



DESKTOP SURVEILLANCE ASSESSMENT (SHCO)

PREFACE

For an accredited Small Healthcare Organisation (SHCO) to maintain its accreditation status, it is mandatory that the SHCO continues to comply with the requirements of Accreditation Standards for Small Healthcare Organizations (SHCO, 2nd edition: April 2014), for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the accreditation standards.

Due to pandemic COVID-19 crises and complete lock down announced by Government of India, the on-site assessments of NABH have also come to a halt. In view of the situation, NABH has decided to develop a methodology to verify the continued compliance of the accredited SHCOs to the applicable standards and the first step towards it is “Desktop Surveillance” wherein the SHCOs will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the SHCO shall provide the information as per this document and the same shall be considered for verifying the continued compliance. The information provided by the SHCO shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The SHCOs are therefore advised to provide the essential information accurately as per the format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

List of abbreviations:

BMW- Bio-Medical Waste
CABG- Coronary artery bypass graft
CAPA-Corrective action preventive action
CAUTI- Catheter-associated urinary tract infection
CLABSI- Central Line Associated Blood Stream Infections
CQI-Continuous quality improvement
DS- Desktop Surveillance
EQAS- External Quality Assessment Scheme
FA-Final assessment
FMEA- Failure Mode and Effects Analysis
HAZMAT- Hazardous materials
SHCO-Small Healthcare
organisation
HIC-Hospital infection control
HIRA- Hazard Identification and Risk Analysis
ICN-Infection control nurse
ICO-Infection control officer
IMS-Information management system
IPD- Inpatient department
IT-Information technology
KPI- Key performance indicators
KRA- Key Result Area
LASA-Look alike sound alike
LSCS- Lower (uterine) segment Caesarean section
MoU- Memorandum of understanding
MRD-Medical record department
MSDS- Material Safety Data Sheet NC
-Non-Conformities
OPD-Outpatient department
OT-Operation theatre
PCB-Pollution control board
PNDT- Pre-Natal Diagnostic Techniques Act, 1994
PPE- Personal Protective Equipment
QA-Quality assurance
QIPs- Quality improvement program/ project
RA-Renewal assessment
RCA- Root cause analysis
RO-Reverse Osmosis
RSO- Radiation safety officer
VAP- Ventilator-associated pneumonia

Instruction to fill the Format for Desktop surveillance

1. General Information:

Provide relevant information only.

2. Status of Non-Conformities (NC's) of previous on-site assessment:

Mention non-conformities raised in previous on-site assessment along with relevant standard and objective element, summary of CAPA and attach evidence of continued compliance in PDF as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020- Annexure 2.NC.1, DS-2020-Annexure 2.NC.2) DS stands for Desktop Surveillance-2020(year)-Annexure 2 is the number of the title and NC.1 and NC.2 represent Sl. No. of Non-compliance raised during the last onsite assessment.

3. Multidisciplinary Committee Meeting Review:

Attach composition of committee & evidence of improvement action according to minutes of the last meeting in PDF file as Annexure. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 3.1.name of the committee) DS stands for Desktop Surveillance-2020(year)-Annexure 3 is the number of the title and 3.1 represent committee's number & name.

4. Incident/ Sentinel Events Review:

Provide the details as per the given table format. PDF file as Annexure to be attached. Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 4.1, DS-2020-Annexure 4.2) DS stands for Desktop Surveillance-2020(year)-Annexure 4 is the number of the title and .1 and .2 will represent Incident number.

Note: There is no need of revealing patient's identity, only unique hospital ID will suffice.

5. Mock Drills:

Provide details as asked in the given table.

PDF file as Annexure to be attached as per the given example (e.g. DS-2020-Annexure 5.1.name of the mock drill) DS stands for Desktop Surveillance-2020(year)-Annexure 5 is the number of the title and 1 represent mock drill number & name.

6. Details of Internal Audits:

a. PDF file as Annexure to be attached of facility inspection rounds as per the given example (e.g. DS-2020-Annexure 6.1.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.1 represents audit number & name. Provide the details as per the given table format.

b. PDF file as Annexure to be attached of clinical audit per year as per the given example (e.g. DS-2020-Annexure 6.b.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.b is the number of the title & table number followed by audit name. Provide the details as per the given table format.

- d. PDF file as Annexure to be attached of hand hygiene audit as per the given example (e.g. DS-2020-Annexure 6.d.1 name of the doc) DS stands for Desktop Surveillance-2020(year)-Annexure 6.d. is the number of the title and table number. 1 represents serial number followed by the document name. Provide the details as per the given table format.
- e. PDF file as Annexure to be attached of medical record audit as per the given example (e.g. DS-2020-Annexure 6.e.name of the audit) DS stands for Desktop Surveillance-2020 (year)-Annexure 6.e is the number of the title & table number followed by audit name. Provide the details as per the given table format.

7. Details of Manpower:

Table: 7.1

Attach the list of manpower in excel format.

Excel file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 7.1.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 7.1 is the number serial number of the table followed by document name.

Only attach one excel sheet document. Re-name the sheet 1 as Doctors/ Consultants, sheet 2 as RMO/Duty doctors, sheet 3 as Nursing staff & sheet 3 as Paramedical staff.

Please do not attach multiple excel sheets. Only one excel sheet to have all the details of manpower.

Format for Doctors/ Consultants is as given below:

SI	Name	Qualification (Graduation/ Post Graduation/ -sub specialization)	Full time/ Part time/ visiting consultant (s)	Medical Council of India/State Medical Council Registration Number	Date of joining	Department
----	------	---------------------------------------------------------------------------	-----------------------------------------------------	--------------------------------------------------------------------------------------	--------------------	------------

Format for Resident Medical Officers (RMO)/ Duty doctors is as given below:

Sl.	Name	Qualification	Medical Council of India/State Medical Council Registration Number	Date of joining	Department
-----	------	---------------	-----------------------------------------------------------------------------	--------------------	------------

Format for nursing staff is as given below:

Sl.	Name	Qualification	Nursing Council Registration Number	Date of recent registration renewal	Date of joining	Department
-----	------	---------------	-------------------------------------	-------------------------------------	-----------------	------------

Format for paramedical staff including pharmacist is as given below:

Sl.	Name	Qualification	Council of Registration (If any)	Department	Date of joining	Registration Number (if any)/ Date of Registration
-----	------	---------------	----------------------------------	------------	-----------------	----------------------------------------------------

Table: 7.2: PDF file as annexure to be attached as per the given example (e.g. DS-2020-Annexure 7.2.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 7.2 is the number of the table followed by document name.

One personal file of following: (preferably for the new

joiner) Personal File Format is given at the end of the

document

- 1 Consultants
- 1 RMO/Jr Dr/ residence/ AYUSH Doctors
- 1 other hospital staff
- HIC Nurse

8. Details of Training provided to SHCO personnel since in last six month

Provide the details in Yes/ No or write remarks wherever necessary.

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 8.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 8.1 is the number serial number of the table followed by document name.

Last six months training records of the following:

- 1 consultants
- 1 RMO/Junior doctor / Resident/ AYUSH doctor
- 1 Nursing Staff
- 1 Paramedical staff

9. Indicator Data

Attach annexure as PDF of six monthly Quality Indicator trend and use of tools and data (power point presentation to be attach as PDF)

Write methodology of capturing of indicators against each tabulated indicator in the given table.

Checklist for quality indicator information:

- Formula used in capturing indicator
- Raw data sheets for at least last one quarter
- Corrective and preventive actions

PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 9.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 9 is the number of the table followed by document name.

10. Has there been a change in the following aspects of the SHCO operations since last assessment?

Mention the change in Yes/No as per the given table format, in case the answer is 'Yes' give the details of the changes and PDF file as annexure to be attached for example (e.g. DS-2020-Annexure 10.1.doc) DS stands for Desktop Surveillance-2020(year)- Annexure 10 is the number of the title and 1 represents serial number followed by the document name.

11. Statutory Compliances

Mention the details as per the given table format and PDF as annexure to be attached against each licence for example (e.g. DS-2020-Annexure 11.1. licence name, DS-2020-Annexure 11.2. licence name) DS stands for Desktop Surveillance-2020(year)-Annexure 11 is the number of the title and 1 and 2 represent legal document number followed by the name of the licence.

12. Geotagged photographs with timestamp

SHCO is required to attach the geotagged and time stamp photos of various areas as per the given table against each row. For example, (e.g. DS-2020-Annexure 12.1. photo name) DS

stands for Desktop Surveillance-2020(year)-Annexure 12.1 is the serial number followed by the name of the photograph.

- Photographs to be less than 3 MB in jpg format with good resolution
- For geotagged & timestamp:
Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/ 'Location tag'/ 'Save location' option and enable it depending on your OS version.
- 'GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)

13. New Equipment (if any) and training record of the concerned staff on new equipment:

Provide the information as per the given table.

14. Details of patient complaints

Provide the information as per the given table.

PDF file as annexure to be attached of Complaint redressal, as per the given tabular column, in the last 6 months (to a maximum of 3) for example (e.g. DS-2020-Annexure 14. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 14 is the number of the title followed by document name.

15. Operation Theatres:

Provide the information as per the given table.

PDF file as annexure to be attached Temperature and humidity monitoring sheets of all OTs & last 3 months. For example, (e.g. DS-2020- Annexure 17. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 17. is the number of the title followed by document name.

16. Infection Control

PDF file as annexure to be attached against each row, for example, (e.g. DS-2020- Annexure 16. doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 16. is the number of the title followed by document name.

17. Documents/Manuals:

Please do not attach complete manuals, only evidence of their review and revision (if any) by SHCO to be attached

For Table 17.1: PDF file as annexure to be attached against each row of evidence of periodic review of manuals and any amendments since last onsite assessment for example, (e.g. DS-2020- Annexure 17.1 doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 17.1 is the number of the title followed by document name.

For Table 17.2: PDF file as annexure to be attached against each row of documents for example, (e.g. DS-2020- Annexure 17.2 doc name) DS stands for Desktop Surveillance 2020(year)- Annexure 17.2 is the number of the title followed by document name.



18. Litigation

Provide information on litigation if any.

19. Self-Declarations

Self - declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of SHCO in PDF as DS-2020-Annexure 19 Self Declaration. DS stands for Desktop Surveillance-2020(year)- Annexure 19 tile number followed by document name.

20 & 21. Details of payment of 1st and 2nd year Annual accreditation fee and Processing fee for Desktop surveillance assessment are mandatory to be provided by SHCO without which the desktop surveillance documents will not be processed.

- * **Kindly attach annexure and photograph only where asked for.**
- * **Annexure documents to be in portable document format i.e.PDF except manpower details where Excel format has to be used**
- * **Size of the document to be uploaded should be less than 3 MB & size of the photographs should be less than 3MB in jpg format and with good resolution.**

Information to be Furnished by SHCO for Desktop Surveillance Assessment

1. General Information

Information	Details
SHCO Reference Number	
SHCO name	
SHCO address	
No. of sanctioned Beds	
No. of operational beds	
No. of ICU / Critical care beds	
Accreditation Cycle – Accredited since (mention the year)	
Accreditation Validity Period:	
Previous assessment type: FA/ RA/ Verification/ Focus	
Date of Previous assessment	
Name of Owner/ CEO or equivalent	
Email of Owner/ CEO or equivalent	
Name of Accreditation Coordinator	
Email of Accreditation Coordinator	
Name of the Safety Officer	
Name of Consultant <i>if any</i>	



2. Status of Non-Conformities (NCs) of previous on-site assessment:

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Sl.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1.				
2.				
3.				

3 Multidisciplinary Committee Meeting Review:

(Please provide details in tabular format & attach evidence in PDF)

S. No	Name of Committee	Composition of committee (Annexure to be attached)	No. of meetings since last assessment	Date of last meeting of the committee	Whether all the agenda points as required by the relevant standard were discussed (Yes/No)	Whether minutes of the meeting and actions points thereon were recorded (Yes/No)	Whether the action plan is implemented as targeted If Not, attach Proposed plan (Yes/No)	Evidence of main improvement or action taken or the minutes of the last three meeting (Annexure to be attached)
3.1.	Infection Control							
3.2	Drug and Therapeutic committee							



3.3.	Internal Complaint (formed according to the provisions of The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.)							
3.4.	Ethics committee, if any							

4. Incident/ Sentinel Events Review:

Summary of Incidents/ sentinel events reported and status of their resolutions
(Please provide details in tabular format & attach evidence in PDF)

Note: It is desirable that the patient’s name does not appear in any of the report / document submitted to NABH, only hospital unique ID will suffice.

List all incidents in last 6 months or last such 10 incidents whichever is lower.

Sl.	Incidents/ sentinel events date	Incidents/ sentinel events details	Root Cause Analysis and CAPA (Corrective and Preventive Action)
4.1.			
4.2.			
4.3.			
4.4.			
4.5.			



5. Mock Drills:

(Please provide details for last One drill for each in tabular format & attach evidence in PDF)

Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)
5.1	Fire			
5.2	Disaster Management			
5.3	Child abduction			
5.4	Cardiac/ medical Emergency (CPR)			

6. Details of Audits:

(Number of NCs not closed, number of NCs continuing from the previous internal audit and assessment/ OEs with the same NCs as the previous internal audit/assessment)

Please provide details in tabular format & attach evidence in PDF)

a. Facility Audits:

Sl.	Audits	Dates	Root cause analysis & Corrective action taken (Yes/No)
6.1.	Facility inspection rounds done by the hospital leadership team (6 monthly)		

b. Clinical audit

The following requirements need to be met - Title, Aim, Objectives, Standards, References of the standards, sample size, duration (time frame), methodology, data collection tools, summary of findings, quality improvement and re-audit planned from the findings of audits

Please provide details in tabular format & attach evidence in PDF

Title	Carried out by team members	Date started	Date completion of first cycle	Improvement proposed	Status of second/next cycle

c. Hand Hygiene Audit

Audits	Dates	Attach Annexure
Hand hygiene audit sheets of last one month		

d. Medical Record Audits:

MRD Audits (active cases)	Dates	Root cause analysis & corrective actions taken and improvement in past one year	Attach audit sheets of last 30 days as annexure

7. Details of Manpower:

(Please provide details in tabular format & attach evidence in excel format as given in Instruction to fill in the Format point no. 7)

Table 7.1

Sl.	Manpower	Total number	Attach evidences as per S.No.7 under "Instruction to fill the Format for Desktop Surveillance"
7.1.	Doctors/ Consultants		
7.2.	Resident Medical Officers (RMO)/ Duty doctors		
7.3.	Nurses including the registered ANM		
7.4.	Paramedical Staff		

Table 7.2

(Please attach evidence in PDF format as per the given format at the end of the document)

Sl.	Personal files details	Attach evidences
	Scanned copies of personal files preferably for the new joinee from the last assessment: (as per given format) 1 Consultants 1 RMO/Jr Dr/ residence/ AYUSH Doctors 1 Nursing Staff 1 HIC Nurse 1 RSO based on scope	

8. Details of Training provided to SHCO staff in last six months :

(Please provide details in tabular format)

S. No		Yes/No	Remarks if any & attach evidence
8.1	<p>Training record for training imparted in past six month:</p> <p>Training record must include name of training imparted, training effectiveness & feedback obtained.</p> <p>Training should be imparted when job responsibilities change, and new equipment is introduced</p> <p>Scanned copies of common training sheets a l s o can be submitted after highlighting the name of the aforementioned employees.</p> <ul style="list-style-type: none"> - Records pertaining to All categories of employees e.g. consultants/RMO/Junior doctor / Resident/ AYUSH doctor, Nursing Staff, Paramedical staff, Non Clinical staff etc. may be included in annex. 		

9. Indicator Data

Indicators as per the Standards with discussion and root cause analysis.

List of Indicators

Sl.	Indicators	Methodology & sample size
9.1.	Time for initial assessment of indoor and emergency patients.	
9.2.	Incidence of medication errors.	
9.3.	Percentage of adverse anesthesia events.	
9.4.	Percentage of transfusion reactions.	
9.5.	Catheter Associated Urinary Tract Infection rate.	
9.6.	Ventilator Associated Pneumonia rate.	
9.7.	Central line associated bloodstream infection rate.	
9.8.	Surgical site infection rate.	
9.9.	Compliance to Hand hygiene practice	
9.10.	Bed occupancy rate and average length of stay.	
9.11.	Nurse-patient ratio for ICUs and wards.	
9.12	Percentage of sentinel events reported, collected and analysed within the defined time frame.	

10. Has there been a change in the following aspects of the SHCO operations since last assessment?

(Please provide details in tabular format & attach evidence in PDF if any)

Sl.	Aspects of SHCO Operations	Yes/No	(If yes, give details thereof)
10.1.	SHCO Premises		
10.2.	Key SHCO Personnel		
10.3.	Legal Status		
10.4.	Ownership		
10.5.	Policies		
10.6.	Scope of services		
10.7.	Top Management		
10.8.	Organogram		

11. Statutory Compliances

(Furnish details of applicable Statutory/ Regulatory requirements the organisation is governed by law of land)

(Please provide details in tabular format & attach evidence in PDF format)

Sl.	Name of legal document	Certifying Authority	Authorization / Invoice No	Valid from	Valid upto	Attach (Yes/ No/ Not applicable)	Remarks Lapsed / applied for
	General:						
11.1.	Registration from State Health Authority/Clinical Establishment Act						
11.2.	Registration under Shops and Commercial Establishment Act						
11.3.	PCB Consent to generate BMW						
11.4.	MoU with the BMW collecting agency						
11.5.	PCB License for Air Pollution						
11.6.	PCB License for Water Pollution						
	Facility management:						
11.7.	Fire NOC						
	Imaging:						
11.8.	Registration under PNDT						
11.9.	License to Operate X-Ray (Fixed)						
11.10.	License to Operate X-Ray (Mobile)						
11.11.	License to Operate Cath Lab						

11.12.	License to Operate CT Scan						
11.13.	License to Operate C-Arm						
11.14.	RSO Level I						
	Pharmacy (if over multiple locations, license for each of them separately)						
11.15.	Drugs-Bulk license(s)						
11.16.	Drugs-Retail license(s)						
11.17.	Narcotic license						
	Clinical departments:						
11.18.	License for MTP						
11.19.	Blood Bank registration						
11.20.	Organ Transplantation (All type within the scope)						
	Miscellaneous:						
11.21	Canteen/ F & B license						
11.22.	Ambulance statutory requirements						
11.23.	Others If any... 1. 2. 3. 4.						

12. SHCO is required to enclose geotagged photographs with timestamp of the following:

Sl.	Areas	Photographs
12.1.	Entrance of the SHCO showing name of the SHCO	
12.2.	Display of Scope of services	
12.3.	Display of patient rights & responsibilities	
12.4.	Intensive care units	
12.5.	Emergency room	
12.6	Handwashing area in OT	



12.7.	Labour Room & Neonatal Resuscitation area	
12.8	Storage area of MRD	
12.9	Pharmacy with special emphasis on storage of LASA and High risk medication	
12.10	Storage of narcotics drugs	
12.11	Gas plant	
12.12	Storage area for BMW	
12.13	BMW transport from patient area to	

13. New Equipment (if any):

(Please provide details in tabular format)

Sl.	Name of equipment	Department	Date of installation	Calibration status	Maintenance status	Training Record

14. Details of patient complaints and their redressal, as given below in the tabular column, in the last 6 months (to a maximum of 3)

Sl.	Complaint	Date	Root cause analysis & corrective action taken (Yes/No)	Status settled/ Unsettled (Yes/No) If yes, date on which it was resolved	Remarks (in case of unsettled complaints)

15. Operation Theatres:

Sl.	Operation Theatre Status	Attach evidence
1.	No. of OT Rooms (General)	
2.	No. of OT Rooms (Super specialty)	
3.	Temperature and humidity monitoring sheets of all OTs	

16. Infection Control

Sl.	Topics	Attach evidence
1.	Name & designation of Infection Control Officer	
2	Kitchen worker health screening records	
3	Housekeeping audits and CAPA records	
4	Surveillance records for critical and high risk areas identified in the SHCO	
5	Copy of periodic reports submitted to regulatory agencies as per BMW management rules 2016 and modifications thereof	

17. Documents/Manuals:

Table 17.1

Sl.	Evidence of periodic review of Manuals	Attach evidences
1	HIC-Infection Control	
2	Quality Improvement manual	
3	Safety and/ or patient safety	

Table 17.2

Sl.	Documents	Attach evidences
1	Quality improvement program and evidence of review in the form of quarterly CQI meeting.	
2	Annual budget with allocation for patient safety, quality and infection control	
3	STP output monitoring as per PCB of last 2 months	
4	List of Statutory Reports e.g. birth and death statistics, notifiable diseases Evidence of Regular Reporting last quarter	

18. Litigation

1. Has SHCO faced any litigations from the last onsite assessment? Yes/No
2. If yes, provide list and present status of the same.

19. Self-Declarations (to be submitted on the letter head of SHCO, duly signed by Head of SHCO)

1. I hereby declare that the SHCO (name) is in continued compliance of 2nd Edition of NABH standards for Hospitals since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

20. Details of 1st and 2nd year Annual Accreditation Fee payment by SHCO:

Amount of Fee paid:

Date of payment;

Mode of payment along with complete details.

Signature of Head/ Director/ CEO of SHCO Name &
Designation

Date & Place

SHCO is required to ensure the following enclosures before submitting the checklist

List of Enclosures:

1. Current updated contact details of: owner /consultant/ coordinator
Updated number of beds sanction/operational/ICU beds
2. Status of Non-Conformities (NC's) of previous on-site assessment
3. Multidisciplinary Committee meeting review
4. Incident/ Sentinel Events status
5. Mock Drills status
6. Internal Audits status
7. Updated list of consultants with credentials (Fulltime / part time/visiting/ On call)
Updated list of Nurses with credentials
Updated list of RMO with credentials
8. Training Data
9. Indicator Data
10. Change in scope of services, SHCO Premises, Key Personnel, Legal Status,
Ownership, Top Management with evidence
11. List of statutory compliances lapsed
List of statutory compliances applied for
12. Photographs:
Entrance of the SHCO showing name, Display of Scope of services, Display of patient rights
& responsibilities, Intensive care units, Emergency room,
13. Data of new equipment
14. Patient complaints data
16. Operation theatres reports
17. Infection control information
18. Documents/ Manuals amendments
19. Filled declaration for outsourced services
20. Litigations if any
21. Filled self-Declarations

Personal File Format (Suggestive only)

Employee Name _____ Emp. Code _____

Date of Joining _____ Designation _____ Department _____

	SR.NO	Checklist For Document	Frequency	Yes/no/NA	
Pre-Joining	1.	Application For Employment	Once		
	2.	Resume	Once		
	3.	Candidate Assessment Form	Once		
	4.	Offer Letter	Once		
	5.	Pre Employment health check-up Performa/Report	Once		
	6.	Photographs (3nos.)	Once		
Joining Formalities	7.	Self attested Copy Of Mark Sheet/Certificate Of HSC/10 th Standard	Once		
	8.	Self attested Copy Of Mark Sheet/Certificate Of SSC/12 th Standard	Once		
	9.	Self attested Copy Of Mark Sheet/ Graduation Certificate	Once		
	10.	Self attested Copy Of Mark Sheet/ Post Graduation Certificate	Once		
	11.	Self attested Copy Of Mark Sheet/Certificate Of Other Degrees	Once		
	12.	Self attested Copy Of Registration Certificate - For Doctors & Nurses	Once		
	13.	Experience & Relieving Letter From Previous Employers	Once		
	14.	ID Proof (ID) & Address Proof	Once		
	15.	Copy Of PAN Card & Aadhar card & Voter ID	Once		
	16.	Bank account number(ICICI/HDFC/Axis)	Once		
	17.	Credential Proforma	Once		
	18.	Doctor Privilege Proforma	Updatable		
	19.	Nursing Privilege Proforma	Updatable		
	20.	Job Description	Updatable		
	21.	Appointment Letter	Once		
	22.	Joining Report Proforma	Once		
	23.	ESI/Mediclaim Form	Once		
	24.	PF Nomination Form (Form-2)	Once		
	25.	Gratuity Nomination Form (Form-F)	Once		
	26.	Departmental Induction / Skill Training	Once		
	27.	Vaccination Record	All 3/Booster dose		
	Annual Mandatory Events	28.	Review of Probation Period	After Twelve Months	
		29.	Confirmation Letter	After Twelve Months	
		30.	Training Record & assessment Card	Yearly	
		31.	BLS/ALS/PALS/NALS Training	Yearly	
		32.	Performance Appraisal Forms	Yearly	
		33.	Annual Health Check-Up(Hepatitis-B vaccination)	Yearly	
34.		Any disciplinary record			
35.		Any grievance record			
Exit	36.	No Dues Form	Once		
	37.	Exit Interview Performa	Once		

Checked By (HRD) _____ Signature by Head HRD _____ Date _____

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
& HEALTHCARE PROVIDERS (NABH)**

Quality Council of India

5th Floor, ITPI Building; 4 A, Ring Road, IP Estate

New Delhi - 110 002, India

Tel/ Fax: 91-11- 42600600

Website: www.nabh.co

E-Mail: helpdesk@nabh.co