Allopathic Private Medical Care Registration Application Form

Applicant Details:

Hospital Name*:_____ _____ Door No /H.No*: _____

Street Name*: _____Location/Locality*: _____

Mandal*:_____ Village*: _____Pin Code*: _____

 Own/Rent*: _____Lease Period In Years*: _____ Hospital Estd Date*:   _____

Correspondent Name*: _____ Correspondent/PRO/ Administrator Mobile No*: _____Correspondence Email Id: _____

 Description of Open Area*: _____Description of Constructed Area*: _____

 Financial Position Brief Description*: _____

Other Information Brief:_____

 Strength of Beds: _____Hospital Category*:_____

Services Offered (Yes/No)   :

Basic Service*:   Yes/No

 Specialty Service*:   Yes/No

Super Specialty Service*:   Yes/No

Diagnostics Service*:   Yes/No

Pediatric Service*:   Yes/No

 Physio Therapy Service*:   Yes/No

Labor Room with Pediatric Care Facility *: Yes/No

 Operation Theatre *:   Yes/No

Diagnostic Facility Including Clinical Laboratory Imaging Facility *: Yes/No

No of Facilities Available *: _____

Delivery Type*:   Manual   Post-Local   Post-Non Local (Please tick any one)

Society Details:

Society/Trust Name: _____Address: _____

Society Registered Date: _____

Amount Details:

Registration Fee: _____ Diagnostics Fee: _____

Physiotherapy Fee: _____ Total Fee: _____

Demand Draft Details (In Favor of DRA & Ho, Hyderabad):

DD Number*:_____DD Date*: _____DD Amount (Rs)*:_____

Bank Name*:_____Branch Name*: _____

Document List *(NOTE: All Upload Documents are in PDF Format only):

1. Application Form*

2. Photo Copy of Lease Document*

3. Doctor Particulars in Annexure A*

4. Nursing Staff Particulars in Annexure B*

5. Paramedical Staff Particulars in Annexure C*

6. Supporting Staff Particulars in Annexure D*

7. Details of Specialties Available*

8. Details of Equipments' and Furniture*

9. Audit Report of Last Two years*

10. Declaration on Stamp paper*

11. Demand Draft towards Registration Fee*

12. One set of photographs of the premises with its   functional areas (hard copy and Soft copy)*

13. Self addressed envelope, acknowledgement and affixed registered postage fee stamps*

Applicant's Signature