

Clinical Establishments (Registration and Regulation) Rules, 2010

Draft Model Rules for States

These rules may be called the Name of the State Government Clinical Establishments (Registration and Regulation) Rules, 2010

These rules extend to the whole of the Name of the State Government and are applicable to all the Clinical Establishments in the State of Name of the State Government

These Rules shall come into force on the date of their publication in the Name of the State Government Official Gazette.

The Rules shall be applicable to various categories of clinical establishments in a phased manner, as may be notified from time to time.

The State / Union Territory Council for Clinical Establishments

Establishment of State Council for Clinical Establishments

Every State Government shall by notification constitute y State Council / Union Territory Council for clinical establishments, as the case may be.

Functions of the State/ Union Territory Council:

The State Council or the Union Territory Council shall perform the following functions, namely:—

- a. compiling and updating the State / Union Territory Registers of clinical establishment;
- b. sending monthly returns for updating the National Register (including in the digital format);
- c. representing the State / Union Territory in the National Council;
- d. hearing of appeals against the orders of the authority;
- e. publication on annual basis a report on the state of implementation of standards within their respective States and Union Territories
- f. monitor the implementation of the provisions of the Act and rules in the State;
- g. recommend to the Government, any modifications required in the rules in accordance with changes in technology or social conditions;
- h. perform any other function as may be outlined by the National council of Clinical Establishments
- l. Any other function as may be prescribed by the Central Government.

Sub-Committees

The State Council may at any time constitute a sub-committee consisting of any number of its member, for such period, not exceeding two years, for the consideration of particular matters, at the request of the National Council and / or as determined by the Central Government.

A motion for the appointment of a sub-committee shall define the functions of the subcommittee, number of the member to be appointed thereon and timeline for completion of tasks. The Chairman of every such committee shall be appointed by the State / Union Territory Council at the time of the appointment of the committee.

Any decisions taken by the sub-committee/s shall be placed before the State Council at its next meeting for its consideration and approval.

Conduct of Business

Every meeting of the State / Union Territory Council shall be presided over by the Chairperson

Time & Place for Meetings of the State / Union Territory Council

The meetings of the State / Union Territory Council shall ordinarily be held at State / Union Territory Capital on such dates as may be fixed by the Council. The State/Union Territory Council shall meet every three months.

Notice of Meeting

Notice of every meeting other than a special meeting shall be dispatched by the Member Secretary to each member of the Council not less than 15 days before the date of the meeting.

Quorum, Call for Meeting, Minutes of Meetings One - third of the total number of members of the State/ Union Territory Council shall form a quorum and all actions of the Council shall be decided by a majority of the members present and voting.

The notice and agenda of every such meeting of the State / Union Territory Council shall ordinarily be given 15 days before the meeting by the Member Secretary of the Council.

The proceedings of the meetings of the Council shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.

A copy the minutes of each meeting of the State / Union Territory Council shall be submitted to the Chairperson within 7 days of the meeting and after having been approved by him/her shall be sent to each member of the Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decisions therein shall be given effect to, provided that the Chairperson may, where in his opinion it is necessary or expedient so to do, direct that action be taken on the decision of the meeting.

Registration and Filling of Casual Vacancies

A member desiring to resign his seat on the State / Union Territory Council shall send his resignation in writing to the Chairperson and every such resignation shall take effect from the date mentioned by him in this behalf or in case no such date is mentioned, from the date of the receipt of his letter by the Chairperson after confirmation from the member concerned about his resignation.

When a casual vacancy occurs by reason of death, resignation or otherwise of a member, a report shall be made forthwith by the Chairperson to the Central Government which shall take steps to have the vacancies filled by nomination or election, as the case may be.

Finance and Accounts

The Accounts of the Council shall be audited annually by a Chartered Accountant, who is to be appointed with the prior approval of the Comptroller and Auditor General of India. Any expenditure incurred in connection with such audit shall be payable by the Council.

The District Registering Authority

Establishment of District Registering Authority

The State Government shall, by notification under Section 10 of the Act and in accordance with the rules framed by Central Government in this behalf set up an authority to be called the District Registering Authority for each district for registration of clinical establishments.

Functions of the District Registering Authority

- a. to grant, renew, suspend or cancel registration of any clinical establishments
- b. to enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act 2010
- c. to investigate complaints of breach of the provisions of this Act or the rules made there under and take immediate action;
- d. to prepare and submit on quarterly basis report containing details of related to number and nature of provisional and permanent registration certificates issued; included these cancelled, suspended or rejected to the State / Union Territory Councils;
- e. to report to the State / Union Territory Council on a quarterly basis on action taken against non-registered clinical establishments operation in violation of the Act
- f. perform any other function as may be prescribed by the central government and or the state government from time to time.

Time and Place of and Preparation of Business for Meetings of the District Registering

Authority

The meetings of the District Registering Authority shall be held at least once in a month at a stipulated date and time

Conduct of Business

Every meeting of the District Registering Authority shall be presided over by the Chairperson.

Notice of Meeting

Notice of every meeting other than a special meeting shall be dispatched by the Convenor to each member not less than 15 days before the date of the meeting.

Quorum, Minutes

One - third of the total number of members of the District Registering Authority shall form a quorum and all actions of the Authority shall be decided by a majority of the members present and voting.

The proceedings of the meetings of the District Registering Authority shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.

A copy the minutes of each meeting of the District Registering Authority shall be submitted to the Chairperson by the Member Secretary within 7 days of the meeting and after having been attested by him shall be sent to each member of the Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decisions therein shall be given effect to, provided that the Chairperson may, where in his opinion it is necessary or expedient so to do, direct that action be taken on the decision taken in the meeting.

Resignation and filling of casual vacancies

If a casual-vacancy occurs in the office of any other members, whether by reason of death, resignation or inability to discharge, functions owing to illness or any other incapacity, such vacancy shall be filled by the District Collector by making a fresh appointment and the member so appointed shall hold office for the remaining term of office of the person in whose place s/ he is so appointed.

Registration of Clinical Establishments

Application for Registration

The applicant shall apply to the District Registration Authority for provisional registration, either in person, or by post or through web based online facility with the necessary information as per SG1 Form under Section 14 (1) and 14 (3) of the Act

The applicant shall apply to the District Registration Authority for permanent registration, in person, or by post or through web based online facility with the necessary information filled and with evidence of having met the requirements of minimum standards and personnel for different categories of Clinical Establishments in a form and format that shall be prescribed by the National Council under Section 24 and 25 of the Act

If an establishment is offering services in more than one category as specified under the Clinical Establishments (Registration and Regulation) Rules (Central Government), 2010, the establishment will need to apply for a separate provisional or permanent registration for each category of establishment under Section 14 (l) and Section 30 of the Act. However, if a laboratory or diagnostic center is a part of an establishment providing out patient / inpatient care, no separate registration will be required.

Acknowledgement of Application

The Registration Authority, or any person in his office authorized in this behalf, shall, acknowledge receipt of the application for registration, in the acknowledgment slip provided as per **SG2 Annexe** immediately, if delivered at the office of the authority, or not later than the next working day if received by post and by online acknowledgement to be generated automatically by the system.

Grant of Registration

The authority shall not undertake any enquiry prior to the grant of provisional registration and shall within a period of ten days from the date of receipt of such application, grant to the applicant a certificate of

provisional registration containing particulars and information as per **SG3 Annexe** either by post or electronically under Section 15, read with Section 17 of the Act

Certificate of registration

The District Registering Authority shall grant the applicant a certificate of permanent registration as per **SG 4 Annexe** either by post or electronically after satisfying itself that the applicant has complied with all the requirements and criteria, including provision of minimum standards and personnel required to run the clinical establishment under Sections 28 and 30 of the Act

In case of permanent registration, under Section 29 of the Act, the authority shall pass an order within 31/2 months -

- (a) allowing the application for permanent registration; or
- (b) disallowing the application:

Provided that the authority shall record its justifications and reasons, if it disallows an application, for permanent registration.

Fees to be charged

The various fees charged for provisional and permanent registration, renewal, late application, duplicate certificate, change of ownership, management or name of establishment is prescribed in **SG5 Annexe** under Section 14 (I) read with Section 19 Section 20 (2), Section 22; Section 24, Section 35 of the Act.

Clinical establishments owned, controlled and managed by the government (Central, State or local authority) or department of government, shall be exempt from payment of fees for registration.

The fees prescribed for various categories of clinical establishments may be revised by the State Council through a notification issued by the State Government

The fee shall be paid by a demand draft drawn / online transaction in favour of the Registration Authority concerned as specified under Section 14 (I) and Section 30 of the Act.

The fees collected by the Authorities for registration of the Clinical Establishments shall be, deposited by the Authority concerned in a Nationalized bank account opened in the name of the official designation of the Registration Authority concerned and shall be utilized by the Authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the District Registration Authority.

The Accounts shall be maintained as per the Financial Code rules and shall be audited by engaging a qualified Chartered Accountant. The annual Audit reports shall be submitted to the concerned State Council.

In the event of any change of ownership or management, the establishment shall intimate to the District Registration in writing within one month of such change along with the fee prescribed in SG5 Annexe for issue of a revised certificate of Provisional or Permanent registration, as the case maybe, incorporating the changes and on surrendering the old certificate under Section 20 (2) and Section 30 of the Act.

In the event of certificate of registration (Provisional or Permanent) being lost or destroyed, the owner shall apply to the District Registration Authority to issue a duplicate certificate upon payment of the fee prescribed under rule (b) SG6 Annexe and the provisional certificate shall be marked "Duplicate" as per SG6 Annexe under Section 19 and Section 30 of the Act.

Renewal of Registration

The clinical establishment shall apply for renewal of provisional registration thirty days before the expiry of the validity of the certificate of provisional registration. In case the application for renewal is not submitted within the stipulated period, the authority shall allow for renewal of registration on payment of the renewal amount as prescribed in SG5 Annexe and penalty of Rs. 100 per day till the date of application for renewal under section 22 of the Act.

For renewal of permanent registration, the clinical establishment shall apply three (3) months before expiry of the registration period of five (5) years. The renewal will be granted by the Authority within 3 months of

receipt of the application failing which it will be deemed to have been renewed. If the clinical establishment does not apply within one month of expiry of registration period, the registration will be deemed to have been suspended.

Under Section 30 (4) of the Act the clinical establishment shall apply for renewal of permanent registration six months before the expiry of the validity of the certificate of permanent registration. In case the application for renewal is not submitted within the stipulated period, the authority will allow for renewal of registration on payment of the renewal amount as prescribed in SG5 Annexe and penalty of Rs. 100 per day till the date of application for renewal is accepted.

Registers to be maintained, furnishing of returns and display of information

Registers to be maintained

Every District Registration Authority shall within a period of two years from its establishment, compile, publish and maintain in digital format a register of Clinical Establishments registered by it and it shall enter the particulars of the certificate so issued in a register containing particulars as prescribed in CG3 Annexe under Section 37 (1) (2) and Section 38 (1) (2) of the Act.

Every District Registration Authority including any other authority set up for the registration of clinical establishments under the law for the time being in force shall supply in digital format to the State Council of Clinical Establishments a copy of every entry made in the District register of clinical establishments for a particular month by the 15th day of the following month in keeping with Section 37 (2) of the Act.

Display of Information

The District Registering Authority shall, within a period of forty-five days from the grant of provisional registration, mandatorily cause to be published in the public domain through two local dailies and on the website, which the District Registering Authority will launch, the name of the Clinical establishment, Address, Ownership, Name of Person in Charge, System of Medicine offered, Type and Nature of Services offered and details of the Medical Staff (Doctors, Nurses, etc.) as under Section 16 (2) of the Act. The State council could make changes in the nature of information to be provided in the Public Domain through a notification, except in the case of the mandatory information to be provided under Section 16 (2) of the Act.

The District Registering Authority shall, within a period of 7 days cause to be published in the public domain through two local dailies and on the website, which the District Registering Authority will launch, the name of the Clinical establishment, Address, Ownership, Name of Person in Charge, System of Medicine offered, Type and Nature of Services offered, details of the Medical Staff (Doctors, Nurses, etc) and the details and information related to having complied with the minimum standards and personnel prescribed for the particular category of clinical establishment as under Section 26 of the Act.

The District Registration Authority shall cause to be displayed the above information in public domain for a period of 30 days for filing objections before granting permanent registration.

If any person has any objection to the information published regarding the clinical establishment they shall give in writing the reasons and evidence of objection or non-compliance to the District Registration Authority. The District Registering Authority shall, within a period of 15 days cause to be published in the public domain the name of the Clinical Establishment whose (Provisional or Permanent) registration has expired as under Section 21 and Section 30 of the Act.

Information to be provided by Clinical Establishments

The Clinical Establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of three monthly reports. The minimum medical records to be maintained and nature of information to be provided by the Clinical Establishments are prescribed in CG2 Annexe as per Section 12(1) (iii) of the Act. Copies of all records and statistics shall be kept with the clinical establishment concerned for 3 years or in accordance with any other relevant act in force at the time under Section 12 (1) (iii) of the Act. All clinical establishments shall be responsible for submission of information and statistics in the time of emergency or disaster or epidemic situation.

The government may notify from time to time, the nature of information that needs to be furnished by the Clinical Establishments including other disease notified for this purpose along with the prescribed interval.

In addition to the specific provisions of the Clinical Establishments (Registration & Regulation) Act 2010, all establishments shall comply and maintain information and statistics in keeping with other applicable Acts and Rules which are in force in the country.

Power to Enter

Entry and search of the clinical establishment can be done by the District Registering Authority or an officer or team duly authorized by it or subject to such general or special orders as may be made by the authority, subject to a unanimous decision by all members of the District Registration Authority for conduct of such entry and search.

Such entry and search of clinical establishments can be conducted if anyone is carrying on a clinical establishment without registration or does not adhere to the prescribed minimum standards or has reasonable cause to believe the CE is being used for purposes other than it is registered or contravenes any of the provisions of this Act & Rules, shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of Section 34 of the Act.

The inspection team shall intimate the establishment in writing about the date of visit. The team shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make any such other enquires as they consider necessary to verify the statements made in the application for registration and grant of license. All persons connected with the running of the establishment shall be bound to supply full and correct information to the inspection team.

The Officer and / or inspection team so constituted by the Registering Authority shall submit a report as per SG7 Annexure within a week of the inspection to the District Registration Authority with a copy to the State Council.

Penalties & Appeals

Penalties

In keeping with the provisions of Section 41 (1) (2) (3) and Section 42 (1) (2) (3) the Act, whoever carries on a clinical establishment without registration or whoever willfully disobeys any direction, or obstructs any person or authority or withholds any such information or provides false information shall be liable for a monetary penalty.

Whoever carries on a clinical establishment without registration, shall, on first contravention be liable to a monetary penalty upto fifty thousand rupees, for second contravention to a monetary penalty which may extend to two lakh rupees and for any subsequent contravention to penalty which may extend to five lakh rupees.

Whoever knowingly serves in a clinical establishment which is not duly registered under this Act, shall be liable to a monetary penalty which may extend to twenty five thousand rupees.

The penalty fees collected by the authorities shall be, deposited by the Authority concerned in a Nationalized bank account opened in the name of the official designation of the State Council concerned and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act and approved by the Council.

Appeals

In keeping with Section 36, 41 (4) (5) (6) (7) and Section 42 (4) (5) (6) (7), any person or clinical establishment, if aggrieved by the decision of the Authority under Sections 29 and 34 of the Act, may file an appeal to the State Council within thirty (30) days from the date of receipt of such order along with prescribed fees as indicated in

SG 6 Annexe.

After receipt of the appeal, the State Council shall fix the time and date for hearing and inform the same to the appellant and others concerned by a registered letter giving at least 15 days time for hearing of the case.

The appellant may represent by himself or authorized person or a Legal practitioner a*nd submit the relevant documentary material if any in support of the appeal

The State Council shall hear all the concerned, receive the relevant oral/documentary evidence submitted by them, consider the appeal and communicate its decision preferably within 90 days from the date of filing the Appeal

If the State Council considers that an interim order is necessary in the matter, it may pass such order, pending final disposal of the appeal. The decision of State Council shall be final and binding.

If no appeal is filed against the decision of the Registering Authority in the prescribed period (i.e.) within 30 days from the date of receipt of the order, the orders of the Authority shall be final.

The appeal fees collected by the authorities shall be deposited by the Authority concerned in a Nationalized bank account opened in the name of the official designation of the State Council concerned and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act as approved by the Council.

Any other matter which is required to be or may be prescribed by the State Government

SG1 Form

Application Form for Provisional Registration of Clinical Establishments

1. Name of the Establishment _____

2. Address:

Village/Town:	Taluka:	
District:	State:	Pin code
Tel No (with STD code):	Mobile:	Fax ;
Email ID :	Website (if any):	

3. Year of starting: _____

4. Location: Rural Urban Metropolitan

5. Ownership

Public Sector

Central government State government Local government- please specify:
 Public Sector Undertaking Railways Employee State Insurance Corporation (ESIC)
 Autonomous organization Any other (please specify):/

Private Sector

Individual Proprietorship Registered Partnership Registered Company Co-operative Society
 Trust/Charitable registered under a Central, Provincial or State Act (please specify): _____
 Any other (please specify): _____

6. Name of the owner of Clinical Establishment: _____

Educational Qualification: _____

Address: _____

Village/Town,; _____ Taluka: _____

District: _____ State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID _____

7. Name of person in-charge of the Clinical Establishment: _____

Designation: _____ Educational Qualification: _____

Address: _____

Village/Town: _____ Taluka: _____

District: _____ State: _____ Pin code _____

Tel No (with STD code): _____ Mobile: _____ Fax : _____

Email ID :

8. Systems of Medicine offered: (please tick whichever is applicable)

Allopathy Ayurveda Unani Siddha Homeopathy Yoga & Naturopathy

9. Type of Establishment: (please tick whichever is applicable)

Providing Out Patient Care

Single practitioner Polyclinic Sub-Centre Physiotherapy Clinic
 Occupational Therapy Infertility Dental clinic
 Dispensary Dialysis Centre
 Integrated Counseling and Testing Centre (ICTC) Wellness/fitness centre
 Any other (please specify): _____

Providing In Patient Care

- Hospital Nursing Home Maternity Home Primary Health Centre
 Community Health Centre Sanatorium
 Any other (please specify): ^ _____

Providing Testing & Diagnostic Services:

Laboratory

- Pathology Haematology Biochemistry Microbiology Genetics Collection Centre
 Any other (please specify): _____

Diagnostic and Imaging Centre

- X Ray centre Mammography Bone Densitometry Sonography
 Color Doppler CT Scan Magnetic Resonance Imaging (MRI)
 Positron Emission Tomography (PET) Scan
 Electro Myo Graphy (EMG)
 Any other (please specify): _____

Any other (please specify):

10. Nature of Services (please tick whichever is applicable)

For all Systems of Medicine

- General Single Specialty Multi Specialty Super Specialty Mobile
 Any other, please specify: _____

a) Allopathy

- General Practice Out-patient In-patient Day care centre
 Emergency / Casualty ICU ICCU
 Special Care Services for challenged persons Blood Bank
 Organ /Tissue Bank
 Any other please specify: _____

b) Ayurveda

- Ausadh Chikitsa Shalya Chikitsa Shodhan Chikitsa Rasayana Pathya Vyavastha
 Any other please specify:

c) Unani

- Matab Jarahat Ilaj-bit-Tadbeer Hifzan-e-Sehat
 Any other please specify:

d) Siddha

- Maruthuvam Sirappu Maruthuvam Varmam Thokknam & Yoga
 Any other please specify:

e) Homeopathy

- General Homeopathy
 Any other please specify: _____

f) Naturopiithy

- External Therapies with natural modalities Internal Therapies
 Any other please specify: _____

- g) Yoga** please specify: _____

INFRASTRUCTURE DETAILS

12. Area of the establishment (in sq. meters):

a) Total Area: _____ b) Constructed area: _____

13. Out Patient Department:

13.1 Total no. of OPD Clinics: _____

13.2 Specialty-wise distribution of OPD Clinic

S.No.	Specialty	No. of Rooms

14. In Patient Department:

14.1. Total number of beds:

14.2. Specialty-wise distribution of beds, please specify:

S.No.	Specialty	No. of Beds

15. Whether Clinical Waste Disposal License obtained from Panchayat/Municipality/Municipal Corporation etc?

Yes No Applied For

16. Whether clearance from Pollution Control Board/Authority obtained?

Yes No Applied For

HUMAN RESOURCES

17. Total number of Staff (as on date of application):

No. of permanent staff: _____ No. of temporary staff: _____

Please furnish the following details:-

Category of staff	Name	Qualification	Registration Number (where applicable)	Nature of service Temporary/ Permanent
Doctors				
Nursing staff				
Para-medical staff				
Pharmacists				
Support staff				
Others, please specify				*

Separate annexure may be attached.*

18. Payment options for Registration Fees:

Online payment Demand Draft Postal Order

Any other (please specify): _____
Amount (in Rs): _____
Details: _____
Receipt No. _____

I,..... on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to the best my knowledge and I shall abide by all the rules and declarations under the Clinical Establishment (Registration and Regulation) Act 2010.

I undertake that I shall intimate to the appropriate registering authority any change in the particulars given above.

Place:
Date:

Signature of the Authorized Signatory
Office Seal



SG2 Annexe

ACKNOWLEDGEMENT

REGISTRATION OF CLINICAL ESTABLISHMENT

The application in Form ___ for Grant / Renewal of Provisional / Permanent registration of the Clinical Establishment submitted by _____ (Name and address of Owner) has been received by the District Registration Authority on _____ (date) and found to be

Complete

Or

Incomplete

This acknowledgement does not confer any rights on the applicant for grant or renewal of registration.

Signature and Designation of Registration Authority or authorized person in the Office of the Appropriate Authority.

SEAL

Designation of the Issuing Authority (Computer
Generated)

Place & Date: (Computer Generated)



SG 3 Annexe

PROVISIONAL CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional registration No: (Computer Generated)

Date of issue: (Computer Generated)

Valid up to: {Computer Generated}

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine : _____
6. Type of Establishment: _____

Is hereby provisionally registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

Designation of the Issuing Authority (Computer Generated)

Place & Date: (Computer Generated)

District Registration Authority

Address:

Phone number in case of Grievances



SG 4 Annexe

PERMANENT CERTIFICATE FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No: (Computer Generated)

Date of issue: (Computer Generated)

Valid up to: (Computer Generated)

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine : _____
6. Type of Establishment: _____

is hereby permanently registered under the provisions of 'Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

Designation of the Issuing Authority (ComputerGenerated)

Place & Date: (Computer Generated)

District Registration Authority

Address:

Phone number in case of Grievances

**SG 5 Annexe
Fees to be Charged**

Description	Urban		Rural		Metro	
	Provisional	Permanent	Provisional	Permanent	Provisional	Permanent
Out Patient Care	100	500	50	250	200	1000
In Patient Care	100	500	50	250	200	1000
	200	1000	100	500	400	2000
	300	1500	150	650	600	3000
Testing & Diagnostic	200	1000	100	500	400	2000
	300	1500	150	650	600	3000
v						
Other Fees <ul style="list-style-type: none"> • For Renewal half the amount of registration fee (Provisional / Permanent) • For Late Application the amount would be double of the registration fee (Provisional / Permanent) • For Duplicate Certificate the amount would be Rs. 200 • For change of ownership, management or name of establishment would be Rs 100 • For any appeal the amount would be Rs. 100 <p>* If a laboratory or diagnostic center is a part of a establishment providing out patient / Inpatient care no separate registration is required.</p>						



SG 6 Annexe

**DUPLICATE
CERTIFICATE FOR CLINICAL ESTABLISHMENT**

Permanent registration No: (Computer Generated)
Date of Issue: (Computer Generated)
Valid up to: (Computer Generated)

1. Name of the Clinical Establishment: _____
2. Address: _____
3. Owner of the Clinical Establishment: _____
4. Name of Person in Charge: _____
5. System of Medicine : _____
6. Type of Establishment: _____

is hereby permanently registered under the provisions of 'Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

Designation of the Issuing Authority (ComputerGenerated)
Place & Date: (Computer Generated)

**District Registration Authority
Address:**

Phone number in case of Grievances

SG 7 Annexe

Suggested Format for Submission of Inspection Report

Number of visits made with dates

Names and details of members of the inspection team

Name of clinical establishment visited

Address and contact details of clinical establishment visited

Process followed for inspection (e.g. kindly outline who was met with, what records were examined, etc)

v

Salient Observations / Findings Conclusions

Specific Recommendations:

(1) To the Clinical Establishment

(2) To the District Registering Authority

*In case of lack of consensus amongst members of the inspection team, the same may be kindly indicated

Signature (of all members of the inspection team)

Date

Place