

Guidelines for Filling up of the Form(Clinics)

All the fields marked as star (*) are mandatory. This form can be used for registration of individual clinics (Allopathic/Dental and AYUSH) as well as Physiotherapy units/Centers

1. Initially fill Details of the establishment, its name and address (as provided in column 1, 2 and 3). The name and address of the establishment has to be written clearly and correctly as this will be printed in the license.
2. Indicate the location of the establishment weather it comes under Municipal Corporation or other local body. Urban bodies like, Nargar Palika, and Nagar panchayat will be included in others.
3. The date of commencement/year of starting of the establishment is to be mentioned in the fourth column. Note that in the case of new establishments the date of commencement of the establishment should not be less than 30 days from the date of application.
4. Indicate the respective type of ownership of the establishment. In case of 'others' please specify the type of ownership of the establishment.
5. Indicate the name and address of the Owner of the Clinic in clear and capital letters. In case of Registered Partnership or Trust or any other type of ownership having multiple owners mention the details of Director or the CEO.
6. Indicate the name of the Doctor in-charge of the Clinic/Nursing home/Hospital/Maternity home/Diagnostic centre.
7. Indicate the exact address of the Doctor of the establishment along with his/her photograph. Note that the photograph should be in jpg format and its size should not exceed 50 kb.
8. In column 9, Indicate the information regarding system of medicine practiced.
9. In column 10, mention the infrastructural details of the establishment.
10. Provide information regarding clearance from Municipal Corporation/Municipality
11. Provide information regarding Clearance/Authorization from Chhattisgarh Environment Conservation Board for Biomedical Waste Management
12. Provide with actual number of staff working in the establishment on the date of application with detail information of the staff mentioning Category, Name, Qualification Registration number(where applicable) and Nature of service (temporary/permanent/visiting/on-call).
13. Indicate the details and the mode of payment of the fee with the relevant amount both in words and in Figures. Along with the DD/Postal order number. Applications without the Details of the Fee will not be accepted. The DD is to be made in the favor of the Supervisory authority of the respective district.
14. Enter the characters given and save the application.
15. After successful submission of the form a Login Id and password will be generated.
16. Login in the "Client Login" Tab using the ID and password and upload the documents as given in the "list of Documents to be uploaded".
17. After uploading the Documents, print the application form and submit the application form along with self attested copies of supportive documents, and DD/Postal order for verification at the office of Chief Medical and Health officer(CMHO) of the concerned District.

Guidelines for Filling up of the Form (Diagnostics and Medical Laboratories)

All the fields marked as star (*) are mandatory.

1. Initially fill Details of the establishment, its name and address (as provided in column 1, 2 and 3). The name and address of the establishment has to be written clearly and correctly as this will be printed in the license.
2. Indicate the location of the establishment whether it comes under Municipal Corporation or other local body. Urban bodies like, Nargar Palika, and Nagar panchayat will be included in others.
3. The date of commencement/year of starting of the establishment is to be mentioned in the fourth column. Note that in the case of new establishments the date of commencement of the establishment should not be less than 30 days from the date of application.
4. Indicate the respective type of ownership of the establishment. In case of 'others' please specify the type of ownership of the establishment.
5. Indicate the name and address of the Owner of the Clinic in clear and capital letters. In case of Registered Partnership or Trust or any other type of ownership having multiple owners mention the details of Director or the CEO.
6. Indicate the name of the Doctor in-charge of the Clinic/Nursing home/Hospital/Maternity home/Diagnostic centre.
7. Indicate the exact address of the Doctor of the establishment along with his/her photograph. Note that the photograph should be in jpg format and its size should not exceed 50 kb.
8. In column 9 Indicate the range of diagnostic services offered
9. Indicate the infrastructural details of the establishment. Provide an attached blue print /plan of the facility attached and approved by the appropriate authority.
10. Provide information regarding clearance from Municipal Corporation/Municipality
11. Provide information regarding Clearance/Authorization from Chhattisgarh Environment Conservation Board for Biomedical Waste Management
12. Provide information regarding clearance from Atomic Energy Regulation Board and NOC from Director Radiation Safety , Chhattisgarh
13. Provide information regarding registration of Sonography machine under PCPNDT Act.
14. Provide with actual number of staff working in the establishment on the date of application with detail information of the staff mentioning Category, Name, Qualification Registration number(where applicable) and Nature of service (temporary/permanent/visiting/on-call).
15. Indicate the details and the mode of payment of the fee with the relevant amount both in words and in Figures. Along with the DD/Postal order number. Applications without the Details of the Fee will not be accepted. The DD is to be made in the favor of the Supervisory authority of the respective district.
16. Enter the characters given and save the application.
17. After successful submission of the form a Login Id and password will be generated.
18. Login in the "Client Login" Tab using the ID and password and upload the documents as given in the "list of Documents to be uploaded".
19. After uploading the Documents, print the application form and submit the application form along with self attested copies of supportive documents, and DD/Postal order for verification at the office of Chief Medical and Health officer(CMHO) of the concerned District.

Guidelines for Filling up of the Form (Hospitals/Maternity/Nursing Home)

All the fields marked as star (*) are mandatory.

1. Initially fill Details of the establishment, its name and address (as provided in column 1, 2 and 3). The name and address of the establishment has to be written clearly and correctly as this will be printed in the license.
2. Indicate the location of the establishment weather it comes under Municipal Corporation or other local body. Urban bodies like, Nargar Palika, and Nagar panchayat will be included in others.
3. The date of commencement/year of starting of the establishment is to be mentioned in the fourth column. Note that in the case of new establishments the date of commencement of the establishment should not be less than 30 days from the date of application.
4. Indicate the respective type of ownership of the establishment. In case of 'others' please specify the type of ownership of the establishment.
5. Indicate the name and address of the Owner of the Clinic in clear and capital letters. In case of Registered Partnership or Trust or any other type of ownership having multiple owners mention the details of Director or the CEO.
6. Indicate the name of the Doctor in-charge of the Clinic/Nursing home/Hospital/Maternity home.
7. Indicate the exact address of the Doctor of the establishment along with his/her photograph. Note that the photograph should be in jpg format and its size should not exceed 50 kb.
8. In column 9, Indicate the relevant stream of medicine practiced
9. In column 10, Indicate the type of inpatient care provided by the clinical establishment.
10. Indicate the range of diagnostic services provided by the Hospital/Nursing Home /Maternity home. In case of Multi-Specialty /Super-Specialty hospitals having Diagnostic Facilities other than that of x-ray and Sonography, separate application should be filed for licensing of such Diagnostic services.
11. Indicate the infrastructural details of the establishment. Provide an attached blue print /plan of the facility attached and approved by the appropriate authority.
 - a) Indicate specialty wise distribution of OPD clinic
 - b) Indicate Specialty wise distribution of beds. Note that specialty wise distribution of beds is only required in the case of establishments having beds ≥ 100 .
12. Provide information regarding clearance from Municipal Corporation/Municipality
13. Provide information regarding Clearance/Authorization from Chhattisgarh Environment Conservation Board for Biomedical Waste Management
14. Provide information regarding clearance from Atomic Energy Regulation Board and NOC from Director Radiation Safety , Chhattisgarh.
15. Provide information regarding registration of Sonography machine under PCPNDT Act.
16. Provide with actual number of staff working in the establishment on the date of application with detail information of the staff mentioning Category, Name, Qualification

Registration number(where applicable) and Nature of service (temporary/permanent/visiting/on-call).

17. Indicate the details and the mode of payment of the fee with the relevant amount both in words and in Figures. Along with the DD/Postal order number. Applications without the Details of the Fee will not be accepted. The DD is to be made in the favor of the Supervisory authority of the respective district.
18. Enter the characters given and save the application.
19. After successful submission of the form a Login Id and password will be generated.
20. Login in the "Client Login" Tab using the ID and password and upload the documents as given in the "list of Documents to be uploaded".
21. After uploading the Documents, print the application form and submit the application form along with self attested copies of supportive documents, and DD/Postal order for verification at the office of Chief Medical and Health officer(CMHO) of the concerned District.