SECTION II

APPLICATION FORMAT FOR HOSPITALS

PART 1

GENERAL INFORMATION

(Technical and Infrastructure Specifications of the Hospitals)

1. NABH Accreditation Status

- Whether NABH / NABL Accredited ☐

2. Details of Accreditation and Validity period .....

(Enclose a scanned copy of relevant Certificate) .....

3. Name of the hospital

4. Address of the hospital

Contact person & Designation

5. Tele/Fax/E-mail

Telephone No.	
Fax	
E-mail/website address	

PART II: BACK GROUND INFORMATION

S. N.	Subject	Information given by Hospital	Remarks of QCI (NABH)
1.	Historical Background		
a)	Date of Establishment		
b)	Registered/Not Registered* (with State Health Authorities)		
c)	Type-Govt/Private/Corporate		
d)	Management Individual/Corporate/Trust or any other – please specify)		
e)	Recognition by other schemes – ECHS & ESI Schemes* - indicate which schemes are you linked		
2.	Total number of beds		
3.	Nursing Care:-		
a)	Total number of Nurses		
(b)	No of para-medical staff		
4.	No. of In-house Doctors		