

## Application Form for Empanelment of Private Hospitals and Lab & Diagnostic Services

1. Name Of the Institution. \_\_\_\_\_
2. Address. \_\_\_\_\_  
\_\_\_\_\_
3. Tel No. \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Types of Hospitals/ Diagnostic Lab( **Multi speciality Hospitals., Single/Multi Super Specialty Hospitals /Lab & Diagnostic Services**).  
\_\_\_\_\_
- 4A. Mention the type of speciality for which it is to be empanelled. \_\_\_\_\_
5. Minimum Eligibility Criteria 5A. No. of Beds. \_\_\_\_\_
  1. **Multi Speciality hospitals.** Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
  2. **Super speciality hospitals** Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
  3. **Lab & Diagnostic Services** Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
  4. Medical/para-medical staff on regular basis and not on part-time basis. Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
  5. The hospital must have minimum following adequate infrastructure/logistic, confirming to the services provided by it such as:- Detail Annexed as per Empanelment policy
    - Gas Pipe line Y/N \_\_\_\_\_
    - Computerization Y/N \_\_\_\_\_
    - Ambulance service Y/N \_\_\_\_\_
    - Pharmacy Y/N \_\_\_\_\_
    - CSSD Y/N \_\_\_\_\_
    - Lifts & Ramp/Stairs Y/N \_\_\_\_\_
    - Kitchen/canteen Y/N \_\_\_\_\_
    - Fire fighting system Y/N \_\_\_\_\_
6. Bio-medical Waste disposal system Detail annexed as per Empanelment policy. Y/N \_\_\_\_\_
7. Copy of the site plan duly approved by the competent authority and hospital should run from the legal authorized premises. Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
8. Parking space. Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_
9. Easily accessible/approachable to the patients. Y/N \_\_\_\_\_
10. Photocopies of Post graduate degrees (specialist/super specialists) of the specialist with the application. Detail Annexed as per Empanelment policy. Y/N \_\_\_\_\_

11. All facilities located in the same premises. Detail Annexed Y/N\_\_\_\_\_
12. Arrangement for the 24 hrs water supply. Detail Annexed Y/N\_\_\_\_\_
13. 24 hrs electricity supplies with the proper backup. Detail Annexed Y/N\_\_\_\_\_
14. Copy of the no objection certificate from the fire brigade. Detail Annexed Y/N\_\_\_\_\_
15. Bank Draft of Rs. 25,000/- in the name of "DGHS Reimbursement fund" attached  
Bank Draft No. \_\_\_\_\_ Name of the Bank \_\_\_\_\_
16. Agrees to pay Security of Rs. 1 lac in the form of Bank Draft in the name of "DGHS Reimbursement fund" which is refundable after the State Govt. grants approval for empanelment .Y/N \_\_\_\_\_.
17. **Agreement:** Signed agreement is annexed as per empanelment policy Y/N \_\_\_\_\_
18. Agrees to send a report to the O/o Director General Health Services, Haryana Panchkula regarding the patients who have taken treatment from the hospitals on quarterly basis. Y/N \_\_\_\_\_.
19. Agrees to put information showing validity of empanelment of Hospitals on the Notice Board at Reception. Y/N \_\_\_\_\_
20. Agrees to abide by all terms and conditions laid in the empanelment policy and agreement .Y/N \_\_\_\_\_.
21. Registration Certificate of Ultrasound Machine/s etc. attached. Y/N \_\_\_\_\_.
22. Registration Certificate of MTP attached. Y/N \_\_\_\_\_.
23. Registration Certificate from BARC for Radiation. Y/N \_\_\_\_\_.
24. Blood Bank License attached Y/N \_\_\_\_\_.
25. Any other document attached.

Date:

Signature& Designation of Hospital Authority