

**APPLICATION DOCUMENT**

**Annexure-Ia**

**FOR**

**EMPANELMENT OF HOSPITALS, CANCER HOSPITALS/UNITS IN CGHS  
COVERED CITIES (EXCEPT MUMBAI)**

1. Name of the CGHS city where hospital is located.

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2. Name of the hospital

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3. Address of the hospital

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

**Whether NABH Accredited**

**Whether NABH applied for**

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

**Whether QCI recommended/ applied for**

**Details of Accreditation and Validity period  
Details of QCI/NABH application**

a. Details of the application fee draft of Rs. 1000/-

Name & Address of the Bank	DD No.	Date of Issue
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Details of the draft of EMD of Rs. 100000/-

Name & Address of the Bank	DD No.	Date of Issue
----------------------------	--------	---------------

b. Total turnover during last financial year  
(Certificate from Chartered Accountant is to be enclosed).

c. Turnover from CGHS during last financial year  
(Certificate from Chartered Accountant is to be enclosed.)

5. For Empanelment as

Hospital for all available facilities

Cancer Hospital/Unit

(Please select the appropriate column)

6. Total Number of beds

7. Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward

ICCU/ICU

Private

Semi-Private (2-3 bedded)

General Ward bed (4-10)

Others

8. Total Area of the hospital

Area allotted to OPD				
Area allotted to IPD				
Area allotted to Wards				

9. Specifications of beds with physical facilities/ amenities

Dimension of ward	Number of bed in
Length	
Breadth	each ward

**(Seven Square<sup>Meter</sup> Floor area per bed required-) (IS: 12433-Part 2:2001)**

10. Furnishing specify as (a), (b), (c), (d) as per index below Index

(a) Bedsides table	
(b) Wardrobe	
(c) Telephone	
(d) Any other	

11. Amenities specify as (a), (b) (c) (d) as per index below Amenities

(a) Air conditioner	
(b) T.V.	
(c) Room service	
(d) Any other	

12. Nursing Care

Total No. of Nurses	
No. of Para-medical staff	

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio

a) General	6:1	
b) Semi-Private	4:1	
c) Private	4:1	
d) ICU/ICCU	1:1	
e) High dependency Unit	1:1	

13. Alternate power source Yes  No

14. Bed occupancy rate  Bed turnover rate   
(Norm 85%)

General bed   
Semi-Private Bed    
Private Bed

Note: Bed occupancy rate =  $\frac{\text{Av daily census}}{\text{Av No. of bed available}}$   
(i.e. number of authorized bed)

Turnover ratio =  $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$

1. No. of in house Doctors

2. No. of in house Specialists/Consultants

17. Laboratory facilities available - Pathology Biochemistry  Microbiology   
or any other

18. Imaging facilities available

19. No. of Operation Theaters.

20. Whether there is separate OT for Septic cases

21. Supportive services

Boilers/sterilizers   
Ambulance   
Laundry   
Housekeeping   
Canteen   
Gas plant

22. Waste disposal system as per statutory requirements
- Dietary
- Others (preferably)
- Blood Bank
  - Pharmacy
  - Physiotherapy

**23. ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS**

Number of coronary angiograms done in last one year

Number of Angioplasty done in last one year

Number of open heart surgery done in last one year

Number of CABG done in last year

**24. RENAL TRANSPLANTATION, HAEMODIALYSIS/ UROLOGY-UROSURGERY-**

Number of Renal Transplantations  
done in one year (2012-13)

Number of years of duration of facilities

Number of Hemodialysis unit.

**Criteria for Dialysis:**

- The center should have good dialysis unit neat, clean and hygienic like a minor OT.
- Centre should have at least **four** good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
- Centre should have **water-purifying unit equipped with reverse osmosis.**
- Unit should be **regularly fumigated** and they should perform regular antiseptic precautions.
- Centre should have **facility for** providing dialysis in **Sero positive** cases.
- Centre should have trained dialysis Technician and Sisters and **full time Nephrologist** and Resident Doctors available to combat the complications during the dialysis.
- Centre should conduct at least **150** dialyses per month and each session of hemodialysis should be at least 4 hours.

- Facility should be available 24 hours a day.

Yes  No

. Whether it has an immunology lab.  
If so, does it exist within the city  
where the hospital is located

Yes  No

Whether it has blood transfusion  
Service with facilities for screening  
HIV markers for Hepatitis (B&C), VDRL

Yes  No

Whether it has a tissue typing unit  
DBCA/IMSA/DRCG scan facility  
and the basic radiology facilities

Yes  No

**25. LITHOTRIPSY-**

No. of cases treated by lithotripsy  
in last one year ( 2012-2013)

Average number of sitting required  
Per case

Percentage of cases selected for  
Lithotripsy, which required conventional  
Surgery due to failure of lithotripsy

**26. LIVER TRANSPLANTATION-** Essential information reg.

Technical expert with experience in liver

Transplantation who had assisted in at least fifty liver transplants.

Yes  No

(Name and qualifications)

Month and year since Liver Transplantation is being carried out

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No. of liver transplantation done during the last one year

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Success rate of Liver Transplant  
Facilities of transplant immunology lab.

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Tissue typing facilities

Yes  No

Blood Bank

Yes  No

### 27. ORTHOPAEDIC JOINT REPLACEMENT

Whether there is Barrier Nursing for Isolation for patient.

a.

b. Facilities for Arthroscopy

Yes  No

### 28. NEUROSURGERY.

9.1 Whether the hospital has aseptic Operation theatre for Neuro Surgery

Yes  No

Whether there is Barrier Nursing for Isolation for patient.

Yes  No

a.

Whether, it has required instrumentation for Neuro-surgery

Yes  No

Facility for Gamma Knife Surgery ,

Yes  No

Facility for Trans-sphenoidal endoscopic Surgery,

Yes  No

Facility for Stereotactic surgery

Yes  No

### 29. GASTRO-ENTEROLOGY

Whether the hospital has aseptic Operation theatre for Gastro-Enterology & GI Surgery

Yes  No

Whether, it has required instrumentation for Gastro-Enterology – GI Surgery

Yes  No

Facilities for Endoscopy – specify details

**30. E.N.T. – Essential information reg.**

Whether the hospital has aseptic  
Operation theatre for ENT Yes No

Whether, it has required instrumentation  
for E.N.T. Surgery including diagnostic procedures Yes  No

Facilities for Endoscopy – Yes  No

Facilities for reconstruction surgery – Yes  No

**31. Oncology**

I. Whether the hospital has aseptic  
Operation theatre for Oncology – Surgery Yes No

II. Whether, it has required instrumentation  
for Oncology Surgery Yes  No

III. Facilities for Chemotherapy Yes  No

IV. Facilities for Radio-therapy ( specify ) Yes  No

V. Radio-therapy facility and Manpower shall be as  
VI. Per guidelines of BARC Yes  No

VII. Details of facilities under Radiotherapy

**32. Endoscopic / Laparoscopic Surgery:**

**Criteria for Laparoscopic/Endoscopic Surgery:**

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should carry out at least **250 laparoscopic surgeries** per year.
- The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

Yes  No

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**



**APPLICATION DOCUMENT**

**FOR**

**EMPANELMENT OF EXCLUSIVE EYE HOSPITALS/CENTRES IN CGHS  
COVERED CITIES ( EXCEPT MUMBAI )**

1. Name of the CGHS city where Eye hospital /centre is located.

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2. Name of the Eye hospital/ centre

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3. Address of the Eye hospital / centre

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

Whether NABH applied for

**Whether QCI recommended/ applied for**

**Details of Accreditation and Validity period**

**Details of QCI/NABH application**

5. Details of the application fee draft of Rs. 1000/-

Name & Address of the Bank	DD No.	Date of Issue
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Details of the draft of EMD of Rs. 100000/-

Name & Address of the Bank	DD No.	Date of Issue
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6. Total turnover during last financial year  
(Certificate from Chartered Accountant is to be enclosed).

7. Turnover from CGHS during last financial year  
(Certificate from Chartered Accountant is to be enclosed.)

**1. FOR IOL IMPLANT:**

**(i) Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces**                                                                 

**(ii) Flash/rapid sterilizer – one per OT**                     

**(iii) YAG laser for capsulotomy**                     

**(iv) Digital anterior segment camera**                     

**(v) Specular microscope**                     

Whether beds available                      Yes  No   
( **General, Semi Private, Private or Deluxe Room**    Yes  No

(If yes, specify the number)

Gl. ward  Semi-Pvt. ward  Pvt. Ward

**9 ) OCULOPLASTY & ADENEXA:**

- Specific for Oculoplasty & Adenexa:
- Specialized Instruments and kits for:
- (i) Dacryocystorhinostomy
  - (ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
  - (iii) Orbital surgery
  - (iv) Socket reconstruction
  - (v) Enucleation/evisceration

**(Vi)** Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplasty ,Lacrimal and Orbital Surgery

**10). A) INVESTIGATIVE FACILITIES:**

- (i) Syringing, Dacryocystography
- (ii) Exophthalmometry
- (iii) Ultrasonography – A&B Scan
- (iv) Imaging facilities - X-ray, CT Scan & MRI Scan
- (v) Ocular pathology, Microbiology services
- (vi) & Blood bank services.
- (vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Hematology, Oncology

**(B) OPERATIVE (O.T.) FACILITIES:**

Specialized instruments & Kits for the following surgeries should be available.

- (i) Dacryo cystorhinostomy
- (ii) Lid surgery including eyelid reconstruction & Ptosis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

**(C) PERSONNEL:**

- (i)** Resident Doctor Support
- (ii) Nursing care (24 hours)
- (iii) Resuscitative facilities

**11) STRABISMUS SURGERY:**

Functional OT with Instruments needed for strabismus surgery

YES  NO

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart

YES  NO

**12) GLAUCOMA:**

(1) Specific: Facilities for Glaucoma investigation & management.

- a) Applanation tonometry
- b) Stereo Fundus photography/OCT/ Nerve fibre Analyser
- c) YAG Laser for Iridectomy
- d) Automated/Goldmann fields (Perimetry)
- e) Electrodiagnostic equipments (VER, ERG, EOG)
- f) Colour Vision – Ishihara Charts
- g) Contrast sensitivity – Pelli Robson Charts
- h) Pediatric Vision testing – HOTV cards
- i) Autorefractometers
- j) Synaptophore (basic type with antisuppression)
- k) Prism Bars
- l) Stereo test (Randot/TNO)
- m) Red – Green Goggles
- n) Orthoptic room with distance fixation targets   
(Preferably child friendly) may have TV/VCR.
- o) Lees/Hess chart

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

**APPLICATION DOCUMENT**

**FOR**

**FOR EMPANELMENT OF EXCLUSIVE DENTAL CLINICS IN CGHS  
COVERED CITIES( EXCEPT MUMBAI)**

1. Name of the CGHS city where Exclusive Dental clinic is located.

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2. Name of the Exclusive Dental Clinic

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3. Address of the Exclusive Dental Clinic

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

**Whether NABH applied for  
Whether QCI recommended/ applied for**

**Details of Accreditation and Validity period  
Details of QCI/NABH application**

5. Details of the application fee draft of Rs. 1000/-  
Name & Address of the Bank DD No. Date of Issue

Details of the draft of EMD of Rs. 100000/-  
Name & Address of the Bank DD No. Date of Issue

6. Total turnover during last financial year  
(Certificate from Chartered Accountant is to be enclosed).

7. Turnover from CGHS during last financial year  
(Certificate from Chartered Accountant is to be enclosed.)

8. **Exclusive Dental Clinic : (Infrastructure and technical Specifications)**  
2. **Number of Dental Chairs:**

(A) (i) **For General Dental Clinic**

(Availability of recovery bed for Dental Clinic)  
(if available, specify the number of beds)

.....  
(ii) **For Specialized Dental Clinic**

(Whether beds are available for  
Specialized Dental Clinic)...  
If, Yes Number

Yes  No

(B) Whether separate O.T.  
available for aseptic / septic cases  
(For specialized Dental clinics) YES  No

(C) Alternative Power supply Yes  No   
Give details

(D) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry,  
Microbiology .....  Yes  No

(b) Routine facilities for X-ray OPG Dental X-ray

(E) Dental X-ray Machine

 

IOPA 60-70 Kv, 8 mA, Exposure Yes  No   
(with minimum radiation leakage) time selection 0.01 to 3 seconds

O.P.G. Machine 60-70 Kv, 8 MA Yes  No

\* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each specialty.

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**APPLICATION DOCUMENT**

**FOR**

**EMPANELMENT OF DIAGNOSTIC LABORATORIES/ IMAGING CENTRES  
IN CGHS COVERED CITIES (EXCEPT MUMBAI)**

1. Name of the CGHS city where DIAGNOSTIC LAB / IMAGING CENTRE is located.

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2. Name of the Diagnostic Lab / Imaging Centre

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3. Address of the Diagnostic Lab / Imaging Centre

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail / website address	

**Whether NABL/NABH recommended**



**Whether QCI recommended**  
**Whether NABL/NABH/QCI applied for**  
**Enclose copy of accreditation certificate (wherever applicable)**

Applied for ----- Diagnostic Lab (Facilities to be mentioned)

Applied for .....Imaging Centre (Facilities to be mentioned)

Nuclear Medicines Lab

X-Ray

Ultra Sonography

CT Scan

MRI

ECG / EEG/ Nerve Conduction velocity

Others (for listed procedures)

Details of application fee of Rs. 1000/-

Name of bank	Address of bank	DD no.	Validity
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Details of EMD amount of Rs. 100000/-

Name of bank	Address of bank	DD no.	Validity
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5. Total turnover during last financial year  
(Certificate from Chartered Accountant is to be enclosed).
6. Turnover from CGHS during last financial year  
(Certificate from Chartered Accountant is to be enclosed.)

## CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -

Indicate (✓) for Yes and (x) for No in the Box

### 1) Laboratories (Clinical Pathology):

- Space: Minimum 10X12 ft.
- Adequate space for collection of samples and dispatch of reports. Waiting space - Minimum for 10 patients.
- **Equipment:**
  - Microscope  fully automatic hematology cell counter
  - Incubator  centrifuge machine  fridge (300 liters)
  - Automated Electrophoresis apparatus  Automated Coagulation apparatus
  - Cytology and histopathology related set up
  - Needle Destroyer  Trolley for waste disposal with Bags.
- **Manpower with Qualification:**
  - Technician –
  - Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.
  - Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998
- **Quality Control:**
  - Arrangement for Internal and external quality control.
  - The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.
  - Backup of Generator, UPS, Emergency light
- **General requirements for Pathological Diagnostic Centers:**
  - Minimum workload of 40-50 samples per day (not tests).
  - Slides for Histopathology / Cytology should be preserved a reasonable period.
  - Records of patients /investigation should be well maintained and updated.
  - Charges should be displayed on the notice board.
  - Fire Fighting system should be in place wherever it is necessary.

**2) Laboratory (Biochemistry):-**

- Space for working lab minimum 10X12 ft.
- Reception and sample collection should have an area for at least 10 patients to sit.
- Laboratory (Preferably air-conditioned)
- Washing area/waste disposal.

**- Equipment:**

- Refrigerator  Water-bath  Hot-air-oven  Centrifuge machine
- Photo-electric calorie meter or Spectrophotometer or semi-auto-analyzer/auto analyzer  Flame Photometer or ISE Analyzer  Micro-pipettes
- All related Lab glasswares and reagents  needle destroyer
- standard balance

**- Manpower with qualification:**

- Technician with DMLT.
- Provision for waste management as per the Biomedical waste Act., 1998:

**- Quality Control:**

- Should be Internal as well as External
- Backup of Generator, UPS, Emergency light
- 24 hours supply of water, provision for toilet.
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**Indicate (✓) for Yes and (x) for No in the Box**

**Additional requirements for Laboratory for Hospitals/ Nursing Homes:-**

- In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer  Elisa Reader  HPLC and Electrophoresis apparatus

**3) Laboratory (Microbiology):**

- Minimum Space required is 10X12 ft.
- Receiving samples & labeling, sorting, registration, **minimum waiting space for 10 patients** and dispatch area.
- Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.
- Processing of samples – staining, cultures etc.
- **Equipment:**
  - **Non-expendable** – Autoclave  Hot Air oven  water bath, incubator centrifuge  microscopes  vortex ELISA reader.
  - **Expendable** – Chemicals, media, glassware, stationery etc.
- **Manpower with qualification:**
  - Technician - DMLT
- Provision for waste management as per the Biomedical waste Act., 1998.
- Quality control: 
  - Internal
  - External tie up with higher Organizations.
  - Backup of Generator, UPS, Emergency light.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**