**INDIAN MEDICAL ASSOCIATION – TAMILNADU STATE BRANCH**

# NURSING HOME AND HOSPITAL BOARD

# APPLICATION FOR RENEWAL

**(To be filled in BLOCK LETTERS only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I GENERAL INFORMATION** |  |  |  |  |  |  |
| Name of Health Care Unit | : |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 24 Hrs. | : |  | Y |  | N |  |
| Address | : |  |  |  |  |  |
|  |  |  |  |  |  |  |
| City / Taluk | : |  |  |  |  |  |
| District | : |  |  |  |  |  |
| PIN | : |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Mobile Phone(s) | : |  |  |  |  |  |
| Email Id | : |  |  |  |  |  |
| Website | : |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Hospital Details** |  |  |  |  |  |  |
| Types of ownership | : | Proprietary / Partnership/ Pvt. Ltd./ Charitable Trust | | | | |
|  |  |  |  |  |  |  |
| Hospital Type | : | Multi Speciality / Single Speciality | | | | |
|  |  |  |  |  |  |  |
| If single specialty please mentions the speciality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

|  |  |
| --- | --- |
| **II DETAILS OF BEDS – ROOM STATUS** | |
| **Type of Bed** | **No. of Beds** |
| General Ward - Male |  |
| General Ward - Female |  |
| Single Bed |  |
| Twin Sharing |  |
| A.C. / Deluxe / Suite |  |
| Day Care |  |
| Total |  |

|  |  |
| --- | --- |
| **III DETAILS OF BEDS – OXYGEN STATUS** | |
| **Type of Bed** | **No. of Beds** |
| ICU- BEDS |  |
| OXYGEN - BEDS |  |
| NON-OXYGEN - BEDS |  |
| Total |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. FACILITIE STATUS** |  | |  |  |  | |  |
| Emergency & Casualty | YES | NO | | | |
| Intensive Care Unit: | YES | NO | | | |
| Operation Theatre | YES | NO | | | |
| CSSD/Sterilizations | YES | NO | | | |
| Laboratory | YES | NO | | | |
| Pharmacy | YES | NO | | | |
| Kitchen /Mess | YES | NO | | | |
| Bio-Medical Waste Dept. | YES | NO | | | |
|  |  |  | | | |
| **V. IMMAGING SERVICES STATUS** |  |  | | | |
| X-Ray | YES | NO | | | |
| Portable X-Ray | YES | NO | | | |
| Ultrasound | YES | NO | | | |
| Mammogram | YES | NO | | | |
| CT- SCAN | YES | NO | | | |
| MRI | YES | NO | | | |
| PET Scan | YES | NO | | | |
| Nuclear Scan | YES | NO | | | |
|  |  |  | | | |
| **VII. NO. OF STAFFS** |  |  | | | |
| Doctors |  | | | | |
| Nurses |  | | | | |
| Pharmacist |  | | | | |
| Technicians |  | | | | |
| Housekeeping workers |  | | | | |
| Admin Staffs |  | | | | |

Representing Doctor's Designation :

Representing Doctor's Name\*\* :

IMA Life Member Number\* :

IMA Branch in which the Representing:

**DECLARATION**

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamil Nadu.

**HOSPITAL SEAL** **(SIGNATURE OF THE REPRESENTING DOCTOR)**

**\*To be filled in by the IMA Branch in which representing Doctor is a Life Member.**

The above statements (with special reference to item No ……….) made by the applicant have been verified to be true and is being recommended for enrolment in the Private Hospital and Nursing Home Board of IMA

**SEAL** **Signature of the President/Secretary/**

of the Branch Concerned

**DETAILS REGARDING RENEWAL FEE:**

**The renewal fee will have to be paid by Demand Draft drawn in favour of “IMA NHB GENERAL FUND” for Rs.3,000/- and “IMA NHB JOURNAL FUND” for Rs. 2,000/- payable at Tirunelveli.**

**TOTAL MEMBERSHIP FEE Rs. 5,000/-**

DD No.: Date: Bank Rs.3,000/- Place

DD No.: Date: Bank Rs.2,000/- Place

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

**Send the filled up application along with DD to:**

**Dr. R. Anburajan**

**Secretary, NHB, IMA TNSB**

Peace Health Centre,

# 48.H/5, South Bye Pass Road,

Near New Bus Stand

Tirunelveli – 627005

Ph : 0462 – 2909889

( During hours : 9.30am to 6.30pm )

Cell : 7548825544, 8778484015, 9442612138

Email : [imanhbtnsb@gmail.com](mailto:imanhbtnsb@gmail.com)

Website : [www.imanhb.org](http://www.imanhb.org/)

**For Office Use:**

Received On : Receipt No. :

Enrollment No. : **JM** D.O.J :

Valid up to :

Certificate Sent on: By Post / Courier No.

Authorisation Signature of IMA NHB