

**FORM - 1**  
**[(See rule 3 (1) (2) and (10)]**

Application for grant / maintenance of renewal of certificate of Registration of Clinical Establishment

I/We ..... of ..... hereby apply for grant / maintenance/ renewal of Certificate of Registration for the purpose of running a Physiotherapy Establishment/ Maternity Home/ Private Nursing Home/ Clinical Establishment (Pathology) Diagnostic Centre/ Blood Bank/ Medical Termination of Pregnancy Clinics/ X-ray institutes on the premises situation at .....

2. The Clinical aspect in the above establishment will be made under the supervision of the following technical persons:-

Name (s) ..... Qualification ..... Address

- (a)
- (b)
- (c)

3. Name of Paramedical Persons:-

Name(s) ..... qualification ..... Address

- (a)
- (b)
- (c)

4. Population of the local area (Town/ Municipality/ Panchayat/ Village)

5. Number of Clinical Establishments within the radius of one Kilometer of the proposed clinical establishment.

6. A fee of Rs.10,000/-, Rs. 8,000/-, Rs. 6,000/- , Rs 5,000/- only (as per applicability) has been credited to Government under the head of Account "0210"- Medical and PH-01-Urban Health Services-020-Receipts from patients for Hospital and Dispensary Services- 0010-charges for service provided-02087- other fees.

7. Consent letters of the technical persons and paramedical persons to work for five years in your establishment duty signed by technical persons/ paramedical persons is enclosed.

Date .....

(Strikeout which ever is not applicable)

**Signature of Applicant**