

APPLICATION FOR  
REGISTRATION/RENEWAL OF  
NURSING HOMES/HOSPITALS/CLINICS



**PUBLIC HEALTH DEPARTMENT**  
**CORPORATION OF CHENNAI**

**APPLICATION FOR REGISTRATION / RENEWAL OF REGISTRATION**  
**OF NURSING HOMES/HOSPITALS/CLINICS**

(The Hospital should fulfil the requirement given in the annexure)

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| 1.  | NAME AND ADDRESS OF NURSING HOME / HOSPITAL / CLINICS / DIAGNOSTIC CENTRE / LABORATORIES / SCAN CENTER.   |  |
| 2.  | FULL NAME OF THE APPLICANT  |  |
| 3.  | FULL RESIDENTIAL ADDRESS OF THE APPLICANT   |  |
| 4.  | TECHNICAL QUALIFICATIONS IF ANY, OF THE APPLICANT /TAMIL NADU MEDICAL COUNCIL REGISTRATION NO.  |  |
| 5.  | NATIONALITY OF THE APPLICANT  |  |
| 6.  | SITUATION OF THE REGISTERED OR PRINCIPAL OFFICE OF COMPANY/SOCIETY/ ASSOCIATION / OR OTHER BODY CORPORATE   |  |
| 7.  | NAME AND OTHER PARTICULARS (OF SERVICES ETC.) OF THE NURSING HOME IN RESPECT OF WHICH THE REGISTRATION IS APPLIED FOR   |  |
| 8.  | PLACE WHERE THE NURSING HOME IS SITUATED (exact address to be mentioned with land mark)   |  |
| 9.  | BRIEF DESCRIPTION OF THE CONSTRUCTION / SIZE AND EQUIPMENT OF THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH. ( Approved Building Plan copy should be submitted)     |  |
| 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. (If any give details ) |  |

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| 11. | a) TOTAL NUMBER OF ROOMS :<br>b) TOTAL NO. OF BEDS :<br>c) NO. OF BEDS FOR MATERNITY PATIENTS:<br>d) NO. OF BEDS FOR OTHER PATIENTS :<br>(SPECIALITY WISE)<br>e) NO. OF FREE BEDS. (If Applicable) : |  |
| 12. | FIRE SAFETY PROVISIONS MADE OR NOT?<br>( Certificate of Fire Department copy to be attached )  |  |
| 13. | WHETHER BLUE PRINT OF BUILDING PLAN WITH<br>DETAILS OF EMERGENCY EXIT DISPLAYED ON<br>EACH FLOOR?  |  |
| 14. | WHETHER NAME AND QUALIFICATION(S)<br>OF THE MEDICAL PRACTITIONER(S) AND QUALIFIED<br>NURSES EMPLOYED IN THE NURSING HOME<br>DISPLAYED?   |  |
| 15. | WHETHER NAME AND QUALIFICATION (S) OF<br>THE VISITING PHYSICIANS AND SURGEONS IN THE<br>NURSING HOME DISPLAYED?  |  |
| 16. | PLACE WHERE THE NURSING<br>STAFF IS ACCOMMODATED   |  |
| 17. | WHETHER ANY UNREGISTERED/ MEDICAL<br>PRACTITIONER(S) UNQUALIFIED NURSE/ MIDWIFE<br>IS EMPLOYED FOR NURSING ANY PATIENT IN THE<br>NURSING HOME (if so particulars thereof)                            |  |
| 18. | WHETHER ANY PERSON OF FOREIGN NATIONALITY<br>IS EMPLOYED IN THE NURSING HOME AND IF SO,<br>HIS/HER NAME AND OTHER PARTICULARS  |  |
| 19. | ARE THERE ANY ARRANGEMENTS FOR DISPOSAL<br>OF BIOMEDICAL WASTES THROUGH COMMON<br>FACILITY AS PER THE GUIDELINES OF TNPCB?   |  |
| 20. | IS THERE ANY EFFLUENT TREATMENT PLANT AS<br>PER THE GUIDELINES OF TNPCB?   |  |

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| 21. | IS THE LABORATORY MAINTAINING INTERNAL AND EXTERNAL QUALITY MONITORING?<br>( Give network details )  |  |
| 22. | DOES THE NURSING HOME HAVING ULTRASOUND MACHINE? IF YES, IS IT REGISTERED WITH FAMILY WELFARE DEPARTMENT?<br>(Please attach the copy of certificate)   |  |
| 23. | IS THE NURSING HOME A REGISTERED CENTRE TO PERFORM MTP AND FAMILY PLANNING SURGERIES?<br>(Please attach the copy of certificate)                       |  |
| 24. | IS THERE ANY CANTEEN IS AVAILABLE INSIDE THE NURSING HOME / HOSPITAL / CLINIC?<br>(Licence copy obtained from Corporation of Chennai to be submitted ) |  |
| 25. | PROPERTY TAX PAID UP-TO DATE?  |  |
| 26. | NO. & DATE OF EXPIRY OF THE CERTIFICATE OF REGISTRATION.   |  |

Note: If the space is insufficient, please use the separate sheet for each column.

*I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF & NOTHING IS CONCEALED.*

DATED:

SIGNATURE OF THE APPLICANT

PLACE:

NAME.....

STAMP.....

TEL.HOSP./OFF.....(RESI.).....

FAX.....MOBILE.....

## Annexure

### REQUIREMENT OF NURSING HOMES / HOSPITALS / CLINICS FOR REGISTRATION / RENEWAL.

1. The Hospital / Nursing home / clinic registration certificate should be displayed in a conspicuous place at the reception for public and inspecting authorities.
2. The Nursing Home shall be situated in a place having clean surroundings and shall not be adjacent to an open sewer, drain or public lavatory or to a factory omitting smoke or obnoxious odour.
3. The building used for the nursing home shall comply with the relevant municipal by laws in force from time to time.
4. The rooms in the nursing home shall be well ventilated and lighted and shall be kept in clean and hygienic conditions. Arrangement shall be made for cooling them in summer and heating them in winter.
5. The wall of the labour room and operation theatre upto a height of four feet from the floor shall be of such construction as to render it waterproof. The flooring shall be such as not permit retention or accumulation of dust. There shall be no chinks or crevices in the walls or floors.
6. An operation theatre shall be provided with, minimum floor space of 180 sq.ft. and the labour room shall be separate and shall be maintained in aseptic conditions.
7. The floor space in the nursing home shall be 120 sq. ft. for single bed and additional 80 sq. ft. for every additional bed in single room. Adequate arrangements shall be made for isolating septic and infectious cases.
8. A duty room shall be provided for the " nursing staff " on duty.
9. Adequate space for storage of medicines, food articles, equipments etc shall be provided.
10. Safe and potable Drinking water (both hot and cold) should be sufficiently made available in all the rooms, wards, waiting halls and laboratory.
11. If the Nursing Home provides diet to the patients, it shall be prepared and served in hygienic conditions.

12. The nursing Homes shall provide and maintain: -
- a) Adequate number of commodes, bedpans and slop sinks, with flushing arrangements.
  - b) High Pressure sterilizer and instrument sterilizer, Oxygen cylinder and necessary attachment for giving oxygen.
  - c) Adequate equipments, instruments and apparatus.
  - d) Adequate quantity of bed sheets, mattress, pillows, blankets draw sheets and other Linens.
  - e) An almirah under-lock and key for poisons/schedule H drugs.
13. There shall be one qualified doctor holding a degree recognized by the Medical Council of India or the Medical Council of the State, round the clock for every twenty beds or fraction thereof, in the nursing home. In case of Nursing Homes providing intensive care facilities, there shall be at least two doctors exclusively for intensive care.
14. There shall be one nurse on duty at all times, for every ten beds or a fraction thereof in the nursing home. In Nursing Homes Providing Intensive Care Units facilities there shall be at least four nurses provided exclusively for four such beds or fraction thereof.
15. Qualification, specialty, register number of all medical / Paramedical personnel working in the hospital should be displayed for the public in tamil and english for public and the inspecting authorities to ensure authenticity and to eliminate quackery.
16. The owner /keeper of the Nursing Home shall ensure that the charges levied by the Nursing Home are permanently displayed.
17. The owner/keeper of the Nursing Home shall ensure the provision of stand by generator in case of the power failure in the nursing homes.
18. Records of patients to be maintained as given below:-
- a. Indoor patient Register.

- b. Operation theatre Register.
- c. Operation theatre microbiological sterility Register.
- d. Maternity Register.
- e. Alphabetical Index Register.
- f. Birth and Death Register.
- g. Morbidity and Mortality register.
- h. Stock Register.
- i. Bio medical waste register.
- j. Effluent treatment plant registers.
- k. Lab quality registers.
- l. Disinfection register.

19. In addition to above following is also required :-

- a) There should be pulse oxymeter & defibrillator in the operation theatre. The casualty shall be well equipped to handle the emergencies and shall have readily available suction machine, oxygen cylinder & emergency medicines etc.
- b) Transfer of ownership. Proprietorship, or arrangement of nursing homes shall be immediately informed.
- c) Change of address and situation and any change in staff including Medical Supervisor shall be informed within 3 Days.
- d) An undertaking that the owner of Nursing Home/ Hospital shall not refuse treatment to accident victims brought in the Nursing Home/ Hospital.

20. The microbiological sterility test result of the operation theatre should be carried out once in 15 days and register to be maintained for inspection purposes.

21. Are arrangements provided for washing of cloths of the patients?

22. Is Bed, Mattresses, Pillows used by one patient is thoroughly cleaned, aired and disinfected before used by another patient?

23. Arrangements made for cleaning toilets and bath rooms twice daily

24. Monthly Report of mortality, morbidity should be sent to the Local Health Authority/Health Officer in the prescribed format through online daily.
25. There should not be refusal to admit / treat patients during calamities or sudden outbreak of infectious diseases.
26. 10% of the total beds should be used to admit poor patients free of cost as per the guidelines of Private hospitals and nursing homes regulatory act.
27. The Nursing homes/hospitals maintaining beds for psychiatric patients shall apply for licensing of such facilities separately as per Mental Health Act and Rules thereunder rules to State Mental Health Authority.
28. If any research work is being undertaken in the hospital/nursing home, attach the approval of the competent authority for carrying out such research work.