

PART II: BACK GROUND INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Hospital</u>	<u>Remarks of QCI (NABH)</u>
1.	Historical Background		
	Date of Establishment		
	Registered/Not Registered* (with State Health Authorities)		
	Type-Govt/Private/Corporate		
	Management (Individual/Corporate/Trust or any other – please specify)		
	Recognition by other schemes – CGHS/Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No		
2.	Location		
	Distance from nearest ECHS Polyclinic		
	Availability of public transport		
	Distance from Railway station/Bus stand/Airport to Hospital		
	Distance from nearest Military Hospital		
	Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area		

*(Note: Attach relevant documents/certificates for items marked *)*

SIGNATURE OF THE AUTHORIZED APPLICANT

PART III: HOSPITAL INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Hospital</u>	<u>Remarks of QCI (NABH)</u>
1.	Hospital Information		
	Building		
	Total Area		
	Floor Area		
	Total Number of Beds in Hospital		
	Macro environments-		
	External Ambience		
	Parking Area		
	Waiting Area		
	Reception and waiting for Relatives (Specify approx area)		
<i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may be included.</i>			
2.	Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary.		

SIGNATURE OF THE AUTHORIZED APPLICANT

3. Total number of beds
4. Categories of beds available with number of total beds in following wards :-
- (a) Casualty/Emergency ward
- (b) ICCU/ICU (4-12 beds)
- (c) Private Ward
- (d) Semi-Private ward (2-3 bedded)
- (e) General ward bed (4-10 bedded)
- (f) Total Area of the Hospital (1.5 Hectare or 4 Acres) :-
- (i) Area allotted to OPD
- (ii) Area allotted to IPD
- (iii) Area allotted to Wards

5. Specifications of beds with physical facilities/amenities :-

Dimension of ward length breadth category	Number of bed in each	Sq Mt Furnishing floor area per patient	Amenities

(Seven Square Meter Floor area per bed required) (IS:12433-Part 2:2001)

General Ward (4-8 beds)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Semi Private Ward (2-3 beds)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Private Ward (Single bed with attendant bed)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

6. Nursing Care :-

- (a) Total number of Nurses
- (b) No of para-medical staff

<u>Category of Bed</u>	<u>Bed/Nurse Ratio (Acceptable Standard)</u>	<u>Actual Bed/Nurse Ratio</u>
❖ General	6 : 1	<input type="text"/> <input type="text"/>
❖ Semi-Private	4 : 1	<input type="text"/> <input type="text"/>
❖ Private	4 : 1	<input type="text"/> <input type="text"/>
❖ ICU/ICCU	1 : 1	<input type="text"/> <input type="text"/>
❖ High Dependency Unit	1 : 1	<input type="text"/> <input type="text"/>

Remarks of OCI (NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

7. Alternate power source Yes No

8. Bed occupancy rate (Norm 85%) Bed Turn Over rate

(a) General Bed

(b) Semi-Private Bed

(c) Private Bed

Note : Bed Occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No of bed available}}$
(i.e No of authorized bed)

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$
(No of authorized bed)

9. No of In house Doctors

10. No of In house Specialist/Consultant

11. No of visiting specialist/Consultant
(Names and qualifications)
Attach separate sheet if necessary

12. Laboratory facilities available :-

(a) Pathology

(b) Biochemistry

(c) Microbiology

(d) Any other

(Statistics for the last three years)

(Essential facility required for services being provided should be available)

13. Imaging facility available (Statistics for the last three years)
(Essential facility required for services being provided should be available)

14. Supportive Services :-

(a) Boilers/Sterilizers

(b) Ambulance (Basic Life Support System Ambulances)

(c) Laundry

**Remarks
of OCI
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

2

- (d) Housekeeping
- (e) Canteen
- (f) Gas plant
- (g) Waste disposal system as per prescribed rules
- (h) Dietary

15. Others (Preferably) :-

- (a) Blood Bank
- (b) Pharmacy
- (c) Physiotherapy
- (d) No of Operation Theatre

Remarks
of QCI
(NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART IV: FACILITIES APPLIED FOR

1. Application for Empanelment as :-

- General Purpose Hospital
- Speciality Hospital
- Super-Speciality Hospital
- Cancer Hospital
- Physiotherapy Centres
- Rehabilitative Centres and Hospices
- Private hospitals already on the panel of ECHS
- SHCO/Nursing Home/Allopathic Clinic

(Please select the appropriate columns)

2. Total number of beds

--	--	--	--

3. **Facilities Applied.**

(a) **General Purpose Hospital.**

- (i) General Medicine
- (ii) General Surgery
- (iii) Obstetrics and Gynecology
- (iv) Paediatrics
- (v) Orthopedics (excluding Joint Replacement)
- (vi) ICU and Critical Care units
- (vii) ENT
- (viii) Ophthalmology
- (ix) Imaging facilities
- (x) Blood Bank
- (xi) Dermatology
- (xii) Psychiatry

**Remarks
of QCI
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

(b) **Specialty Hospitals.**

- (i) Cardiology, Cardiovascular and Cardiothoracic surgery
- (ii) Urology – including Dialysis and Lithotripsy
- (iii) Orthopedic Surgery – including arthroscopic surgery and Joint Replacement
- (iv) Endoscopic Surgery
- (v) Neuro Surgery
- (vi) Neuro Medicine
- (vii) Gastro-enterology
- (viii) Endocrinology
- (ix) Rheumatology
- (x) Clinical Haematology
- (xi) Medical Oncology
- (xii) Respiratory Diseases
- (xiii) Critical Care Medicine
- (xiv) Medical Genetics
- (xv) Radiotherapy
- (xvi) Nuclear Medicine
- (xvii) Plastic and Reconstructive Surgery
- (xviii) Vascular surgery
- (xix) Paediatric surgery
- (xx) Onco Surgery
- (xxi) GI Surgery
- (xxii) Traumatology
- (xxiii) Prosthetic Surgery
- (xxiv) Gynecological Oncology

**Remarks
of QCI
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

- (xxv) Fertility and Assisted Reproduction
- (xxvi) Neonatology
- (xxvii) Paediatric Cardiology
- (xxviii) Haematology and Oncology
- (xxix) Onco-pathology
- (xxx) Transfusion Medicine
- (xxxii) Interventional and Vascular Radiology

Remarks of QCI (NABH)

(c) **Super Speciality Hospital.**

- (i) Cardiology
- (ii) Cardiothoracic Surgery
- (iii) Specialised Orthopedic Treatment facilities that include Joint Replacement surgery
- (iv) Nephrology and Urology
- (v) Endocrinology
- (vi) Neurosurgery
- (vii) Gastroenterology and GI surgery
- (viii) Oncology

Remarks of QCI (NABH)

(These hospitals shall provide treatment/services in all disciplines available in the hospital)

(d) **Cancer Hospitals.**

Remarks of QCI (NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART V: INFORMATION ON PROFESSIONAL SERVICES

1. EMERGENCY SERVICES: (Mandatory for all General/Multi Speciality Hospitals)

Remarks
of QCI (NABH)

(a) Emergency Services – Available/Not available

(If available average number of emergencies per month)

(b) Staffing

(i) Duty Doctors – Number on Duty

(ii) Nursing Staff – Nurses on Duty

(iii) Consultants – Present – If Present, then speciality

On call – If on call, time taken by
Consultant

(c) Equipment available (indicate make, type & vintage of eqpt)

(i) Monitor defibrillators

(ii) Nebulisers

(iii) Infusion Pumps

(iv) Pulse Oximeter

(v) Oxygen supply (define arrangement)

(vi) Suction apparatus

(vii) Ventilator

(viii) Others specify

(d) Miscellaneous

SIGNATURE OF THE AUTHORIZED APPLICANT

2. **INTENSIVE CARE UNIT:** (Mandatory for all Multi Speciality Hospitals)

(a) Intensive Care Unit – Available/Not Available
Specialised Intensive Care Units – Specify Availability

- (i) Cardiac
- (ii) Neurological
- (ii) Others – give details

(b) Staffing

- (i) Duty Doctors – Number on Duty
- (ii) Nursing Staff – Number and Specialised Nurses
- (iii) Consultants – Present – If present, then speciality

On call – if on call, time taken by
Consultant

(c) Equipment available (Indicate make, type & vintage of eqpt)

- (i) Monitor defibrillators
- (ii) Nebulisers
- (iii) Infusion Pumps
- (iii) Pulse Oximeter
- (iv) Oxygen supply (piped and cylinders/concentrator etc)
- (v) Suction apparatus
- (vi) Ventilator
- (vii) Others specify

(d) Utilisation Indices

- (i) Bed occupancy
- (ii) Nurse Bed ratio

(e) ICU/ ICCU charges

- (i) Bed Charges of ICU (excluding consultation/treatment)
- (ii) Bed Charges for Specialised intensive care units

**Remarks
of QCI
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

3. **OPERATION THEATRES** (Mandatory for all hospital with Surgical facilities)

Remarks of QCI (NABH)

(a) **Operation Theatre** – Available/Not available
Number of Operation Theatres-

- (i) General Surgery
- (ii) Specialised Procedures

(The specialized features for special OTs eg. Joint Replacement, Cardio thoracic & Neurosurgery Should be specified.

(b) **Staffing**

- (i) Number of Anaesthetists -Number present (attach list with Qualifications)
 -Number on Duty
 -Number on Call
 -Number on Permanent Roll
 -Number of Visiting Anaesthetists

- (ii) Operating Theatre Staff-OT Matrons and Nurses
 -OT Technicians

(c) **Equipment**- Specify major Equipment (Indicate make, type & vintage of eqpt)

(d) **OT Services**

- (i) CSSD - Available/Not Available
 Type of sterilization techniques
- (ii) Sterilisation of OT
- Frequency
 - Method

(iii) Oxygen supply (piped/cylinders/concentrator etc)

- (iv) OT Environment
- Air Conditioning - Type
 - Laminar Flow – Yes/No

(e) **Utilisation Indices**

- (i) Average Number of Surgeries under GA in last 4 months
- (ii) Type of Surgeries (Mention Speciality)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART VI - GENERAL SERVICES

(Note : For General Purpose Hospitals provide the following details. Please use separate sheets of paper for each General Speciality. Attach list of consultants, equipment and utilization indices pertaining to the specialised services alongwith the sheet). Emergency services, Intensive Care Unit and Operation Theatre details are mandatory to be filled in the same documents.

(a) Name of Speciality -

(b) Utilisation Indices & Statistics

(i) Out Patient Services

- Days and timing of OPD
- Appointment facility – Available/Not Available
- Workload per month -

(ii) In Patient Services

- Availability of Beds for the Speciality - Yes/No
(If Yes specify number of Beds)
- Nurse Patient ratio
- Resident Doctor Available - Yes/No
- Emergency Services for the Speciality - Available/Not Available

(iii) Surgeries/Procedures

- Number of Surgeries under GA per month
- Minor procedures/Surgery per month

(c) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Nursing Staff - Total number of staff nurses
- Specialty trained nurses

(iii) Others (Specify) – Special Technical Staff

(d) Equipment – Specify major equipment if present. (Indicate make, type & vintage of eqpt)

- (i)
- (ii)

(e) Package Rate – (Specify)

Remarks of OCI (NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART VII – SPECIALISED SERVICES

(Note : For every Specialised Services offered for empanelment provide the following details. Please use separate sheet of paper for each Specialised Service. Attach list of consultants, equipment and utilisation indices pertaining services alongwith the sheet.)

(a) Type of Specialised Service -

(b) Utilisation Indices & Statistics

(i) Out Patient Services

- Days and timing of OPD -
- Appointment facility – Available / Not Available.
- Workload per month -

(ii) Inpatient Services

- Availability of Beds for the Speciality – Yes/No
- Nurse Patient ratio
- Resident Doctor available – Yes / No
- Emergency Services for the Speciality – Available/Not Available

(iii) Surgeries / Procedures

- Number of Surgeries under GA per month
- Minor procedures / Surgeries per month

(c) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Nursing Staff - Total number of staff nurses.
- Speciality trained nurses.
- (iii) Others (Specify) - Special Technical Staff

(e) Major Specialised Tests/Procedures Available (attach list)

(f) Package Rates – (Specify)

Remarks of QCI (NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(d) Qualification		
(i) Qualified Radiologist with minimum 3 years post degree experience.		
(ii) Qualified Radiographer –Holding diploma (2 years)/degree in Radiography from recognized institutions.		
(iii) Provision of nursing staff/female attendant for lady patients.		
(e) Legal compliance (Housed in building as per AERB guidelines, Provision of Radiation Protective Device like Screen, Lead Apron, Thyroid and Gonads protective shield)		

3. **USG/COLOUR DOPPLER CENTRE FACILITY AVAILABLE** : Yes/No

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(a) Equipment particulars		
Model		
Name of Manufacturers		
Date of Installation		
High resolution USG Mchine		
(b) Qualification		
(i) Qualified Radiologist with minimum 3 years post degree experience.		
(ii) Full time nurse/female attendant for female patients		
(c) Legal compliance (Registration under the PNDDT Act and its status of implementation)		

4. **OTHER SPECIALISED INVESTIGATIONS**

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(a) Number of Mammography in last one year		
(b) Number of Bone densitometry investigation in last one year.		

SIGNATURE OF THE AUTHORIZED APPLICANT

8. **JOINT REPLACEMENT SURGERY**

- (a) Number of major Joint Replacement surgeries done in last one year.
- (b) Are qualified Orthopaedic Surgeon with MCH/MSc (Liverpool/MSc London) or specialised training in recognised centres for joint replacement available on regular employment.
- (c) Aseptic Operation Theatre Present (Yes/No)
- (d) Required instrumentation for Knee/Hip Replacement
- (e) Nursing barrier for isolation of patient

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>

9. **LAPAROSCOPIC SURGERY**

- (a) Number of Laparoscopic Surgery in last one year
- (b) Percentage of patients requiring conventional surgery due to failure of laparoscopic surgery
- (c) Are qualified Surgeon trained in Laparoscopic surgery with sufficient experience available
- (d) Aseptic Operation Theatre Present
- (e) The hospital has at least one complete set of Laparoscopic/Endoscopic equipment and instruments with accessories and should have facilities for open surgery i.e after conversion from Laparoscopic/Endoscopic surgery

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>

SIGNATURE OF THE AUTHORIZED APPLICANT

10. **LITHOTRIPSY/TURP, OTHER NEPHROLOGY/UROLOGY PROCEDURES**

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(a) Number of major surgeries in last one year		
(b) Number of cases treated by Lithotripsy in last one year		
(c) Percentage of cases selected for lithotripsy which required conventional surgery		
(d) Qualified Uro Surgeon with MCH degree available		
(e) Aseptic Operation Theatre Present		

11. **RENAL TRANSPLANTATION, HEMODIALYSIS**

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(a) Renal Transplantation		
(i) Number of Renal Transplant in last one year		
(ii) Qualified Uro Surgeon with MCH degree available		
(iii) If the Hospital is recognised by Indian Society of Nephrology.		
(iv) Immunology lab present or not		
(v) Blood transfusion facilities Present or not		
(vi) Tissue typing unit DTPA/IMSA/DRCG present or not		
(vii) Scan facility available/not available		

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(viii) Radiology facility available/not available		
(b) Haemodialysis unit		
(i) Number of Dialysis carried out per month		
(ii) Centre has trained Dialysis and Sisters and full time Nephrologists and Resident Doctors available to combat the complications during the Dialysis.		
(iii) Number of Dialysis machine in unit		
(iv) Date of establishment of unit		

SIGNATURE OF THE AUTHORIZED APPLICANT

13. **RADIOTHERAPY**

	To be filled by the Hosp/Diagnostic Centre	<u>Remarks of QCI (NABH)</u>
(a) Number of Liver Transplant done in last one year		
(b) Qualified Radiotherapist with MD degree in radiotherapy and 3 years experience.		
(c) Medical Physician		
(d) Cobalt Unit		
Date of installation of unit		
Patient load per day		
(e) Linear Accelerator		
Date of installation of unit		
Patient load per day		
(f) Brachytherapy		
Date of installation of unit		
Patient load per day		
(g) IMRT		
Date of installation of unit		
Patient load per day		

SIGNATURE OF THE AUTHORIZED APPLICANT

PART IX – LABORATORY SERVICES

(For every Laboratory Service offered for empanelment provide the following details).

1. Type of Laboratory Service -
 (Specify services for Hematology, Biochemistry, Microbiology, Immunology etc)

2. Services - Inhouse/Outsourced

3. Laboratory Statistics

(a) Timing of sample collection -

(b) Workload

- Clinical Path -
- Biochemistry -
- Micro biology -
- Others (specify) -

(c) Emergency Services - Available/Not Available

(d) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Lab Technicians - Total number
- Specialty trained nurses
- (iii) Others (specify) - Special Technical Staff

(e) Equipment- Specify major equipment if present (attach list) **(Indicate make, type & vintage of eqpt)**

- (i)
- (ii)

(f) Quality Audits

- (i) Internal Audit.
- (ii) External Audit.

(g) Package Rate- (Specify)

<p><u>Remarks of QCI (NABH)</u></p>
--

SIGNATURE OF THE AUTHORIZED APPLICANT

PART X – RADIO DIAGNOSIS & IMAGING SERVICES

(For every Radio Diagnosis and Imaging Services offered for empanelment provide the following details. Use separate sheets for each service viz X ray, CT scan, MRI etc)

1. Type of Radio Diagnosis and Imaging Services-

.....
(Specify services for X Ray, Contrast studies, Ultrasound, CT Scan and MRI etc)

2. Services - Inhouse/Outsourced

3. Statistics

(a) Working Hours -

(b) Workload per day

- X-ray -
- Ultrasound -
- Mammography -
- CT Scan -
- MRI -
- Others (specify) -

(c) Emergency Services - Available/ Not Available

(d) Staffing

- (i) Consultants - Total number of Consultants
 - Number of Consultants on Permanent Roll
 - Number of Visiting Consultants to facility

(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)

- (ii) Lab Technicians - Total number
 - Specialty trained nurses
 (iii) Others (specify) - Special Technical Staff

(e) Equipment- Specify major equipment if present (attach list) **(Indicate make, type & vintage of eqpt) (For MRI- mention Tesla grading)**

- (i).....
 (ii).....

(f) Misc Issues

- (i) Radiological safety measures.
 (ii) Ultrasound registration (Attached copy of PNDT Certificate).

(g) Package Rate- (Specify)

<u>Remarks of OCI (NABH)</u>

SIGNATURE OF THE AUTHORIZED APPLICANT

PART XI – BLOOD BANK

(For Blood Bank Services offered for empanelment provided the following details)

1. Services - In-house/Outsourced.

It outsourced, to whom outsourced -
.....
...

(Columns below are to be filled for in house or outsourced facility)

2. Statistics

(a) Blood Testing facility - Available/ Not available

(b) Workload

Per day -

Per month -

(c) Emergency Services – Available/Not Available

3. Staffing

(a)

(b)

(c)

4. Equipment – Specify major equipment if present (attach list) (Indicate make, type & vintage of eqpt)

(a)

(b)

5. Misc Issues

(a) Registration number/License number (attach copy of authority)

6. Package Rate – (Specify)

.....
.....

Remarks of QCI (NABH)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART XII – ANCLILLARY SERVICES

**Remarks of
OCI (NABH)**

1. House keeping services
 - (a) General cleanliness of hospital OPD wards.
 - (b) Cleanliness of rooms.
 - (c) Cleanliness of toilets.
 - (d) Number of Staff available.
 - (e) Frequency of cleaning.
2. Hospital waste Management
 - (a) Conformity of Rules
 - (b) Availability of adequate collection and disposal system.
3. CSSD – Available/Not Available
 - (a) Method of sterilisation
4. Pharmacy
 - (a) In house/contract
 - (b) Medicines available in hospital/procured from outside
 - (c) Billing system – Computerised/Manual.
 - (d) Responsibility for procuring medicines under package deal
 - Hospital
 - Patient

SIGNATURE OF THE AUTHORIZED APPLICANT

5. Legal Issues

- (a) Conformity to various Acts/Rules & Regulations
- (b) Past history of cases (03 years) under COPRA/Medical Negligence/Criminal Law
 - (i) Pending in courts
 - (ii) Judgment in favour of Hospital
 - (iii) Judgment against Hospital
- (c) Additional Acts/Rules where applicable
 - (iv) MTP Act
 - (v) Organ transplant Act
 - (vi) Drug and Cosmetic Act
 - (vii) Ultrasound registration
 - (viii) Blood Bank Regn
 - (ix) Others (Specify)

6. Hospital Utilisation Indices

- (a) Bed occupancy Rate
- (b) Average length of stay
- (c) Average daily OPD attendances
- (d) Gross death rate
- (e) Net death rate
- (f) Post operation Mortality rate
- (g) Caesarian rate

7. Does the facility accept HIV/AIDS patients – Yes / No

SIGNATURE OF THE AUTHORIZED APPLICANT

SECTION III

INSPECTION REPORT AND RECOMMENDATIONS OF QCI (NABH)

Recommendations of the QCI (NABH)

1.(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital / Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) General Services

Type of Speciality		Type of Speciality		Type of Speciality
General Medicine		General Surgery		Obstetrics and Gynaecology
ENT		Ophthalmology		Paediatrics
Dental		Psychiatry		Dermatology
Microbiology		Blood Bank (Blood transfusion)		Pathology
Orthopaedics				Radio Diagnosis

(b) Specialised Services

Specialised Services		Specialised Services		Specialised Services
<u>Surgery</u>		<u>Medicine</u>		<u>Obstetrics and Gynaecology</u>
Neuro Surgery		Neuro Medicine		Gynaecological Oncology
Plastic and Reconstructive Surgery		Cardiology (consultation and diagnostics)		Infertility and Assisted Reproduction
Cardio Thoracic Surgery		Interventional Cardiology		
Vascular Surgery		Gastro enterology		
Genito Urinary Surgery		Endocrinology		<u>Paediatrics</u>
Paediatric Surgery		Nephrology		Neonatology
Oncology (Surgery)		Rheumatology		Cardiology
Gastro Intestinal Surgery		Clinical Haematology		Haematology
Traumatology		Oncology (Medical)		Oncology
Joint Replacement Surgery		Critical Care Medicine		
Prosthetic Surgery		Respiratory Diseases		<u>Pathology</u>
Laparoscopic Surgery		Medical Genetics		Onco pathology
		Radiotherapy		Transfusion Medicine
		Nuclear Medicine		Transplant Pathology
<u>Radio Diagnosis & Imaging</u>				<u>Others (Specify)</u>
CT Scan				
MRI				
Interventional and Vascular Radiology				

Seal of NABH

SIGNATURE OF THE AUTHORIZED OFFICER

