Hospital Information Sheet

Instructions:

- Please complete the form with Yes / No / Other answers where applicable
- Mandatory Documents to be attached
  - Copy of PAN Card
  - Copy of Cancelled Cheque
  - Copy of Registration Certificate
  - Complete Hospital Tariff

Ownership Type (Please tick mark)
Individual / Partnership / Charitable / Trust / Corporate / Pvt. Ltd. / Government

Level of Care (Please tick mark)
Primary / Secondary / Tertiary / Tertiary Plus

Type of Provider (Please tick mark)
Hospital / Nursing Home / Diagnostic Centre / Clinic / Pharmacy / Wellness Center

Speciality of Provider (Please tick mark)
Multispeciality / Superspeciality / Maternity / Eye / Children / Orthopaedic / Day Care

Provider Details	
Name of Hospital / Healthcare Unit	
ROHINI Code	
Address 1	
Address 2	
Locality / Land Mark	
District	
City	
State	
Pin Code	
Region / Zone	
Telephone with STD Code	
Fax with STD Code	
Email ID.	
Web Site	

Contact Details		
	Head of the Organization	**Head of Administration**
Name		
Designation		
Telephone No.		
Mobile No.		
Email ID.		
	Head of Marketing	**Head of Billing**
Name		
Designation		
Telephone No.		
Mobile No.		
Email ID.		
	Head of TPA Desk	**TPA Desk – 2nd Point of Contact**
Name		
Designation		
Telephone No.		
Mobile No.		
Email ID.		

Bank Details	
Payee Name	
Bank Name	
Bank Address	
Bank Account Number	
MICR	
IFSC Code	
Account Type	
PAN No.	
GST Registration No.	
GST Registration State	

We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for the reasons of incomplete or incorrect information, we would not hold the user institution responsible.

Signature (By authorized signatory with stamp)

Date (DD/MM/YYYY)

Facilities Available		
Room Categories	**Availability (Y/N)**	**No. of Beds**
General Ward / Multi Sharing		
Semi Private Non-AC		
Semi Private with AC		
Single / Private Non-AC		
Single / Private with AC		
Deluxe Room		
Super Deluxe		
Suite		
ICU		
CCU		
HDU		
NICU		
Day Care		
Isolation Room		
Any Other Category		
Total Beds		
Inpatient Facilities	**Availability (Y/N)**	**No. of Rooms**
Major Operation Theatre		
Minor Operation Theatre		
Cath. Lab Facility		

Level of Care	
Nurse : Bed Ratio – Ward	
Nurse : Bed Ratio – ICU	

Radiology Services	Availability (Y/N)	In-house / Outsourced
Digital X-ray		
Non-digital X-ray		
Mammography		
ECG		
Tread Mill test		
Echo		
Ultrasound (Non-Doppler)		
Colour Doppler Ultrasound		
CT Scan		
MRI		

Laboratory Services	Availability (Y/N)	In-house / Outsourced
Blood Biochemistry		
Haematology		
Blood Bank & Transfusion Services		
Microbiology		
Cytology		
Immunology		
Serology		
Histopathology		

Emergency Services	Availability (Y/N)	In-house / Outsourced
Ambulance (General)		
Ambulance (with life support)		

Pharmacy	Availability (Y/N)
In house Pharmacy Services	
24*7 pharmacy	
Drug License	
Pharmacist's Registration Certificate	

Regulatory Details	Availability (Y/N)
Fire Safety NOC	
Nursing Homes Registration Act	
Biomedical Waste Management as per BMC Guidelines	
ISO / NABH / JCI / Any Other Certification (attach certificate copy)	
BARC Act Of Radiology	
Does the hospital comply with all applicable legislation and regulations	
Does the hospital have all licenses issued by the relevant authorities?	

Check List of Statutory Documents	
Documents	**Attached (Y/N)**
Hospital Tariff List	
Cancelled Cheque	
PAN Card	
TDS Exemption Certificate	
TAN No. Certificate	
GST No. Certificate	
Medical Registration Certificate	
Shop and Establishment Act Certificate	
Bio Medical Waste Management Certificate	
PNDT Certificate	
Process documents for Infection Control Details	
17 (2) B form	

We confirm and warrant that the information contained above in the hospital information sheet is correct and valid as on the date below.

Signature (By authorized signatory with stamp)

Date (DD/MM/YYYY)