MPOnline Limited
Joint venture between Govt. of Madhya Pradesh and TCSL
मध्यप्रदेश सरकार का पोर्टल

Directorate of Health Services
Government of Madhya Pradesh

Online Nurisng Home & Clinics registration System

User Manual for Online Nursing home & Clinical Registration System Application Process

Software designed by MPOnline Limited.

1)Step: Create Profile Login

Description: Using below interface user can sign into the Nursing home portal, if you are a new user than create profile login otherwise login with your user id and password.

Nursing Homes & Clinical Establishment

Sign in to your Account

User Name

Password

Login

New User? Sign Up   Forgot Password?

Contact us

Email : mail@mponline.gov.in
Contact :0755-2665385, 2666058

MPOnline Customer Care

Track Your Application

Application no

Search

User Manuals

Manage your Profile   Nursing Licence
Nursing Home Act   Nursing Home Rules
Approval Process
How to Digital Sign Your Application

Search Emergency Services

Search By Location

Search By Speciality

Search

Fee Structure

Fee Structure

New Nursing Home & Clinical Estblishment Fee

S.No.	Licence Type	Fee	Portal Fee
1	Nursing Home		
	a) up to 10 beds	Rs. 600	

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Create Profile for Nursing Homes and Clinical Establishment

 Service Home

* Fields marked with *are mandatory

👤 New User Registration - Personal Details

Name*	First Name	Middle Name	Last Name
	Please Enter First Name		
DOB*	DD/MM/YYYY		
Mobile Number *	Mobile No.	Email Id*	Email

✏️ Registration Details

User Name *	User Name	Check Availability	
Password *	Password	Re-enter Password *	Re-enter Password

(पासवर्ड अल्फान्यूमेरिक हो, जिसमें कम से कम एक कैपिटल एवं लोवर लेटर, एक न्यूमेरिक नंबर ,एक स्पेशल केरेक्टर हो तथा पासवर्ड 8 से 15 केरेक्टर का होना चाहिये।
(स्पेशल केरेक्टर में ! @ # ~ $) दर्ज करें))

Back   Register

2) Step: <u>After login below interface will be shown</u>

<u>Description:</u> Using below interface you can see multiple options available for applying to nursing and nurisng application.

Hello, vishal
Last logged in : 08-Apr-2015 01:03 PM !

High Alert

CHANGE PASSWORD   SIGN OUT

Profile
It is recommended to keep updated your profile's details with correct information.

| Update Profile | Change Password |

Apply for Nursing Home

Apply for New Application

Apply for Renewal Application

| Unpaid Application | Re-Open Application |

Duplicate Receipt

Apply for Clinical Establishment

Apply for New Application

Apply for Renewal Application

| Unpaid Application | Re-Open Application |

Duplicate Receipt

Monthly Reports

TB Report	NLEP Report
Natural Death Review	HMLS Report
Malaria & Filaria Report	Child & Natural Death

Track Your Application
Know your application current status along with complete processing history.

| Track | History |

User Manuals
Manuals are available about how you can submit your application successfully.

How to Digital Sign Your Application

Manage your Profile	Nursing Licence
Fee Structure	Approval Process
Nursing Home Act	Nursing Home Rules

3) Apply for Nursing Application.

Description: Using below form we can register for the new nursing application, In the below interface user gets a tabbing facility which is swichable duing form submission there are multiple tab options available for single form.

3.1 Applicant Details:

![MPonline Limited - Joint venture between Govt. of Madhya Pradesh and TCSL - मध्यप्रदेश सरकार का पोर्टल](logo)

3.2 Nursing Home

Nursing Home Details

Applicant Details	Nursing Home Details	Infrastructure Details	Staff Details	Equipments and Fee Details

Name of the Nursing Home*
(in respect of which the Registration is being applied for)

Name of the Nursing Home

Type of Institutions for which Registration is being applied*

Allopathy ▼

Firm/Company Registration No.	Reg43546	Website Address	www.test.com
Date of Establishment *	10/02/1986	Type of Specialty*	○ Single ● Multiple

Details of the Procedure/Services

Procedure/Services	Details	Remarks (if any)	
Aesthetic & Reconstructive Surgery ▼	test	tests	🗑
Audiology & Speech Therapy ▼	test	test	🗑 ➕

Place where the Nursing Home is situated *

Plot No./House No. *	test	Colony/Area	test
City *	test	District *	BHOPAL ▼
Block *	Phanda(Block) ▼	Pin Code *	456464

Whether the applicant is interested in any other Nursing home or Business *	● No ○ Yes

Place where such Nursing Home is situated or where such business is conducted

Type of Other Business*	Other Nursing Home ▼	Other Nursing Home/ Business Details *	tets
Plot No./House No. *	testts	Colony/Area	tests
City *	testt	District *	BHOPAL ▼
Block *	Phanda(Block) ▼	Pin Code *	456451

[Previous] [Save & Next]

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3.3 Infrastructure Details

Nursing Home Details

Applicant Details	Nursing Home Details	Infrastructure Details	Staff Details	Equipments and Fee Details

Detail of Rooms For Employees

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Remarks (if any)	
Kitchen ▼	10	10	test	🗑
Servant Room ▼	12	12	test	🗑 ⊕

Detail of Rooms For Patients*

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Capacity of Beds	Remarks (if any)	
ICU ▼	10	10	10	test	🗑
Labour Room ▼	10	10	10	test	🗑 ⊕

Total Number of beds *
20

Sanitary Arrangement For Employees*

Sanitary arrangement	No. of Arrangements	Remarks (if any)	
Hand washing facility ▼	10	test	🗑
Toilet ▼	2	test	🗑 ⊕

Sanitary Arrangement For Patients*

Sanitary arrangement	No. of Arrangements	Remarks (if any)	
Functional and clean toilets with runnir ▼	10	test	🗑
Bed pan washing sinks ▼	10	test	🗑
Continuous water supply ▼	10	test	🗑 ⊕

Arrangements for Immunization of the employees are available or not? *	○ No ● Yes
Arrangement made for Medical check-up of the employees *	○ No ● Yes
Regular immunization & Health Checkups are being held in the interval of(in Month) *	test
Whether the nursing home or any premises used in connection there with are used or are to be used for purposes other than that of carrying on a nursing home*	○ No ● Yes
Details for purposes other than that of carrying on a nursing home*	testst

Arrangements made for storage of Food*	Refrigerator ▼	Service of food *	Cafeteria Service ▼

[Previous] [Save & Next]

3.4 Staff Details:

Nursing Home Details

Applicant Details	Nursing Home Details	Infrastructure Details	Staff Details	Equipments and Fee Details

Names, ages and qualifications of the members of the nursing staff in the Nursing home*

Staff Type	Emp Status	Salutation	Name	DOB (DD/MM/YYYY)	Qualification	Registering Authority	Registration No.	
Resident Doctor ▼	Provisional ▼	Mr ▼	test	10/02/1986	B.D.S (Bachelor of ▼	tets	tets	🗑
Midwife(ANM) ▼	Permanent ▼	Mr ▼	test	10/02/1986	GNM ▼	test	test	🗑
OT Technician ▼	Permanent ▼	Mr ▼	test	10/012/198	Audiologist ▼	test	test	🗑 ➕

Whether on campus availability of accommodation of Nursing Staff *	○ No ● Yes
Place where the nursing staff is accommodated *	test
Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home. *	○ No ● Yes

Unqualified Staff details *

Is Trained Staff?	Name	Experience(No. of years)	
☑	test	4	🗑
☑	test	6	🗑 ➕

On campus chemist shop available *		○ No ● Yes
Name of Chemist Shop*	test	License No of Chemist Shop*	test

Previous   Save & Next

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3.5 Equipments and Fee Details

Nursing Home Details

| Applicant Details | Nursing Home Details | Infrastructure Details | Staff Details | Equipments and Fee Details |

Details of Equipments *

Equipment	Make	Model	No of Equipment	
ABG Machine ▼	test	test	10	🗑
Apheresis machine ▼	test	tet	10	🗑
Blood bag tube sealer ▼	test	test	10	🗑 ➕

Fees charged to Patients

Charges For	Fee	Remarks (if any)	
Bed Charges-Pattern A-General Ward ▼	10	test	🗑
Nursung Charges-Pattern A-General Wa ▼	10	test	🗑 ➕

Declaration

☑ I solemnly declare that the above statements are true to the best of my knowledge and belief.

[Previous] [Submit]

4) Step: Document Uploading form.

Below are the list of document to be uploaded with respect to the form selected by applicant.

Description: Once we filled above form we have to submit required document for verification of application form for approval process through DHS authority using below form.

TT Service Home

Upload Nursing Home Details

' Fields marked with * are mandatory

Nursing Home Registration

Application Number : NHS1500084

Upload below mentioned documents :
(Ducument must be .pdf or .jpg or .jpeg !)

S.No.	List of documents	Upload		
1. *	List of Visiting Doctor's	Choose File No file chosen	Upload	
2. *	Rate List	Choose File No file chosen	Upload	
3. *	List of Equipment	Choose File No file chosen	Upload	
4. *	Floor Plan of Building	Choose File No file chosen	Upload	
5. *	Authorised by Pollution Board	Choose File No file chosen	Upload	
6. *	Building permission from Municipal Corporation	Choose File No file chosen	Upload	
7.	Have you Appllied for Fire safety clearance Certificate if Yes then Please Upload Application Receipt	Choose File No file chosen	Upload	
8. *	Perspective photograph of the building	Choose File No file chosen	Upload	
9. *	Common Biomedical Waste Treatment Facility Agreement	Choose File No file chosen	Upload	
10. *	Declaration of applicant	Choose File No file chosen	Upload	

Submit

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5)**Step:** <u>Respective form of our application for Nursing licence shown are below.</u>

Registration and Licensing of Nursing Homes and Clinical Establishment

To,
Directorate of Health Services,
Madhya Pradesh.
Subject : Application (NHS1500096) for Registration of Nursing Home

Form - 'A'
(See rules 3 and 6)
Application for Registration/Renewal of registration under sub-section (1) of Section 4 of
Madhya Pradesh Upcharyagriha Tatha Rujopchar Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Adhiniyam, 1973

PART - A - GENERAL

(1) Full Name of the applicant : TEST
(2) Full residential address of the applicant : test ,test ,test   Phanda(Block)   BHOPAL   460044
(3) Technical qualifications if any, of applicant : B.D.S (Bachelor of Dental Surgery)
(4) Nationality of then applicant : INDIAN
(5) Situation of the registered or principal office** of the Company, Society, Association or other body corporate as
   Proprietor

(6) Name and other particulars of the nursing home or the clinical establishment in respect of which the registration is applied for :
   NAME OF THE NURSING HOME
(7) Place where the nursing home/clinical establishment is situated : Allopathy   test ,test ,test Phanda(Block) BHOPAL 456464
(8) Whether the applicant is interested in any other nursing home/clinical establishment or business and, if so, the place where such nursing home/clinical establishment is situated or where such business is conducted : Other Nursing Home tets   testts ,tests ,testt   BHOPAL   Phanda(Block)   456451

* In case application is made on behalf of a Company, Society, Association or other body corporate, the name and residential address of the person in charge of the management of such Company, Society, Association or Body Corporate should be given.
** This item is applicable only when the application is made on behalf of a Company, Society, Association or other Body Corporate.

PART - B - NURSING HOME

(9) Brief description of construction, site and equipment of the nursing home or any premises used in connection therewith as detailed below :
(i) Floor space of bed rooms provided for patients giving number of beds.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Capacity of Beds	Remarks
ICU	10	10	10	test
Labour Room	10	10	10	test

(ii) Arrangement made for medical check-up :Yes , test Month(s)
and for immunization of the employees : Yes
(iii) Floor space of kitchen, servants rooms and other rooms giving details of user and area of each room.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Remarks
Kitchen	10	10	test
Servant Room	12	12	test

(iv) Details of arrangements made for sanitary convenience for patients and employees giving their numbers.

Sanitary Arrangement	No. of Arrangements	Remarks

(iv) Details of arrangements made for sanitary convenience for patients and employees giving their numbers.

Sanitary Arrangement	No. of Arrangements	Remarks
Hand washing facility	10	test
Toilet	2	test

(v) Details of arrangements made for storage : Refrigerator
and service of food : Cafeteria Service

(10) Whether the nursing home or any premises used in connection therewith are used or are to be used for purposes other than that of carrying on a nursing home : testst
(11) (a) Number of beds for maternity patients.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Capacity of Beds	Remarks
Labour Room	10	10	10	test

(b) Number of Beds for other patients.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Capacity of Beds	Remarks
ICU	10	10	10	test

(12) Names, ages and qualifications of the members of the nursing staff in the nursing home.

(13) Place where the nursing staff is accommodated : test

(14) Names, ages and qualifications of the resident or visiting physicians or surgeons in the nursing home.

(15) (a) Whether the nursing home is under the supervision of a qualified medical practitioner and if so his or her name, age and qualifications.

Staff Type	Name	DOB	Qualification	Registration No.
Resident Doctor	Mr. test	10/02/1986	B.D.S (Bachelor of Dental Surgery)	tets

(16) (a) Whether the maternity home being maintained within the nursing home is under the supervision of a qualified nurse or a midwife and if so, their names, age and qualifications.

(b) Whether any unregistered medical practitioner or unqualified nurse, unqualified midwife is employed for nursing of patient in the nursing home.
Yes

Is Trained Staff	Name	Experience(No. of years)

(iv) Details of arrangements made for sanitary convenience for patients and employees giving their numbers.

Sanitary Arrangement	No. of Arrangements	Remarks
Hand washing facility	10	test
Toilet	2	test

(v) Details of arrangements made for storage : Refrigerator
and service of food : Cafeteria Service

(10) Whether the nursing home or any premises used in connection therewith are used or are to be used for purposes other than that of carrying on a nursing home : testst

(11) (a) Number of beds for maternity patients.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Capacity of Beds	Remarks
Labour Room	10	10	10	test

(b) Number of Beds for other patients.

Room Type	Floor Space/Area (in sq. ft)	No. of Rooms	Capacity of Beds	Remarks
ICU	10	10	10	test

(12) Names, ages and qualifications of the members of the nursing staff in the nursing home.

(13) Place where the nursing staff is accommodated : test

(14) Names, ages and qualifications of the resident or visiting physicians or surgeons in the nursing home.

(15) (a) Whether the nursing home is under the supervision of a qualified medical practitioner and if so his or her name, age and qualifications.

Staff Type	Name	DOB	Qualification	Registration No.
Resident Doctor	Mr. test	10/02/1986	B.D.S (Bachelor of Dental Surgery)	tets

(16) (a) Whether the maternity home being maintained within the nursing home is under the supervision of a qualified nurse or a midwife and if so, their names, age and qualifications.

(b) Whether any unregistered medical practitioner or unqualified nurse, unqualified midwife is employed for nursing of patient in the nursing home.

Yes

Is Trained Staff	Name	Experience(No. of years)

Equipment	Fees
Bed Charges-Pattern A-General Ward	10
Nursung Charges-Pattern A-General Ward	10

Note: The desired information under various clauses shall be attached as annexure in appropriate clause.
I solemnly declare that the above statements are true to the best of my knowledge and belief.

Date 08-Apr-2015

Thanking you,
Yours faithfully,
Name of the Nursing Home

(Authorised Signatory)

Click for Digital Sign

6) Step :<u>View Application Detail form.</u>

Description: Below interface shows the full details of nursing application with document uploaded by user and also with payment details.

6-img-part-1:

APPLICATION DETAILS

Download Application Form

Applicant Details

Application Number	NHS1500096		
Applicant's Name	TEST	DOB(DD/MM/YYYY)	10/02/1986
Mobile Number	1111111111	Email	test@test.com
Technical Qualification	B.D.S (Bachelor of Dental Surgery)	Nationality	Indian
Full residential address of the Applicant	test ,test ,test Phanda(Block) BHOPAL 460044		
Type of Ownership	Proprietor		

Signing Authority Details

Name of Signing Authority	test	Designation of Signing Authority	Designation
ID Card	Driving Licence	ID Card No.	ID4565645

Nursing Home Details

Name of the Nursing Home in respect of which the registration is applied for	Name of the Nursing Home	
Type of Institutions for which Registration is being applied	Allopathy	
Firm/Company Registration No.	Reg43546	Website Address	www.test.com
Date of Establishment	10/02/1986		
Type of Specialty	Multiple		

Details of the Procedure/Services

Procedure/Services	Details	Remarks
Aesthetic & Reconstructive Surgery	test	tests
Audiology & Speech Therapy	test	test

6-img-part-2:

Place where the Nursing Home is situated	test ,test ,test Phanda(Block) BHOPAL 456464

Whether the applicant is interested in any other Nursing Home or business?			Yes
Place where such Nursing Home is situated or where such business is conducted:			
Type of Other Business*	Other Nursing Home	Other Nursing Home/Business Details	tets
Address	testts ,tests ,testt Phanda(Block) BHOPAL 456451		

Infrastructure Details

Details of Rooms For Employees

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Remarks
Kitchen	10	10	test
Servant Room	12	12	test

Details of Rooms for Patients

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Capacity of Beds	Remarks
ICU	10	10	10	test
Labour Room	10	10	10	test

Total Number of Beds : 20

Sanatary Arrangement For Employees

Sanitary Arrangement	No. of Arrangements	Remarks
Hand washing facility	10	test
Toilet	2	test

Sanatary Arrangement For Patients

Sanitary Arrangement	No. of Arrangements	Remarks
Functional and clean toilets with running water and flush	10	test
Bed pan washing sinks	10	test
Continuous water supply	10	test

Arrangements for Immunization of the employees are available or not?			Yes
Arrangement made for Medical check-up of the employees			Yes
Regular immunization & Health Checkups are being held in the interval of(in Month)			test
Arrangements made for storage of Food	Refrigerator	Service of food	Cafeteria Service

6-img-part-3:

Whether the nursing home or any premises used in connection there with are used or are to be used for purposes other than that of carrying on a nursing home	Yes
Details for purposes other than that of carrying on a nursing home	testst

Staff Details

Staff Type	Emp Status	Name	DOB	Qualification	Registering Authority	Registration No.
Resident Doctor	Provisional	Mr. test	10/02/1986	B.D.S (Bachelor of Dental Surgery)	tets	tets
Midwife(ANM)	Permanent	Mrs. test	10/02/1986	GNM	test	test
OT Technician	Permanent	Mr. test	10/02/1989	Audiologist	test	test

Whether on campus availability of accommodation of Nursing Staff : Yes

Place where the nursing staff is accommodated : test

Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home : Yes

Unqualified Staff details

Is Trained Staff	Name	Experience(No. of years)
Yes	test	4
Yes	test	6

On campus chemist shop available : Yes

Name of Chemist Shop	test	License No of Chemist Shop	test

Equipments and Fee Details

Equipment	Fees
Bed Charges-Pattern A-General Ward	10
Nursung Charges-Pattern A-General Ward	10

Equipments Details

Equipment	Make	Model	No of Equipment
ABG Machine	test	test	10
Apheresis machine	test	tet	10
Blood bag tube sealer	test	test	10

Uploaded Documents Details

6-img-part-4:

Uploaded Documents Details

1. List of Visiting Doctor's

2. Rate List

3. List of Equipment

4. Floor Plan of Building

5. Authorised by Pollution Board

6. Building permission from Municipal Corporation

7. Have you Appllied for Fire safety clearance Certificate if Yes then Please Upload Application Receipt

8. Agreement copy of Cleaning contractor

9. Perspective photograph of the building

10. Common Biomedical Waste Treatment Facility Certificate

11. Declaration of applicant

12. Declaration of Pathologist and / or Radiologist

Fee Details

App Fee	1050
Portal Charge	200.00
Total Fee	1250.00

[Proceed To Payment] [Print]

7) Steps: viewApplicationDetails form

Description:After payment process done we go proper reciept with payment information.

Nursing Home Receipt Details

Download Application Form

Transaction Details

Department of Health and Family Welfare			
Application Number	NHS1500096	Transaction ID	15040808380539389477
Transaction Date	08/04/2015	Payment Status :	Yes

Applicant Details

Applicant's Name	TEST	DOB(DD/MM/YYYY)	10/02/1986
Mobile Number	1111111111	Email	test@test.com
Technical Qualification	B.D.S (Bachelor of Dental Surgery)	Nationality	Indian
Full residential address of the Applicant	test ,test ,test Phanda(Block) BHOPAL 460044		

Technical Qualification	B.D.S (Bachelor of Dental Surgery)	Nationality	Indian
Full residential address of the Applicant	test ,test ,test Phanda(Block) BHOPAL 460044		
Type of Ownership	Proprietor		

Signing Authority Details

Name of Signing Authority	test	Designation of Signing Authority	Designation
ID Card	Driving Licence	ID Card No.	ID4565645

Nursing Home Details

Name of the Nursing Home in respect of which the registration is applied for		Name of the Nursing Home	
Type of Institutions for which Registration is being applied		Allopathy	
Firm/Company Registration No.	Reg43546	Website Address	www.test.com
Date of Establishment	10/02/1986		
Type of Specialty	Multiple		

Details of the Procedure/Services

Procedure/Services	Details	Remarks
Aesthetic & Reconstructive Surgery	test	tests
Audiology & Speech Therapy	test	test

Place where the Nursing Home is situated	test ,test ,test Phanda(Block) BHOPAL 456464	
Whether the applicant is interested in any other Nursing Home or business?		Yes

Place where such Nursing Home is situated or where such business is conducted:

Type of Other Business*	Other Nursing Home	Other Nursing Home/Business Details *	tets
Address	testts ,tests ,testt Phanda(Block) BHOPAL	456451	

Infrastructure Details

Details of Rooms For Employees

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Remarks
Kitchen	10	10	test
Servant Room	12	12	test

Details of Rooms For Patients

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms	Capacity of Beds	Remarks
ICU	10	10	10	test
Labour Room	10	10	10	test
Total Number of beds	20			

Sanatary Arrangement For Employees

Sanitary Arrangement	No. of Arrangements	Remarks
Hand washing facility	10	test
Toilet	2	test

Sanatary Arrangement For Patients

Sanitary Arrangement	No. of Arrangements	Remarks
Functional and clean toilets with running water and flush	10	test
Bed pan washing sinks	10	test
Continuous water supply	10	test

Arrangements for Immunization of the employees are available or not?	Yes
Arrangement made for Medical check-up of the employees	Yes
Regular immunization & Health Checkups are being held in the interval of(in Month)	test

Arrangements made for storage of Food	Refrigerator	Service of food	Cafeteria Service

Whether the nursing home or any premises used in connection there with are used or are to be used for purposes other than that of carrying on a nursing home	Yes
Details for purposes other than that of carrying on a nursing home	testst

Staff Details

Staff Type	Name	DOB	Qualification	Registration No.	EPF No.
Resident Doctor	Mr. test	10/02/1986	B.D.S (Bachelor of Dental Surgery)	tets	
Midwife(ANM)	Mrs. test	10/02/1986	GNM	test	
OT Technician	Mr. test	10/02/1989	Audiologist	test	

Whether on campus availability of accommodation of Nursing Staff	Yes	
Place where the nursing staff is accommodated		test
Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home	Yes	

Unqualified Staff details

Is Trained Staff	Name	Experience(No. of years)
Yes	test	4
Yes	test	6

Equipment	Fees
Bed Charges-Pattern A-General Ward	10
Nursung Charges-Pattern A-General Ward	10

Equipments Details

Equipment	Make	Model	No of Equipment
ABG Machine	test	test	10
Apheresis machine	test	tet	10
Blood bag tube sealer	test	test	10

Upload Details

1.	List of Visiting Doctor's
2.	Rate List
3.	List of Equipment
4.	Floor Plan of Building
5.	Authorised by Pollution Board
6.	Building permission from Municipal Corporation
7.	Have you Appllied for Fire safety clearance Certificate if Yes then Please Upload Application Receipt
8.	Agreement copy of Cleaning contractor
9.	Perspective photograph of the building
10.	Common Biomedical Waste Treatment Facility Certificate
11.	Declaration of applicant
12.	Declaration of Pathologist and / or Radiologist

Total Fee	1150.00

Print

8) Apply for Clinical Establishment.

Description: Using below form we can register for the new Clinical application, In the below interface
user gets a tabbing facility which is swichable duing form submission there are multiple tab options available for single form.

8.1 Applicant Details:

Apply for New Clinical Establishment

*Fields marked with *are mandatory

Clinical Details

| Applicant Details | Clinical Details | Equipment Details | Staff Details | Fees Details |

Applicant Details

Applicant's Name *	MANISH KUMAR MISHRA	DOB (DD/MM/YYYY) *	11/05/1990
Mobile Number *	9858555555	Email *	vhjjfj@gmail.com
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine ▼)	Nationality *	Indian ▼

Residential Address of the Applicant

Plot No./House No. *	fggfgf	Colony/Area	arera
City *	bhopal	District *	BHOPAL ▼
Block *	Phanda(Block) ▼	Pin Code *	433333
Type of Ownership *	Proprietor ▼		

Signing Authority Details

Name of Signing Authority *	Dr Manohar Kumar Ajwani	Designation of Signing Authority *	HDFDFH
ID Card*	Driving Licence ▼	ID Card No.*	hkgghk

Save & Next

8.2 Clinical Details

Apply for New Clinical Establishment

* Fields marked with *are mandatory

Clinical Details

| Applicant Details | Clinical Details | Equipment Details | Staff Details | Fees Details |

| Name of the Clinical establishment*
(in respect of which the registration is being applied for) | vinit nursing home |
| Type of Clinical Establishment * | Unani ▼ |

| Firm/Company Registration No. | yuyyu | Website Address | tyty |
| Date of Establishment * | 01/04/2015 | | |

Place where the Clinical establishment is situated *

Plot No./House No. *	22	Colony/Area	arera
City *	gjggjgj	District *	BHOPAL ▼
Block *	Phanda(Block) ▼	Pin Code *	433333
Type of the building*	Owned ▼	Size of Building (in sq ft) *	4500
Facilities for carrying out tests/examination*	j	Is Only giving treatment available in the Clinical establishment.*	◉ No ○ Yes
Whether the applicant is interested in any other Clinical establishment or business? *			◉ No ○ Yes

Previous   Save & Next

8.3 Equipment Details

* Fields marked with *are mandatory

Clinical Details

| Applicant Details | Clinical Details | Equipment Details | Staff Details | Fees Details |

Details of Equipments *

Equipment	Make	Model	No of Equipment	Action
ABG Machine ▼	2	214	33	⊕

Previous   Save & Next

8.4 Staff Details

Service Home

Apply for New Clinical Establishment

* Fields marked with *are mandatory

Clinical Details

| Applicant Details | Clinical Details | Equipment Details | Staff Details | Fees Details |

Staff in the clinical establishment*

Staff Type	Salutation	Name	DOB (DD/MM/YYYY)	Qualification	Registration No.	Action
Select ▼	Select ▼			Select ▼		⊕

Previous   Save & Next

8.5 Fee Details

Fields marked with *are mandatory

Clinical Details

| Applicant Details | Clinical Details | Equipment Details | Staff Details | Fees Details |

Fees charged from Patients*

Charges For	Fee	Remarks (if any)	Action
Select ▼			⊕

Declaration

☐ I solemnly declare that the above statements are true to the best of my knowledge and belief.

Previous   Submit

9 Step: Document Uploading form of clinical application.

Below are the list of document to be uploaded with respect to the form selected by applicant.

Description: Once we filled above form we have to submit required document for verification of application form for approval process through DHS authority using below form.

🏠 Service Home

Upload Clinical Details

' Fields marked with * are mandatory

Clinical Home Registration

Application Number : CLN1500090

Upload below mentioned documents :
(Ducument must be .pdf or .jpg or .jpeg ! !)

S.No.	List of documents	Upload	
1. *	Floor Plan of Building	Choose File No file chosen	Upload
2. *	Authorised by Pollution Board	Choose File No file chosen	Upload

Submit

10) Step :View Application Detail form.

Description: Below interface shows the full details of clinical application with document uploaded by user and also with payment details.

10-img-part-1:

APPLICATION DETAILS

Download Application Form

Applicant Details

Application Number	**CLN1500090**	Application Type	NEW
Applicant's Name	MANISH KUMAR MISHRA	DOB(DD/MM/YYYY)	11/05/1990
Mobile Number	9858555555	Email	vhjjfj@gmail.com
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine)	Nationality	Indian
Full residential address of the Applicant:	fggfgf ,arera ,bhopal BHOPAL Phanda(Block) 433333		
Type of Ownership	Proprietor		
Signing Authority Details			
Name of Signing Authority	Dr Manohar Kumar Ajwani	Designation of Signing Authority	HDFDFH
ID Card	Driving Licence	ID Card No.	hkgghk

CLINICAL DETAILS

Name of the Clinical establishment in respect of which the registration is applied for			vinit nursing home
Type of Clinical Establishment			Unani
Firm/Company Registration No.	yuyyu	Website Address	tyty
Date of Establishment	01/04/2015		
Place where the Clinical establishment is situated	22 ,arera ,gjggjgj Phanda(Block) BHOPAL 433333		
Type of the building	Owned	Size of Building (in sq ft)	4500

10-img-part-2:

Facilities for carrying out tests/examination	j	Is Only giving treatment available in the Clinical establishment	No
Whether the applicant is interested in any other Clinical establishment or business?			No

Equipment Details

Equipment	Make	Model	Serial No.
ABG Machine	2	214	33

Staff Details

Fee charged from patients.

Upload Details

1.	Floor Plan of Building
2.	Authorised by Pollution Board

Fee Details

App Fee	600.00
Portal Charge	100.00
Total Fee	700.00

Proceed To Payment   Print

11) Steps: viewApplicationDetails form

Description:After payment process done we go proper reciept with payment information.

Clinical Establishment Receipt Details

Department of Health and Family Welfare	

APPLICATION DETAILS

Download Application Form

Applicant Details

Application Number	**CLN1500090**	Application Type	NEW
Applicant's Name	MANISH KUMAR MISHRA	DOB(DD/MM/YYYY)	11/05/1990
Mobile Number	9858555555	Email	vhjjfj@gmail.com
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine)	Nationality	Indian
Full residential address of the Applicant:	fggfgf ,arera ,bhopal BHOPAL Phanda(Block) 433333		
Type of Ownership	Proprietor		

Signing Authority Details

Name of Signing Authority	Dr Manohar Kumar Ajwani	Designation of Signing Authority	HDFDFH
ID Card	Driving Licence	ID Card No.	hkgghk

CLINICAL DETAILS

Name of the Clinical establishment in respect of which the registration is applied for	vinit nursing home
Type of Clinical Establishment	Unani

Firm/Company Registration No.	yuyyu	Website Address	tyty
Date of Establishment	01/04/2015		
Place where the Clinical establishment is situated	22 ,arera ,gjggjgj Phanda(Block) BHOPAL 433333		
Type of the building	Owned	Size of Building (in sq ft)	4500
Facilities for carrying out tests/examination	j	Is Only giving treatment available in the Clinical establishment	No
Whether the applicant is interested in any other Clinical establishment or business?			No

Equipment Details

Equipment	Make	Model	Serial No.
ABG Machine	2	214	33

Staff Details

Fee charged from patients.

Upload Details

1.	Floor Plan of Building
2.	Authorised by Pollution Board

Fee Details

App Fee	600.00
Portal Charge	100.00
Total Fee	**700.00**

Transaction Details

Application Number	CLN1500090	Transaction ID	15042824867245475170
Transaction Date	28/04/2015	Payment Status :	Yes

Print