

Annexure – A

Format for Disaster Preparedness

S. No.	Details	
1	Name of the Hospital	
2	Address	
3	Name & Contact Details (Office, Mobile, Residence, Fax & e-mail) of Medical Superintendent/Director	Name: Contact Details O: M: R: Fax: E-mail:
4	Name & Contact Details (Office, Mobile, Residence & e-mail) of the Nodal Officer (Disaster Management)	Name: Contact Details O: M: R: Fax: E-mail:
5	Total No. of Beds available in the hospital	
6	No. of Beds identified for Disaster Management	
7	Expandable capacity of beds for disaster management	
8	Hospital Disaster Management Plan (copy enclosed)	Yes/ No

9	Total no. of equipments available specially dedicated for disaster management in the hospital*		
	Name	Number	Condition (presently functional or not)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			

Signature of the authorized person

* Use additional page, if required