

Annexure 1

[see rule 9 (1)]

Application Form for Provisional Registration of Clinical Establishments

1. Name of the Establishment: / _____

2. Address: _____

Village/Town: _____ District: _____

State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____

Website (if any): _____

3. Name of the owner: _____

Address: _____

Village/Town: _____ District: _____

State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____

Email ID : _____

Name of Person in charge and Qualifications: _____

4. Ownership

(a) Public Sector: Central Government State Government Local Government Public Sector Undertaking Any other (please specify): _____(b) Private Sector: Individual Proprietorship Registered Partnership Registered Company Co-operative Society Trust / Charitable Any other (please specify): _____

5. Systems of Medicine offered: (please tick whichever is applicable)

 Allopathy Ayurveda Unani Siddha Homeopathy Yoga and Naturopathy

6. Services Provided: (please tick whichever is applicable)

 Inpatient Outpatient Laboratory / Imaging Centre Any other (please specify): _____Category of Clinical Services: General Single Specialty Multi Specialty Super Specialty

7. Type of Establishment: (please tick whichever is applicable)

(a) Inpatient: Hospital Nursing Home Maternity Home Primary Health centre Community Health Centre Sanatorium Day Care Centre

(b) Number of Beds: _____

(c) Outpatient: Single practitioner Polyclinic Sub-Centre Physiotherapy Clinic Occupational Therapy Infertility clinic Dental Clinic Dispensary Dialysis Centre Any other (please specify): _____

(d) Laboratory: Pathology Haematology Biochemistry Microbiology Genetics

Collection Centre Any other (please specify): _____

(e) Imaging Centre: please specify: _____

Special diagnostics: Please specify: _____

I hereby declare that the statements above are correct and true to the best my knowledge and shall abide by all the rules and declarations under The Gujarat Clinical Establishments Act, 2021. I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above.

Date:

(_____)
Signature of the Authorized Signatory