

CHECK LIST FOR DOCUMENTS FOR EMPANELMENT APPLICATION OF _____

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Ser. No.	Name of Documents	Applicable (Yes/No)	Attached (Yes/No)	Date of Validity of Certificates	If attached then page number		Remarks
					From	To	
1	CD CONTAINING SCANNED COPY OF APPLICATION						
2	HARD COPY AND CD TO TALLY						
3	PAGES OF APPLICATION/ANNEXURE TO BE SERIALLY NUMBERED						
4	AUTHENTICATION OF EVERY PAGE BY AUTHORIZED PERSON						
5	DD FOR INSPECTION FEE- DD IN FAVOUR OF QCI (FOR NON NABH)						
APPLICATION : PAGE 15 ONWARDS							
6	COPY OF MRO AND EMD (BANK GUARANTEE ONLY)						
7	LEGAL STATUS (OWNERSHIP CLARIFICATION)						
	SOLE PROPRIETOR - SELF AFFIDAVIT						
	PARTNERSHIP - AGREEMENT/DEED						
	PVT LTD - MEMO OF ASSOCIATION - CERTIFICATE OF INCORPORATION						
	TRUST - DEED + INCOME TAX REGN						
	SOCIETY - DEED + INCOME TAX REGN						
8	VALID COPY OF REGISTRATION UNDER SHOPS ACT						
9	COPY OF SUBSIDIARY STATUS FROM PARENT COMPANY, IF APPLICABLE.						
10	STATE HEALTH AUTH REGISTRATION OF HOSPITAL						
	(I) MUNICIPALITY						
	(II) CMO OF DISTRICT						
	(III) CLINICAL EST ACT (III) NURSING HOMES ACT						
11	COPY OF CUSTOMS DUTY EXEMPTION CERTIFICATE GIVING CONDITIONS OF EXEMPTION						
12	VALID COPY OF BLOOD BANK LICENSE - OWN BANK OR OUTSOURCED BANK WITH UNDERTAKING						
13	COPY OF EXISTING LIST OF RATES APPROVED BY HOSPITAL						
14	REGISTRATION CERTIFICATE UNDER PNDR ACT (FOR USE OF USG FACILITY)						

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					From	To	
15	COPY OF AERB CERTIFICATE FOR X-RAY, CT SCAN, C-ARM INCLUDING DENTAL X-RAY						
16	COPY OF CERTIFICATE OF BMW AND AIR & WATER CLEARANCE FROM STATE POLLUTION CONTROL BOARD						
17	COPY OF FIRE NOC						
18	COPY OF REGISTRATION UNDER MTP ACT WITH DISTRICT/STATE GOVT AUTHORITES						
19	CGHS						
	(i) COPY OF COMPLETE MOA WITH CGHS						
	(ii) COPY OF OFFICE MEMORANDUM WITH CGHS						
	(iii) QCI INSPECTION REPORT						
20	NABH/NABL						
	COPY OF NABH ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION						
	COPY OF NABL ACCREDITATION CERTIFICATE WITH SCOPE OF ACCREDITATION						
21	FINANCIAL STATUS						
	3 YEARS AUDITED BALANCE SHEETS/IT RETURN						
	PAN CARD						
	BANK DETAILS						
22	CERTIFICATE OF UNDERTAKING AS PER PARA 27 OF TERMS AND CONDITIONS OF APPLICATION FORM						
23	CERTIFICATE OF ACCEPTANCE OF RATES AS PER PARA 28 OF TERMS AND CONDITIONS OF APPLICATION FORM						

Note:-

1. If any of the certificates mentioned in Sl. No 01 to 23 is not applicable to any applicant medical facility, a certificate to that effect needs to be attached. The check list & certificate to be countersigned by authorized signatory.
2. Director, Regional Centres ECHS to scrutinize the Check list with the application and authenticate it. Remedial action, if any, to be taken before forwarding to Central Organisation ECHS.