INDIAN MEDICAL ASSOCIATION
THE PRIVATE HOSPITALS AND NURSING HOMES BOARD
(Tamil Nadu State Branch)
APPLICATION FOR ENROLLMENT
(To be filled in BLOCK LETTERS only)

I GENERAL INFORMATION

Name of Health Care Unit :

24 Hrs. : ☐ Y ☐ N

Address :

City / Taluk :

District :

PIN :

Telephone(s) with STD code :

Fax Numbers (s) :

Mobile Phone(s) :

Email Id :

Website :

Hospital Details

Types of ownership : Proprietary / Charitable Truce / Pvt. Ltd. / Public Ltd. / Leased / Partnership/ Corporate

Hospital Type : Multi Speciality / Single Speciality / Clinic / Other

If single specialty please mentions the speciality : _____No. of Total Beds in the Hospital_____

II DETAILS OF BEDS

Type of Bed	No. of Beds	No. of Toilets	Staff
General Ward - Male :			
General Ward - Female :			
A.C. / Deluxe / Suite :			
Single Bed :			
Twin Sharing :			
Day Care :			
Dialysis :			
Burns Unit :			
Total :			

III TOTAL AREA AVAILABLE [in Sq. Mts.]

Bio-Medical Waste	:	Labour [i/c toilet]	:
CSSD/Sterilizations	:	Laundry Room	:
Emergency & Casualty	:	Medical Gas Room	:
Emergency Bed:	:	Minor OT/Procedure Room	:
Intensive Care Unit:	:	Operation Theatre	:
Kitchen	:	Pharmacy	:
Laboratory	:	Wards	:

IV DIAGNOSTIC SERVICES

Lab Services		**Yes / No**			**Description**
Biochemistry	:		Y	N	
Biomedical Department	:		Y	N	
Color Doppler / Duplex Scan	:		Y	N	
Digital X-Ray	:		Y	N	
Hematology	:		Y	N	
Histopathology	:		Y	N	
Imaging	:		Y	N	
Mammogram	:		Y	N	
Microbiology	:		Y	N	
MRI	:		Y	N	
PET Scan	:		Y	N	
Portable X-Ray	:		Y	N	
Radiology	:		Y	N	
Serology	:		Y	N	
Ultra Sound	:		Y	N	

V NON-IMAGING SERVICES

Audiology	:		Y	N	
Echo Cardiology	:		Y	N	
Electro-Physiology	:		Y	N	
PFT	:		Y	N	
Sleep Study	:		Y	N	
TMT	:		Y	N	
Urodynamics	:		Y	N	

VI CLINICAL SERVICES AVAILABLE

	Anaesthesiology		Family Medicine		Oncology
	Blood Storage & Blood Bank		Gastro Enterology		Ophthalmology
	Cardiology		Gastro-Intestinal Surgery		Orthopadeics
	Cardio-Thoracic		General Medicine		Paediatrics [incl. new born]
	Community health		General Surgery		Palliative
	Critical Care[ICU]		Geriatric		Physical medicine & rehab
	Dentistry [General]		Joint Replacement		Plastic & Reconstructive
	Dentistry with Subspecialties		Nephrology		Psychiatry
	Dermatology		Neuro-Medicine		Respiratory Medicine
	Emergency Medicine, Trauma care		Neuro-Surgery		Rheumatology Paediatric surgery
	Emergency services		Nuclear Medicine		Transfusion & Blood storage
	Endocrinology		Obsteterics & Gynecology [Non-Surgical]		Transplantation Services
	ENT		Obsteterics & Gynecology [Surgical]		Any Other

VII HUMAN RESOURCE

Consent form for Admission	:		Y		N
Consent form for Anaesthesia	:		Y		N
Consent form for Invasive Procedures	:		Y		N
Consent form for Surgery	:		Y		N
Continuing Training Programmes for Staff	:		Y		N
Fire Safety Drill	:		Y		N
Health Statistics Notification	:		Y		N
Medical Records	:		Digital		Physical
Personal Records of Staff	:		Y		N
Safety Check List for Invasive Procedures Available	:		Y		N
Staff Trained in CPR Emergency	:		Y		N
No. of Staff					
Doctors	:				
Nurses	:				
Pharmacy	:				
Lab Technicians	:				
Multi Purpose workers	:				
X-Ray Technician	:				

VIII SUPPORT SERVICE

24Hrs. Protected Water Supply	:		Y		N
Ambulance Services	:		Own		Outsourced
CCTV	:		Y		N
CSSD/ Sterilization Area	:		Y		N
DG support for Electricity	:		Y		N
Diagnostic Services: Collection/Laboratory	:		Y		N
Fire Safety	:		Y		N
Fire Extinguisher	:		Y		N
Fire Exit	:		Y		N
Equipment Log Book	:		Y		N
Facility for Transport of Physically Challenged	:		Y		N
Imaging Services	:		Y		N
Kitchen& Dietary Services	:		Y		N
Laboratory	:		Own		Outsourced
Linen Management	:		Y		N
Medical Gas Supply, Storage & Distribution	:		Y		N
Registration / Help Desk / Billing counter	:		Y		N
USG	:		Y		N
Waste Management –General and Biomedical	:		Y		N
X-ray	:		Y		N
Toilets [Numbers]	:		Male		Female

IX EQUIPMENTS

Ambu bag with Nasal prongs/mask		Y		N	Defibrillator		Y		N
Amputation Set		Y		N	Dilatation & Curettage Set		Y		N
Anesthetic Equipment		Y		N	ECG Machine		Y		N
Baby Scales		Y		N	Emergency Light		Y		N
Bio Hazard Disposal		Y		N	Endo Tracheal Tubes		Y		N
Bronchoscope		Y		N	Endoscope		Y		N
Caeserian / Hysterectomy Set		Y		N	Fetal Stethoscope		Y		N
Colonoscope		Y		N	Fiberoptic Laryngoscope		Y		N

IX EQUIPMENTS

Hernia Set		Y		N	Portable Suction		Y		N
IUD Insertion Set		Y		N	Pulse Oximeter		Y		N
Laparotomy Set		Y		N	Suction Apparatus		Y		N
Laryngoscope		Y		N	Thoracotomy Set		Y		N
Nebulizer		Y		N	Tococardiograph		Y		N
Ophthalmic Operating Microscope		Y		N	Tracheotomy Set		Y		N
Ophthalmoscope		Y		N	Weighing Machine		Y		N
Otoscope		Y		N	Vacuum Extractor		Y		N
Oxygen Cylinder		Y		N	Any other Special Equipments:[in detail]				

Seal of the Hospital **Signature of the Representing Doctor**

Representing Doctor's Designation :

Representing Doctor's Name ** :

IMA Life Member Number * :

IMA Branch in Which the Representing

Doctor Is A Life Member :

Any Other Remarks :

Seal of the Hospital **Signature of the Representing Doctor**

** (Should be the Proprietor (or) a partner (or) a member of the board of Directors of the Hospital and should be a Life Member of IMA

To be filled in by the IMA Branch in which representing Doctor is a Life Member

The above statements (with special reference to item No....) made by the applicant have been verified to be true and is being recommended for enrolment in the Private Hospital and Nursing Home Board of IMA

Seal of the IMA Branch **Signature of the President/Secretary/**
Asst. Secretary (PH&NHB) of the Branch Concerned

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamil Nadu.

SEAL OF THE HOSPITAL **(SIGNATURE OF THE REPRESENTING DOCTOR)**

DETAILS REGARDING ENROLLMENT FEE

The Enrollment fee will have to be paid by Demand Draft drawn in favour of "IMA NHB GENERAL FUND" for Rs.5, 000/- and "IMA NHB JOURNAL FUND" for Rs. 3, 000/- payable at Erode.

TOTAL MEMBERSHIP FEE Rs. 8,000/-

DD No.: _____ Date:_____ Bank _____Rs.5,000/- Place _____

DD No.: _____ Date:_____ Bank _____Rs.3,000/- Place _____

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

IMA NHB SECRETARY

Dr. C. N. Raja MS DLO FRCS DLORCS.
Secretary IMA NHB
2nd Floor, 12 D Palaniyappa Street,
Opp Federal Bank, Perundurai Road, Erode - 638 009
Phone: 0424 2226660, Cell: 7598192774, 7598182774 .
E-mail: secretary.imanhb@gmail.com, cnrajaent@yahoo.co.in
website : www.imanhb.org

For Office Use:

Received On : _____ Receipt No. : _____

Enrollment No. : **JM**_____ D.O.J : _____

Valid up to : _____

Certificate Sent on : _____ By Post / Courier No. _____

Authorisation Signature of IMA NHB _____