

Directorate of Health Services
Government of Madhya Pradesh


Online Nursing Home & Clinics registration System

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


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.

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Joint venture between Govt. of Madhya Pradesh and TCIL
मध्यप्रदेश सरकार का पोर्टल



**DIRECTORATE OF
HEALTH SERVICE**

Nursing Homes & Clinical Establishment

Sign in to your Account

Verify! You are human
7 . 5 = ? 

[Login](#)

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

User Manuals

User manuals will help you how to submit application and many more..

[User Manual](#)

[Nursing Licence](#)

[Nursing Home Act](#)

[Nursing Home Rules](#)

[Approval Process](#)

[How to Digital Sign Your Application](#)


[E Directory](#)

Fee Structure

Fee Structure

New Nursing Home & Clinical Establishment Fee

S.No.	Licence Type	Fee	Portal Fee
1	New Nursing Home		
	a) up to 10 beds	Rs. 600	Rs. 200
	b) above 10 beds but up to 20 beds	Rs. 1050	
	c) above 20 beds but up to 30 beds	Rs. 1350	
d) for each additional bed above 30 beds	Rs. 45		
2	New Clinical Establishment	Rs. 600	Rs. 100

Served by: NAGARJUN Powered By:  MPOnline Limited

Apply for New 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 switchable during form submission there are multiple tab options available for single form.

Applicant Details : Fill all necessary details and click on “Save & Next”



Apply for New Clinical Establishment

* Fields marked with * are mandatory

Clinical Details

Applicant Details **Clinical Details** Equipment Details Staff Details Fees Details

Applicant Details

Applicant's Name *	<input type="text"/>	DOB (DD/MM/YYYY) *	<input type="text" value="DD/MM/YYYY"/>
Mobile Number *	<input type="text"/>	Email *	<input type="text"/>
Technical Qualification	<input type="text" value="Select"/>	Nationality *	<input type="text" value="Select"/>

Residential Address of the Applicant

Plot No./House No. *	<input type="text"/>	Colony/Area	<input type="text"/>
City *	<input type="text"/>	District *	<input type="text" value="Select"/>
Block *	<input type="text" value="Select"/>	Pin Code *	<input type="text"/>
Type of Ownership *	<input type="text" value="Select"/>		

Signing Authority Details

Name of Signing Authority *	<input type="text"/>	Designation of Signing Authority *	<input type="text"/>
ID Card*	<input type="text" value="Aadhaar Card"/>	ID Card No. *	<input type="text"/>

Save & Next

Clinical Details :

Fill all necessary clinical details and click on "Save & Next"

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**DIRECTORATE OF
HEALTH SERVICES**

[Service Home](#)

Apply for New Clinical Establishment

* Fields marked with * are mandatory

Clinical Details

[Applicant Details](#) [Clinical Details](#) [Equipment Details](#) [Staff Details](#) [Fees Details](#)

Name of the Clinical establishment* (in respect of which the registration is being applied for)	NAVJAGRITI CLINIC		
Type of Clinical Establishment *	<input type="checkbox"/> Unani <input type="checkbox"/> Siddha <input type="checkbox"/> Naturopathy <input checked="" type="checkbox"/> Allopathy <input type="checkbox"/> Homoeopathy <input type="checkbox"/> Ayurvedic <input type="checkbox"/> Yoga <input type="checkbox"/> Pathology <input type="checkbox"/> Others		
Firm/Company Registration No.	NOV12536	Website Address	
Date of Establishment *	25/11/2019		

Place where the Clinical establishment is situated *

Plot No./House No. *	109	Colony/Area	NARMADA NAGAR
City *	BHOPAL	District *	BHOPAL
Block *	Bhopal(NagarNigam)	Pin Code *	462026
Type of the building*	Owned	Size of Building (in sq ft) *	1500
Facilities for carrying out tests/examination*	surgical and pathological	Is Only giving treatment available in the Clinical establishment* *	<input type="radio"/> No <input checked="" type="radio"/> Yes
Whether the applicant is interested in any other Clinical establishment or business? *			<input checked="" type="radio"/> No <input type="radio"/> Yes


[Previous](#)

[Save & Next](#)


Equipment Details :

Fill all necessary Equipment details and click on "Save & Next"

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DIRECTORATE OF HEALTH SERVICES

[Service Home](#)

Apply for New Clinical Establishment

* Fields marked with *are mandatory

Clinical Details

Applicant DetailsClinical DetailsEquipment DetailsStaff DetailsFees Details

Details of Equipments

Equipment	Make	Model	No of Equipment	Action
ABG Machine ▼	ABCZ	135	2	✘
Anaesthesia machine/Boyles Apprat ▼	bchg	255	2	✘
Blood bank refrigertor ▼	rghxf	366	1	✘ +

Previous Save & Next

Staff Details :

Fill all necessary staff details and click on "Save & Next"

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[Service Home](#)

Apply for New Clinical Establishment

* Fields marked with *are mandatory

Clinical Details

[Applicant Details](#) [Clinical Details](#) [Equipment Details](#) [Staff Details](#) [Fees Details](#)

Staff in the clinical establishment

Staff Type	Salutation	Name	DOB (DD/MM/YYYY)	Qualification	Registration No.	Action
Resident Doctor	Mr.	DURGESH SINGH RAMI	11/12/1990	MD (Doctor of Medi	ABCS12536	
Visiting Doctor	Mr.	suresh	15/10/1989	MS (Master of Surg	abnchs1536	


[Previous](#)

[Save & Next](#)


Fees Details :

Fill all necessary Fees details and click on "Save & Next"

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**DIRECTORATE OF
HEALTH SERVICES**

[Service Home](#)

Apply for New Clinical Establishment

* Fields marked with *are mandatory

Clinical Details

Applicant Details

Clinical Details

Equipment Details

Staff Details

Fees Details

Fees charged from Patients

Charges For	Fee	Remarks (if any)	Action
Bed Charges-Pattern A-General Ward	500		+

Declaration *

I Shri/Smt./Kumari/Dr. **DURGESH SINGH RAMMURTHY** applied for New Registration/ Renewal to start or carry on a Nursing Home / Clinical Establishment **NAVJAGRITI CLINIC**. I have carefully read and understood the "Madhya Pradesh Upcharyagriha Tatha Rujopchar Sambandhi Sthapanny (Registration Tatha Anugyapan) Adhiniyam, 19973 and Rules 1997."

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 and we will follow all the provisions of above Act and Rules.

[Previous](#) [Submit](#)

Upload Clinical Details :

Upload all required Documents and click on "Submit"



Upload Clinical Details

* Fields marked with * are mandatory

Clinical Home Registration

Application Number : CLM1929765

Upload below mentioned documents :

(Document must be .pdf or .jpg or .jpeg !!)

S.No.	List of documents	Upload	
1. *	Floor Plan of Building	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
2.	Authorised by Pollution Board (if Applicable then upload)	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
3. *	Degree of Doctor	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
4. *	Registration of Doctor	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
5. *	Degree of Staff	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
6. *	Registration of Staff	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
7. *	Scanned Signature	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
8. *	Photographs of Clinic	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
9.	Any Other Related Document1	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
10.	Any Other Related Document2	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>

The Form Will be displayed on the Screen as given below, check all details and if they are correct click on "submit to proceed."

Registration and Licensing of Nursing Homes and Clinical Establishment

To,
Directorate of Health Services,
Madhya Pradesh.
Subject : Application (CLN1929765) for Registration of Clinical Establishment

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 (Registrakaran Tatha Anugyapan) Adhiniyam, 1973

PART - A - GENERAL

- (1) Full Name of the applicant : DURGESH SINGH RAMMURTHY
(2) Full residential address of the applicant : 109 ,Narmada Nagar ,Bhopal Bhopal(NagarNigam) BHOPAL 462026
(3) Technical qualifications if any, of applicant : MD (Doctor of Medicine)
(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 :
NAVJAGRITI CLINIC
(7) Place where the nursing home/clinical establishment is situated : 109 ,NARMADA NAGAR ,BHOPAL Bhopal(NagarNigam) BHOPAL 462026
(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.

PART - C - CLINICAL ESTABLISHMENT

- (19) Description, location, size and type of the building to be used for clinical establishment : **NAVJAGRITI CLINIC**, 109 ,NARMADA NAGAR ,BHOPAL ,Bhopal(NagarNigam) ,BHOPAL ,462026 , Type: Owned , Size : 1500
(20) Type of clinical establishment : Allopathy
(21) Facilities for carrying out tests/examination :surgical and pathological or giving treatment available in the clinical establishment : Yes

(22) Details of equipment

Equipment	Make	Model	No. of Equipment
ABG Machine	ABCZ	135	2
Anaesthesia machine/Boyles Appratus	bchg	255	2
Blood bank refrigertor	rgtfx	366	1

(23) Name's, age's and qualifications of the medical practitioner under whose overall charge the clinical establishment shall function

Staff Type	Name	DOB	Qualification	Registration No.
Resident Doctor	Mr. DURGESH SINGH RAMMURTHY	11/12/1990	MD (Doctor of Medicine)	ABCS12536

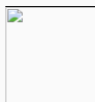
(24) Name's, age's and qualifications of the technicians employed in the clinical establishment.

(25) Fees charged to patients.

Equipment	Fees
Bed Charges-Pattern A-General Ward	500

Note: The desired information under various clauses shall be attached as annexure in appropriate cl solemnly declare that the above statements are true to the best of my knowledge and belief. If any information or document indicated in the application is found false or forged, Registration/License will be nullified with immediate effect and applicant will be liable for legal action and penalties.

Date Date 23-Dec-2019



Thanking you,
Yours faithfully,
DURGESH SINGH RAMMURTHY
NAVJAGRITI CLINIC

(Authorised Signatory)

Submit

After Checking all details if they are correct print the form and click on “Proceed to Payment”

APPLICATION DETAILS

[Download Application Form](#)
Inspection Report Submitted By DHO

Applicant Details

Application Number	CLN1929765	Application Type	NEW
Applicant's Name	DURGESH SINGH RAMMURTHY	DOB(DD/MM/YYYY)	11/12/1990
Mobile Number	9425493803	Email	dshrivastava1308@gmail.com
Technical Qualification	MD (Doctor of Medicine)	Nationality	Indian
Full residential address of the Applicant:	109 ,Narmada Nagar ,Bhopal BHOPAL Bhopal(NagarNigam) 462026		
Type of Ownership	Proprietor		
Signing Authority Details			
Name of Signing Authority	Durgesh Singh Rammurthy	Designation of Signing Authority	Director
ID Card	Aadhaar Card	ID Card No.	556652460508

CLINICAL DETAILS

Name of the Clinical establishment in respect of which the registration is applied for	NAVJAGRITI CLINIC		
Type of Clinical Establishment	Allopathy		
Firm/Company Registration No.	NOV12536	Website Address	
Date of Establishment	25/11/2019		
Place where the Clinical establishment is situated	109 ,NARMADA NAGAR ,BHOPAL Bhopal(NagarNigam) BHOPAL 462026		
Type of the building	Owned	Size of Building (in sq ft)	1500
Facilities for carrying out tests/examination	surgical and pathological	Is Only giving treatment available in the Clinical establishment	Yes
Whether the applicant is interested in any other Clinical establishment or business?	No		

Equipment Details

Equipment	Make	Model	Serial No.
ABG Machine	ABCZ	135	2
Anaesthesia machine/Boyles Appratus	bchg	255	2
Blood bank refrigerator	rghtf	366	1

Staff Details

Staff Type	Name	DOB	Qualification	Registration No.
Resident Doctor	Mr. DURGESH SINGH RAMMURTHY	11/12/1990	MD (Doctor of Medicine)	ABCS12536
Visting Doctor	Mr. suresh	15/10/1989	MS (Master of Surgery)	abrchs1536

Fee charged from patients.

Fees charged from patients.	
Charges For	Fees
Bed Charges-Pattern A-General Ward	500

Upload Details

1.	Floor Plan of Building
2.	Authorised by Pollution Board (if Applicable then upload)
3.	Degree of Doctor
4.	Registration of Doctor
5.	Degree of Staff
6.	Registration of Staff
7.	Scanned Signature
8.	Photographs of Clinic
9.	Any Other Related Document1
10.	Any Other Related Document2

Fee Details

App Fee	600.00
Portal Charge	100.00
Total Fee	700.00

[Proceed To Payment](#)

[Print](#)

Click on Citizen then enter your User ID and Password in respective fields and log in

मुख्य पृष्ठ | स्क्रिप | मुख्य सामग्री पर जाएं | English  

कियोस्क हेतु आवेदन [लॉगिन](#)

एमपी ऑनलाइन लिमिटेड
मध्य प्रदेश सरकार एवं दूरदर्शन निगम लिमिटेड का संयुक्त उद्यम
मध्य प्रदेश सरकार का पोर्टल

 Digital India
Power To Empower

सोमवार, 23 दिसंबर 2019 11:23:09 AM

हमारे बारे में नागरिक सेवाएँ अधिकृत कियोस्क सूची कियोस्क/नागरिक हेतु संपर्क करें शिकायतें

केरियर @ एमपीऑनलाइन

MPOnline Payment Gateway

Service Name:	Directorate of Health Services	<input type="radio"/> KIOSK <input checked="" type="radio"/> CITIZEN
Application Number :	CLN1929765	User ID <input type="text"/>
Applicant Name :	NAVJAGRITI CLINIC	Password <input type="text"/>
Fee :	600	<input type="button" value="Login"/> <input type="button" value="Reset"/>
Portal Charge :	84.74	
G.S.T (9% SGST and 9% CGST out of 18% with GSTNO. 23AAECM7539B1ZQ) :	15.26	
Total Amount :	700	

Select your Payment Mode from the options as given below and make payment.

मुख्य पृष्ठ | स्किप | मुख्य सामग्री पर जाएं | English



कियोस्क हेतु आवेदन

लॉगिन

एमपी ऑनलाइन लिमिटेड
संयुक्त सरकार एवं राज्य सरकारों के सहयोग से
संयुक्त प्रवेश संस्थाओं के पोर्टल



सोमवार, 23 दिसंबर 2019 11:24:15 AM

हमारे बारे में | नागरिक सेवाएँ | अधिकृत कियोस्क सूची | कियोस्क/नागरिक हेतु | संपर्क करें | शिकायतें

केरियर @ एमपीऑनलाइन

MPOnline Payment Option

Net Banking

Debit / Credit Card

IMPS

UPI

Wallet

Net Banking

Free NetBanking for All Banks (HDFC CCAvenue PG)

No transaction-processing fees for Net Banking of All Banks

Only for SBI A/C Holders

No transaction-processing fees

SBI ePay

For State Bank of India- Rs. 3.0 per Transaction.

For Other Banks- Rs. 7.0 per Transaction.

Paytm Payment Gateway

₹ 5 + GST service charges as transaction-processing fees for every amount

PayGov India(All Major Banks) NDML for Govt. of India

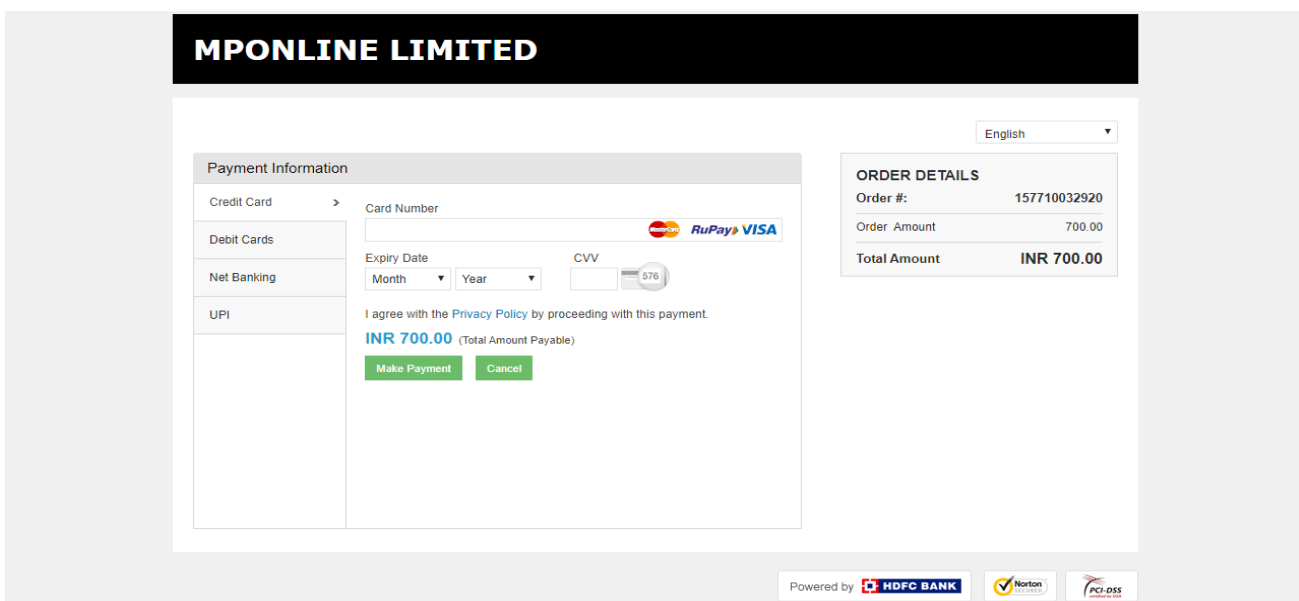
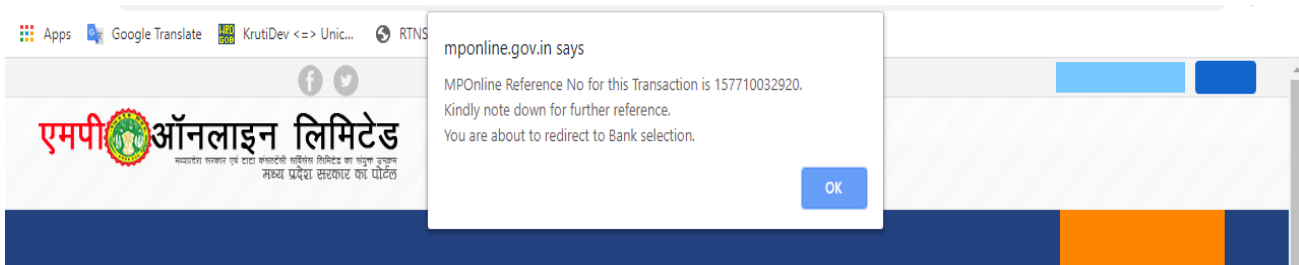
Rs 5 + service charges as transaction-processing fees for amount upto Rs 500,

Rs 10 + service charges as transaction-processing fees for any amount from Rs 501 and above



अगर आपके खाते से राशि कट गई हो और रसीद प्राप्त नहीं हुई हो तो वह ट्रैजिक्शन फेल माना जावेगा और वह राशि आपको वापस कर दी जावेगी। अतः उस आवेदन / नया फार्म न भरें का दबारा भगतान करें।

A transaction reference number will be displayed on the screen please note it for further use, then complete the payment process.



After making successful payment, Receipt given below will get generated

[Service Home](#)

Clinical Establishment Receipt Details

Department of Health and Family Welfare



APPLICATION DETAILS

[Download Application Form](#)

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	vhjffj@gmail.com
Technical Qualification	B.A.M.S(Ayurvedic, Siddha Medicine)	Nationality	Indian
Full residential address of the Applicant:	fggfgf ,arera ,bhopal BHOPAL Phanda(Block) 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.	yuyu	Website Address	tyty
Date of Establishment	01/04/2015		
Place where the Clinical establishment is situated	22 ,arera ,gggggj Phanda(Block) BHOPAL 433333		
Type of the building	Owned	Size of Building (in sq ft)	4500
Facilities for carrying out tests/examination	j	Is Only giving treatment available in the Clinical establishment	No
Whether the applicant is interested in any other Clinical establishment or business?		No	

Details of Receipt with Print button, User or Applicant can take Print receipt of same.

Equipment Details

Equipment	Make	Model	Serial No.
ABG Machine	2	214	33

Staff Details

Fee charged from patients.

Upload Details

1.	Floor Plan of Building
2.	Authorised by Pollution 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

Print