

# Directorate of Health Services Government of Madhya Pradesh

Online Nurisng Home & Clinics registration System

User Manual for Online Nursing home & Clinical Registration System Application Process

Software designed by MPOnline Limited.



1)Step: Create Profile Login

**Description:**Using below interface user can sign into the Nursing home portal, if you are a new user than create profile login otherwise login with your user id and password.

Sign in	to your Account	Contact us	Track Y	our Application
User Nan Password	ne	Email: mail@mponline.gov.in Contact:0755-2665385, 2666058	Applicat	on no
lew User? S	Login gn Up Forgot Password'			
User M	anuals		Search	Emergency Services
User M	Anuals Manage your Profile Nursing Home Act	Nursing Licence	Search Search	Emergency Services By Location
User M	anuals Manage your Profile Nursing Home Act App How to Digita	Nursing Licence Nursing Home Rules roval Process I Sign Your Application	Search I Search I	Emergency Services By Location By Speciality Search
User M	anuals Manage your Profile Nursing Home Act App How to Digita	Nursing Licence Nursing Home Rules roval Process I Sign Your Application	Search I Search I	Emergency Services By Location By Speciality Search
User M Fee Struct	anuals Manage your Profile Nursing Home Act App How to Digita	Nursing Licence Nursing Home Rules roval Process I Sign Your Application	Search I Search I	Emergency Services By Location By Speciality Search
User M Fee Struct	anuals Manage your Profile Nursing Home Act App How to Digita ure ucture sing Home & Clinical Estbl	Nursing Licence Nursing Home Rules roval Process Il Sign Your Application	Search I Search I	Emergency Services By Location By Speciality Search

Create Profile fo	r Nursing Homes and C	linica	al Establishment	<b>A</b> Service Hom
				* Fields marked with *are mandat
🔓 New User Registra	tion - Personal Details			
lame*	First Name Please Enter First Name		Middle Name	Last Name
00B*	DD/MM/YYYY			
Nobile Number *	Mobile No.		Email Id*	Email
Registration Details	3			
lser Name *	User Name		Check Availability	
assword *	Password		Re-enter Password *	Re-enter Password
(पासवर्ड अल्फान्स	यूमेरिक हो, जिसमें कम से कम एक कैपिटल एवं लोवर (स्पेशल :	लेटर, एक केरेक्टर में	न्यूमेरिक नंबर ,एक स्पेशल केरेक्टर हो तथा पासवर्ड 8 ! @ # ~ \$ ) दर्ज करें ))	से 15 केरेक्टर का होना चाहिये।
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(पासवर्ड अल्फान्स	यूमेरिक हो, जिसमें कम से कम एक कैपिटल एवं लोवर (स्पेशल Bac	लेटर, एक केरेक्टर में k	न्यूमेरिक नंबर ,एक स्पेशल केरेक्टर हो तथा पासवर्ड 8 !@ #~\$ ) दजे करे )) Register	से 15 केरेक्टर का होना चाहिये।



## 2) Step: After login below interface will be shown

**Description:** Using below interface you can see multiple options available for applying to nursing and nursing application.

Hello, vishal Last logged in : 08-Apr-2015 01	:03 PM !	Hig	h Alert CHANGE PASSWORD SIGN O		
Profile		Apply for Nursing Home			
It is recommended to keep updat information.	ted your profile's details with correct	Apply for New Application			
		Apply for Rene	wal Application		
Lindate Profile	Change Password	Unpaid Application	Re-Open Application		
opuace nome	Change Password	Duplicate	e Receipt		
Apply for Clinical Establ	lishment	Monthly Reports			
Apply for N	ew Application	TB Report	NI ED Doport		
PC			NLEP REDUIL		
Apply for Ren	ewal Application	Natural Death Review	HMLS Report		
Apply for Ren Unpaid Application	ewal Application Re-Open Application	Natural Death Review Malaria & Filaria Report	HMLS Report Child & Natural Dealth		
Apply for Ren Unpaid Application Duplica Track Your Application Know your application current sta	ewal Application Re-Open Application te Receipt atus along with complete processing	Natural Death Review Malaria & Filaria Report	HMLS Report Child & Natural Dealth		
Apply for Ren Unpaid Application Duplica Track Your Application Know your application current sta	ewal Application Re-Open Application te Receipt atus along with complete processing	Natural Death Review Malaria & Filaria Report User Manuals Manuals are available about how you successfully.	HMLS Report Child & Natural Dealth can submit your application		
Apply for Ren Unpaid Application Duplica Track Your Application Know your application current sta	ewal Application Re-Open Application te Receipt atus along with complete processing	Natural Death Review Malaria & Filaria Report User Manuals Manuals are available about how you successfully. How to Digital Sig Manage your Profile	HMLS Report HMLS Report Child & Natural Dealth can submit your application n Your Application Nursing Licence		
Apply for Ren Unpaid Application Duplica Track Your Application Know your application current sta history.	ewal Application Re-Open Application te Receipt atus along with complete processing	Natural Death Review Malaria & Filaria Report User Manuals Manuals are available about how you successfully. How to Digital Sig Manage your Profile Fee Structure	HMLS Report HMLS Report Child & Natural Dealth can submit your application n Your Application Nursing Licence Approval Process		



## 3) <u>Apply for Nursing Application</u>.

**Description:**Using below form we can register for the new nursing application, In the below interface user gets a tabbing facility which is swichable duing form submission there are multiple tab options available for single form.

3.1 Applicant Details:

opplicant Details Nursing	g Home Details Infrastructure Details Staf	f Details	Equipments and Fee Details	
Applicant Details				
Applicant's Name *	TEST		DOB (DD/MM/YYYY) *	10/02/1986
Mobile Number *	111111111		Email *	test@test.com
Technical Qualification	B.D.S (Bachelor of Dental Surgery)	•	Nationality *	Indian 🔻
Residential Address o	of the Applicant			
Plot No./House No. *	test		Colony/Area	test
City *	test		District*	BHOPAL
Block *	Phanda(Block)	•	Pin Code *	460044
Type of Ownership *	Proprietor	•		
Signing Authority Det	aile			
Name *	test		Designation *	Designation
ID Card*	Driving Licence	T	ID Card No.*	[ID4565645]
		Save 8	k Next	

# MP point venture between Govt. of Madhya Pradesh and TCSL मध्यप्रदेश सरकार का पोर्टल

# 3.2 Nursing Home

pplicant Details Nursing Ho	ome Details Infrastruct	ure Details Staff Details	Equipments and Fee Det	tails	
Name of the Nursing Home* (in respect of which the Registra	ation is being applied for)		Name of the Nursing Ho	ome	
Type of Institutions for which Re	gistration is being applied	*	Allopathy		٠
Firm/Company Registration No.	Reg43546		Website Address	www.test.com	
Date of Establishment *	10/02/1986		Type of Specialty*	Single  Multiple	
etails of the Procedure	/Services				
Procedure/Services		Details		Remarks (if any)	
Aesthetic & Reconstructive S	Surgery 🔻	test		tests	0
Audiology & Speech Therapy	· •	test		test	0 G
lace where the Nursing	g Home is situated *				
Plot No./House No. *	test		Colony/Area	test	
City *	test		District *	BHOPAL	
Block *	Phanda(Block)	•	Pin Code *	456464	
Whether the applicant is interested in any other Nursing home or Business *				● No ○ Yes	
Whether the applicant is interes					
Whether the applicant is interes	ing Home is situated	d or where such bu	siness is conducted		
Whether the applicant is interes Nace where such Nursi Type of Other Business*	ing Home is situated	d or where such bus	siness is conducted Other Nursing Home/ Business Details *	tets	
Whether the applicant is interes Place where such Nursi Type of Other Business* Plot No./House No.*	Ing Home is situated Other Nursing Hom testts	d or where such bus	siness is conducted Other Nursing Home/ Business Details * Colony/Area	tets tests	
Whether the applicant is interes Place where such Nursi Type of Other Business* Plot No./House No. * City *	ing Home is situated Other Nursing Hom testts	d or where such bus	Siness is conducted Other Nursing Home/ Business Details * Colony/Area District *	tets tests BHOPAL	

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## **3.3** Infrastructure Details

	Floor	Space/Area (in sq. ft)	Number of	Rooms	Remark	s (if any)	
Kitchen	• 10		10		test		0
Servant Room	nt Room 🔹 12		12 tes		test	test	
etail of Rooms For Pati	ents∗						
Room Type	Floor	Space/Area (in sq. ft)	Number of	Rooms	Capacity of Bed	s Remarks (if any)	
ICU	• 10		10		10	test	0
Labour Room	• 10		10		10	test	
Total Number of beds * 20							
anitary Arrangement Fo	or Employee	S*					
Sanitary arrangement		No. of Arrangements		Rema	rks (if any)		
Hand washing facility	•	10		test			<u> </u>
Toilet	•	2		test			) 🛈 🤇
Bed pan washing sinks	•	10		test			
Functional and clean toilets w Bed pan washing sinks	vith runnir ▼	10	test				
Continuous water supply	•	10	test				
	of the employees	are available or not? *				O No 🖲 Yes	
Arrangements for Immunization o							
Arrangements for Immunization o Arrangement made for Medical cl	heck-up of the en	nployees *				© N0 © Tes	
Arrangements for Immunization o Arrangement made for Medical cl Regular immunization & Health C	heck-up of the en Checkups are bei	nployees * ng held in the interval of(i	n Month) *			test	
Arrangements for Immunization o Arrangement made for Medical cl Regular immunization & Health C Whether the nursing home or any han that of carrying on a nursing	heck-up of the en Checkups are bei / premises used i home*	nployees * ng held in the interval of(i n connection there with a	n Month) * re used or are	to be used fo	or purposes other	test	
Arrangements for Immunization o Arrangement made for Medical cl Regular immunization & Health C Whether the nursing home or any han that of carrying on a nursing Details for purposes other than th	heck-up of the en Checkups are bei y premises used i home*	nployees * ng held in the interval of(i n connection there with a a nursing home*	n Month) * re used or are	to be used fo	or purposes other	€ NO € TES € No € Yes testst	
Arrangements for Immunization of Arrangement made for Medical cl Regular immunization & Health C Whether the nursing home or any han that of carrying on a nursing Details for purposes other than th Arrangements made for torage of Food*	heck-up of the en Checkups are bei / premises used i home* nat of carrying on Refrigerator	nployees * ng held in the interval of(i n connection there with a a nursing home*	n Month)* re used or are	to be used fo	or purposes other	test ○ No ● Yes testst Cafeteria Service	

Applicant Details Nursing Home Details Intrastructure Details Staff Details Euppments and Fee Details   Ammees, agges and qualifications of the members of the nursing staff in the Nursing home   Staff Type Emp Status Salutation Name DOB   Resident Doctor Provisional HI test 10/02/1986 B.D.S (Bachelor of <tts< td=""> test   Midwife(ANM) Permaneni HI test 10/02/1986 GRIM test test   OT Technician Permaneni HI test 10/02/1986 GRIM test test   Place where the nursing staff is accommodation of Nursing Staff   No&lt; Yes   Place where the nursing staff is accommodated *   Unqualified Staff Details   Staff Zetails   Staff Zetail 0   No&lt;   Yes   On campus chemist shop available *   Name of Chemist Shop* test   Company   Name of Chemist Shop* test   Company   Name of Chemist Shop* test   Company Save &amp; Next</tts<>	Qualification     Registering Authority     Registration No.       B.D.S (Bachelor of V     tets     I       GNM     V     test     I	ls Equipmer					
Arames, ages and qualifications of the members of the nursing staff in the Nursing home:   Staff Type Enp Status Salutation Name DOB DOB/DDM/YYYY) Qualification Registering Registration   Resident Doctor Provisional Mi test 10/02/1986 B.D.S (Bachelor of  test test   Midwife(ANIN) Permanenl Mi test 10/02/1986 GNM test test   OT Technician Permanenl Mi test 10/02/1986 Audiologist test test   Vehther on campus availability of accommodator of Nursing Staff* No @ Yes Ves   Place where the nursing staff lis accommodated *   Venther any Unregistered Medical Practitioner or Ungualified Nurse, Ungualified Murse, Ungualified Murse, Ungualified Murse, Ungualified Murse, Ungualified Staff* No @ Yes   Staff details *   Istrained   Istrained Name   Experience(No. of years)   (Intel Consenses)   On campus chemist shop available *   Name of Chemist Shop*   test   On campus chemist Shop available *   (Intel Consenses)   Staff Consenses)   (Intel Consenses)   (I	the Nursing home*       Qualification     Registering Authority     Registration No.       B.D.S (Bachelor of Y     tets     I       GNM     Y     test     I       Audiologist     Y     test     I		re Details Sta	Infrastructu	ng Home Details	tails Nursir	Applicant Det
Start Type Emp Status Salutation Name DDMM/YYYY) Qualification Authonity No	Qualification     Authority     No.       B.D.S (Bachelor of v     tets     tets       GNM     v     test     test       Audiologist     v     test     test	staff in the	bers of the n	he meml	alifications of t	ges and qu	lames, aç
Resident Doctor Provisional Mi test 10/02/1986 B.D.S. (Bachelor of · tets tets   Midwife(ANM) Permanenl · Mi · test 10/02/1986 GNM · test test test   OT Technician · Permanenl · Mi · test 10/012/198 Audiologist · test test   Whether on campus availability of accommodation of Nursing Staff · ON @ Yes   Place where the nursing staff is accommodated · Unqualified Nurse, Unqu	B.D.S (Bachelor of V tets     tets       GNM     V test       Lest     O       Audiologist     V test	/MM/YYYY)	Name	Salutation	Emp Status		Staff Type
Interview (Antri) Permanent   Mi test     OT Technician   Permanent   Mi   test     10/012/198      Place where the nursing staff is accommodation of Nursing Staff *   Itest   Place where the nursing staff is accommodated *   Itest   Place where the nursing staff is accommodated *   Itest   Place where the nursing staff is accommodated *   Itest   Place where the nursing of patient in the Nursing home.*   Unqualified   Staff?   Name   Experience(No. of years)   Itest   Itest   6   On campus chemist shop available *   Name of Chemist Shop*   test Save & Next	Audiologist V test test	02/1986	test	Mi T	Provisional V	NM) -	Resident D
Whether on campus availability of accommodation of Nursing Staff*   Place where the nursing staff is accommodated *   Place where the nursing staff is accommodated *   test   Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home.*   Unqualified Staff details *   Is Trained Staff?   Name   Experience(No. of years)   It est   In campus chemist shop available *   Name of Chemist Shop*   test   Previous   Save & Next		02/1980	test	Mr V	Permanent	cian 🔻	OT Technic
Place where the nursing staff is accommodated *  Place where the nursing staff is accommodated *  Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home. *  Unqualified Staff details *  Is Trained Is Trained It test  Is Trained It test  Is test  Is test Is test Is test Is test It test Is test	• Vac	012/190	ng Staff*	tion of Nurei	bility of accommode		Whether on
Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home.* Unqualified Staff details * Is Trained Staff? Name Experience(No. of years) I test 4 C test 6 On campus chemist shop available * Name of Chemist Shop* test License No of Chemist Shop* test Previous Save & Next	© 165	test		*	aff is accommodated	e the nursing st	Place where
Midwife is employed for nursing of patient in the Nursing home.* Unqualified Staff details *  Is Trained Staff? Name  test  test  test  f No Yes  Name of Chemist Shop* test  Previous Save & Next	Yes	No • Y	ied <mark>N</mark> urse, Unqua	or Unqualifi	Medical Practitioner	y Unregistered	Whether any
Unqualified Staff details *   Is Trained Name Experience(No. of years)   Itest 4 Image: Image			ome.*	e Nursing ho	rsing of patient in the	mployed for nu	Midwife is er
Is Trained Staff? Name Experience(No. of years)   Itest 4 Image: Comparison of the state of the					tails *	ed Staff det	Jnqualifie
✓ test   ✓ test   ✓ for test   On campus chemist shop available *   ✓   Name of Chemist Shop*   test   License No of Chemist Shop*   test   Previous Save & Next	nce(No. of years)	Experience(N				Name	s Trained Staff?
Itest 6     On campus chemist shop available *     Name of Chemist Shop*     Itest     Itest     Previous     Save & Next	0	4				test	
On campus chemist shop available *   Name of Chemist Shop*     test   Previous   Save & Next	00	6				test	
Name of Chemist Shop* test License No of Chemist Shop* test Previous Save & Next	• Yes	○ No ● Y			vailable *	chemist shop a	On campus (
Previous Save & Next	No of Chemist Shop*	License No o		st	te	emist Shop*	Name of Che
	& Nevt	Savo & No	Drov				
	& Next	Save & Ne	Prev				



# **3.5** Equipments and Fee Details

Applicant Details	Nursing Home Details	In	frastructure Details	Staff Details E	quipments and Fee Details		
Details of Equip	oments *						
Equipment			Make		Model	No of Equipment	
ABG Machine		•	test		test	10	0
Apheresis machir	ne	•	test		tet	10	0
Blood bag tube se	ealer		test		test	10	00
charges For							-
			40				0
Bed Charges-Patt	tern A-General Ward	•	10	test			0
Bed Charges-Patt	tern A-General Ward s-Pattern A-General Wa	•	10 10	test			



4) Step: Document Uploading form.

Below are the list of document to be uploaded with respect to the form selected by applicant.

**Description:**Once we filled above form we have to submit required document for verification of application form for approval process through DHS authority using below form.

			Service Home
	Upload Nursing Home	e Details	
Fields mar	ked with * are mandatory		
Applicat	) Home Registration ion Number: NH\$1500084		
Upload (Ducume	I below mentioned documents : nt must be .pdf or .jpg or .jpeg ! )		
S.No.	List of documents	Upload	
1. *	List of Visiting Doctor's	Choose File No file chosen	Upload
2. *	Rate List	Choose File No file chosen	Upload
3. *	List of Equipment	Choose File No file chosen	Upload
4. *	Floor Plan of Building	Choose File No file chosen	Upload
5. *	Authorised by Pollution Board	Choose File No file chosen	Upload
6. *	Building permission from Municipal Corporation	Choose File No file chosen	Upload
7.	Have you Appllied for Fire safety clearance Certificate if Yes then Please Upload Application Receipt	Choose File No file chosen	Upload
8. *	Perspective photograph of the building	Choose File No file chosen	Upload
9. *	Common Biomedical Waste Treatment Facility Agreement	Choose File No file chosen	Upload
10. *	Declaration of applicant	Choose File No file chosen	Upload
	Submit		

p: Respective form of our application for Nursing Licence shown are below.  Prove the Registration and Licensing of Nursing Homes and Clinical Establishment  Prove the Registration and Licensing of Nursing Homes and Clinical Establishment  Prove the Registration and Licensing of Nursing Homes and Clinical Establishment  Prove the Registration Prove the Registration of Nursing Homes  Prove the Registration of Registration Registration of Nursing Home Prove the Registration of Registration Registration of Registration of Registration of Registration of Registration of Registration of Registration Registration of Reg
p: Respective form of our application for Nursing Licence shown are below:      Registration and Licensing of Nursing Homes and Clinical Establishment      Tome the design product of the design of the registration of Parsing Homes     Subject - Application for Registration Onerwall of significant on the sub-section (1) of Section 4 of Maching Parseta)     Subject - Application for Registration Onerwall of significant on the sub-section (1) of Section 4 of Maching Parseta)     Subject - Application for Registration Onerwall of significant on the sub-section (1) of Section 4 of Maching Parseta)     Subject - Application for Registration Onerwall of significant on the sub-section (1) of Section 4 of Maching Parseta)     Subject - Application for Registration Onerwall of Subject - Machine Annayasaon (Anninyan, 1973     Detail Subject - S
Provide He  Registration and Licensing of Nursing Homes and Clinical Establishment  Provide He  Provi
The second se
Michay Production       Subject : Application (CHS)1500000) for Registration of Nursing Hease         Image: Subject : Application (CHS)1500000) for Registration of registration under sub-section (1) of Section 4 of Application for Registration Standpanaye (Registrikaren Tatha Anugyapan ) Achiniyam, 1973         Image: Subject : Application for Registration of Perspective Registrikaren Tatha Anugyapan ) Achiniyam, 1973         Image: Subject : Application for Registration of Perspective Registrikaren Tatha Anugyapan ) Achiniyam, 1973         Image: Subject : Registration of Perspective Registrikaren Tatha Anugyapan ) Achiniyam, 1973         Image: Subject : Registration of Perspective Registrikaren Tatha Anugyapan ) Achiniyam, 1973         Image: Subject : Registration of Perspective Registrikaren (Registrikaren Tatha Perspective Registrikaren (Registrikaren Tatha Perspective Registrikaren (Registrikaren Tatha Perspective Registrikaren (Registrikaren Registration is supplied for :         Image: Subject : Registrikaren Registrikaren (Registrikaren Registrikaren Regi
Even
Form: -Y2       Construction of Registration Remeats of registration under sub-section (1) of Section 4 of Modifys Prodesh Uppcharyagnha Tatha Rujopchar Sambandhi Shapanaye (Registrikaran Tatha Anugyapan ) Adhiniyam, 1973         PART - A - CENERAL         1 Fall Name of the applicant : TEST         1 Fall Name of the applicant : Test ; test ; test ? Phond(Slicol) BHORAL - 460044         3 Fall Name of the applicant : Sol. Bitchelor of Dental Surgery)         4 Statusmit of the applicant : Sol. Bitchelor of Dental Surgery)         5 Statust of the surgestowed of the Company, Society, Association or other body corporate as Proprietor         (9 Name and other patients) and the amplicant is sufficient of Dental Surgery)         (9 Name and other patients) and the amplicant is sufficient of the company, Society, Association or other body corporate as Proprietor         (9 Name and other patients) and the amplicant is sufficient of the maxing home clinical establishmet is sufficient of the parent place with any other maxing home stated : Allopathy test, test ; Test Phond BiDoo() 456451         (9) These where the maxing home clinical establishmet or the test state is sufficient and the parent fragmet, being Amorphican or the proprietor         (9) The for the maxing home clinical establishmet or the proprietor developed the parent is the sufficient of the proprietor is an anumental states of the proprietor and the applicant is interested in the other and the applicant is the sufficient of the proprietor is the sufficient of the proprietor is an anumental states of the proprietor is an anumental states of the proprietor is an anumana in the sufficient applicant is in the sufficient of the maxing
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<ul><li>12) Names, ages and qualifications of the members of the musing staff in the musing home.</li><li>13) Place where the musing staff is accommodated : test</li></ul>
13) Place where the nursing staff is accommodated : test
14) Names, ages and qualifications of the resident or visiting physicians or surgeons in the musing home.
(3) Whether the nursing home is under the supervision of a qualified medical practitioner and if so his or her name, age and qualifications. Staff Type Name DOB Oualification Registration No.
Resident Doctor Mr. test 10/02/1986 B.D.S (Bachelor of Dental Surgery) tets
16) (a) Whether the matemity home being maintained within the musing home is under the supervision of a qualified muse or a midwife and if so, their names, age gualifications.

(iv) Details of an angements	made for sanitary co	nvenience for 1	patients and employees	giving their numbers.			
Sanitary Arrangement			No. of Anangement	ts Rema	arks		
Hand washing facility Toilet			2	test test			
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Room Type	Floor Sp	oace/Area (in	No. of Rooms	Capacity of Bada	Remarks		
ICU	10		10	10	test		
(16) (a) Whether the mater	nity home being main	tained within	the nursing home is un	helor of Dental Sur der the supervision o	gery) f a qualified m	use or a midwife a	nd if so, their names are and
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## 6) Step : <u>View Application Detail form.</u>

**Description**: Below interface shows the full details of nursing application with document uploaded by user and also with payment details.

## 6-img-part-1:

	APPLICA	TION DETAILS	
Applicant Details			Download Application Form
Application Number	NH \$1500096		
Applicant's Name	TEST	DOB(DD/MM/YYYY)	10/02/1986
Mobile Number	111111111	Email	test@test.com
Technical Qualification	B.D.S (Bachelor of Dental Surgery)	Nationality	Indian
Full residential address of the Applicant	test ,test ,test Phanda(Block) BHOPA	L 460044	
Type of Ownership	Proprietor		
Signing Authority Details			
Name of Signing Authority	test	Designation of Signing Authority	Designation
ID Card	Driving Licence	ID Card No.	ID4565645
Nursing Home Details			
Name of the Nursing Home in respect of	which the registration is applied for	Name of the Nursing Home	
Type of Institutions for which Registration	is being applied	Allopathy	
Firm/Company Registration No.	Reg43546	Website Address	www.test.com
Date of Establishment	10/02/1986		
Type of Specialty	Multiple		
Details of the Procedure/Services			
Procedure/Services	Details	Remark	8
Aesthetic & Reconstructive Surgery	test	tests	
Audiology & Speech Therapy	test	test	

# MP point venture between Govt. of Madhya Pradesh and TCSL मध्यप्रदेश सरकार का पोर्टल

# 6-img-part-2:

Place where the N	ursing Home is situated	test ,test ,test Pl	handa(Block) BH	OPAL 456464			
Whether the applic	ant is interested in any of	ther Nursing Home or busine	ess?			Yes	
Place where such	Nursing Home is situ	ated or where such busin	ess is conducte	:d:			
Type of Other Busi	ness*	Other Nursing Home		Other Nursing Home/Bus	ness Details	tets	
Address	Address tests ,tests ,test Phanda(Block)			456451			
Infrastructure [	Details						
Details of Rooms	For Employees						
Room Type		Floor Space/Area (in sq.	ft)	Number of Rooms		Rem	arks
Kitchen		10		10		test	
Servant Room		12		12		test	
Details of Rooms	for Patients						
Room Type	Floor Space/Are	a (in sq. ft)	Numb	er of Rooms	Capacity	of Beds	Remarks
cu	10		10		10		test
abour Room	10		10	10			test
Total Number of	Beds:20						
Sanatary Arrange	ment For Employees						
Sanitary Arrangen	nent		No. of Arrang	gements		Ren	narks
Hand washing facility	r		10	test			
Foilet			2			test	
Sanatary Arrange	ment For Patients						
Sanitary Arrangen	ient			No. of	Arrangements		Remarks
unctional and clean	toilets with running wate	er and flush		10			test
Bed pan washing sin	ks			10			test
Continuous water su	pply			10			test
Arrangements for I	mmunization of the empl	oyees are available or not?				Yes	
Arrangement made	for Medical check-up of	the employees				Yes	
Regular immunizati	on & Health Checkups a	re being held in the interval	of(in Month)			test	
Arrangements mad	e for storage of Food	Refrigerator		Service of food		Cafeteria Serv	ice

6-img-	मध्या part-3:	प्रदेश स	रकार क	ः पाटल				
•g	<b>Pm r r</b>	1	22 (33)					
Whether the nurs carrying on a nurs	ing home or any pre sing home	mises used in	connection there	e with are used	or are to be used for purpos	ses other than that of	Yes	
Details for purpos	ses other than that of	f carrying on a	nursing home				testst	
Staff Details								
Staff Type	Emp Status	Name	DOB	Qualificatio	on	Registering A	Authority	Registration No
esident Doctor	Provisional	Mr. test	10/02/1986	B.D.S (Bach	elor of Dental Surgery)	tets		tets
lidwife(ANM)	Permanent	Mrs. test	10/02/1986	GNM		test		test
T Technician	Permanent	Mr. test	10/02/1989	Audiologist		test		test
Whether on camp Place where the r Whether any Unr Unqualified Stat	ous availability of acco nursing staff is accon egistered Medical Pr ff details	ommodation of nmodated : tes actitioner or U	f Nursing Staff : .t nqualified Nurse	Yes , Unqualified M	idwife is employed for nursin	ig of patient in the Nurs	sing home : Yes	5
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf	ous availability of acco nursing staff is accom egistered Medical Pr ff details f	ommodation of nmodated : tes actitioner or U	f Nursing Staff : it nqualified Nurse Name	Yes , Unqualified M	dwife is employed for nursin	ig of patient in the Nurs Experien	sing home : Yes ce( <b>No. of yea</b>	s
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes	ous availability of acco nursing staff is accom egistered Medical Pr ff details f	ommodation of nmodated : tes actitioner or U	f Nursing Staff : at nqualified Nurse Name test	Yes , Unqualified M	idwife is employed for nursin	ig of patient in the Nurs Experien 4	sing home : Yes	s rs)
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes	ous availability of acco nursing staff is accon egistered Medical Pr ff details f	ommodation of nmodated : tes actitioner or U	f Nursing Staff : at nqualified Nurse Name test test	Yes , Unqualified M	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	sing home : Yes	s rs)
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem	ous availability of acco nursing staff is accon egistered Medical Pr ff details f ist shop available : Y	ommodation of nmodated : tes actitioner or U	f Nursing Staff : at nqualified Nurse Name test test	Yes	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	sing home : Yes	s rs)
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop	es	f Nursing Staff : at nqualified Nurse Name test test	Yes , Unqualified Mi	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	ing home : Yes ce(No. of year test	5 (5)
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop nd Fee Details	es	f Nursing Staff : at nqualified Nurse Name test test	Yes	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	ing home : Yes	s rs)
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem Equipments a Equipment	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop <b>nd Fee Details</b>	es	f Nursing Staff : at nqualified Nurse Name test test	Yes	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	sing home : Yes	s rs) Fees
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem Equipment Bed Charges-Patte Nursung Charges-	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop <b>nd Fee Details</b> ern A-General Ward Pattern A-General Ward	es Vard	f Nursing Staff : at nqualified Nurse Name test test	Yes	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	sing home : Yes	s rs) Fees 10 10 10
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem Equipments a Equipment Bed Charges-Patte Jursung Charges-	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop nd Fee Details ern A-General Ward Pattern A-General W tails	es Vard	f Nursing Staff : at nqualified Nurse Name test test	Yes , Unqualified Mi	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6	ing home : Yes	s rs) Fees 10 10
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem Equipments Bed Charges-Patte Jursung Charges- Equipments Det Equipment	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop <b>nd Fee Details</b> ern A-General Ward Pattern A-General V tails	es Vard	f Nursing Staff : at nqualified Nurse Name test test	Yes , Unqualified M	idwife is employed for nursin	ig of patient in the Nurs Experien 4 6 No of Equipme	sing home : Yes ce(No. of yea test	s rs) Fees 10 10
Whether on camp Place where the r Whether any Unr Unqualified Stat Is Trained Staf Yes Yes On campus chem Name of Chem Equipments Bed Charges-Patte Nursung Charges- Equipment Def Equipment ABG Machine	ous availability of acco nursing staff is accom egistered Medical Pr ff details f ist shop available : Y ist Shop <b>nd Fee Details</b> ern A-General Ward Pattern A-General V tails	es Vard	f Nursing Staff : at nqualified Nurse Name test test	Yes , Unqualified M	idwife is employed for nursin License No of Chen Model test	ig of patient in the Nurs Experien 4 6 No of Equipme 10	sing home : Yes ce(No. of year test	s rs) Fees 10 10



# 6-img-part-4:

Uploaded Documents Details				
1. List of Visiting Doctor's				
2. Rate List				
3. List of Equipment				
4. Floor Plan of Building				
5. Authorised by Pollution Board				
6. Building permission from Municipal Corporation				
7. Have you Applied for Fire safety clearance Certificate if Yes then Please Upload Applic	ation Receipt			
8. Agreement copy of Cleaning contractor				
9. Perspective photograph of the building				
10. Common Biomedical Waste Treatment Facility Certificate				
11. Declaration of applicant				
12. Declaration of Pathologist and / or Radiologist				
Fee Details				
App Fee	1050			
Portal Charge	200.00			
Total Fee	1250.00			
Proceed To Payme	ent Print			



### 7) Steps: viewApplicationDetails form

Description: After payment process done we go proper reciept with payment information.

поше

Nursing Home Receipt Details

**Download Application Form Transaction Details** Department of Health and Family Welfare Application Number NHS1500096 Transaction ID 15040808380539389477 08/04/2015 Transaction Date Payment Status : Yes **Applicant Details** TEST DOB(DD/MM/YYYY) 10/02/1986 Applicant's Name 11111111111 Mobile Number Email test@test.com Technical Qualification B.D.S (Bachelor of Dental Surgery) Nationality Indian Full residential address of the Applicant test,test,test Phanda(Block) BHOPAL 460044 Technical Qualification B.D.S (Bachelor of Dental Surgery) Nationality Indian Full residential address of the Applicant test,test,test Phanda(Block) BHOPAL 460044

Type of Ownership	Proprietor		
Signing Authority Details			
Name of Signing Authority	test	Designation of Signing Authority	Designation
ID Card	Driving Licence	ID Card No.	ID4565645

#### Nursing Home Details

Name of the Nursing Home in respect of which the	registration is applied for	Name of the Nursing Home		
Type of Institutions for which Registration is being	applied	Allopathy		
Firm/Company Registration No.	Reg43546	Website Address	www.test.com	
Date of Establishment	10/02/1986			
Type of Specialty	Multiple			
Details of the Procedure/Services				
Procedure/Services	Details	Remarks	\$	
Aesthetic & Reconstructive Surgery	test	tests		
Audiology & Speech Therapy	test	test		
Place where the Nursing Home is situated	test ,test ,test Phanda(Block) BHOPAL 4	56464		
Whether the applicant is interested in any other Nu	rsing Home or business?		Yes	

MP@nl	in	e Lin	nited					
Joint v	enture be	tween Govt. of Madh	ya Pradesh and TCSL					
Place where such Nursing Hon	ne is situa	icel electric ated or where such	e chi alco business is conducted:					
Type of Other Business* Other Nursing		Other Nursing Ho	me	Other Nursing Home/Business Details *				
Address		testts ,tests ,testt l	Phanda(Block) BHOPAL	456451				
Infrastructure Details								
Details of Rooms For Employee	IS							
Room Type		Floor Space/Area (	(in sq. ft)	Number of Rooms			Remarks	
Kitchen		10		10			test	
Servant Room		12		12			test	
Details of Rooms For Patients								
Room Type	Floor S	pace/Area (in sq. ft)	Number of Roor	ns	Capacity of Bed	s		Remarks
ICU	10		10		10			test
_abour Room	10		10		10			test
Total Number of beds		20						
Sanatary Arrangement For Emp	ployees							
Sanitary Arrangement			No. of Arrangements		Re	marks		
Hand washing facility			10		tes	test		
Toilet		2		tes	test			
Sanatary Arrangement For Pati	ients							
Sanitary Arrangement			No. of Arrangements		Re	marks		
Functional and clean toilets with i	running w	ater and flush	10		tes	t		
Bed pan washing sinks			10		tes	t		
Continuous water supply			10		tes	t		

<b>MP</b> nlin	e Limited			
Arrangements for Immunization of the employees are available or on?				
Arrangement made for Medical check-up o		Yes		
Regular immunization & Health Checkups	are being held in the interval of(in Month)		test	
Arrangements made for storage of Food	Service of food	Cafeteria Service		
Whether the nursing home or any premises used in connection there with are used or are to be used for purposes other than that of carrying on a nursing home				
Details for purposes other than that of carrying on a nursing home testst				

#### Staff Details

Staff Type	Name	DOB		DOB Qualification			Registration No.	EPF No.
Resident Doctor	Doctor Mr. test		10/02/1986		B.D.S (Bachelor of Surgery)	Dental	tets	
Midwife(ANM)	Mrs. test		10/02/1986		GNM		test	
OT Technician	Mr. test		10/02/1989		Audiologist		test	
Whether on campus availability	of accommodation of	of Nursing Staff		Yes				
Place where the nursing staff is	accommodated						test	
Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home			Jalified	Yes				
Unqualified Staff details								
Is Trained Staff Name						Experience	e(No. of years)	
Yes test					4			
Yes		test				6		

MP	nline	Lim	ited
and the second sec	Joint venture between G	ovt. of Madhya	Pradesh and TCSL
	मध्यप्रदेश	सरकार	का पोर्टल

Equipment	Fees
Bed Charges-Pattern A-General Ward	10
Nursung Charges-Pattern A-General Ward	10

#### Equipments Details

Equipment	Make	Model	No of Equipment
ABG Machine	test	test	10
Apheresis machine	test	tet	10
Blood bag tube sealer	test	test	10

#### Upload Details

1.	List of Visiting Doctor's			
2.	Rate List			
3.	List of Equipment			
4.	Floor Plan of Building			
5.	Authorised by Pollution Board			
6.	Building permission from Municipal Corporation			
7.	Have you Applied for Fire safety clearance Certificate if Yes then Please Upload Application Receipt			
8.	Agreement copy of Cleaning contractor			
9.	Perspective photograph of the building			
10.	Common Biomedical Waste Treatment Facility Certificate			
11.	1. Declaration of applicant			
12.	Declaration of Pathologist and / or Radiologist			
i utai n	ee 1100.00			

Print



## 8) Apply for Clinical Establishment.

**Description:**Using below form we can register for the new Clinical application, In the below interface

user gets a tabbing facility which is swichable duing form submission there are multiple tab options available for single form.

# **8.1** Applicant Details:

			Service Ho
	Apply for New Cl	inical Establishmer	ht
			* Fields marked with *are mand
nical Details			
pplicant Details Clinical Deta	ils Equipment Details Staff Details Fees D	Details	
nnlicant Details			
Applicant's Name *	MANISH KUMAR MISHRA	DOB (DD/MM/YYYY) *	11/05/1990
Mobile Number *	9858555555	Email *	vhjjfj@gmail.com
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine 🔻	Nationality *	Indian 🔻
esidential Address of t	he Applicant		
Plot No./House No. *	fggfgf	Colony/Area	arera
City *	bhopal	District *	BHOPAL
Block *	Phanda(Block)	Pin Code *	433333
Type of Ownership *	Proprietor <b>v</b>		
igning Authority Details	3		
Name of Signing Authority *	Dr Manohar Kumar Ajwani	Designation of Signing Authority	HDFDFH
ID Card*	Driving Licence	ID Card No.*	hkgghk
	Com	0 N-+	
	Save	& Next	

pplcart Details Cinical Details Equipment Details Staff Details Fees Details     Name of the Clinical establishment*   In respect of which the registration is being applied for)   yuyyu   Website Address   tirm/Company Registration No.   yuyyu   Website Address   total of Establishment*   01/04/2015   ace where the Clinical establishment is situated •   ace where the Clinical establishment is situated •   Plot No./House No.*   22   Colony/Area   arera   Alock *   Phanda(Block)   Ype of the building*   Owned   is of namplicant is interested in any other Clinical establishment or business?*   Wether the applicant is interested in any other Clinical establishment or business?*   No @ Yes	Applicant Details Egupment Details Staft Details Fees Details     Name of the Chical establishment* vinit nursing home     Type of Clinical Establishment* Unani     Firm/Company Registration No. yuyyu   Website Address bytyv   Plate of Establishment*   01/04/2015 unani   Plate of Establishment*    22 Colony/Area      Plot No./House No.*    22 Colony/Area    Plot No./House No.*    22 Colony/Area      Plot No./House No.*    22 Colony/Area      Plot No./House No.*    22 Colony/Area   Plot No./House No.*     Plot No./House No.*    23 Colony/Area   Plot No./House No.*     Plot No./House No.*  Clinical Establishment is situated •  Plot No./House No.*  24 Colony/Area  Intervent Situated *  Plot No./House No.*  25 Colony/Area  Plot No./House No.*  26 Plot No./Loc *  Addition (in eq.it).*  Event Situated *  Net * </th <th>Staff Details     Fees Details       vinit nursing home     Unani       Unani     Vebsite Address       Vebsite Address     tyty</th>	Staff Details     Fees Details       vinit nursing home     Unani       Unani     Vebsite Address       Vebsite Address     tyty
ame of the Clinical establishment* in respect of which the registration is being applied for)  Type of Clinical Establishment *  Type of Clinical Establishment *  Type of Clinical Establishment *  O1/04/2015  O1/04/201  O1/04/2015  O1/04/2015  O1/04/201  O1/04/2015  O1/04/201  O1/04	Name of the Clinical establishment" in respect of vinich the registration is being applied for) Type of Clinical Establishment * Unani Firm/Company Registration No. yuyyyu Webatle Address yuyuyu Webatle Address yuyu Webatle Address yuyu Unani 101/04/2015 Colony/Area arera Colony/Area arera Colony/Area arera Colony/Area arera Colony/Area arera Phot No./House No.* 22 Colony/Area arera Phot No./House No.* 22 Colony/Area arera Phot No./House No.* 22 Colony/Area arera Phot No./House No.* 22 Colony/Area arera Bhot * Phot Ad(Block) Phot Code * 433333 Type of the building* you ned facilities for carrying out facilities for carrying out facilities for carrying out facilities for carrying out facilities hiterested in any other Clinical establishment or busines? * Previous Save & Next Frevious Save & Next Frevious Frev	vinit nursing home       Unani       Website Address       tyty
Type of Clinical Establishment * Unani   Firm/Company Registration No. yuyyu   Out/od/2015 Vebsite Address   totate of Establishment * 01/04/2015   ace where the Clinical establishment is situated *   Polt No./House No.* 22   Colony/Area arera   Styr* gjggjgj   District * BHOPAL   Yop of the building* Owned   Yop of the building* Owned   Yop of the building* Owned   Yop of the building* Ji   Size of Building (in sq ft)* 4500   *actifies for carrying out j   Ji Is Only giving treatment available in the estylexamination*   Whether the applicant is interested in any other Clinical establishment or business?* Image: No Orgen   Previous Save & Next	Type of Clinical Establishment * Unani   Firm/Company Registration No. yuyyu   Veballe Address type   Date of Establishment * 01/04/2015   acce where the Clinical establishment is situated *   Plot No./House No. * 22   Colony/Area arera   Block * Phanda(Block)   Plot No./House No. * 3   Size of Building (in eq ft) * 4500   Facilities for carrying out j   Size of Suiding (in eq ft) * No @ Yes   Whether the applicant is interested in any other Clinical establishment or business? *   Previous Save & Next	Unani       Website Address       tyty
Firm/Company Registration No. yuyyu Website Address tyty   Date of Establishment * 01/04/2015 Image: Colony/Area   ace where the Clinical establishment is situated *   No./House No.* 22 Colony/Area   arera   Sty* giggigi District *   BHOPAL *   Alook * Phanda(Block)   Ype of the building* Owned   Owned Size of Building (in sq. ft) *   4500   *adities for carrying out   is only giving treatment available in the ests/examination*   Yhether the applicant is interested in any other Clinical establishment or business?*   Previous   Save & Next	Firm/Company Registration No yuyyu Webste Address byty   Date of Establishment *   01/04/2015 01/04/2015   Race where the Clinical establishment is situated •   Race where the Clinical establishment is situated •   Plot No./House No.*   22 Colony/Area   Plot No./House No.*   22 Colony/Area   Block *   Phanda(Block) Pin Code *   Assassing for carrying out   i is Only giving treatment available in the   No @ Yes Mether the applicant is interest or busines? *   Previous Save & Next	Website Address tyty
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ace where the Clinical establishment is situated •   Plot No /House No. •   22   Colony/Area   arera   sity *   giggigi   District *   BHOPAL   Site *   Phanda(Block)   •   Pin Code *   433333   fype of the building*   Owned   •   Size of Building (in sq ft) *   4500   *acilities for carrying out   i   ests/examination*   i   No © Yes   Whether the applicant is interested in any other Clinical establishment or busines?*   •   Previous   Save & Next	ace where the Clinical establishment is situated • No./House No.* 22 Colony/Area arera Chy* giggigi District * BHOPAL Shock * Phanda(Block) • Pin Code * 433333 Nype of the building* Owned • Size of Building (in sq. ft) * 4500 actilities for carrying out j Conned • Size of Building (in sq. ft) * 4500 actilities for carrying out j & Only giving treatment available in the ests/examination* • No • Yes Nether the applicant is interested in any other Clinical establishment or business? • • No • Yes	
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Interviewed of the set	All of a giggigi District * BHOPAL   Slock * Phanda(Block) • Pin Code * 433333   Type of the building* Owned • Size of Building (in sq ft) * 4500   acilities for carrying out j Slock * Is Only giving treatment available in the ests/examination* Is No © Yes	Jated *
any       gggggg       band	Any Olyngyj     Block*     Phanda(Block)     Fype of the building*     Owned     Size of Building (in sq ft)*     4500     *acilities for carrying out   i     Size of Building (in sq ft)*     A500        *acilities for carrying out   ii        is Only giving treatment available in the   Image: Size of Building (in sq ft)*   Previous   (Previous) Save & Next	
Mock*       Phanda(Block)       Pin Code*       433333         Type of the building*       Owned       Size of Building (in sq ft)*       4500         Facilities for carrying out ests/examination*       j       Is Only giving treatment available in the Clinical establishment.*          • No • Yes          Whether the applicant is interested in any other Clinical establishment or business?*          • No • Yes          Previous       Save & Next	ype of the building*       Owned       Size of Building (in sq ft)*       4500         iacilities for carrying out estivexamination*       j       Is Only giving treatment available in the Clinical establishment or business?*       Is Only giving treatment available in the Only of Yes         Whether the applicant is interested in any other Clinical establishment or business?*       Image: No Imag	
'ype of the building*       Owned       Size of Building (in sq ft)*       4500         'acilities for carrying out ests/examination*       j       Is Only giving treatment available in the Clinical establishment.*	ype of the building*       Owned <ul> <li>Size of Building (in sq ft)*</li> <li>4500</li> </ul> iacilities for carrying out ests/examination*         j         Is Only giving treatment available in the Clinical establishment.* <ul> <li>No O Yes</li> </ul> Whether the applicant is interested in any other Clinical establishment or business?* <ul> <li>No O Yes</li> <li>No O Yes</li> </ul>	433333
addition for Carrying out       j       Is Chryging treatment available in the Clinical establishment.* <ul> <li>No Yes</li> <li>Whether the applicant is interested in any other Clinical establishment or business?*</li> <li>No Yes</li> </ul> <ul> <li>No Yes</li> <li>Save &amp; Next</li> </ul>	additions for Carrying out j   Is Cinical establishment.*   Is Cinical establishment.* Is Cinical establishment.* Is Cinical establishment.* Is Cinical establishment.* Is Cinical establishment.* Is Cinical establishment.* Is Cinical establishme	Size of Building (in sq ft) *
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Previous Save & Next	Previous Save & Next	shment or business? *   • No  Yes
		Previous Save & Next

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Applicant Details Clinic	cal Details Equipme	ent Details Stall De				
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Equipment	-	Make	Model		No of Equipment	Action
ABG Machine	•	2	214		33	U
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Staff Details						
		Apply for	New Clinical Esta	blishment		
					* Fields marked	I with *are ma
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plicant Details Clini	cal Details Equipm	ent Details Staff D	etails Fees Details			
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ff in the clinical establish ff Type	Salutation Na	ame	DOB (DD/MM/YYYY)	Qualification	Registration N	o. Acti
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**9 Step:** Document Uploading form of clinical application.

Below are the list of document to be uploaded with respect to the form selected by applicant. **Description:**Once we filled above form we have to submit required document for verification of application form for approval process through DHS authority using below form.

				A Service Home
		Upload Clinical Details		
Fields marked v	rith * are mandatory me Registration			
Application N	umber : CLN1500090			
Upload bel (Ducument mu	w mentioned documents : st be .pdf or .jpg or .jpeg !!)			
S.No.	List of documents		Upload	
1.*	Floor Plan of Building		Choose File No file chosen	Upload
2.*	Authorised by Pollution Board		Choose File No file chosen	Upload
		Submit		



## 10) Step : View Application Detail form.

**Description**: Below interface shows the full details of clinical application with document uploaded by user and also with payment details.

## 10-img-part-1:

Service Home

**Download Application Form** 

## APPLICATION DETAILS

#### **Applicant Details**

Application Number	CLN1500090	Application Type	NEW		
Applicant's Name	MANISH KUMAR MISHRA	DOB(DD/MM/YYYY)	11/05/1990		
Mobile Number	9858555555	Email	vhjjfj@gmail.com		
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine)	Nationality	Indian		
Full residential address of the Applicant:	fggfgf ,arera ,bhopal BHOPAL Phanda(B	lock) 433333			
Type of Ownership	Proprietor				
Signing Authority Details					
Name of Signing Authority	Dr Manohar Kumar Ajwani	Designation of Signing Authority	HDFDFH		
ID Card	Driving Licence	ID Card No.	hkgghk		

#### CLINICAL DETAILS

Name of the Clinical establishment in resp	vinit nursing home			
Type of Clinical Establishment			Unani	
Firm/Company Registration No.	уиууи	tyty		
Date of Establishment	01/04/2015			
Place where the Clinical establishment is situated	22 ,arera ,gjggjgj Phanda(Block) BHOPAL 433333			
Type of the building	Owned	Size of Building (in sq ft)	4500	

MP online Limited Joint venture between Govt. of Madhya Pradesh and TCSL मध्यप्रदेश सरकार का पोर्टल 10-img-part-2:					
Facilities for carrying out tests/examination	j	No			
Whether the applicant is interested in any	other Clinical establishment or business?	,	No		
Equipment Details					
Equipment	ake Model		Serial No.		
ABG Machine 2	2	14	33		
Staff Details Fee charged from patients.					
Floor Plan of Building	Floor Plan of Building				
2. Authorised by Pollution Board					
Fee Details					
Арр Fee		600.00			
Portal Charge		100.00			
Total Fee		700.00			
Proceed To Payment Print					



### 11) Steps: viewApplicationDetails form

**Description**: After payment process done we go proper reciept with payment information.

Clinical Establishment Receipt Details

Department of Health and Family Welfare

## APPLICATION DETAILS

#### **Download Application Form**

Service Home

#### **Applicant Details**

Application Number	CLN1500090	Application Type	NEW		
Applicant's Name	MANISH KUMAR MISHRA	DOB(DD/MM/YYYY)	11/05/1990		
Mobile Number	9858555555	Email	vhjjfj@gmail.com		
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine)	Nationality	Indian		
Full residential address of the Applicant:	fggfgf,arera,bhopal BHOPAL Phanda(B	lock) 433333			
Type of Ownership	Proprietor				
Signing Authority Details					
Name of Signing Authority	Dr Manohar Kumar Ajwani	Designation of Signing Authority	HDFDFH		
ID Card	Driving Licence	ID Card No.	hkgghk		

#### **CLINICAL DETAILS** Name of the Clinical establishment in respect of which the registration is applied for vinit nursing home Type of Clinical Establishment Unani Firm/Company Registration No. yuyyu Website Address tyty Date of Establishment 01/04/2015 Place where the Clinical establishment 22 ,arera ,gjggjgj Phanda(Block) BHOPAL 433333 is situated Type of the building 4500 Owned Size of Building (in sq ft) Facilities for carrying out Is Only giving treatment available in the No j Clinical establishment tests/examination Whether the applicant is interested in any other Clinical establishment or business? No

MP pline Limited Joint venture between Govt. of Madhya Pradesh and TCSL मध्यप्रदेश सरकार का पोर्टल							
Equipment Details	Equipment Details						
Equipment	Make Mo	del	Serial No.				
ABG Machine	2 214	l .	33				
Staff Details							
Upload Details							
1 Elect Plan of Puilding							
Authorised by Pollution Board							
2. Autonsed by Politikon Board							
Fee Details							
App Fee		600.00					
Portal Charge		100.00					
Total Fee		700.00					
Transaction Details							
Application Number	CLN1500090	Transaction ID 15042824867245475170					
Transaction Date	28/04/2015	Payment Status :	Yes				