

**Name of Hospital & contact details:**

S.No.	List of documents required and their condition	Expiry date	Page No.	Submitted or not/Remarks by the empanelment committee.
1.	Application form(required atleast 30 beds, for dental atleast 2 dental chairs, for eye hospital/Diagnostic center no condition)			
2.	NABH/QCI/NABL(Pre-accreditation is not admissible)			
3.	Copy of audited balance sheet, Profit and loss account of the last financial year(Summary sheet)			
4.	C A certificate of annual turnover (Rs.1 cr. For multispeciality hospital, Rs.10 lakh for dental/eye hospital/Laboratory or diagnostic centers)			
5.	Proprietary/MoA deed			
6.	Declaration for the capability to submit to bills in electronic format to bill agency			
7	EMR/EHR declaration(except Dental/Eye hospital)			
8	State registration certificate/registration with local bodies			
9	Shop Act			
10	Bio medical waste management certificate			
11	MPCB registration certificate			
12	Fire Clearance Certificate from relevant Gov. Authorities.			
13.	Fire Safety certificate from the agency which is in operation with your hospital.			
14.	PCPNDT registration certificate if ultrasonography facility is available			
15.	AERB approval for imaging facilities/ Radiotherapy, wherever applicable.			
16.	Certificate of registration for organ transplant			
17.	Certificate of undertaking(Annexure-2)			
18.	Acceptance letter (Annexure-4)			
19.	Applicant must certify that they shall charge CGHS beneficiaries as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their patients who are not CGHS beneficiaries			
20.	Applicant Health care Organizations must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.			
21..	DDs of Rs. 1000/- & Rs. 100000/-			
22.	PAN Card & Bank details with address of the bank			
23.	Hospital Branches for which applied			
24.	License of Blood Bank			
25.	Rate-List of all Treatments/ Procedures/Investigations/Facilities available with HCO			

- This Check list should be attached at the very beginning of the scanned documents.
- The documents should be numbered and page number of the document should be mentioned in the check list.