The______, 2015

No.________-In exercise of the powers conferred under sub-section (1) read with sub-section (2) of section 49 of the Haryana Clinical Establishments (Registration and Regulation) Act, 2014, the Governor of Haryana hereby makes the following rules for the registration and regulation of all categories of Clinical Establishments in the State of Haryana; namely-

1. These rules may be called the Haryana Clinical Establishments (Registration and Regulation) Rules, 2015.

2. (1) In these rules, unless the context otherwise requires:-

(a) “Act” means the Haryana Clinical Establishments (Registration and Regulation) Act, 2014 (6 of 2014);

(b) “appellate authority” means appellate authority for clinical establishment;

(c) “authorized person” means any person who has been authorized by the clinical establishment for submission of report and for representing before the authorities on behalf of the clinical establishment under the Act and rules made thereunder;
(d) “blood bank” means a blood bank providing blood and its components and other related services;

(e) “clinic” means a place used or intended to be used for consultation, diagnosis and treatment of a person as Outdoor Patient Department (OPD) by single registered medical practitioner;

(f) “district authority” means district authority for clinical establishment;

(g) “healthcare service” means the healthcare service provided by a clinical establishment by one or combination of therapies;

(h) “hospital/ nursing home” means a clinical establishment, excluding clinics, polyclinics, standalone clinical laboratories, standalone blood banks and standalone radiology, or premises used or intended to be used for providing medical care Outdoor Patient Department (OPD) and indoor services including emergency treatment to persons suffering from sickness, injury or infirmity etc;

(i) “IPD” means Indoor Patient Department;

(j) “medical record” means any paper, film, print out, slide, electronic soft copy, hard copy or any documentation of medical services including nursing care performed at the direction of a doctor or a clinical care service provided as a part of treatment plan of the patient;

(k) “NOC” means No Objection Certificate;
(l) “notifiable disease” means a disease notified by the Government of India or the Government of Haryana from time to time;

(m) “OPD” means Outdoor Patient Department;

(n) “paramedics” means paramedical technical staff including nurse and pharmacist registered under the law for registration, laboratory technician, dental technician, electrocardiogram technician, radiographer/ x-ray technician, operation theatre technician, physiotherapy technician, ophthalmic assistant and such other qualified staff assisting a doctor in diagnosis and treatment of the patient;

(o) “patient” means service recipient who seeks, accesses or receives any health care, as outpatient or inpatient, from any clinical establishment;

(p) “person” means, an individual, a body, group or association of individuals, a firm, a trust or society (whether registered or not) or a company registered under the law for the time being in force and Government or private organization;

(q) “polyclinic” means a place used or intended to be used for consultation, diagnosis and treatment of a person as Outdoor Patient Department (OPD) by more than one registered medical practitioner;

(r) “registered medical practitioner” means a doctor registered under the relevant medical Act and shall include a doctor who possesses any of the
recognized medical qualifications and who has been enrolled in the register of respective Council;

(s) “schedule” means schedule annexed to these rules;

(t) “section” means section of the Act;

(u) “state council” means state council for clinical establishment;

(v) “state authority” means State Authority for Clinical Establishment;

(w) “staff” means a person working on part time, permanent, contractual, consultancy, honorary or any other basis in the clinical establishment and includes service provider;

(2) The words and expressions used and not defined in these rules but defined in the Haryana Clinical Establishment (Registration and Regulation), Act 2014; the Indian Medical Council Act, 1956 (Central Act 102 of 1956), the Dentist Act of India 1948 (16 of 1948), the Punjab Ayurvedic and Unani Practitioners Act, 1963 (Punjab Act 42 of 1963), the Homeopathic Central Council Act 1973 (Central Act 59 of 1973) shall have the same meaning respectively assigned to them in the Act.

3. The clinical establishments shall be classified into categories as per Schedule I for laying down standards for different categories as well as for charging fee for registration and renewal as per schedule III.
4. (1) The existing clinical establishment shall apply for registration along with duly filled application in duplicate as per Form I along with documents as mentioned in Schedule II and non refundable fee as per Schedule III to the District Authority for grant of provisional registration certificate.

(2) In case the last date of submitting an application is a gazetted holiday, the application shall be submitted on the immediate next working day.

(3) In case the clinical establishment fails to apply within six months of the commencement of the Act for provisional registration certificate then it shall be treated as unregistered clinical establishment and shall be proceeded as per provisions of the Act.

(4) In case of online submission, scanned copies of duly filled and signed application form; self attested annexures shall be uploaded along with the fee.

(5) The registration certificate of the clinical establishment shall be issued in the name of the clinical establishment including details of the owner who may be doctor/ Organization/ Government/Private.

(6) If diagnostic services are a part of a clinical establishment, no separate registration/license is required except if mandatory for registration under any other regulation/Act (for example blood banks).
(7) The collection centres for collection of blood samples, different body fluid etc. shall only run in a registered clinical establishment.

(8) In case of Government institutions, the registration certificate shall be issued in the name of the Government of India/State Government, as the case may be and Incharge of the hospital shall be the Head of that Institute.

5.(1) The district authority shall authorise a person in his office for receipt of application who shall maintain registers for receipt and dispatch of applications as well as registration certificate and other related matters for the purpose of record as per Schedule-IV and V.

(2) The authorized person on behalf of district authority shall issue an acknowledgement as per Schedule VI to the applicant and shall keep duplicate copy for the purpose of record.

(3) The District Authority for Clinical Establishment within a period of fifteen days from the date of receipt of application shall examine the application alongwith documents attached and if found correct and complete, shall grant the applicant a provisional registration certificate as per Schedule VII, duplicate copy of the such certificate shall be retained in the office record of the district authority. If no provisional registration certificate is issued within fifteen days from the receipt of application, the clinical
establishment shall be deemed to function till a final decision is taken by the
district authority in this regard.

(4) If it is found that the application for provisional registration /renewal
of provisional registration certificate is incomplete or information in the
application is incorrect in any manner, the same shall be communicated to
the applicant through registered post or speed post to rectify the deficiency
within a period of one month as per Schedule VIII from the issuance of the
notice and such notice shall be issued under the signatures of the
Chairperson of the concerned district authority.

(5) If within the specified time period, the clinical establishment fails to
rectify the deficiency, the district authority shall refuse or disallow or reject
the application for issue of provisional registration certificate or renewal of
provisional registration certificate and communicate to the applicant through
registered post or speed post regarding refusal or disallowing or rejection of
the application as per Schedule IX. Such notice shall be issued under the
signatures of the Chairperson of concerned district authority.

6. The rejection of the application shall not debar a clinical establishment for
applying afresh on duly filled application in duplicate as per Form I along
with documents as mentioned in Schedule II and non refundable fee as per
7. The Chairperson of the concerned district authority shall issue provisional registration certificate under his signatures and such power shall not be delegated to any other officer.

8. A provisional registration certificate shall not be heritable.

9. The applicant shall apply for renewal at least two months before the expiry of validity period on a request as per Schedule X along with duly filled application in duplicate as per Form-I with documents as mentioned in Schedule II and non-refundable fee as per Schedule III:

Provided that if a person fails to apply for renewal of provisional registration within the period mentioned above, he can apply for renewal within one month after the expiry of the provisional registration with twenty-five percent enhanced fee and after one month but not more than three months with enhanced fee of fifty percent and in case he fails to apply within three months, the clinical establishment shall be deemed to be considered as unregistered.

10. The clinical establishment shall intimate to the district authority regarding addition or deletion of services from time to time.

Schedule III for provisional registration certificate after rectifying the deficiency.
11. (1) Where the holder of a provisional registration certificate (hereinafter referred to as the certificate-holder) of a clinic, dies or leaves the clinical establishment, the legal representative (son, daughter, son-in-law, daughter-in-law, spouse, parents) or any person in possession of the certificate shall forthwith report the matter as per Schedule XI to the district authority that the clinical establishment has been closed with immediate effect:

Provided that if any of the legal representatives wants to continue the said clinic establishment, he shall apply afresh for grant of provisional registration certificate with duly filled application in duplicate as per Form-I alongwith documents as mentioned in Schedule II and non refundable fee as per Schedule III;

(2) If one of the owners of a polyclinic, hospital (including medical college) dies or leaves due to any reason, the clinical establishment shall continue to function under intimation as per Schedule XII to the District or State authority:

Provided that if the ownership is substituted or added in place of deceased owner or in place of person who leaves, the person so substituted or added wants to continue clinical establishment, he shall apply fresh within a period of one month for grant of provisional registration certificate with duly filled application in duplicate as per Form I alongwith documents as mentioned in Schedule II and non refundable fee as per Schedule III. Such clinical establishment shall be
deemed to be considered as registered clinical establishment till the pendency of application, if applied within the specified time.

12. (1) In case of transfer of ownership of a clinical establishment, the certificate of registration in respect thereof shall cease to have effect after one month from the date on which such transfer is affected.

(2) The transferor and the transferee within one month from the date of every transfer referred to in sub-rule (1), shall jointly communicate as per Schedule XIII the fact of such transfer to the concerned authority.

(3) The transferee shall make afresh application with duly filled application in duplicate as per Form-I alongwith documents as mentioned in Schedule II and non refundable fee as per Schedule III for issue of provisional registration certificate in accordance with the provisions of the Act and rules made thereunder alongwith original previous provisional registration certificate.

(4) Where any transfer is effected as referred to in sub-rule (1) and (2), notwithstanding anything contained in these rules, the clinical establishment so transferred shall be deemed to be a registered clinical establishment-

(i) for a period of one month from the date when such transfer is effected; or
(ii) If an application made in accordance with sub-rule (3), for a provisional registration certificate is pending on the expiry of the period specified in sub-rule(1) till the disposal of such application.

13. In case of change of management, the clinical establishment shall inform to the district authority for such change within thirty days failing which, action shall be initiated according to the provisions of the Act and rules made thereunder, from time to time.

14. (1) In case of change in name, location or category of a clinical establishment, the holder of the provisional registration certificate shall apply as per Schedule XIV within one month from the date on which change is affected alongwith duly filled application in duplicate as per Form I alongwith documents as mentioned in Schedule II and non refundable fee as per Schedule III.

(2) The Registration Certificate already issued shall remain valid for forty five days from the date of submission of application under sub-rule (1) and if the District Authority does not reject the application so submitted, the new certificate shall be issued within the period of forty-five days and after the issuance of changed registration certificate, the applicant shall surrender the previous certificate in original within a period of seven days.
15. In case the clinical establishment ceases to function, the certificate shall be surrendered as per Schedule XIII.

16. In case the provisional registration certificate of the clinical establishment is lost, destroyed, mutilated or damaged, the concerned authority shall issue a duplicate certificate on the request of clinical establishment made as per Schedule XIV along with payment of ten percent non refundable fee of the nominal registration fee of Schedule III along with Form I with documents as mentioned in Schedule II. The duplicate provisional registration certificate as per Schedule XVII shall be issued for the remaining period i.e. up to the validity period of the original certificate.

17. (1) The District Authority shall compile the information about the particulars of clinical establishment registered by it and shall maintain a register as per Schedule XVIII.

(2) The District Authority shall supply a copy of every entry made in the register by 15th of every month to the state authority under the signatures of the Convenor of the district authority.

18. (1) The state authority shall compile the information about the particulars of Clinical Establishments registered by District authority and shall maintain a register as per Schedule XIX;
(2) The state authority shall supply a copy of every entry made in the register by 30th of every month to the State Council under the signatures of the Convenor.

19. An inspection of registered clinical establishment shall be carried out after giving forty eight hours prior notice, as per Schedule XX, within office hour.

20. An enquiry of registered clinical establishment shall be carried out at any time.

21. Any person who is aggrieved by the action of clinical establishment, may after discharge in case of indoor patient or OPD patient, file a complaint with the district authority or state authority, within one month from cause of action has arisen against the registered clinical establishment.

22. (1) In case a patient or patient’s relative/s (mother, father, brother, sister, son, daughter) makes a complaint against any registered clinical establishment and the district authority or state authority finds that the clinical establishment has contravened the provisions of the Act and rules made thereunder from time to time, it may issue a notice to the clinical establishment to show cause within a period of one month as to why the certificate may not be cancelled for the reasons as mentioned in the notice as per Schedule XXI or Schedule XXII respectively.

(2) If the clinical establishment does not respond within the stipulated time period mentioned in the show cause notice or the reply filed by it is considered unsatisfactory, the district authority shall recommend cancellation of its
provisional registration certificate to the State Authority by passing an order giving sufficient reasons as per Schedule XXIII or dismiss the complaint.

23. (1) The state authority or the concerned district authority or any officer authorized by it, on complaint or otherwise if it is found that any person is running a clinical establishment without its registration or after cancellation of its registration or after restrain orders, it enter and search the premises of such clinical establishment excluding the area for residential accommodation.

(2) During search, the concerned authority may,-

(i) inspect, photograph, copy, test and examine any material object, any equipment, sample, article, document, record, register, book, pamphlet, advertisement or any other material object for the purpose or cause it to be inspected, photographed, copied, tested and examined;

(ii) observe and examine any activity, operation process or procedure carried out on the premises;

(iii) seize any material object if it has reason to suspect that it might be used as evidence in a trial;

(iv) take assistance of the police if so required;

(3) If after conducting search, the state authority is satisfied that the said clinical establishment is unregistered or carrying on business after cancellation of
its registration or after restrain orders, it shall pass orders for immediate closure of such clinical establishment along with a fine.

(4) A copy of the order shall be served by post or displayed on the website or a copy of the order shall be pasted on the premises of the clinical establishment and the information in this regard shall be sent to the Police Station.

(5) Any person who continues to run clinical establishment after the orders of closures, shall be proceeded against as per the provisions of the Act.

24. (1) Any person aggrieved by the order of the district authority, refusing to grant or renew a provisional registration certificate, shall prefer an appeal as per Schedule XXIV to the state authority within a period of one month from the date of issue of orders with a fee of Rs. 2000/- and annex the receipt with the appeal. The state authority shall decide the appeal within sixty days.

(2) On recommendation of cancellation of registration by the district authority, the State Authority shall issue a show cause notice to the clinical establishment in Schedule XXV to explain within a period of one month from the date of issue of the notice as to why its provisional registration certificate may not be cancelled or renewal be denied for the reason mentioned in notice. If the clinical establishment does not respond within the stipulated time period mentioned in the show cause notice or file an unsatisfactory reply, or on hearing the appeal against the district authority, the state authority is satisfied that there has been breach of any
provision of the Act or rules made thereunder, it shall cancel the provisional registration certificate or refuse to renew the certificate by passing an order giving sufficient reason/s as per **Schedule XXVI** and restrain the clinical establishment to continue as such with immediate effect.

(3) Any person aggrieved by the order of the state authority may prefer an appeal in **Schedule XXVII** to the appellate authority within a period of one month from the date of issue of orders alongwith a fee of Rs. 2000/- and annex the receipt.

(4) On receipt of appeal, the appellate authority shall issue a show cause notice to the clinical establishment as per **Schedule XXVIII** and shall decide the appeal within a period of ninety days from the date of filing of the appeal. The decision of the appellate authority shall be final.

(5) In case clinical establishment is restrained from continuing its work, every orders passed by appellate authority or state authority, as the case may be, shall contain a direction that no person shall be freshly admitted in the clinical establishment either as an indoor or an outdoor patient and the indoor patient of the clinical establishment shall be transferred immediately to such other clinical establishment as the patient or his representative opts or where it is not practicable to opt, to the nearest Government Hospital, which shall be specified in
that order and it shall also contain directions as to the care and custody of such inpatient pending such transfer.

25. Where a person committing contravention of any provision of the Act and rules made thereunder is a company, every person who, at the time the offence was committed, was Incharge of, and was responsible to the company for the conduct of that business of the company, as well as company shall be deemed to be guilty of the contravention/ offence and shall be liable to be proceeded against and punished accordingly.

26. (1) The district authority and the state authority, as the case may be, shall maintain the register containing the details of the registered clinical establishments.

(2) Each clinical establishment shall be given a unique registration number by the district authority for provisional registration certificate in the pattern as given below:-

“Provisional/CE/full name of the district /year/Number to start with 1”.

27. No clinical establishment shall supply the patients record/ treatment documents to any other person without the patient’s consent being a confidential information unless it is desired by the Court and authorities under the Act and rules made thereunder. In case patient is in hospital and he is unable to give
consent or in case of death, his record /treatment documents may be given to near 
relatives (parents, spouse, children, brother/sister).

28. The clinical establishment shall ensure that the written policies /guidelines/
statutory requirements on patient rights and duties towards patients on its behalf 
should be made available and disseminated, in Hindi/English in the premises of 
the clinical establishment.

29. (1) No person shall use or continue to use any name for the purpose of 
commencing, keeping or carrying on a clinical establishment or display thereof, 
without prior registration of that clinical establishment.

(2) The concerned authority shall allow the clinical establishments to be 
registered with name for that clinical establishment subject to fulfillment of the 
following terms and conditions :-

(a) as for as possible such name should not be identical;

(b) the word “RESEARCH” cannot be used in the nomenclature of a 
clinical establishment unless the subject of definite Research proposal 
is approved from competent authority and an evidence thereof along 
with the application for registration is submitted;

(c) such name is not stating, suggesting or implying a false or misleading 
claim.
30. The clinical establishment shall not conduct any training course in medical and para medical subjects or register any person to provide degree or diploma on such subject unless such training courses are approved as per State Government / Government of India guidelines/statutory provisions and intimations in this regard is sent to the state authority. If any private institution intends that practical training should be provided to the para-medical students of their institutions in Government clinical establishments, prior approval from state authority shall be obtained.

31. Any private person including foreigner, Non Government Organization, Private Hospital, foreign Hospital and Government Hospital etc. intending to conduct survey relating to medical profession in the State of Haryana, shall obtain prior approval from the state authority.

32. The clinical establishment shall inform the district/state authority regarding information required for notifiable diseases in the prescribed format issued by the Government of India or by the State Government.

33. Any report to be issued to a patient by a clinical laboratory shall be signed only by a person who is enrolled with the Medical Council of India or State Medical Council as per Indian Medical Council Act, 1956 (Central Act 102 of 1956).
34. The clinical establishment shall record minimum information in the file of every admitted patient as per Schedule XXIX depending upon the services given to the patient.
**Schedule I**
(see rule 3)
**Classification of Clinical Establishments**

A. **Under Allopathic System**

(i) **In Government Sector**

(a) Urban Health Centre
(b) Dispensary
(c) Polyclinics
(d) Primary Health Centre including sub centre.
(e) Community Health Centre including sub centre.
(f) Sub-Divisional Hospital
(g) General Hospital
(h) Employees’ State Insurance Hospital
(i) Dental College
(j) Medical College

(ii) **In Private Sector**

(a) **OPD service only**

   (i) Clinic
   (ii) Polyclinics

(b) **Indoor Services including OPD, Emergency etc:**

   (i) Hospital having bed strength up to 10;
   (ii) Hospital/Nursing Home having bed strength between 11-50;
   (iii) Hospitals having bed strength between 51-100;
   (iv) Hospitals having bed strength between 101-300;
   (v) Hospitals having bed strength between 301-500;
(vi) Hospitals having bed strength more than 501;

(c) **Clinical establishment shall provide following services:-**

(i) Diagnostic Centres or Imaging/Radiology unit or Blood Bank as a standalone unit.

(ii) Providing more than one services as per (i).

(Note:- Laboratories conducting tests on different fields like Pathology, Parasitology, Microbiology, Serology, Bacteriology, Immunology/ immunological pathology, Biochemistry, Cytology/ Cytogenetics/ Cytopathology, Haematology, Virology, Genetics, and any other such field meant for diagnosis and treatment.)

(Note- Portable X-Ray, Conventional X-Ray, Dental X-Ray, Digital X-Ray, X-Ray with computed Radiography System, Ultrasound, Ultrasound with colour Doppler, Mammography, Orthopentogram (OPG), CT Scan, Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) Scan, Bone Densitometry, Uro-flometry etc.)

(d) Dental College.

(e) Medical College.

**B. Under Ayurvedic System**

Government/Private Sector

(a) OPD Services.

(b) Indoor services.

(c) Medical College.

**C. Under Homeopathy System:**

Government/Private Sector

(a) OPD Services;

(b) Indoor services;

(c) Medical College.

(Note:- As regards Yoga and Naturopathy are concerned, no guidelines are available. As and when these are framed, accordingly, it will be notified separately.)
Schedule II
(see rule 4,6,9,11,12,14,16)

Documents to be annexed with the application

(i) receipt of fee.

(ii) certificate of a proof in case the clinical establishment is owned controlled and managed by a trust whether public or private including charitable, a company/corporation (including a Society) registered under a Central/State Act, whether or not owned by the Central/State Government, and a Local Authority;

(iii) in case of polyclinic/hospital which is neither under the control of authority as mentioned at (ii) or not under registered partnership, then registration certificates of doctors issued by concerned Council are required. If the Clinical Establishment is run by registered doctors under registered partnership then a copy of such certificate of partnership shall be submitted with the application;

(iv) in case of Clinic, the registration certificate of the doctor issued by the concerned Council;
(v) duly self attested photocopy/ies of other registration certificates/ licenses required under different Acts, statutory guidelines etc. shall be annexed with the application, wherever applicable on the Clinical Establishment;

(vi) all the supporting documents along with the application form containing annexure along with fee shall be forward under a covering letter or forwarding letter to the concerned authority for registration or shall be uploaded in case of online application with duly signed and signature copies;

(vii) in case of partnership firm or association, deeds/ documents in this respect along with power of attorney to the applicant from amongst the proprietors must be submitted with the application of the Clinical Establishment for registration, wherever applicable;

(viii) any other certificate required by the authority shall be given;

Note:- All documents to be attached should be self attested.
Schedule III
HARYANA GOVERNMENT
HEALTH DEPARTMENT
(see rule 3,4,6,9,11,12,14,16 )

for Provisional/Renewal Registration of Clinical Establishment

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Category of clinical Establishment</th>
<th>Non Refundable Fee for Provisional/ Renewal Registration certificate (Rs.)</th>
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<tbody>
<tr>
<td>1</td>
<td>Clinic</td>
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<tr>
<td>2</td>
<td>Polyclinics</td>
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<td>3</td>
<td>Hospital having bed strength up to 10</td>
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<td>6</td>
<td>Hospitals having bed strength between 101-300</td>
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<td>7</td>
<td>Hospitals having bed strength between 301-500</td>
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</tr>
<tr>
<td>8</td>
<td>Hospitals having bed strength more than 500</td>
<td>100000</td>
</tr>
<tr>
<td>9</td>
<td>Dental College</td>
<td>50000</td>
</tr>
<tr>
<td>10</td>
<td>Medical College</td>
<td>100000</td>
</tr>
<tr>
<td>11</td>
<td>Other Colleges like Ayurvedic and Homeopathic</td>
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</tr>
<tr>
<td>12</td>
<td>Standalone Pathology Laboratory</td>
<td>5000</td>
</tr>
<tr>
<td>13</td>
<td>Standalone Blood Bank for whole blood &amp; components etc.</td>
<td>5000</td>
</tr>
<tr>
<td>14</td>
<td>Standalone Radiology clinical establishment for one service</td>
<td>5000</td>
</tr>
<tr>
<td>15</td>
<td>Standalone Radiology clinical establishment for more than one services</td>
<td>100000</td>
</tr>
<tr>
<td>16</td>
<td>Standalone combined clinical establishment providing two or more services out of diagnostic centre, radiology and Blood bank</td>
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Schedule IV

(see rule 5(1))

Particulars of the Receipt Register

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<th>No. &amp; Date of letter</th>
<th>Subject</th>
<th>Signature of official</th>
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Schedule V
(See Rule 5(1))

Particulars of the Dispatch Register

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<th>To Whom</th>
<th>No. &amp; Date of receipt</th>
<th>Subject</th>
<th>Signature of official</th>
</tr>
</thead>
</table>
Schedule VI

HARYANA GOVERNMENT
HEALTH DEPARTMENT
(see rule 5(2))

District Authority for Clinical Establishment
(District_________)

ACKNOWLEDGEMENT

1. An application in Schedule -I in duplicate for grant of provisional/renewal of the provisional/ duplicate provisional registration certificate to be given in the name of owner of the Clinic Establishment which is submitted by …………………………………………… (Name and address of owner) has been received by the District Authority for Clinical Establishment for registration on …………………….. (Date) along with a fee Rs. ………………….. Deposited at …………………….. District………………… Vide receipt no. ……………………….

2. The list of details of enclosures attached to the application is as under:-
   (i) ……………………………………………………
   (ii) ……………………………………………………
   (iii) ……………………………………………………
   (iv) ……………………………………………………
   (v) ……………………………………………………
   (vi) ……………………………………………………

   This acknowledgement does not confer any rights on the applicant for grant of provisional/renewal of the provisional/ duplicate provisional registration certificate to the owner.

Date: ……………………………………………………
Signature with Name and Designation of appointed person
For District Authority for Clinical Establishment

Place: ……………………………………………………
Official Seal
Schedule VII
HARYANA GOVERNMENT
HEALTH DEPARTMENT

Provisional Registration Certificate
(see rule 5(3))

Provisional Registration No.:……………
Date of Issue: ……………
Valid up To : ……………

1. This is to certify that ……………………………………………………………
   District ……………………. (Haryana) Pin Code ……………………
   Telephone (with STD) ………………. Fax ……………E-mail ID………..
   Website (if any) … …………………………………;
   Owner’s Name:- ……………………………………………………
   District ……………………. (Haryana) Pin Code ……………………;
   Type of Clinical Establishment (Govt/Private etc) ……………………;
   is hereby provisionally registered under the provisions of the Haryana
   Clinical Establishment (Registration and Regulation), Act 2014, to provide
   services under ………………… system of Medicine (Allopathic
   (Medical/Dental) /Ayurveda/ Homeopathy) having ……………… bed
   strength (wherever applicable); this clinical establishment provide
following medical service/s  OPD or indoor services, in case of indoor then specify:-

i. ..............................................................

ii. ..............................................................

2. The holder of this Certificate of Registration shall comply with all provisions of the Haryana Clinical Establishments (Registration and Regulation) Act, 2014 and the Rules made thereunder from time to time.

Date:                                  Chairperson
                                      District Authority for Clinical Establishment
Place:                                  With Seal
NOTICE FOR RECTIFYING THE DEFICIENCY/IES IN APPLICATION FOR GRANT OF PROVISIONAL /RENEWAL OF PROVISIONAL REGISTRATION CERTIFICATE

To,

…………………………………….
…………………………………….
…………………………………….

No. Date

Refer to the application dated …………………. of the Clinical Establishment.

A notice is hereby issued for rectifying the following deficiency/ies found on scrutinizing the application dated ……………. for grant provisional / renewal of provisional registration.

<table>
<thead>
<tr>
<th>(1)</th>
<th>Name And Address of The Clinical Establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Deficiency/ies found in the application for rectification.</td>
</tr>
<tr>
<td></td>
<td>a.</td>
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<tr>
<td></td>
<td>b.</td>
</tr>
</tbody>
</table>

Date: Chairperson

District Authority for Clinical Establishment

Place: With Seal
Schedule IX

HARYANA GOVERNMENT
HEALTH DEPARTMENT
[see rule 5(5)]
District Authority for Clinical Establishment
(District___________)

REFUSAL/DISALLOWING/REJECTION AN APPLICATION FOR
GRANT OF PROVISIONAL /RENEWAL OF PROVISIONAL
REGISTRATION CERTIFICATE

To,

........................................
........................................

No. Date

In continuation this office vide letter no. ................. dated

................. in which you were directed to rectify the deficiency/ies of one
month from the issue of the letter but no response has been received.

Your application for registration is hereby refused or disallowed or rejected
for grant of provisional / renewal of provisional registration.

Date: Chairperson

District Authority for Clinical Establishment
Place: With Seal
APPLICATION FOR RENEWAL OF PROVISIONAL REGISTRATION CERTIFICATE
[see rule 9]

To

The District Authority for Clinical Establishment,

________________________________________

Sir,

Kindly renew the provisional registration certificate issued in the name of
(Owner) __________________________________ with respect to M/S
___________________ for a period of ________ years for which I furnish the
following particulars:

(1) Number and Date of issue of Provisional Registration Certificate to be
renewed _________________.

(Self attested photocopy of Original Provisional Registration certificate
enclosed at Annexure ____)

(2) Date of expiry of Provisional Registration of Certificate _____________.

(3) Details of deposit of renewal fee.

(a) Amount Rs. __________

(b) Date :- ______________

(c) DD/Challan Number /Name of issuing bank/Treasury
_______________________________ ___________

I hereby declare that the contents mentioned in this application are true and
correct to the best of my knowledge.

Place: ____________________________ (Signature)

(Name, Designation and full Address
with Office Seal Of the owner)

Date
Schedule XI

IN CASE OF DEATH OF THE OWNER

[see rule 11(1)]

To

The District Authority for Clinical Establishment,

--------------------------------------------------

Sub: -M/S ---------------------------- is unable to function due to death of the owner …………..

Sir,

I, ------------------------------------ representative on behalf of deceased owner inform you that he/she ----------------------------------------------------- died on ----------------------------- due to -------------- ----------------------------------------------. The M/S ------- is unable to function due to death of owner of the certificate holder of the Clinical Establishment and hereby surrender the Provisional Registration Certificate. The following documents are enclosed:-

i)  Death Certificate.

ii) Original Provisional Registration Certificate.

This is for your necessary information and action.

Place:   (Signature of Legal Representative or Authorized Person)
Date   (Name and full Address)
Schedule XII

IN CASE ONE OF THE OWNER DIES OR LEAVES THE CLINICAL ESTABLISHMENT

[see rule 11(2)]

To

The District Authority for Clinical Establishment,

--------------------------------------------------  ---

Sub: -Intimation regarding death of one of the owner.

Sir,

I,  -------------------------------  representative on behalf
M/S_____________would like to inform you that one of the owner  Sh/Smt. -----
-------------------------------------------- died (death certificate to be submitted) or
left on ----------------------------- due to ----------------------------------------------------.

This is for your necessary information and action.

Place:  (Signature of Authorized Person)
Date  (Name and full Address)
Schedule XIII

JOINT APPLICATION OF THE TRANSFEROR AND TRANSFEEEE IN THE EVENT OF CHANGE OF OWNERSHIP OR MANAGEMENT OR PROPRIETORSHIP

(see rule 12(2))

To

The District Authority for Clinical Establishment,

-------------------------------------------------- ----------

-------------------------------------------------- ----------

Sub: Joint application of the transferor and transferee in the event change of ownership or management or proprietorship.

Sir,

It is to inform you that M/S --------------------- --------------------who is registered with District Authority for Clinical Establishment, -------------------- vide no. -------------------------- dated ----------------------- which is:-

i. owned by---------------------------------------------------------------------------------- ...........................................(complete address) or

ii. managed  by ------------------------------------------------------------------------------ ...........................................(complete address) or

iii. proprietorship ---------------------------------------------------------------------------------- ...........................................(complete address)

is now under the control of new ownership or management or proprietorship whose details are as under:-

iv. owned by---------------------------------------------------------------------------------- ...........................................(complete address) or
v. managed by -----------------------------------------------

----------------------------------------------- (complete address) or

vi. proprietorship -----------------------------------------------

----------------------------------------------- (complete address)

We the transferor --------------------- and transferee-------------------------

jointly declares the above information is correct and nothing has been concealed.

Original provisional certificate is annexed-A.

This is for your necessary information and action.

Signature of Transferor
(Name and full Address)

Signature of Transferee
(Name and full Address)

Date

Place
Schedule XIV

(APPLICATION OF CHANGE OF NAME OR CATEGORY OR LOCATION OF THE CLINICAL ESTABLISHMENT)

[see rule 14]

To

The State/District Authority for Clinical Establishment,

--------------------------------------------------

--------------------------------------------------

Sub: Application of Change of Name or Category or Location the Clinical Establishment.

Sir,

It is to inform you that M/S ---------------------------- (complete address) who is registered with District Authority, ----------- vide no. -------- ------------------ dated ------------------------ has changed the category/location/name.

The existing details of the Clinical Establishment is as under:-

(i) name of the Clinical Establishment -----------------------------

(ii) Category of the Clinical Establishment----------------------------

(iii) Location of the Clinical Establishment -------------------------

The change(s) in the Name/Category/Location of the Clinical Establishment is as under:-
(i) Name of the Clinical Establishment ------------------------------------------

(ii) Category of the Clinical Establishment--------------------------------------

(iii) Location of the Clinical Establishment ------------------------------------

The above information is correct and nothing has been concealed. Original provisional certificate is annexed –A with application.

This is for your necessary information and action.

Place:  

(Signature)  

(Name, Designation and full address with Date of the owner Office Seal)
To

The District Authority for Clinical Establishment,


Sub: Information regarding ceasing to function as a clinical establishment.

Sir,

It is to inform you that M/S ------------------------ (complete address) who is registered with District Authority, ---------- vide no. ---------- ------- dated ------------------ hereby cease to function as the Clinical Establishment with immediate effect due to ------------------------------.

The above information is correct and nothing has been concealed. Original provisional registration certificate is annexed-A with the application.

This is for your necessary information and action.

Place: (Signature)

(Name, Designation and full address with Date of the owner Office Seal)
(APPLICATION FOR ISSUANCE OF DUPLICATE PROVISIONAL REGISTRATION CERTIFICATE)

[see rule 16]

To
The District Authority for Clinical Establishment,

Sub: Issuance of Duplicate Provisional Registration Certificate in respect of M/S-----------------------------.

Sir,

1. It is to inform you that the registration certificate issued in the name of M/S----------------------------- (complete address) by the District Authority for Clinical Establishment, District --------- vide no. ------ Dated --------- has been lost or mutilated or destroyed or damaged (Strike off whichever is not applicable).

2. The list of details of enclosures attached to the application is as under:-
   (i) First information Report (in case of certificate is lost);
   (ii) Affidavit duly attested by Notary Public in case of the certificate is lost or mutilated or destroyed or damaged;

   The above information is correct to my knowledge and belief and nothing has been concealed.

Place:               (Signature)
(Name, Designation and full Address of the owner with Office Seal)

Date
Schedule XVII

HARYANA GOVERNMENT
HEALTH DEPARTMENT
(see rule 16)
Duplicate Provisional Registration Certificate

Provisional Registration No.: ............... 

Date of Issue: ............... 

Valid upto: ............... 

1. This is to certify that ................................................................. 

(Address) ................................................................. ............. 

District ............... (Haryana) Pin Code ............... 

Telephone (with STD) ............... Fax ............... 

E-mail ID ............... Website (if any) .........................; 

Owner’s Name:- ................................................................. 

(Address) ................................................................. ............. 

District ............... (Haryana) Pin Code ............... 

Type of Clinical Establishment (Government/Private etc) ............... ; 

is hereby provisionally registered under the provisions of the Haryana Clinical Establishment (Registration and Regulation), Act 2014, to provide services under ............... system of Medicine (Allopathic
(Medical/Dental) /Ayurveda/ Homeopathy) having ................ bed strength (wherever applicable);

this clinical establishment provide following medical service/s OPD or indoor services in case of indoor specify:-

   i. ........................................................

   ii. .....................................................

2. The holder of this Certificate of Registration shall comply with all provisions of the Haryana Clinical Establishments (Registration and Regulation) Act, 2014 and the rules made thereunder from time to time.

Date:  
Chairperson  
District Authority for Clinical Establishment  
Place:  With Seal
Schedule XVIII

HARYANA GOVERNMENT
HEALTH DEPARTMENT
(see rule 17(1))

Register of Clinical Establishments

Details of Provisional Registered Clinical Establishments

District: ............................

For the month of  .....................

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Name of the Clinical Establishment</th>
<th>Address with email ID of the establishment</th>
<th>Number &amp; Date of Registration clinical establishment</th>
<th>Name of the owner with Mobile No. and email ID</th>
<th>Name of the Incharge of the Clinical Establishment with Mobile No. and email ID</th>
<th>Validity period of the certificate</th>
<th>System of medicine</th>
<th>Types of Establishment (Company, Trust, Local Authority, Single Doctor, Two or more doctors)</th>
<th>Types of services offered by Clinical Establishment (OPD, Indoor, Diagnostic/imaging/lab/combined diagnostic Lab, Blood Bank, Blood bank combined services)</th>
<th>In case of indoor specify the type of services,</th>
<th>Type of clinical establishment such as clinic, poly clinic, hospital, diagnostic, radiology, Blood bank combined services</th>
<th>Number of beds (Wherever applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Date: 

Place: 

Convenor
District Authority for Clinical Establishment
With Seal
**Schedule XIX**

**HARYANA GOVERNMENT**

**HEALTH DEPARTMENT**

**Register of Clinical Establishments**

(See rule 18(1))

**Details of Provisional Registered Clinical Establishments by the District Authorities**

For the month of ....................

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>District</th>
<th>Name of the Clinical Establishment</th>
<th>Fax, Landline No.</th>
<th>Address with email ID of the establishment</th>
<th>Number &amp; Date of Registration clinical establishment</th>
<th>Name of the owner with Mobile No. and email ID</th>
<th>Name of the Incharge of the Clinical establishment with Mobile No. and email ID</th>
<th>Validity period of the certificate</th>
<th>System of medicine</th>
<th>Type of Service offered by Clinical Establishment (OPD, Indoor)</th>
<th>Local Authority, Single Doctor, Two or more doctors</th>
<th>Types of Establishment (Company, Trust, Local Authority, Single Doctor, Two or more doctors)</th>
<th>Blood Bank</th>
<th>Blood bank combined services</th>
<th>In case of indoor specify the type of services</th>
<th>Number of beds (Wherever applicable)</th>
<th>Type of clinic establishment such as clinic, poly clinic, hospital, diagnostic, radiology, Blood bank combined services</th>
</tr>
</thead>
</table>

Date: Convenor

State Authority for Clinical Establishment With Seal
NOTICE
For Inspection of the Registered Clinical Establishment

To
Name of Owner
M/S ……..

You are hereby intimated that an inspection of your registered clinical establishment shall be carried out on ______________ at ____________

Chairman/Chairperson

Date State OR District Authority for Clinical Establishment
Place Office Seal)
Schedule XXI

HARYANA GOVERNMENT
HEALTH DEPARTMENT
[see rule 22(1)]

District Authority for Clinical Establishment

To
Name of owner
M/S ........

1. It is to inform you that the information and evidence have been placed before the authority on the basis of a complaint dated ____________ of the complainant (Annexure- _________) ____________ received through _______________ titled as ____________________________

Or
otherwise (i.e news items, Court case etc.) Annexure- _________ has been received through _______________ titled as ____________________________ against your Clinical Establishment and

Or

that in relation thereto have been guilty of infamous conduct in a professional respect etc. or that you were convicted on the day of ............ at ............ for offence. ....................... or of forged documents etc.

2. The District Authority considered the matter on ________________
you are hereby directed to appear before the undersigned to answer in writing to

Reference Number
Date: ……

Show Cause Notice
to the Registered Clinical Establishment

Ph. No. _______________  E-Mail ID _______________
Website _______________  
Address _______________  

__________________________
the above charges to establish any denial or defense along with papers and documents in your possession relevant to the matter and any person/s whose evidence you wish to lay before the undersigned or send the reply through registered Post.

3. You are entitled to be represented before the undersigned by an authorized person or legal practitioner and the same must be informed in written to the undersigned at least fourteen days before the hearing.

4. A notice is hereby issued to you as to show cause within a period **one month** from the date of the issue of the notice i.e. on ___________ dated ___________ as to why your provisional registration certificate may not be recommended for cancellation or renewal of certificate may be denied for the reasons mentioned in complaint or otherwise (i.e. news items, Court case etc.).

You are hereby further informed that if you do not attend as required above or fail to send reply within the stipulated time period, the undersigned will proceed with the material available with him and decide the matter in your absence.

Chairperson
District Authority for Clinical Establishment
Office Seal)
show cause notice

To

M/S ........

1. It is to inform you that the information and evidence have been placed before the authority on the basis of a complaint dated ______________ of the complainant (annexure- ) ____________ has been received through _______________ titled as ___________________.

Or

otherwise (i.e news items, Court case etc.) (Annexure- ) dated ____________ has been received through _______________ titled as _________________ against your clinical establishment.

Makes the charges against your Clinical Establishment and.

Or that in relation there to have been guilty of infamous conduct in a professional respect etc. or that you were convicted on the day of ........... at ............ for offence. ....................... or of forged documents etc.

2. The State Authority considered the matter on ________________ you are hereby directed the Clinical Establishment to appear before the undersigned to answer in writing to the above charges to establish any denial or
defense along with papers and documents in your possession relevant to the matter and any person/s whose evidence you wish to lay before the undersigned or send the reply through registered Post.

3. You are entitled to be represented before the undersigned by an authorized person or legal practitioner and the same must be informed in written to the undersigned at least 14 days before the hearing.

4. A notice is hereby issued to you as to show cause within a period **one month** from the date of the issue of the notice i.e. on ___________ dated ___________ as to why your provisional registration certificate may not be cancelled or renewal of certificate may be denied for the reasons mentioned in complaint or otherwise (i.e news items, Court case etc.).

   You are hereby further informed that if you do not attend as required above or fail to send reply within the stipulated time period, the undersigned will proceed with the material available with him and decide the matter in your absence.

   Chairman  
   State Authority for Clinical Establishment  
   Office Seal)

**Endst. No.**  
**dated**

A copy is forwarded to the Chairman, District Authority for Clinical Establishment, ________ with the direction to be present before the State Authority for Clinical Establishment along with the record of the above mentioned Clinical Establishment.

   Chairman  
   State Authority for Clinical Establishment  
   Office Seal)
Schedule XXIII

HARYANA GOVERNMENT
HEALTH DEPARTMENT
(see rule 22 (2))
District Authority for Clinical Establishment

To
The Chairman,
State Authority for Clinical Establishment,
O/o Director General Health Services Haryana,
Sector-6, Panchkula

Sub: Regarding Recommendations for cancellation of M/S __________________ registered clinical establishment.

2. It is to inform you that the above mentioned Clinical Establishment was directed to appear/submit reply on dated ___________ ________________ vide this office Registered show cause notice number ____________ dated ….

3. Date of hearing (if any) __________________

4. Reply has been submitted in writing ….. Yes/ no.

   a. If yes, what are the content and documents evidence produced by the applicant establishment……...

   b. Additional document/s submitted by the complaint, if any …………

5. Are they satisfactory …………. Yes/no
6. Are they relevant to case ……………… yes/no.

7. The District Authority for Clinical Establishment considered the matter on ___________ and on perusal of records, the Findings of the District Authority for Clinical Establishment are as under:— ________________

   On perusal of the documentary evidence produced, the District Authority hereby recommends for cancellation of the Provisional Registration Certificate /denial of renewal of the registration.

   Chairperson
   District Authority for Clinical Establishment
   Office Seal)
Schedule XXIV
[see rule-24 (1)]

Application for filing an appeal against the orders of District Authority for Clinical Establishment

To
The Chairman,
State Authority for Clinical Establishment.
Sector-6, Panchkula.

Sub:- Appeal filed against the orders of the District Authority for Clinical Establishment.

Sir,
2. I, _____________________________ (Name and Address of the applicant)
on behalf of M/S ______________________ is hereby filing first appeal against the orders of the District Authority _______________vide order no. ___________dated_______( certified copy of the order be attached).
3. Prayer/relief sought in the appeal ________________.
4. Grounds on which the appeal is made______________;
5. Interim relief/prayer, if any sought______________.
6. List of enclosures (other than the order referred in item 2 above)_____
7. Particulars of the Fee ________________.

I hereby declare that the statements made in the appeal above are correct and true to the best of my knowledge and nothing has been concealed.

Yours Faithfully

Place: _____________________________
Signature of the Owner OR authorized person
Date: ________________
(Name:_____________________________)

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Notice for hearing of Appeal against the Registered Clinical Establishment.

To
M/S .......

Sub:- Notice for Hearing of Appeal No._________ dated _________ of M/S________________________.

2. The State Authority for Clinical Establishment considered the matter on ___________________ related to the filing of appeal against the orders of the District Authority for Clinical Establishment ________.

3. You are directed to appear before the undersigned to answer in writing to the charges to establish any denial or defense along with papers and documents in your possession relevant to the matter and any person/s whose evidence you wish to lay before the undersigned.
4. You are entitled to be represented before the undersigned by a authorized person or legal practitioner and the same must be informed in written to the undersigned at least fourteen days before the hearing.

5. A notice is hereby issued to you to appear on ____________ as to why your provisional registration certificate may not be cancelled or renewal of certificate may be denied.

You are hereby further informed that if you do not appear on the above mentioned date and time, the undersigned will proceed with the material available with him and decide the matter in your absence.

Chairman  
State Authority for Clinical Establishment  
Office Seal)
Endst. No. Date: ……

A copy is forwarded to the Chairperson, District Authority for Clinical Establishment ________ with the direction to bring record of above mentioned Clinical Establishment of the above mentioned date and time.

Chairman  
State Authority for Clinical Establishment  
Office Seal)
**Order**

To

I. The Chairperson,  
   District Authority for Clinical Establishment,  
   ........................

II. The M/S  
   ........................

Sub: Regarding cancellation of M/S __________________ registered clinical establishment.

2. It is to inform you that the owner/Incharge/representative/s of above mentioned Clinical Establishment appeared or no person appeared before the State Authority on_______

3. The following person/s were present:-  
   a. ................... b. ...............  

4. Reply has been submitted in writing ..... Yes/ no.

   a. If yes, what are the content and documents evidence produced by the applicant establishment.........
b. Additional document/s submitted by the complaint, if any …………

5. Are they satisfactory …………. Yes/no

6. Are they relevant to case …………….. yes/no.

7. The State Authority for Clinical Establishment considered the matter on ___________ and on perusal of records, the Findings of the State Authority for Clinical Establishment are as under:- ____________________________

   On perusal of the documentary evidence produced, the State Authority is hereby cancel the provisional registration certificate/ refuse of renewal of the registration and restrain to continue as such with immediate effect.

   It is further ordered that no person shall be freshly admitted in the Clinical Establishment either as an inpatient or examine/treated an out-patient. The inpatient/s in the Clinical Establishment shall be transferred immediately to such other Clinical Establishment as the patient or his representative opts. Or where it is not practicable to be opted, the patient/s shall be shifted to the nearest (Government Hospital)__________, and you are also directed to the take care and custody of such inpatient/s pending such transfer. Or

   After perusal of the documentary evidence/record, the Authority is satisfied with the reply with the remarks ____________________. The complaint has no merit and dismissed.

   Chairman  Convenor  Member/s

(Signature and Designation)

State Authority for Clinical Establishment
Office Seal
Schedule XXVII

Application for filing appeal against the orders of State Authority for Clinical Establishment
[see rule 24(3)]

To
The Chairperson,
Appellate Authority for Clinical Establishment.
Sector-6, Panchkula.

Sub: - Appeal filed against the orders of the State Authority for Clinical Establishment,______________.

Sir,

2. I, _____________________________ (Name and Address of the applicant) on behalf of M/S ____________________________ is hereby filing second appeal against the orders of the State Authority for Clinical Establishment _______________vide order no. __________ date______ (certified copy of the order be attached).

3. Prayer/relief sought in the appeal ________________.

4. Grounds on which the appeal is made__________________;

5. Interim relief/prayer, if any sought__________________.

6. List of enclosures (other than the order referred in item 2 above) ______

7. Particulars of the DD (number, date and Bank) enclosed _____________.

I hereby declare that the statements made in the appeal above are correct and true to the best of my knowledge and nothing has been concealed.

Place: ____________________________
Signature of the Owner/Authorized person

Date: ____________________________
(Name: ____________________________)
Designation: _______________________
Address: __________________________
Notice for hearing of Appeal

Reference No. _____________ dated __________ of M/S ____________________________.

2. The Appellate Authority for Clinical Establishment considered the matter on ___________ related to the filing of appeal against the orders of the State Authority for Clinical Establishment _________.

3. You are directed to appear before the undersigned to answer in writing to the charges to establish any denial or defense along with papers and documents in your possession relevant to the matter and any person/s whose evidence you wish to lay before the undersigned.
4. You are entitled to be represented before the undersigned by a authorized person or legal practitioner and the same must be informed in written to the undersigned at least fourteen days before the hearing.

5. A notice is hereby issued to you to appear on ____________ before the undersigned.

You are hereby further informed that if you do not appear on the above mentioned date and time, the undersigned will proceed with the material available with him and decide the matter in your absence.

Chairperson

Appellate Authority for Clinical Establishment
Office Seal

Reference No.                      Date: ……

A copy is forwarded to The Chairman, State Authority for Clinical Establishment______________ with the direction to bring record of above mentioned Clinical Establishment of the above mentioned date and time.

Chairperson

Appellate Authority for Clinical Establishment
Office Seal
Minimum information Recorded in the file of every Patient admitted in the Clinical Establishment depending upon the services given to the patient [see rule 34]

(1) Admission number
(2) Name / Son/ Daughter/ Wife of Shri ………………………………
(3) Address
(4) Age ,
(5) Sex
(6) Occupation
(7) Doctor in charge of the case
(8) Date and time of admission
(9) Date of discharge
(10) Diagnosis
(11) Final diagnosis
(12) Result/outcome of the case
(13) Case summary
(14) Record of investigations
(15) Consent
(16) Details of operative procedure and anesthesia, if given
(17) Records of treatment
(18) Records of nursing care
(20) If medico legal case, date and time of information to police
(22) Discharge Card
(23) Referral slip (if any) and record the reasons
(25) Total expenditure incurred
Form I
(see rule 4,6,9,11,12,14,16)

HARYANA GOVERNMENT
HEALTH DEPARTMENT

Application Form for Provisional Registration/Renewal of Clinical Establishment

1. Name of the Clinical Establishment ………………………………………
   Village/Town ……………………….. Tehsil ……………………………
   District ………………………… (Haryana) State Pin Code ……………
   Telephone (with STD) ……………… Fax ……………………… email
   ID……………………… Website (if any) ………………………

2. Rural/Urban …………………………………………………………………

3. Name and Address of the owner of the Clinical Establishment (in case of Government Institution, it will be Government of India or State Government)
   ……………………………………………………………………………..
   Village/Town ……………………………………………………………
   Tehsil …………. District …………… State ……………………. Pin
   Code ………………. Telephone (with STD) ………………. Mob.
   No. ……………………. Fax ……………………. Email
   ID……………………… website (if any) ………………………

4. Name, Designation and Qualification of Person Incharge of the Clinical Establishment (in case of Government Institutions only designation of the Head shall be mentioned): ………………………………………
   Name and Designation ………………………………………………..
   Qualification ……………………………………………………………
5. Detail of Management (name, Designation, Email ID, Mobile no. )
   a. 
   b. 

6. Type of Clinical Establishment owned, controlled or managed by:- (Strike out whichever is not applicable):
   a. Government:- State ☐ ESI ☐ Central ☐
   b. A trust:- ☐Public ☐Private ☐Charitable
   (Note: - Annex a copy of the Registration Certificate)
   c. A _____________company/corporation/society registered under ____________ (Central or State Act ) ____________,
      owned by ___________ (whether, Central Government or State Government or Private)
   (Note: - Annex a copy of the Registration Certificate)
   d. Clinic:___________________

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Name of the doctor</th>
<th>Registration number of doctor/s with the concerned Council (Annex Copy)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

e. Polyclinic

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Name of the doctor</th>
<th>Registration number of doctor/s with the concerned Council (Annex Copy)</th>
<th>Individual proprietorship Agreement in case of Proprietorship or Registered partnership wherever applicable, annex Copy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

63
f. Hospital: ______________________

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Name of the doctor</th>
<th>Registration number of doctor/s with the concerned Council (Annex Copy)</th>
<th>Individual proprietorship Agreement in case of Proprietorship or Registered partnership wherever applicable, annex Copy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

7. Whether any clinical research is carried out (Yes/No) if yes annex the details __________________________

8. System of Medicine:-

   - Allopathic: - (i) Medical □ (ii) Dental □
   - Ayurvedic □ Homeopathy □

9. Number of Beds (wherever applicable): ______________________

10. Type of Clinical Services:-

   a. Allopathic Medical and Dental

      (i) OPD Services by (Specify the type/s)

         (a) Clinic_____________________

         (b) Polyclinic__________________

      (ii) Indoor services including OPD, emergency etc.

         (a) Specify any of the following types) (Single Speciality/Single Super Speciality/ Multi Speciality Services/Multi speciality with single superspeciality, Multi Super Speciality/Multi Speciality and Multi Super Speciality.
(b) Specify all services offered at the time of submitting the application (for example General surgery, Gynaecology & Obstetrics, Cardiology etc.):

(c) Specify other services (if any): Laboratory Services, Blood bank, Radiology/Imaging, Radiotherapy and Dental Services etc.

(d) Details of outsource services (Specify the type/s) and annexed the Documents:-(Annexure- ___)

(iii) Standalone Blood Bank Clinical Establishment (Blood Bank having whole blood facility only or in addition having components facility (or any other)

(iv) Standalone imaging/Radiology Clinical Establishment:-(Standalone imaging/ Radiology Unit include Portable X-Ray, Conventional X-Ray, Dental X-Ray, Digital X-Ray, X-Ray with computed Radiography System, Ultrasound, Ultrasound with colour Doppler, Mammography, Orthopentogram (OPG), Cath Lab, CT Scan, Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) Scan, Bone Densitometry, Uro-flometry or any other).
(v) Standalone Diagnostic Clinical Establishment (Specify the type/s)……………………………………………………………
(vi) Combined Diagnostic/imaging/Blood Bank Clinical Establishment (Specify the type/s) ……………… ………
…………………………………………………………………………………………………………………………

b. Ayurvedic OPD Services (Specify the types like Ausadh Chikitsa, Shalya chikitsa, Sodhan Chikitsa, Rasayan & Pathya Vyavastha).
   (i) Only OPD Services (Specify the type(s))………………
   (ii) Indoor services (Specify the types …………………

c. Homeopathy OPD/Indoor Services (General Homeopathy)

11. **Human Resource**: Number of Medical and Paramedical staff employed in the institution as on date of submission of application

a. **Details of Doctors**

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Mention System of Medicine Allopathy, Ayurvedic, Homeopathy</th>
<th>Name of the doctor</th>
<th>Mention Qualification</th>
<th>Designation</th>
<th>Registration number and date with the concerned Council</th>
<th>Name of the Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. **Details Nurses and Pharmacists**

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Category of employee i.e. Nurses and Pharmacists</th>
<th>Name of the employee</th>
<th>Mention Qualification</th>
<th>Designation</th>
<th>Registration number and date with the concerned Council</th>
<th>Name of the Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
c. **Detail of other paramedics:-**

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Category of employee</th>
<th>Name of the employee</th>
<th>Qualification</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Laboratory Technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Physiotherapy Technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>ECG Technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>OT Technician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>others Staff etc. please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. **Details of Administrative, Financial, IT, and other staff including class-IV**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Category of employee</th>
<th>Name of the employee</th>
<th>Mention Registration number with any organization if applicable otherwise write not applicable</th>
<th>Mention Qualification</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Financial Staff</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>IT staff</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Others staff (Please Specify)</td>
<td></td>
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<td></td>
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<tr>
<td>5</td>
<td>Class-IV</td>
<td></td>
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</tr>
</tbody>
</table>

12. Attach photocopy of the registration certificates/license(if any) are required as mentioned below:-

a. Environment (Protection) Act :-

   (i) Certificate for ETP installation or NOC for effluent Treatment (Yes/Not applicable) -------- (Annexure ----).
(ii) MOU for Biomedical Waste as per Biomedical Waste (Management & Handling) Rules, 1998 *(Yes/Not applicable)* ---- (Annexure --).

b. Ambulance – Registration Certificate of vehicle used as Ambulance from Transport Department *(Yes/Not applicable)* ---- (Annexure ----).

c. Atomic Energy Act 1962- Registration Certificate/ Licence of each X-Ray radiation machine:
   (i) Portable X-Ray *(Yes/Not applicable)* ---- (Annexure ----).
   (ii) Conventional X-Ray *(Yes/Not applicable)*- (Annexure -).
   (iii) Digital X-Ray *(Yes/Not applicable)* ----- (Annexure ----).
   (iv) C-Arm *(Yes/Not applicable)* ------- (Annexure ----).
   (v) X-Ray with computed Radiography System *(Yes/Not applicable)* --------- (Annexure ----).
   (vi) Mammography *(Yes/Not applicable)* ---- (Annexure ----).
   (vii) Orthopentogram (OPG) *(Yes/Not applicable)* - (Annexure -).
   (viii) Cath Lab. *(Yes/Not applicable)* ---------- (Annexure ----).
   (ix) CT scan *(Yes/Not applicable)* ------------- (Annexure ----).
   (x) Positron Emission Tomography (PET) Scan *(Yes/Not applicable)* --------- (Annexure ----).
   (xi) Bone Densitometry *(Yes/Not applicable)* - (Annexure --).
   (xii) Uro-flometry *(Yes/Not applicable)* ----- (Annexure ----).
   (xiii) Dental X-Ray *(Yes/Not applicable)* ----- (Annexure ----).
   (xiv) Any other
d. Narcotic Drugs and Psychotropic Substances Act – certificate to keep narcotics in hospital (Yes/Not applicable) ---------- (Annexure ----).

e. Medical Termination of Pregnancy Act 1971 (34 of 71) - Certificate of approval (Yes/Not applicable) ----- (Annexure ---).

f. Mental Health Act- Registration of Hospital under Mental Act (Yes/Not applicable) ----------- (Annexure ----).

g. Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994- Certificate of registration related to each machine i.e.

(i) Ultrasound (Yes/Not applicable) -------- (Annexure ----).

(ii) Echo (Yes/Not applicable) ---------- (Annexure ----).

(iii) CT (Yes/Not applicable) ---------- (Annexure ----).

(iv) MRI (Yes/Not applicable) ---------- (Annexure ----).

(v) Any other imaging instrument used to detect sex of the foetus (Yes/Not applicable) ----------- (Annexure ----).

h. Transplantation of Human Organ Act 1994- Registration certificate of the hospital for each organ Transplantation Or Retrieval of organ/s :-

(a) Transplantation of organ:-

(i) Kidney (Yes/Not applicable) ---------- (Annexure ----).

(ii) Liver (Yes/Not applicable) ---------- (Annexure ----).

(iii) Heart (Yes/Not applicable) ---------- (Annexure ----).
(iv) Any others (Yes/Not applicable) --------- (Annexure ----).

(b) Retrieval of organ:-

(i) Kidney (Yes/Not applicable) --------- (Annexure ----).

(ii) Liver (Yes/Not applicable) --------- (Annexure ----).

(iii) Heart (Yes/Not applicable) --------- (Annexure ----).

(iv) Any others (Yes/Not applicable) --------- (Annexure ----).

n. Lift/s and escalator/s installation/maintenance Certificate as per the Haryana Lift and Escalator Act 2008.

(i) Lift/s (Yes/Not applicable) --------- (Annexure ----).

(ii) Escalator/s (Yes/Not applicable) --------- (Annexure ----).

o. License for chemist shop under Drug and Cosmetic Act 1940

(i) Chemist Shop. (Yes/Not applicable) ------ (Annexure----).

(ii) License for whole sale of drugs (Yes/Not applicable) – Annexure).

p. Blood Bank license/Storage etc under Drug and Cosmetic Act 1940. (Yes/Not applicable) --------- (Annexure ----).

13. Payment option for registration fee:

Amount (in words)…………………………………………………………

Details……………………………………………………………………

Receipt no. ………………………………………………………………

Place: ....................................................................................

Signature of the Owner

Date: .................................................................

(Name : _______________________)
Declaration

I hereby declare that the statements made above are correct and true to the best of my knowledge and nothing has been concealed. I understand that if any information furnished herein is found to be incorrect or false I shall be liable for action as per the statutory provisions. I shall intimate to the concerned Authority for Clinical Establishment, any change in the particulars given above.

Place: 
Signature of the Owner
Date: 
(Name :_______________________

Note:- **Exemption to charge fee from the Government institutions:**-The Government Clinical Establishments excluding those run by Public Sector Undertaking (PSU), Corporations, and Societies etc. shall be exempted from charging the fee for the purpose of registration, appeal etc.

P.K. Mahapatra
Additional Chief Secretary to Government Haryana,
Health Department