

Application form for Grading of Hospitals based on the guidelines of Govt. India

I GENERAL INFORMATION

Name of Health Care Unit	:	
NHB No. (If Registered)	:	
24 Hrs.	:	<input type="checkbox"/> Y <input type="checkbox"/> N
Address	:	
Ctiy / Taluk	:	
District	:	
State	:	
PIN	:	
Telephone(s) with STD code	:	
Fax Numbers (s)	:	
Mobile Phone(s)	:	
Email Id	:	
Website	:	
Hopital Details		
Types of ownership :		Proprietary / Charitable Truse / Pvt. Ltd. / Public Ltd. / Leased / Partership/ Corporate
Hospital Type		Multi Speciality / Single Speciality / Clinic / Other
If single specilty please mentions the speciality : _____ No. of Total Beds in the Hospital		

II DETAILS OF BEDS

Type of Bed	No. of Beds	No. of Toilets	Staff
General Ward - Male	:		
General Ward - Female	:		
A.C. / Deluxe / Suite	:		
Single Bed	:		
Twin Sharing	:		
Day Care	:		
Dialysis	:		
Burns Unit	:		

III TOTAL AREA AVAILABLE [in Sq.Mts.]

Bio-Medical Waste	:	Labour [incl. toilet]	:
CSSD/Sterilizations	:	Laundry room	:
Emergency & Casualty	:	Medical Gas room	:
Emergency Bed:	:	Min	:
Intensive Care Unit:	:	Operation Theatre	:
Kitchen	:	Pharmacy	:
Laboratory	:	Wards	:

IV DIAGNOSTIC SERVICES

Lab Services		Yes / No			Description
Biochemistry	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Biomedical Department	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Color Doppler / Duplex Scan	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Digital X-Ray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Hematology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Histopathology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
IMAGING	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Mammogram	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Microbiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
MRI	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
PET Scan	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Portable X-Ray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
RADIOLOGY	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Serology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ultra Sound	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

V CLINICAL SERVICES AVAILABLE

<input type="checkbox"/>	Anaesthesiology	<input type="checkbox"/>	Family Medicine	<input type="checkbox"/>	Oncology
<input type="checkbox"/>	Blood Storage & Blood Bank	<input type="checkbox"/>	Gastro enterology	<input type="checkbox"/>	Ophthalmology
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Gastro-intestinal surgery	<input type="checkbox"/>	Orthopadeics
<input type="checkbox"/>	Cardio-Thoracic	<input type="checkbox"/>	General medicine	<input type="checkbox"/>	Paediatrics[incl.new born]
<input type="checkbox"/>	Community health	<input type="checkbox"/>	General surgery	<input type="checkbox"/>	Palliative
<input type="checkbox"/>	Critical Care[ICU]	<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Physical medicine&rehab
<input type="checkbox"/>	Dentistry [General]	<input type="checkbox"/>	Joint Replacement	<input type="checkbox"/>	Plastic&Reconstructive
<input type="checkbox"/>	Dentistry with subspecialities	<input type="checkbox"/>	Nephrology	<input type="checkbox"/>	Psychiatry
<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Neuro-medicine	<input type="checkbox"/>	Respiratory Medicine
<input type="checkbox"/>	Emergency medicine,Trauma care	<input type="checkbox"/>	Neuro-surgery	<input type="checkbox"/>	Rheumatology Paediatric surgery
<input type="checkbox"/>	Emergency services	<input type="checkbox"/>	Nuclear Medicine	<input type="checkbox"/>	Transfusion & Blood storage
<input type="checkbox"/>	Endocrinology	<input type="checkbox"/>	Obsteterics&Gynecology[no n-surgical]	<input type="checkbox"/>	Transplantation Services
<input type="checkbox"/>	ENT	<input type="checkbox"/>	Obsteterics&Gynecology[surgical]	<input type="checkbox"/>	Any Other

VI SUPPORT SERVICE

24Hrs. Protected Water Supply	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ambulance Services	:	<input type="checkbox"/>	Own	<input type="checkbox"/>	Outsourced
CCTV	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
CSSD/ Sterilization Area	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
DG support for electricity	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Diagnostic Services: Collection/Laboratory	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Extinguisher	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Exit	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Equipment Log Book	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Facility for Transport of Physically Challenged	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Imaging Services	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Kitchen& Dietary Services	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Laboratory	:	<input type="checkbox"/>	Own	<input type="checkbox"/>	Outsourced
Linen Management	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Medical Gas Supply, Storage & Distribution	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Registration / Help Desk / Billing counter	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
USG	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Waste Management –General and Biomedical	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Xray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Toilets [Numbers]	:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female

VII Non-imaging services

Audiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Echo cardiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Electro-Physiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
PFT	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Sleep study	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
TMT	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Urodynamics	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

VIII HUMAN RESOURCE

Consent form for Admission	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Anaesthesia	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Invasive Procedures	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Surgery	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Continuing Training Programmes for Staff	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Safety Drill	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Health Statistics Notification	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Medical Records	:	<input type="checkbox"/>	Digital	<input type="checkbox"/>	Physical
Personal Records of Staff	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Safety Check List for Invasive Procedures Available	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Staff Trained in CPR Emergency	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
No. of Staff					
Doctors	:	<input type="checkbox"/>	Lab Technicians	:	<input type="checkbox"/>
Nurses	:	<input type="checkbox"/>	Multi Purpose workers	:	<input type="checkbox"/>
Pharmacy	:	<input type="checkbox"/>	X-Ray Technician	:	<input type="checkbox"/>

IX EQUIPMENTS

Ambu bag with Nasal prongs/mask	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	IUD Insertion Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Amputation Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Laparotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Anesthetic Equipment	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Laryngoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Baby Scales	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Nebulizer	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Bio Hazard Disposal	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Ophthalmic Operating Microscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Bronchoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Ophthalmoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Caeserian / Hysterectomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Otoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Colonoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Oxygen Cylinder	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Defibrillator	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Portable Suction	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Dilatation & Curettage Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Pulse Oximeter	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
ECG Machine	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Suction Apparatus	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Emergency Light	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Thoracotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Endo Tracheal Tubes	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Tocardiograph	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Endoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Tracheotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fetal Stethoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Weighing Machine	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fiberoptic Laryngoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Vacuum Extractor	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Hernia Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Any other Special Equipments:[in detail]				

Declaration

I hereby declare that the above mentioned facts are true to the best of my knowledge & I also hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Home Board of IMA TNSB

Place :

Signature

Date :