

Form 'A'
(See Rule 3)

Application for registration under section 5 of the Manipur Nursing Homes and Clinics Registration Act, 1992.

1. Full name of the Applicant :
2. Full residential address, telephone number of the applicant.
3. Professional or technical qualification, if any of the applicant
4. Nationality of the applicant
5. Full address where the nursing home/clinic in respect of which the registration is applied for.
6. Name and other particulars of the nursing home/clinic in respect of which the registration is applied for.
7. Full address where the nursing home or clinic is situated.
8. The type of nursing home (maternity, acute hospital. De-addiction centre) or clinic catering day patients, X-ray clinic, pathological laboratory or ECG/ultrasound, dental or optical centre.
9. Whether any other business is or will be carried out in the same premises as that of the nursing home or the clinic.
10. A brief description of the accommodation available and the equipment and facilities provided for in the nursing home or the clinic which among others include the following.
 - a) Floor space of bed rooms provided for patients giving number of beds.
 - b) Floor space and number of wash basins, toilets, bath rooms, available for patients, staff, visitors.
 - c) Floor space available for storage of drugs, linen, furniture and food.
 - d) Arrangement for transportation of stretcher/trolley patients with provision for norms.
 - e) Floor space of kitchen, staff room, duty rooms, nursing stations, day-rooms, library, conference.

11. Number of beds provided.
 - a) For maternity patients
 - b) For other patients.
12. The full names, age qualifications and experiences of persons employed in the management of the nursing home or the clinic and whether they are or will be resident in the nursing home or the clinic.
13. The full names, age, qualifications and experiences of the members of the medical staff.
14. The full names, age, qualifications of the nursing and other technical ancillary staff.
15. Place where the nursing staff is accommodated.
16. The number of hours in each week which the staff referred to in rule (14) are or are to be required to work.
17. The arrangement for supply of blood and blood products.
18. The arrangement made for provision of pathology, microbiology and radiology services.
19. Fess (item wise) charged or to be charged to patients (enclosed details).
20. Any provision for free/non paying beds and services for indigent/poor patients.
21. Whether the applicant has any other nursing home or clinic or business elsewhere.
22. Provision for life saving & emergency drugs.
23. Provision/Arrangement for handling emergency/accidents patients.
24. No & Year of Registration.
25. Date of expiry of the certificate of registration.

I do hereby solemnly declare that the above statements are true to the best of my knowledge and belief.

Dated :

Signature of the applicant