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DIRECTORATE OF HEALTH SERVICES GOVT. OF NCT OF DELHI
SWASTHYA SEWA NIDESHALAYA BHAWAN
F-17 KARKARDOOMA, DELHI -110032

File No. 24/Corrs./DHS/HQ/NH/2014/58417

Dated:- 27/10/2014

To

Medical Superintendent / Director / Keeper
All Private hospitals (As per List enclosed),

Sub:- Details of Nephrologist and Dialysis facilities available in the private sector institution in Delhi registered under Nursing Home Cell of DHS.

Madam /Sir,

With reference to U.O. No. (21)/533/DHS/SHIB/2014/54821 dated 14/10/2014 of Additional Director, SHIB, DHS (HQ), kindly furnish the requisite information as per the format given below, within five days of receipt of this letter to the undersigned via e-mail drrndas1@gmail.com

| S.No. | Name of Institute/ Hospital (Pvt.) | No. of Chronic Kidney Disease patient on dialysis in the institution | No. of Nephrologist working in the institution | No. of Physicians trained in dialysis | No. of dialysis units available in the institution | Source of information |
|-------|------------------------------------|--|--|---------------------------------------|--|-----------------------|
| | | | | | | |

Yours sincerely



(Dr. R.N. Das)

Medical Superintendent, (Nursing Home Cell)

File No. 24/Corrs./DHS/HQ/NH/2014

Dated:- /10/2014

Copy to:

1. Additional Director, SHIB, DHS(HQ).
2. PS to DHS.

(Dr. R.N. Das)

Medical Superintendent, (Nursing Home Cell)