FORM - I

(See Rule – 5(1) (a), Section 14(1) (3), Section 54(a) (b) of the Act) Application Form for Provisional Registration of Clinical Establishments

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5.	Syst	tems of Medicine offered: (please tick whichever is applicable)													
	Allo	Allopathy Ayurveda Unani Siddha Homeopathy													
	Yog	Yoga & Naturopathy													
6.	<u>Serv</u>	Services Provided: (please tick whichever is applicable)													
	Inpa	Inpatient Outpatient Laboratory Imaging Centre													
	Any	other (please specify):													
	a)	Category of Clinical Services: General Single Specialty Multi Specialty													
		Super Specialty													
7.	Тур	e 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 Sub-Centre:													
	c)	Number of Beds:													
	d)	Outpatient: Single practitioner Polyclinic Sub-Centre Physiotherapy													
		Clinic Occupational Therapy Infertility Clinic Dental Clinic													
		Dispensary Dialysis Centre													
	,	Any other (please specify)													
	e)) <u>Laboratory</u> : Pathology <u>Haematology</u> Biochemistry <u>Microbiology</u> Genetics Collection Centre													
		Any other(please specify):													
	f)	Imaging Centre: (please specify):													
		Special diagnostics: (please specify):													
		I hereby declare that the statements above are correct and true to the best of my													
		wledge and shall abide by all the rules and declarations under the Clinical Establishment													
		gistration and Regulation) Act 2010. I undertake that I shall intimate to the appropriate stering authority any change in the particulars given above.													
	regi	stering authority any change in the particulars given above.													
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		Signature of the Authorized Signatory													