

- b) **Yoga and Naturopathy**
- c) **Unani**
- d) **Homeopathic**
- e) **Multi systems**

(Please tick the appropriate column)

Note: Facilities for relevant Diagnostic procedures / investigations should be available / Collaboration with CGHS empanelled Diagnostic Centers.

6. Whether the Hospital is recognized under any one or more of following:

- | | Yes | No |
|----------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Under CGHS | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Under State Health Authority / Local Body | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Under any Medicinal Health Insurance Organization
(If, Yes, Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

7. Details of Demand Draft:

S.No.	Fee	Name of the Bank	Details of Demand Draft		Amount (in Rupees)
			D.D.No.	Date	
1	Application Fee				
2	Earnest Money Deposit				

INFRASTRUCTURE DETAILS OF HOSPITAL

1.1 Total Number of beds

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Hospitals with 20 or more beds will be considered. Hospitals with less than 20 beds will not be considered

1.2 Categories of beds available with number of total beds in following type of wards

Private

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Semi-Private (2-3 bedded)

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General Ward bed (4-10)

Total Area of the hospital
 Area allotted to OPD
 Area allotted to IPD
 Area allotted to Wards

1.3 Specifications of beds with physical facilities/ amenities

Dimension of ward Length Breadth	Number of bed in each category	Sq. Mt.Furnishing floor area per patient	Amenities
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(Seven Square Meter Floor area per bed required-) (IS:12433-Part 2:2001)

General (4- 8 beds)	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Semi Private Ward (2 to 3 beds)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Private ward (Single bed with attendant bed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	

* Furnishing specify as (a), (b), (c), (d) as per index below

Index (a)	Bedsides table	<input type="text"/>
(b)	Wardrobe	<input type="text"/>
(c)	Dressing table	<input type="text"/>
(d)	Dari/carpet/other floor items	<input type="text"/>
(e)	Telephone	<input type="text"/>

Amenities specify as (a), (b) (c) (d) as per index below

Amenities		
(a)	Air conditioner	<input type="text"/>
(b)	T.V.	<input type="text"/>
(c)	Stereo music	<input type="text"/>
(d)	Room service for food etc	<input type="text"/>

(e) any other amenities

1.4 Nursing Care

Total No. of Nurses

No. of para-medical staff

Category of bed	Bed/Nurse Ratio (acceptable standard)	Actual bed/nurse ratio
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a)	General	6:1	<input type="text"/>
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- b) Semi-Private 4:1
- c) Private 4:1
- 1.5 Alternate power source Yes No
- 1.6 Bed occupancy rate Bed turn over rate
- (Norm 50%)
- General bed
- Semi-Private Bed
- Private Bed

Note: Bed occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No. of bed available (i.e. number of authorized bed)}}$

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment (No of authorized bed)}}$

- 1.7 No. of in house Doctors
- 1.8 No. of in house Specialists/Consultants
- 1.9 No. of visiting Specialist/Consultants
- (Names and qualifications)
- Attach separate sheet if necessary

1.10 Laboratory facilities available - Pathology Biochem

Microbiology or a ther

(statistics for the last three years)

1.11 Imaging facilities available (statistics for the last three years)

- 1.12 Supportive services
- Boilers/sterilizers
- Ambulance
- Laundry
- Housekeeping
- Canteen
- Gas plant
- Waste disposal system as per prescribed rules
- Dietary

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT