-20. Y/N \_\_\_\_\_
22. Registration Certificate from BARC for Radiation. Annexed-21 Y/N \_\_\_\_\_
23. Blood Bank License Annexed-22 Y/N \_\_\_\_\_
24. Any other document attached. Annexed-23

Signature& Designation of Competent Authority  
of the Hospital

(Note: GAMS/BAMS, ANM are not allowed to perform duties in place of MBBS Doctors, Staff Nurse. All the Medical/Para-Medical Staff should have requisite qualification as prescribed in the guidelines issued by the Govt. of India or the State Govt for performing duties in the Hospitals.)