

संचालनालय स्वास्थ्य सेवार्ये
सतपुड़ा भवन, भोपाल, मध्यप्रदेश

महत्वपूर्ण

क./विनियमन/2021/123

भोपाल, दिनांक 08/06/2021

प्रति,

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, म.प्र।

विषय:- म.प्र उपचर्यागृह तथा रूजोपचार संबंधी स्थापनायें (रजिस्ट्रीकरण एवं अनुज्ञापन) अधिनियम 1973 एवं नियम 1997 के तहत नर्सिंग होम पंजीयन के नवीनिकरण हेतु समय-सीमा बढ़ाने के संबंध में।

संदर्भ:- 1. संचालनालयीन पत्र क्र./Regulation/2021/132 भोपाल, दिनांक 17/05/2021

2. संचालनालयीन पत्र क्र./Regulation/2021/91, भोपाल, दिनांक 19/04/2021

3. मु. चि. एवं स्वा. अ., भोपाल के पत्र क्र./नर्सिंग होम/8376, भोपाल दिनांक 27/05/2021

विषयांतर्गत लेख है कि संदर्भित पत्र क्र. 1 एवं 2 द्वारा म.प्र उपचर्यागृह तथा रूजोपचार संबंधी स्थापनायें (रजिस्ट्रीकरण एवं अनुज्ञापन) अधिनियम 1973 एवं नियम 1997 के तहत नर्सिंग होम पंजीयन के नवीनिकरण के संबंध में आवश्यक कार्यवाही निर्देशित किया गया है। जिलों से प्राप्त जानकारी अनुसार कतिपय नर्सिंग होम द्वारा विस्तारित समय तिथि दिनांक 30/04/2021 तक भी पंजीयन नवीनिकरण की कार्यवाही नहीं की जा सकी है।

निर्देशित किया जाता है कि:-

1. दिनांक 31/03/2021 की स्थिति में पंजीयन के अवसान तिथि के पश्चात नवीनिकरण न कर पाने वाले नर्सिंग होम को दिनांक 15/06/2021 तक पंजीयन नवीनिकरण के ऑफलाईन आवेदन हेतु अतिरिक्त समय प्रदान किया जाता है।
2. तदानुसार जिलों में पंजीयन के अवसान तिथि वाले नर्सिंग होम द्वारा पंजीयन के नवीनिकरण हेतु ऑफलाईन आवेदन (Form A) के निर्धारित प्रारूप में जिले के मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी को देना होगा एवं आवेदन के परीक्षण उपरान्त ऑफलाईन पंजीयन की अनुमति संबंधित मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी द्वारा जारी किया जायेगा।
3. तदोपरान्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कार्यालय द्वारा NHS Portal पर ऑनलाईन ऑन-बोर्डिंग हेतु "Update Certificate" लिंक पर क्लिक कर निम्नानुसार कार्यवाही की जाना होगी:-
 - i. नर्सिंग होम के लाईसेन्स नम्बर को इंद्राज कर, "Search" बटन को क्लिक कर प्रतिवेदित जानकारी की पुष्टि की जाये।
 - ii. यदि जानकारी उपलब्ध नहीं है तो एम.पी ऑनलाईन कस्टमर केयर नं. 0755-6720200 पर संपर्क किया जाये।
 - iii. संबंधित नर्सिंग होम द्वारा प्रतिवेदित जानकारी को "Select" करने पर सिस्टम द्वारा पंजीयन नवीनिकरण की आगामी तिथि पंजीयन अवसान तिथि से गणित होगी।
 - iv. तदोपरान्त जारी ऑफलाईन पंजीयन एवं अनुज्ञापन (Form B and Form BB) की स्कैन प्रति को अपलोड कर "Update" बटन पर क्लिक किया जाये।

कृपया उपरोक्त अनुसार पंजीयन नवीनिकरण के अंतिम समय-सीमा की जानकारी संबंधित नर्सिंग होम संचालकों को अवगत कराया जाये एवं आवश्यक कार्यवाही तय सीमा में पूर्ण की जाये।

- संलग्न:- 1. Offline Renewal and Online on-boarding process flow chart
2. Form A, Form B and Form BB formats

(आकाश त्रिपाठी)

स्वास्थ्य आयुक्त सह सचिव,
लोक स्वास्थ्य एवं परिवार कल्याण विभाग, म.प्र

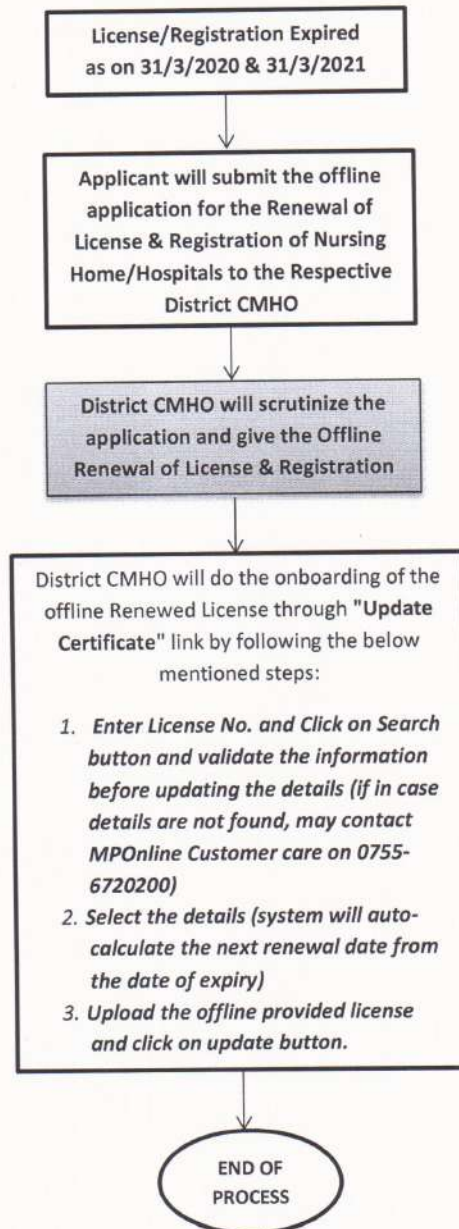
प्रतिलिपि:- सूचनार्थ।

1. अपर मुख्य सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग व चिकित्सा शिक्षा विभाग, भोपाल, म.प्र।
2. संचालक, अस्पताल प्रशासन, संचालनालय स्वास्थ्य सेवायें, म.प्र।
3. समस्त कलेक्टर, म.प्र।
4. समस्त क्षेत्रीय संचालक, स्वास्थ्य सेवायें, म.प्र।
5. अध्यक्ष, म.प्र नर्सिंग होम एसोसिएशन, म.प्र।
6. मुख्य कार्यपालन अधिकारी, एम.पी. ऑनलाईन लिमिटेड, डी.बी. मॉल भोपाल, म.प्र।



स्वास्थ्य आयुक्त सह सचिव,
लोक स्वास्थ्य एवं परिवार कल्याण विभाग, म.प्र

Offline Renewal & Online Onboarding Process for the Expired Licenses of Nursing Homes/Hospitals



FORM - 'A'

(See rules 3 and 6)

Application for Registration/Renewal of registration under sub-section (1) of Section 4 of Madhya Pradesh Upcharyagriha Tatha Rujopchar Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Adhiniyam, 1973

PART- A - GENERAL

- (1) Full name of the applicant * _____
- (2) Full residential address of the applicant * _____
- (3) Technical qualifications if any, of applicant _____
- (4) Nationality of the applicant _____
- (5) Situation of the registered or principal office** of the Company, Society, Association or other body corporate. _____
- (6) Name and other particulars of the nursing home or the clinical establishment in respect of which the registration is applied for. _____
- (7) Place where the nursing home/clinical establishment is situated. _____
- (8) Whether the applicant is interested in any other nursing home/clinical establishment or business and, if so, the place where such nursing home/clinical establishment is situated or where such business is conducted. _____

* In case 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.
** This item is applicable only when the application is made on behalf of a Company, Society, Association or other Body Corporate.

PART - B - NURSING HOME

- (9) Brief description of construction, site and equipment of the nursing home or any premises used in connection therewith as detailed below:—
 - (i) Floor space of bed rooms provided for patients giving number of beds. _____
 - (ii) Arrangement made for medical check-up and for immunization of the employees. _____
 - (iii) Floor space of kitchen, servants rooms and other rooms giving details of user and area of each room. _____
 - (iv) Details of arrangements made for sanitary convenience for patients and employees giving their numbers. _____
 - (v) Details of arrangements made for storage and service of food. _____

- (10) Whether the nursing home or any premises used in connection therewith are used or are to be used for purposes other than that of carrying on a nursing home. _____
- (11) (a) Number of beds for maternity patients. _____
 (b) Number of beds for other patients. _____
- (12) Names, ages and qualifications of the members of the nursing staff in the nursing home. _____
- (13) Place where the nursing staff is accommodated. _____
- (14) Names, ages and qualifications of the resident or visiting physicians or surgeons in the nursing home. _____
- (15) (a) Whether the nursing home is under the supervision of a qualified medical practitioner and if so his or her name, age and qualifications. _____
 (b) omitted ¹ _____
- (16) (a) Whether the maternity home being maintained within the nursing home is under the supervision of a qualified nurse or a midwife and if so, their names, age and qualifications. _____
 (b) Whether any unregistered medical practitioner or unqualified nurse, unqualified midwife is employed for nursing of patient in the nursing home. _____
- (17) Whether any person of alien nationality is employed in the nursing home and if so, his name and other particulars. _____
- (18) Fees charged to patients. _____

² Note: The desired information under various clauses shall be attached as annexure in appropriate clause.

¹ In Clause (15) of Part -B of Form A of principal rules 1997, the sub-clause (b) has been omitted vide amendments dated 16.11.2007 published in the Madhya Pradesh Gazette (extra-ordinary) no. 548 dated 16-11-2007(see foot note on page 3)

² After clause 18 of Part-B of Form A, this note has been added by amendment dated 16.11.2008 (vide supra)

PART - C CLINICAL ESTABLISHMENT

- (19) Description, location, size and type of the building to be used for clinical establishment. _____
- (20) Type of clinical establishment. _____
- (21) Facilities for carrying out tests/examination or giving treatment available in the clinical establishment. _____
- (22) Details of equipment. _____
- (23) Name/s, age/s and qualifications of the medical practitioner under whose overall charge the clinical establishment shall function. _____
- (24) Name/s, age/s and qualifications of the technicians employed in the clinical establishment. _____
- (25) Fees charged from patients. _____

¹Note: The desired information under various clauses shall be attached as annexure in appropriate clause

PART- D (FOR RENEWAL)

- (26) No and date of expiry of the certificate of registration. _____
- (27) Details of the fee deposited. _____

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

Date _____

Signature of the applicant

¹ After clause 25 of Part-C of Form A, this note has been added vide amendments dated 16.11.2007 published in the Madhya Pradesh Gazette (extra-ordinary) no. 548 dated 16-11-2007(see foot note on page 3)

FORM 'B'
(See rule 5 and 6)

Certificate of Registration under Sub-Section (3) of Section 4 of the Madhya Pradesh Upcharyagriha Taha
Rujopchar Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Adhiniyam, 1973

No

This is to certify that Shri/Smt. has been registered under the Madhya Pradesh Upcharyagriha Taha Rujopchar Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Adhiniyam, 1973 in respect of (here insert the name of Nursing Home/Clinical Establishment) situated at and has been authorized to carry on the said Nursing Home/Clinical Establishment ¹ under the-----
----- (here insert the name of recognized system of medicine viz: Allopathy/Ayurvedic/Homoeopathy/Unani/Siddha/Naturopathy) system of medicine.

Registration No.

Name of Registration

Place

Date of issued of certificate

This certificate of registration shall be valid up to 31st March,

.....
Signature of the Supervision Authority

¹ In form -B, after the words Nursing Home/Clinical Establishment, he words " under the ----- (here insert the name of recognized system of medicine viz: Allopathy/Ayurvedic/Homoeopathy/Unani/Siddha/Naturopathy) system of medicine." Has been added vide amendments dated 16.11.2007 published in the Madhya Pradesh Gazette (extra-ordinary) no. 548 dated 16-11-2007(see foot note on page 3)

FORM 'B B'
(See Rule 5 and 6)

**Form the License under Section 4 of the Madhya Pradesh Upcharyagriha Tatha Rujopchar
Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Adhinyam, 1973**

No.....

License is hereby granted to Shri/Smt.....
Registered vide No.....dated..... under rule..... of the Madhya Pradesh
Upcharayagrah Tatha Rujopchar Sambandhi Sthapanaye (Registrikaran Tatha Anugyapan) Rules,
1997 in respect of to carry on the said Nursing Home/Clinical
Establishment¹ under the----- (here insert the name of recognized system of
medicine viz: Allopathy/Ayurvedic/Homoeopathy/Unani/Siddha/Naturopathy) system of
medicine, for a period from to 31st March, subject to
terms and conditions specified in Schedule - II of the said rules.

Seal

.....
Supervising Authority

¹ In form -BB, after the words Nursing Home/Clinical Establishment, he words " under the ----- (here insert the name of recognized system of medicine viz: Allopathy/Ayurvedic/Homoeopathy/Unani/Siddha/Naturopathy) system of medicine." Has been added vide amendments dated 16.11.2007 published in the Madhya Pradesh Gazette (extra-ordinary) no. 548 dated 16.11.2007(see foot note on page 3)