



Government of Orissa

**Health & Family Welfare Department**

**Application for Grant /Maintenance/Renewal of Certificate of Registration of  
Clinical Establishment  
[(See rule 3(1)(2)and (10)]  
FORM -1**

1. I/We  of

hereby apply for grant/ maintenance /renewal of Certificate of Registration for the purpose of running a  
Physiotherapy Establishment /Maternity Home /Private Nursing Home /Clinical Establishment  
(pathology) Diagnostic Centre/Blood Bank /Medical Termination of Pregnancy Clinics/ X-ray institutes  
on the premises situation at

2. The Clinical aspect in the above establishment will be made under the supervision of the following  
technical persons :-

Name (s)

Qualification

Address

(a) Name (s)

Qualification

Address

(b) Name (s)

Qualification

Address

(c) Name (s)

Qualification

Address

3. Name of Paramedical Persons:-

Name (s)

Qualification

Address

(a) Name (s)

Qualification

Address

(b) Name (s)

Qualification

Address

(c) Name (s)

Qualification

Address

4. Population of the local area  Town  Municipality  Panchayat  Village

5. Number of Clinical Establishments within the radius of one Kilometer of the proposed clinical establishment.

N.B. A fee of Rs. 10,000/-,Rs.8,000/- Rs.6,000/-, Rs 5,000/-only as per applicability has been credited to Government under the head of Account"0210"-Medical and PH-01-Urban Health Services -020-Receipts from patients for Hospital and Dispensary Services -0010-charges for service provided 02087-other fees.

Consent letters of the technical persons and paramedical persons to work for five years in your establishment duty signed by technical persons / paramedical persons is enclosed.

Date

**Signature of Applicant**