



Directorate of Health services

Government of Madhya Pradesh

Nursing Home & Clinical Establishment Online Licensing System

User Manual

Prerequisites:

1. You are required to have a valid registration credential. For Sign Up [Click Here](#)
2. Apply Condition (in case of renewal):
 - a) Renewal can be applied 3 months prior to scheduled expiry of Licence/Registration i.e. (December) till 1 month prior to scheduled expiry of Licence/Registration i.e. (last day of February).
3. You should have a valid Digital Signature dongle.
4. Scale for Staffing:

SN	No. of Beds	Mandated. No. of Nursing Staff (@4 Nurses/20 Beds)	Mandated No. of Resident Regtd. Medical Practitioner (@ 1 RRMP per 20 Beds or part thereof)	Mandated No. of Nursing Sister (@ 1 Nursing Sister for every 50 Beds)	Mandated No. of Oxygen Beds
1.	1- 10	3	1	-	-
2.	11-20	4	1	-	-
3.	21-40	8	2	-	-
4.	41-60	12	3	1	-
5.	61-80	16	4	1	-
6.	81-100	20	5	2	-
7.	101-120	24	6	2	25% of total No. of beds

Note: Scale of staffing to be maintained as per @ 4 Nurses/20 Beds, 1 RRMP per 20 Beds or part thereof, 1 Nursing Sister for every 50 Beds and 25% of total No. of beds as Oxygen beds for Nursing Homes having more than 120 beds.

5. Document Checklist:

- i. List of Visiting Doctors
- ii. Authorization by Pollution Control Board
- iii. Building permission
- iv. Temporary Fire NOC
- v. Common Biomedical Waste Treatment Facility Agreement
- vi. MPMC Registration of RRMP(s)
- vii. MPMC /Additional MPMC Registration of Visiting Doctor(s)
- viii. Updated Rate List of All Services (Photograph of displayed rate list)
- ix. Photograph of the Nursing Home Premises (Front facade)
- x. Photograph of Wards and Utilities (Picture collage of wards and utilities)
- xi. Approved Floor Plan of Building
- xii. Electrical Safety Certificate
- xiii. MTP Registration Certificate (If MTP services are provided)
- xiv. PCPNDT Registration Certificate (If USG or Imaging modalities are provided)
- xv. Any Other Related Document1
- xvi. Any Other Related Document2

6. Fee Structure: For more information [Click here](#)

New Nursing Home & Clinical Establishment Fee			
S.No.	Licence Type	Fee	Portal Fee
1	New Nursing Home		
	a) up to 10 beds	Rs. 3000	Rs. 200
	b) above 10 beds but up to 20 beds	Rs. 5250	
	c) above 20 beds but up to 30 beds	Rs. 6750	
	d) for each additional bed above 30 beds	Rs. 225	
2	New Clinical Establishment	Rs. 3000	Rs. 100
3	Renewal of Nursing Home		
	a) up to 10 beds	Rs. 3000	Rs. 100
	b) above 10 beds but up to 20 beds	Rs. 5250	
	c) above 20 beds but up to 30 beds	Rs. 6750	
	d) for each additional bed above 30 beds	Rs. 225	
4	Renewal of Clinical Establishment	Rs. 3000	Rs. 60

1. Step: Create Profile Login

Description: Using below option to sign in portal, in case if you are a new user then [Click Here](#) to sign up/register.

Directorate of Health Services
Government of Madhya Pradesh

Nursing Home & Clinical Establishment Online Licensing System

Login For
Nursing Home & Clinical
Establishment
Click Here

User Manuals
Click Here

Quick Links
Click Here

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2. Fill all the required details in respective Fields and Click on the “Register” button.

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DIRECTORATE OF HEALTH SERVICES

Create Profile for Nursing Homes and Clinical Establishment [Service Home](#)

* Fields marked with *are mandatory

New User Registration - Personal Details

Name*	ABC	DEF	XYZ
DOB*	09/04/1995		
Mobile Number *	9000002345	Email Id*	abc@abc.com

Registration Details

User Name *	abc09	Check Availability	Not Available
Password *	*****	Re-enter Password *	*****

Back Register

Served by: MPOnline Powered By: **MPOnline Limited**

3. Login with your Credentials (User ID & Password).

Directorate of Health Services
Government of Madhya Pradesh

Nursing Home & Clinical Establishment Online Licensing System

Use your Nursing Home/Clinic User ID

* Enter User ID
* Enter Password

Verify! You are human
7 - 3 = ? [Answer](#)

Login

[New User? Sign Up](#) [Profile Verify](#) [Recover Password](#) [Recover User ID](#)

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4. New Screen will Open – Click on Apply for New License.

Apply for Nursing Home Application: Using below form we can register for the new nursing application, In the below interface user gets a tabbing facility which is switchable during form submission there are multiple tab options available for single form. Applicant Details:

PCPNDT Dashboard NDPS Dashboard Notice Board Update Profile Change Password

Hello, vishal
Last logged in : 02-Dec-2022 04:09 PM

Nursing Home & Clinical Establishment Online Licensing System

Clinical Establishment
Click Here

Nursing Home
Click Here

User Manuals
Click Here

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Hello, vishal
Last logged in : 05-Dec-2022 03:00 PM

Nursing Home

- New Licence
- Renewal of Licence
- Change in Licence
- Unpaid Applications
- Submit Clarification
- Duplicate Receipt

Nursing Home

Back

Tracker & Reports

- Application Tracker
- Show Cause Notice
- Birth & Death Reports
- Contagious Disease Report
- HMLS Report
- Malaria & Falaria

Hello, vishal
Last logged in : 05-Dec-2022 10:33 AM

Clinical Establishment

Back

Clinical Establishment

- New Licence
- Renewal of Licence
- Submit Clarification
- Show Cause Notice
- Duplicate Receipt
- Application Tracker

PCPNDT Dashboard | NDPS Dashboard | Notice Board | Update Profile | Change Password

Hello, vishal
Last logged in : 05-Dec-2022 10:33 AM!

Nursing Home & Clinical Establishment Online Licensing System

User Manuals

- How to Digital Sign
- Apply Nursing Home
- Apply Clinical Establishment
- Nursing Home Act
- Fee Structure
- Approval Process
- Nursing Home Rules

User Manuals

Back

Establishing secure connection... Powered by **MPOnline Limited** Served by: CVRAMAN

5. Apply for New Licence >Applicant Details: Fill all required details in the Form and click on “Save & Next”

Department Login | About MPOne | Contact Us

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DIRECTORATE OF HEALTH SERVICES

Service Home

Apply for New Nursing Home

* Fields marked with *are mandatory

Nursing Home Details

Applicant Details | Nursing Home Details | Infrastructure Details | Staff Details | Equipments and Fee Details

Applicant Details

Applicant's Name *	ABC	DOB (DD/MM/YYYY) *	25/04/1989
Mobile Number *	9000002345	Email *	gufran.siddique@mponline.gov.in
Technical Qualification	Diploma in Anesthesia	Nationality *	Indian

Residential Address of the Applicant

Plot No./House No. *	afds	Colony/Area	afds
City *	bhopal	District *	BHOPAL

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Applicant Details

Applicant's Name *	ABC	DOB (DD/MM/YYYY) *	25/04/1989
Mobile Number *	9000002345	Email *	gufran.siddique@mponline.gov.in
Technical Qualification	Diploma in Anesthesia	Nationality *	Indian

Residential Address of the Applicant

Plot No./House No. *	afds	Colony/Area	afds
City *	bhopal	District *	BHOPAL
Block *	Berasia(Block)	Pin Code *	462023
Type of Ownership *	Proprietor		

Signing Authority Details

Name *	Gufran Alam	Designation *	Director
ID Card*	PAN Card	ID Card No.*	fasd

Save & Next

Served by: MPOnline

Powered By: MPOnline Limited

6. Nursing Home Details: Fill all required details in the Form and click on "Save & Next"

Apply for New Nursing Home

* Fields marked with *are mandatory

Nursing Home Details

Applicant Details		Nursing Home Details		Infrastructure Details		Staff Details		Equipments and Fee Details	
Name of the Nursing Home* (in respect of which the Registration is being applied for)				Mponline					
System of Medicine under which Registration is applied *				<input type="radio"/> ALLOPATHY <input type="radio"/> AYUSH <input checked="" type="checkbox"/> Allopathy					
Firm/Company Registration No.	Reg121	Website Address	fd						
Date of Establishment *	06/10/2022	Type of Specialty*	<input checked="" type="radio"/> Single <input type="radio"/> Multiple						
Details of the Procedure/Services									
Procedure/Services			Details						
Nutrition & Dietetics			Testt						
Place where the Nursing Home is situated *									
Plot No./House No. *	afds	Colony/Area	afds						

Served by: MPOnline

Powered By: MPOnline Limited

Plot No./House No. *	adf	Colony/Area	afds
City *	afd	District *	BHOPAL
Block *	Berasia(Block)	Pin Code *	462023
Do you Provide Maternity Services? *		<input checked="" type="radio"/> No <input type="radio"/> Yes	
Do you Provide Pediatrician Services? *		<input checked="" type="radio"/> No <input type="radio"/> Yes	
Do you Provide Obstetrics and Gynaecology Services? *		<input checked="" type="radio"/> No <input type="radio"/> Yes	
Fire NOC Type *	Temporary	Fire Temporary NOC Registration No *	afd
Fire NOC Issue Date (DD/MM/YYYY) *	13/11/2022	Fire NOC Valid Upto Date (DD/MM/YYYY) *	14/11/2023
pollution Control Board Certificate No *	PCB1		
PCB Issue Date (DD/MM/YYYY) *	17/11/2021	PCB Valid Upto Date (DD/MM/YYYY) *	07/11/2022
Municipal / Bulding Permission Certificate No *	12BD	Municipal / Bulding Permission Certificate Issue Date *	17/11/2021
Whether the applicant is interested in any other Nursing home or Business *		<input checked="" type="radio"/> No <input type="radio"/> Yes	

Previous

Save & Next

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7. Infrastructure Details Screen will open: Enter all required information and click on save & Next.

Apply for New Nursing Home

* Fields marked with *are mandatory

Nursing Home Details

Applicant Details Nursing Home Details **Infrastructure Details** Staff Details Equipments and Fee Details

Details of Unit/ward*

Unit/Ward	Sub Unit/Ward	Floor Space/Area (in sq. ft)	No. of Beds in the Unit (without oxygen support)	No of Oxygen beds with Medical Gas Pipeline	
Isolation Beds	Deluxe	44	2	0	✗
HDU Beds	Semi Deluxe	33	3	0	✗
Oxygen Support Beds	General Ward	11	5	0	✗
Trauma Beds	Trauma Beds	13	10	5 Pressure Swing Adsorpti	+
Total Number of beds *		25			

Sanitary Convenience For Patients*

Sanitary arrangement	No. of Toilets	
Functional and clean toilets with running water and flust	1	+

Served by: MPOnline

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Sanitary Convenience For Patients*

Sanitary arrangement	No. of Toilets
Functional and clean toilets with running water and flush	1

Detail of Rooms For Employees

Room Type	Floor Space/Area (in sq. ft)	Number of Rooms
Recreation room	3	3

Sanitary Convenience For Employees*

Sanitary arrangement	No. of Toilets
Indian Style	1

Arrangements for Immunization of the employees are available or not? *	<input checked="" type="radio"/> No <input type="radio"/> Yes		
Arrangement made for Medical check-up of the employees *	<input checked="" type="radio"/> No <input type="radio"/> Yes		
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*	<input checked="" type="radio"/> No <input type="radio"/> Yes		
Arrangements made for storage of Food*	Other	Serving of Food *	No Service

Previous Save & Next

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8. Staff Details: Screen will open fill necessary details and click on Save & Next.

[Service Home](#)

Apply for New Nursing Home

* Fields marked with *are mandatory

Nursing Home Details

Applicant Details Nursing Home Details Infrastructure Details Staff Details Equipments and Fee Details

Details of the Qualified Staff*

! Your Total Number of Beds are : 62
 Total Required Registered Resident Medical Practitioner (RRMP) is : 4
 Total Required Nursing Staff is : 16
 Total Required Nursing Sister is : 1

Staff Type	Registering Authority	Registration No.	Registration Status	Salutation	Name	DOB (DD/MM/YYYY)	Qualification
Resident Registerer	MPMC	111.	Provisional	Mr.	afds	07/09/2000	B.D.S (Bachelor of
Whether on campus availability of accommodation of Nursing Staff *				<input checked="" type="radio"/> No <input type="radio"/> Yes			
Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home. *				<input checked="" type="radio"/> No <input type="radio"/> Yes			
On campus chemist shop available *				<input checked="" type="radio"/> No <input type="radio"/> Yes			

Previous Save Save & Next

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9. Equipments & Fee details screen will open: Fill necessary details and click on submit button.

[Service Home](#)

Apply for New Nursing Home

* Fields marked with * are mandatory

Nursing Home Details

Applicant Details **Nursing Home Details** Infrastructure Details Staff Details Equipments and Fee Details

Details of Equipments *

Equipment	Model / Type	Equipment/No of Cylinders/Capacity in Metric Tons	
Select			+

Fees charged to Patients *

Charges For	Fee	Remarks (if any)	
Select			+

Declaration *

I Shri/Smt./Kumari/Dr. **XFGDFJGHKJNMJH** applied for New Registration/ Renewal to start or carry on a Nursing Home / Clinical Establishment **SDSGF HOSPITAL**. I have carefully read and understood the "Madhya Pradesh Upcharyagnihya Tatha Rujopchar Sambandhi Sthapanny (Registration Tatha Anugyapan) Adhiniyam, 19973 and Rules 1997 and subsequent Rules."
The list of enclosures attached to application has been verified with the enclosures submitted and found to be correct. I solemnly declare that the information given in application form is true to the best of my knowledge and belief. I agree to abide all the provisions of above Act and Rules.

Served by: NAGARJUN **Powered By: MPOnline Limited**

10. Upload Nursing Home Details Screen will open as given below: Upload your Documents, after uploading all necessary documents click on Submit button.

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DIRECTORATE OF HEALTH SERVICES
[Service Home](#)

Upload Mandatory Compliance Documents

* Fields marked with * are mandatory

Nursing Home Registration

Application Number : NHSZ223373

Upload below mentioned documents :
 (Document must be .pdf or .jpg or .jpeg !)

S.No.	List of documents	Upload		
1. *	List of Visiting Doctor(s)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
2. *	Authorization By Pollution Control Board	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
3. *	Building permission	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
4. *	Temporary Fire Noc	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
5. *	Common Biomedical Waste Treatment Facility Agreement	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
6.	Any Other Related Document1	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	

7.	Any Other Related Document2	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
8. *	MPMC Registration of RRMP(s)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
9. *	MPMC / Additional MPMC Registration of Visiting Doctor(s)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
10. *	Updated Rate List of All Services (Photograph of displayed rate list)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
11. *	Photograph of the Nursing Home Premises (Front facade)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
12. *	Photograph of Wards and Utilities (Picture collage of wards and utilities)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
13. *	Approved Floor Plan of Building	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
14. *	Electrical Safety Certificate	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
15.	MTP Registration Certificate (If MTP services are provided)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	
16.	PCPNDT Registration Certificate (If USG or Imaging modalities are provided)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	

11. Your Application Form will be displayed on the screen, check all the details, if all the details are correct then click on “Click for Digital Sign”.

To,
Directorate of Health Services,
Madhya Pradesh.
Subject : Application (NHS2213694) for Registration of Nursing Home

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 (Registrikiran Tatha Anugyapan) Adhiniyam, 1973

PART - A - GENERAL

- (1) Full Name of the applicant : ABC
- (2) Full residential address of the applicant : afd ,afds ,bhopal Berasia(Block) BHOPAL 462023
- (3) Technical qualifications if any, of applicant : Diploma in Anesthesia
- (4) Nationality of then applicant : INDIAN
- (5) Situation of the registered or principal office** of the Company, Society, Association or other body corporate as
Proprietor
- (6) Name and other particulars of the nursing home or the clinical establishment in respect of which the registration is applied for :
MPONLINE
- (7) Place where the nursing home/clinical establishment is situated : Ayurvedic , Yoga, Unani, Siddha, Homoeopathy adf ,afds ,afd Berasia(Block) BHOPAL 462023
- (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 : No

* 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.

Nursing Staff	Mrs. fdsa	04/02/2001	Other : ggf	543
---------------	-----------	------------	-------------	-----

(b) Whether any unregistered medical practitioner or unqualified nurse, unqualified midwife is employed for nursing of patient in the nursing home.

No

(17) Fees charged to patients.

Equipment	Fees
X-Ray(Per film)	500

Note: The desired information under various clauses shall be attached as annexure in appropriate clause.
I solemnly declare that the above statements are true to the best of my knowledge and belief.

Date 30-Nov-2022

Thanking you,
Yours faithfully,
Mponline

(Authorised Signatory)

[Click for Digital Sign](#)

Steps: View Application detail form.

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

APPLICATION DETAILS				
Download Application Form Inspection Report Submitted By DHO				
Applicant Details				
Application Number	NHS2213694	Application Type	NEW	
Applicant's Name	ABC	DOB(DD/MM/YYYY)	25/04/1989	
Mobile Number	9000002345	Email	gufran.siddique@mponline.gov.in	
Technical Qualification	Diploma in Anesthesia	Nationality	Indian	
Full residential address of the Applicant	afds ,afds ,bhopal Berasia(Block) BHOPAL 462023			
Type of Ownership	Proprietor			
Signing Authority Details				
Name of Signing Authority	Gufran Alam	Designation of Signing Authority	Director	
ID Card	PAN Card	ID Card No.	fasd	
Nursing Home Details				
Name of the Nursing Home in respect of which the registration is applied for	Mponline			
System of Medicine under which Registration is applied	Allopathy			
Name of the Nursing Home in respect of which the registration is applied for	Mponline			
System of Medicine under which Registration is applied	Allopathy			
Firm/Company Registration No.	Reg121	Website Address	fd	
Date of Establishment	06/10/2022			
Type of Specialty	Single			
Details of the Procedure/Services				
Procedure/Services		Details		
Nutrition & Dietetics		Testt		
Place where the Nursing Home is situated	adf ,afds ,afd Berasia(Block) BHOPAL 462023			
Whether the applicant is interested in any other Nursing Home or business?	No			
Infrastructure Details				
Details of Rooms For Employees				
Room Type	Floor Space/Area (in sq. ft)	Number of Rooms		
Recreation room	3	3		
Details of Unit/Ward				
Unit/Ward	Floor Space/Area (in sq. ft)	No. of Beds in the Unit (without oxygen support)	No of Oxygen beds with Medical Gas Pipeline	Oxygen Supply
Isolation Beds	44	2	0	
HDU Beds	33	3	0	
Oxygen Support Beds	11	5	0	
Trauma Beds	13	10	5	Pressure Swing Adsorption (PSA) Plant

Total Number of Beds : 25

Sanitary Convenience For Employees

Sanitary Arrangement	No. of Toilets
Indian Style	1

Sanitary Convenience For Patients

Sanitary Arrangement	No. of Toilets
Functional and clean toilets with running water and flush	1

Arrangements for Immunization of the employees are available or not?	No		
Arrangement made for Medical check-up of the employees	No		
Arrangements made for storage of Food	Other	Serving of food	No 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	No		

Staff Details

Staff Type	Registration Status	Name	DOB	Qualification	Registering Authority	Registration No.	Experience
Resident Registered Medical Practitioners	Provisional	Mr. afds	01/09/1993	B.D.S (Bachelor of Dental Surgery)	MPMC	111	
Resident Registered Medical Practitioners	Provisional	Mrs. cvbn	09/04/2002	B.D.S (Bachelor of Dental Surgery)	MPMC	56778	
Nursing Staff	Provisional	Mrs. fdsa	04/02/2001	GNM Nursing	Nursing Council	543	
Nursing Staff	Provisional	Mrs. reytyf	03/04/2000	GNM Nursing	Nursing Council	4321	
Nursing Staff	Permanent	Mr. njhggdfx	18/06/2001	GNM Nursing	Nursing Council	2345	
Nursing Staff	Provisional	Mr. asdr	07/11/2000	GNM Nursing	Nursing Council	098	
Nursing Staff	Provisional	Mr. vccxxzx	01/11/2000	B.Sc Nursing	Nursing Council	6543	
Nursing Staff	Provisional	Mr. sdrfgh	06/11/2000	B.Sc Nursing	Nursing Council	789	
Nursing Staff	Provisional	Mrs. qwer	01/02/2000	B.Sc Nursing	Nursing Council	234	

Staff Details

Staff Type	Registration Status	Name	DOB	Qualification	Registering Authority	Registration No.	Experience
Resident Registered Medical Practitioners	Provisional	Mr. afds	01/09/1993	B.D.S (Bachelor of Dental Surgery)	MPMC	111	
Resident Registered Medical Practitioners	Provisional	Mrs. cvbn	09/04/2002	B.D.S (Bachelor of Dental Surgery)	MPMC	56778	
Nursing Staff	Provisional	Mrs. fdsa	04/02/2001	GNM Nursing	Nursing Council	543	
Nursing Staff	Provisional	Mrs. reytyf	03/04/2000	GNM Nursing	Nursing Council	4321	
Nursing Staff	Permanent	Mr. njhggdfx	18/06/2001	GNM Nursing	Nursing Council	2345	
Nursing Staff	Provisional	Mr. asdr	07/11/2000	GNM Nursing	Nursing Council	098	
Nursing Staff	Provisional	Mr. vccxxzx	01/11/2000	B.Sc Nursing	Nursing Council	6543	
Nursing Staff	Provisional	Mr. sdrfgh	06/11/2000	B.Sc Nursing	Nursing Council	789	
Nursing Staff	Provisional	Mrs. qwer	01/02/2000	B.Sc Nursing	Nursing Council	234	
Nursing Staff	Permanent	Mr. khghf	18/11/2001	B.Sc Nursing	Nursing Council	653	

Whether on campus availability of accommodation of Nursing Staff : No

Whether any Unregistered Medical Practitioner or Unqualified Nurse, Unqualified Midwife is employed for nursing of patient in the Nursing home : No
Unqualified Staff details

On campus chemist shop available : No

Equipments and Fee Details

Charges For	Fees
X-Ray(Per film)	500

Equipment	Model / Type	No of Equipment/No of Cylinders/Capacity in Metric Tons
Oxygen cylinder	XXY234	10

Uploaded Documents Details


- 1.* List of Visiting Doctor's
- 2.* Rate List
- 3.* Floor Plan of Building
- 4.* Authorised by Pollution Board
- 5.* Building permission from Municipal Corporation
- 6.* Temporary Fire NOC
- 7.* Perspective photograph of the building
- 8.* Common Biomedical Waste Treatment Facility Agreement
9. Any Other Related Document1
10. Any Other Related Document2
- 11.* MPMC Registration of RRMP(s)
- 12.* MPMC Registration of Visiting Doctor(s)
- 13.* Updated Rate List of All Services (Photograph of displayed rate list)
- 14.* Photograph of the Nursing Home Premises (Front facade)
- 15.* Photograph of Wards and Utilities (Picture collage of wards and utilities)
- 16.* Approved Floor Plan of Building
- 17.* Electrical Safety Certificate
18. MTP Registration Certificate (If MTP services are provided)


- 13.* Updated Rate List of All Services (Photograph of displayed rate list)
- 14.* Photograph of the Nursing Home Premises (Front facade)
- 15.* Photograph of Wards and Utilities (Picture collage of wards and utilities)
- 16.* Approved Floor Plan of Building
- 17.* Electrical Safety Certificate
18. MTP Registration Certificate (If MTP services are provided)
19. PCPNDT Registration Certificate (If USG or Imaging modalities are provided)


Fee Details

App Fee	6750
Portal Charge	500.00
Total Fee	7250.00

Below interface shows details of Payment Gateway form:

**एमपीऑनलाइन लिमिटेड**
आरोग्य सेवाएं एवं स्वास्थ्य सेवाओं को डिजिटल बनाने के लिए
मध्य प्रदेश सरकार का पहला कदम


डिजिटल इंडिया


NAGARJUN

हमारे बारे में ▼ नागरिक सेवाएं ▼ अधिकृत कियोस्क सूची ▼ कियोस्क/नागरिक हेतु ▼ संपर्क करें ▼ सिकायतेंकेरियर @ एमपीऑनलाइन

MPOnline Payment Gateway

Service Name:	Directorate of Health Services
Application Number :	NHS2213673
Applicant Name :	Mponline
Fee :	3000
Portal Charge :	169.49
G.S.T (9% SGST and 9% CGST out of 18% with GSTNO. 23AAECM7539B1ZQ) :	30.51
Total Amount :	3200

KIOSK CITIZEN

Login Reset

मुख्य पृष्ठ

नागरिक सेवाएं

कियोस्क/सीएससी स्थिति

केरियर

एमपीऑनलाइन वेबसाइट

अनसम्पर्क विभाग मध्य प्रदेश

मध्य प्रदेश शासन

मुख्य मंत्री सहायता कोष

उपयोग करने की शर्तें

गोपनीयता नीति

भुगतान नियम और शर्तें

रद्द / वापसी नीति