

APPLICATION FORMAT FOR HOSPITALS

GENERAL INFORMATION

1. NABH Accreditation Status

- (Enclose a scanned copy of relevant Certificate)

- [illegible]

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|------------------------------|
| Address of the hospital |
| Contact person & Designation | |

- [illegible]

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		

a)	No. of In house Specialist/Consultant	
b)	No of visiting specialist/Consultant (Names and qualifications) Attach separate sheet if necessary	
5.	Laboratory facilities available	
(a)	Pathology	
(b)	Biochemistry	
(c)	Microbiology	
6.	Supportive Services:-	
(a)	Boilers/Sterilizers	
(b)	Ambulance (Basic Life Support System Ambulances)	
(c)	Laundry	
(d)	Housekeeping	
(e)	Canteen	
(f)	Gas plant	
(g)	Waste disposal system as per prescribed rules	
(h)	Dietary	
7.	Others (Preferably) :-	
(a)	Blood Bank	
(b)	Pharmacy	
(c)	Physiotherapy	
(d)	No of Operation Theatre	
	(i) General Surgery	
	(ii) Specialized procedures	
	(The specialized features for special OTs e.g. Joint Replacement, Cardio thoracic & Neurosurgery should be specified)	
8.	Equipment available	
	(i) Monitor defibrillators	
	(ii) Nebulizers	
	(iii) Infusion pumps	
	(iv) Pulse Oxymeter	
	(v) Oxygen supply (define arrangement)	
	(vi) Suction apparatus	
	(vii) Ventilator	
	(viii) Other specify	
	INTENSIVE CARE UNIT- No of beds type of TCH	
9.	Consultants	
a)	Total number of Consultants	
b)	Number of Consultants on Permanent Roll	
c)	Number of Visiting Consultants to facility	
	(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)	
10	MRI	Yes /No
11	CT/SCAN	Yes /No
12	CARDIOLOGY	Yes /No
13	CARDIO-THORACIC SURGERY	Yes /No
14	NEURO SURGERY	Yes /No

15	JOINT REPLACEMENT SURGERY	Yes /No
16	LAPAROSCOPIC SURGERY	Yes /No
17	LITHOTRIPSY/TURP, OTHER NEPHROLOGY / UROLOGY PROCEDURES	Yes /No
18	RENAL TRANSPLANTATION, HEMODIALYSIS	Yes /No
19	LIVER TRANSPLANTATION	Yes /No
20	RADIOTHERAPY	Yes /No
21	CLINICAL PATH	Yes /No
22	BIOCHEMISTRY	Yes /No
23	MICRO BIOLOGY	Yes /No
24	OTHER (SPECIFY)	Yes /No
25	X-RAY	Yes /No
26	ULTRASOUND	Yes /No
27	MAMMOGRAPHY	Yes /No
28	BLOOD BANK	Yes /No
29	PHARMACY	
	(a) In house / Contract	
	(b) Medicines available in Hospital / procured from outside	
	(c) Billing System : Computerized / Manual	

Note: The documents for the above are required to be submitted along with the EOI.

पश्चिम रेलवे
WESTERN RAILWAY