

HEALTH DEPARTMENT

FORM "B"

Application for Registration Renewal of Registration Section 4 & 5 of Bombay Nursing Homes Registration Act, 1947.

1. Full Name of the Applicant :
2. Full Residential address of the applicant :
3. Technical qualifications, if any of the applicant, if medical please attach copies of degree certificate, registration certificate.
4. Nationality of the applicant :
5. Name & other particulars of the "Nursing Home" in respect of which the registration is applied for :
6. Full address of the registration or principal office of the company, society, association or other body corporate.
7. Full address of the Nursing Home :
8. Brief description of the construction : size, equipment of nursing home or any other premises used in connection there with
  - a) Area in Sq.Mt. of Nursing Home :
  - b) Whether the building in which nursing home is situated is authorised, unauthorised. If authorised please state V.P.No. :
  - c) Attach copy of O.C. (Occupation Certificate) :
  - d) Attach approved plan of building :
  - e) Attach copy of agreement with builder NCC from builder/society to carry on nursing home. :
9. Whether the nursing home or any premises used in connection there with are used or are to be used for purpose other than that or carrying on a nursing home.
10.
  - a) No. of beds for maternity home :
  - b) No. of beds for other patients :
11. Names, ages and qualifications of members of nursing staff in the nursing home, (Please attach copies of registration certificate)
12. Please where the Nursing staff in accommodated. :

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13. Names, ages and qualifications of the :  
resident or visiting physicians or  
surgeons in nursing home.

Please attach degree certificate &  
registration certificates.

a) Whether the nursing home is under :  
the supervision of qualified medical  
practitioner or qualified nurse or  
midwife, if so his/her name, age,  
qualifications. Please attach  
degree & registration certificates.

b) Proportion of the qualified & :  
non qualified nurse on the  
nursing staff.

c) Whether any unregistered medical :  
practitioner or non qualified nurse/  
mid-wife is employed in the nursing  
home.

15. Whether any, person of alien :  
nationality is employed in the nursing  
home, if so his name & other details.

16. Fees/charges to patients :

17. No. & date of expiry of the :  
certificate of registration.

I solemnly declare that the above statement are true to the  
best of my knowledge and belief.

Date :

Signature of the Applicant.

\* In case, the application is made on behalf of a company,  
society, association or other body corporate, the name and  
residential address of the person in charge of the management  
of such company, society, association or body corporate should  
be given.

\*\* "Nursing Home" mean any premises used or intended to be  
used for the reception of persons suffering from any sickness,  
injury or infirmity and providing of treatment and nursing  
for them & includes a maternity home; and the appression "to  
carry on a nursing home" means to receive persons in a nursing  
home for any of the aforesaid purposes and to provide treatment  
or nursing for them.

\*\*\* This is applicable only, when application is made on  
behalf of a company, society, association or other body  
corporate.

\*\*\*\* This is applicable when the application is made for  
renewal of registration.

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BASIC REQUIREMENTS FOR NURSING HOME/HOSPITAL/MATERNITY HOME

shall be

- a) Premises : Shall be in approved building having R.C.C. Constructions, having separate Water connection from Municipal Main, Separate drainage arrangement for disposal of waste Water.
- b) Water Storage : There shall be sufficient water stored in the nursing Home/Hospital/Maternity Home.
- c) Qualified Staff : There shall be qualified Doctors/Nurses for Nursing Home/Hospital/Maternity Home.
- d) Sanitary Condition : i) Cleanliness shall be maintained.  
ii) Impervious walls upto 6' feet.  
iii) Infect field flooring.  
iv) Height of room upto 9' feet.  
v) Proper air flow,  
vi) Proper ventilation  
vii) Proper light + Natural / Artificial,  
viii) Abnoxious adour (Other than antiseptic)  
ix) Sanitary accomodation.  
One / W.C. for 6 patients.  
One / bathroom for 6 patients.
- e) Equipments: i) Theatre with O.T. Table  
ii) Well equipped operation theatre  
iii) Labour room in maternity home  
iv) Oxygen Cylinder  
v) Sterilisation of equipments/Theatre O.T. clothes  
vi) Provision of running water or water tank.
- f) Registers : i) Indoor out door register  
ii) Alphabetical index register.  
iii) Daily record register for acute ill patients.  
iv) Daily record register for every mother & child.  
v) Daily & weekly record of other patients.  
vi) Register of infant & Maternal death date of inquest, cause of death.  
vii) Birth register  
viii) Still birth register.  
ix) Register for various communicable disease.  
x) Register for sterilisation M.T.P. & I.U.D.cases.  
xi) Register for immunisation  
xii) Antenatal Care Register.  
xiii) Cataract operation register.

(Formats of aforesaid registers are available with Health Department, T.M.C.)

- Inspection : On receipt of the application, the premises where Nursing Home/Hospitals/Maternity Home/ is carried on or intended to be carried on is inspected by local supervision authority empowered by M.O.H. & a report about its suitability for registration is submitted to higher authority.