APPLICATION FOR REGISTRATION OF MEDICAL FACILITY

1. **Name of the Medical Facility**:_____

2. **Address**: _____
Village/Town/City: _____Block:_____
District: _____State: _____ Pin code_____
Tel No (with STD code):_____ Mobile: _____Email ID_____
Website (if any): _____

3. Name of the owner: _____
Address: _____
Village/Town/City:_____Block:_____
District: _____State: _____ Pin code_____
Tel No (with STD code):_____ Mobile: _____Email ID: _____

4. Name of the Person In charge _____
Qualification(s): _____
Registration Number: _____
Name of Central/State Council (with which registered): _____
Tel No (with STD code):_____Mobile: _____E-mail ID: _____

5. Ownership
a) ***Government/Public Sector:*** Central Government State Government Local Government
Public Sector Undertaking Any other (please specify): _____
b) ***Private Sector*** Individual Proprietorship Registered Partnership Registered Company
Co-operative Society Trust / Charitable Any other (please specify): _____

6. System of Medicine: (please tick whichever is applicable)
Allopathy Ayurveda Unani Siddha
Homoeopathy Yoga Naturopathy Sowa-Rigpa

7. Type of Clinical Services: General Single Specialty Multi Specialty
Super Specialty Any other (please specify): _____

8. Type of Medical Facility: (please tick whichever is applicable)
a) Inpatient Outpatient Laboratory Imaging
Any other (please specify):_____

b) **i) *Inpatient:*** Hospital Nursing Home Maternity Home Sanatorium
Palliative Care Primary Health Centre Community Health Centre
Any other (please specify): _____
ii) *Number of Beds (Inpatient):* _____
iii) *Outpatient:* Single practitioner Dispensary Polyclinic Dental Clinic
Physiotherapy / Occupational Therapy Clinic Infertility Clinic Dialysis Centre
Day Care centre Sub-Centre Mobile Clinic
Any other (please specify):_____
iv) *Laboratory:* Pathology Haematology Biochemistry Microbiology
Genetics Any other (please specify):_____
v) *Imaging Centre:* X ray Electro Cardio Graph (ECG) Ultrasound
CT Scan Magnetic Resonance Imaging (MRI) Any other (please specify):_____
vi) Any other (please specify): _____

I hereby declare that the statements made above are correct and true to the best of my knowledge. I shall abide by all the provisions of the Bombay Nursing Home Registrration Act,1949 and the rules made there under as well as other acts mentioned by VMC for registration. I shall intimate to the Registering Authority, any change in the particulars given above.

Place: Signature of the Owner/Person in charge
Date: (Name: _____)

Documents Required for Registration

1. Appropriate Degree Certificate & Registration with renewal copy, if any.
2. PAN Card of Owner/Company
3. Municipal Property Tax bill/ paid receipt copy
4. GPCB/Bio-Waste management Registration certificate
5. All Doctor/Visiting Dr/Staff details on Official Letter Head
6. FSSAI Registration/License copy (if applicable)
7. PC PNDT Registration copy (if applicable)
8. Professional Tax Receipt copy
9. Shops and Establishement (Ghumastadhara) Registration Copy
10. Photo of Infrastructure/Building
11. Map/Infrastructure Map/Layout – for indoor facility

Note:- All above documents are to be self- attested with institutional stamp.

IMPORTANT INSTRUCTIONS

1. **This form is for reference and is to be filled primarily and kept handy.**
2. **The entire application is to be made online.**
3. **All payments also have to be made online.**
4. **On sucessful submission of an application, the applicant will be issued payment instructions by E-mail and SMS after primary online scrutiny by the Registering Authority.**
5. **On receving payment instructions, payment has to be made online within 7 days of such intimation.**
6. **On successful payment of applicable fees online, a Provisional Certificate of Registration will be issued to the applicant.**
7. **The documents submitted online will be physically verified by Registering authority or representative of Registering Authority and a Final Certificate of Registration will be issued within 45 days of Generation of a Provisional Certificate. (If documents submitted are appropriate and in order)**
8. **The portal for online registration shall be avaialable for use from 16th April, 2016 on www.vmc.gov.in (Webiste of Vadodara Municipal Corporation).**
9. **All necessary documents mentioned above have to be kept ready as scanned images.**