GOVERNMENT OF NATIONAL CAPITAL TERRITORY, DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
NURSING HOMES CELL
S-1, SCHOOL BLOCK, SHAKARPUR, DELHI-110092
F. No. 24/Misc.1/NH/DGHS/HQ/2016-17/........... t/08
Dated. 2/2/20

To,

In-charge Computer Branch,
DGHS (HQ), F-17,
Karkardooma, Delhi-110032

Subject:- Regarding uploading the checklist with Form “B” for registration/ renewal of registration of nursing home on the website of Health Department

Sir/Madam,

Please find attached the checklist for registration/ renewal of registration of nursing homes. You are requested to kindly upload the same on the website of Health Department, so that it is in public domain.

This is for your information and necessary action.

(DR. R.N. DAS)
Medical Superintendent Nursing Homes
# Checklist for New Registration/ Renewal of Registration of Nursing Homes as Per DNHR Act & Rules

1. Requisite fee through Debit Card to be paid in Accounts Branch of DGHS (HQ):

<table>
<thead>
<tr>
<th>Beds Description</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 to 10 beds</td>
<td>Rs. 2000/- + Rs. 100/- for Form ‘B’</td>
</tr>
<tr>
<td>11 to 30 beds</td>
<td>Rs. 3000/- + Rs. 100/- for Form ‘B’</td>
</tr>
<tr>
<td>More than 30 beds</td>
<td>Rs. 3000/- + Rs. 100/- for every additional beds + Rs. 100/- for Form ‘B’</td>
</tr>
</tbody>
</table>

Note:
- a) Demand Draft/ Cheque shall not be accepted.
- b) Keepers applying for renewal of registration who are submitting their application after 31st January shall pay a penalty of 10% of the requisite fees per month.
- c) No application for renewal shall be accepted after 31st July.

2. Form B available on the website [www.health.delhigovt.nic.in](http://www.health.delhigovt.nic.in) (click DGHS on left column followed by - click Nursing Home Cell on the left column) to be duly filled in all respects (No form shall be accepted wherein the personal & official mobile number and email ID of the keeper is not mentioned)

Note: Any change in the personal & official mobile number and email ID of the keeper in due course needs to be intimated to this office within one working day of such change(s).

3. Documents pertaining to the ownership (as per Clause 2.1of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):

<table>
<thead>
<tr>
<th>Type of ownership</th>
<th>Documentary proof</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Affidavit &amp; PAN Card</td>
</tr>
<tr>
<td>Partnership</td>
<td>Partnership deed/ Resolution alongwith NOC from each partner individually &amp; PAN Card of the firm and partners</td>
</tr>
</tbody>
</table>
| Society/ Trust               | Registration Certificate/ Trust Deed issued by Registrar of Society/ Trust alongwith the following:
|                              | a) list of existing members/ trustees and their details (Name, Address & Contact Number)
|                              | b) MOA & AOA                                          |
|                              | c) Rules & Regulations containing Aims & Objectives    |
|                              | d) PAN Card of the Society/ Trust                     |
| Company (Private/ Public/ Joint Venture) | Certificate of Incorporation alongwith the following:
|                              | a) list of existing Directors/ Board Members/ Promoters and their details (Name, Address & Contact Number)
|                              | b) MOA & AOA                                          |
|                              | c) Rules & Regulations containing Aims & Objectives    |
|                              | d) PAN Card of the company                             |
4. Document regarding Land/ Property on which the nursing home is situated (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):

<table>
<thead>
<tr>
<th>Type of ownership</th>
<th>Documents required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual ownership</td>
<td>Sale deed</td>
</tr>
<tr>
<td>Rented premises</td>
<td>Copy of rent agreement at least five years/lease deed along with ownership proof by the Owner/ Lessor</td>
</tr>
<tr>
<td>Land owning agency (DDA; L&amp;DO; DUSIB; MCD; NDMC, etc.)</td>
<td>Copy of valid Lease Deed &amp; allotment letter and affidavit</td>
</tr>
</tbody>
</table>

Note: In case the property is not situated at Nazul Land, an affidavit on Rs. 100/- non-judicial notarised stamp paper to be submitted regarding the same (as per the directions of Hon'ble Supreme Court of India in CA No. 3135 of 2017).

5. Building plan sanctioned by the Local Body as the case may be (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

6. Category of Colony and Type of Development/ Colony along with supportive documents with copy of taxes paid to the authorities concern (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

7. Location & surroundings (as per Clause 1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011): Affidavit on Rs. 100/- non-judicial notarised stamp paper regarding the cleanliness of the surroundings along with photographs of all open sides of the Nursing Homes from a distance of -
   a) 18 m in case of Category A, B, C & D in regular plotted development;
   b) 13.5 m in case of Category C&D (rehabilitation colony) and Category E, F & G (regular plotted development)
   c) 9 m in case of Category C & D (regularised) and category E, F & G (rehabilitation colony)
   d) 5 m in case of Category E, F & G (walled city/regularised)
   e) Parking: Minimum 02 ECS (equivalent car space) per 100 sq. m of the floor area.
   Note: Nursing homes running in residential buildings under mixed land use receipt of the conversion charges paid to the local body for the requisite number of car space to be submitted

8. Lay-out plan of the premises endorsed by an architect registered with local bodies containing the following (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):
   a) Size of Plot
   b) Floor-wise blueprint
   c) Dimensions of each room/ ward
   d) Total Floor area
   e) FAR
   f) Right of Way (ROW)

9. Keeper of nursing homes running in residential buildings under mixed land use shall submit an affidavit on Rs. 100/- non-judicial notarised stamp paper regarding that the building / premises of the nursing home is conforming to the land use as prescribed under MPD, 2021. The affidavit shall mention category of colony, type of development/ colony, size of ROW, size of plot & FAR (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).
10. Rooms / wards (as per Clause 2.2 & 3 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011) -

Bifurcation of the beds in the below mentioned format

<table>
<thead>
<tr>
<th>Category of beds</th>
<th>Countable for the purpose of registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU beds with ventilator</td>
<td>Yes</td>
</tr>
<tr>
<td>ICU beds without ventilator</td>
<td>Yes</td>
</tr>
<tr>
<td>Newborn nursing/ NICU/ Neonatal care beds</td>
<td>Yes</td>
</tr>
<tr>
<td>General room/ ward</td>
<td>Yes</td>
</tr>
<tr>
<td>Day care beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Pre-operative beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Post-operative beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Pre-natal beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Post-natal beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Dialysis beds</td>
<td>Not to be counted</td>
</tr>
<tr>
<td>Emergency room/ triage beds</td>
<td>Not to be counted</td>
</tr>
</tbody>
</table>

**Rooms**
- a) Number of single bedded rooms
- b) Number of twin bedded rooms
- c) Number of three bedded rooms
- d) Number of five bedded rooms whether having attached toilet or not

**Ward**
- a) Number of five bedded ward alongwith number of toilets

**Cooling & heating**
- a) Number of air-conditioner & radiant heater - room/ ward wise
- b) Number of air-coolers & electric heater - room/ ward wise

**Isolation Room**
- a) Number of isolation room available for communicable diseases.

**Cleanliness**
- a) Number of times the room/ ward is swept & mopped and record maintained by the sanitation supervisor
- b) Number of times isolation room is swept, mopped & fumigated
- c) Type of flooring
- d) Height of waterproofing of the wall

11. Space Accommodation for the patient:
- a) Size of waiting area
- b) Sitting arrangement
- c) Facilities near reception/ registration counter
- d) Floor space
  - Room/ward - 7.43 sq.m for one bed and 5.57 sq.m for every additional bed (exclusive of toilet area)
  - ICU - 11.15 sq.m per bed with at least 0.91 m unencumbered on all sides including head-end.
  - Sufficient storage space for medicine & equipments including wheel chair carts
  - Touch less/ mechanical door openers
- Space for doctors/staff on duty shall be in addition to the ICU bed space
- Changing room, duty room & attendant rooms near ICU
- Public space adjacent to ICU
- Prayer area
- New Born Nursery/ NICU/ Neo-natal care unit- 4.65 sq.m per bed with washable floor and walls upto 1.22 m alongwith provision of separate area for the following:
  - Hand wash
  - Gowning
  - Formula preparation
  - Store
  - Duty room for doctors

12. Operation Theatre & Labour Room (as per Clause 2.3 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).
   - OT - Minimum floor space of not less than 13.94 sq.m (150 Sq. feet)
   - LR - Minimum floor space of not less than 9.29 sq.m (100 Sq. feet) per table alongwith facilities and equipments for neonatal resuscitation
   Note: The keeper shall maintain a record of the schedule of fumigation and microbiological surveillance of the OT. Information regarding scrub area/changing room in OT/LR.

13. Duty Room for nursing staff on duty and nursing station alongwith staff should be available at each floor and near patient care areas (as per Clause 5 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

14. Delhi Jal Board water bills or bills in r/o purchase of potable water (as per Clause 7 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

15. Health, Clothing & Sanitary requirement of staff (as per Clause 8 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).
   a) Medical fitness certificate of the staff at the time of their joining
   b) Date of last medical examination of the staff employed
   c) Bills in r/o purchase of uniform for staff
   d) Latest vaccination certificate (Hepatitis-B, etc.) of each employee

16. List of emergency drugs, equipments alongwith AMC/ CMC and undertaking regarding maintaining stock register w.r.t. equipment, instrument and linen (as per Clause 9 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

17. List of Resident Medical Officer (RMO) (as per Clause 13 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):
   a) For General ward/ room alongwith a copy of valid DMC Registration Certificate and their appointment letters.
   b) For ICU/NICU/CCU alongwith a copy of valid DMC Registration Certificate mentioning post-graduate degree in relevant specialty ICU and their appointment letters
   Note: In case the RMO is a non post-graduate doctor, the keeper shall submit his/her experience certificate for working for atleast one year in a 10 bedded ICU/CCU.

18. List of consultant alongwith a copy of valid DMC Registration Certificate (as per Clause 13 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):
   a) Full-time consultant
   b) Visiting consultant
19. List of nurses (minimum qualification GNM) along with a copy of valid DNC Registration Certificate and their appointment letters & salary paid (as per Clause 11 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):
   a) For General ward/room
   b) For ICU/NICU/CCU along with an experience certificate for working in a 10 bedded ICU for one year.
   c) For nursing supervisor in the ICU
   d) List of paramedical staff posted in the ICU along with their experience certificate and appointment letters

20. List of facilities/services (specialty-wise) (as per Column 6 of Form 'B').

21. Agreement with agency authorized by DPCC for Bio-medical waste disposal (as per Clause 17 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

22. Authorization of Delhi Pollution Control Committee for Bio-medical waste disposal (as per Clause 17 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

23. ETP/STP (as per Clause 17 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011):
   a) More than 50 beds Nursing Homes require consent to operate ETP/STP issued by DPCC.
   b) Upto 50 bedded nursing homes having laundry which is connected with DJB sewer system requires consent to operate ETP issued by DPCC.
   c) Upto 50 bedded nursing homes not having laundry which is connected with DJB sewer system does not require consent to operate ETP issued by DPCC.

24. Information w.r.t. linen & laundry and copy of agreement with the laundry vendor, if any (as per Clause 9 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).
   Note: Such nursing homes shall provide a copy of the agreement entered between the hospital & the vendor for laundry services and an affidavit on Rs. 100/- non-judicial notarised stamp paper regarding outsourced laundry services to the concerned vendor.

25. Authorization of Delhi Pollution control committee for generator or DG set (as per Clause 17 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

26. Detail of alternate arrangement for uninterrupted power supply (as per Clause 16 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

27. Fire Safety Clearance Certificate from Delhi Fire Services (HQ), GNCTD. (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

28. Certificate from Structure Engineer that the building up by follow the provisions of latest Indian Standard Specification as stipulated by Bureau of Indian Standards and also mentioned about the load capacity of the building, wind pressure, water current load, soil pressure and live load (as per Clause 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

29. Information w.r.t. high-end radiological diagnostic services, if any and requisite authorisation/certificate (as per Column 6 of Form 'B').

30. Information w.r.t. laboratory services, if any and their schedule of charges (as per Column 6 of Form 'B' & Clause 15 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).
31. Information regarding MTP registration and PC& PNDT registration, if any (as per Column 6 of Form 'B')

32. Information regarding schedule of charges of all the services in the hospital which should be prominently displayed and readily available at the reception and undertaking that the same shall not be changed without prior intimation to this Directorate (as per Clause 15 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

33. Details of ambulance of the hospital and its category (ALS/BLS/PTA) and its registration number (as per Column 6 of Form 'B')

Note: In case the nursing home does not have its own ambulance, the keeper shall provide a copy of the agreement entered with a registered ambulance services provider along with the registration certificate of the ambulance services.

34. Information about any laboratory & diagnostic services, pharmacy, shop and other commercial venture running in the premises (as per Column 6 of Form 'B')

35. Undertaking regarding not carrying out any research activities in the hospital (as per Section 5 of Delhi Nursing Homes Registration (A) Act, 2003)

Note: In case the word "Research" is used in the name of the nursing home, the keeper shall provide permission for carrying out research activities therein by the competent authority.

36. Affidavit on Rs. 100/- non-judicial notarised stamp paper regarding that the nursing home shall not refuse treatment to the injured/serious patients brought to them due to any reason whatsoever and that one being directed by the supervising authority in writing the nursing home shall provide reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamities including outbreaks and epidemics or disasters (as per Clause 14.2 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011).

37. Undertaking regarding requisite qualification of medical as well as paramedical staff (as per Column 18 of Form 'B')

38. Affidavit on Rs. 100/- non-judicial notarised stamp paper regarding non-DMC registered doctor/person will not be interfacing with the patients in disguise of doctor in the nursing home (as per DMC Act & Rules and Advisory issued by this Directorate)

39. Undertaking that all information furnished with form B for registration/renewal of registration is true to the best of my knowledge and belief and if is found wrong in any manner than I shall be held fully responsible for it and its legal consequences (Statutory requirement)

40. Sample copy of the following stationery (as per DMC Act & Rules):

- Hospital Letter Head/ Company letter head/ Prescription Slip / Hospital Admission Paper / Discharge Summary Paper / Indoor Clinical Note sheet etc.

41. Copy of last registration certificate (Statutory requirement)
**FORM 'B'**

**APPLICATION FOR REGISTRATION/RENEWAL OF REGISTRATION UNDER DELHI NURSING HOMES REGISTRATION ACT, 1953**

(SEE RULE 4 & 6)

दिल्ली उपचार गृह पंजीकरण अधिनियम 1953 की धारा के अधीन पंजीकरण एवं नवीकरण के लिए प्रार्थना पत्र

(नियम 4 व 6 देखें)

| 1. FULL NAME OF THE APPLICANT प्रार्थी का पूरा नाम। |
|---|---|
| 2. FULL RESIDENTIAL ADDRESS OF THE APPLICANT प्रार्थी का पूरा आवासीय पता। |
| 3. TECHNICAL QUALIFICATIONS IF ANY, OF THE APPLICANT प्रार्थी का तकनीकी योग्यताएं, यदि हो। |
| 4. NATIONALITY OF THE APPLICANT प्रार्थी का राष्ट्रीयता |
| 5. SITUATION OF THE REGISTERED OR PRINCIPAL OFFICE OF COMPANY/SOCIETY/ASSOCIATION / OR OTHER BODY CORPORATE कम्पनी, संस्था या अन्य निगम निकाय के प्रमुख या पंजीकृत कार्यालय की स्थिति। |
6. **NAME AND OTHER PARTICULARS (OF SERVICES ETC.) OF THE NURSING HOME IN RESPECT OF WHICH THE REGISTRATION IS APPLIED FOR**

जिस उपचार्य गृह के पंजीकरण के लिए प्रार्थना की गई है, उसका नाम व अन्य सेवाएं प्रदान करने का विवरण।

7. **PLACE WHERE THE NURSING HOME IS SITUATED (exact address to be mentioned)**

स्थान जहां उपचार्य गृह स्थित है।

(कृपया सही पता लिखें)

8. **BRIEF DESCRIPTION OF THE CONSTRUCTION SIZE AND EQUIPMENT OF THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH**

उपचार्य गृह या उसके साथ के किसी परिसर के निर्माण, आकार व साज साधन का संशोधन विवरण।

9. **WHETHER THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH ARE USED OR ARE TO BE USED FOR PURPOSES OTHER THAN THAT OF CARRYING ON A NURSING HOME क्या उपचार्य गृह या उसके संबंध में प्रयोग में आये किसी परिसर का उपचार्य गृह के अतिरिक्त उपयोग किया जा रहा है।**

10. **TOTAL NO. OF BEDS (कुल बिस्तरों की संख्या)**

(a) **NO. OF BEDS FOR MATERNITY PATIENTS**

(क) प्रमुख पत्रिका रोगियों के बिस्तर संख्या।

(b) **NO. OF BEDS FOR OTHER PATIENTS: (SPECIALITY WISE)**

(ख)अन्य रोगियों के लिए बिस्तर संख्या। (विशेषता अनुसार)

(c) **NO. OF FREE BEDS. (If applicable)**

(ल) मुफ्त बिस्तरों की संख्या
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>NAME, AGE AND QUALIFICATION(S) OF THE MEDICAL PRACTITIONER(S) SUPERVISING THE NURSING HOME. उपचार्य गृह का पर्यवेशण करने वाले चिकित्सा व्यवसायी का नाम, आयु व योग्यताएँ।</td>
</tr>
<tr>
<td>12</td>
<td>NAME, AGE QUALIFICATION(S) OF THE MEDICAL PRACTITIONER OR QUALIFIED NURSE, RESIDENT IN THE NURSING HOME. उपचार्य गृह के आवासी चिकित्सा व्यवसायी व योग्यता प्राप्त उपचारिका का नाम, आयु व योग्यताएँ।</td>
</tr>
<tr>
<td>13</td>
<td>NAME, AGE, QUALIFICATION (S) OF THE VISITING PHYSICIANS AND SURGEONS IN THE NURSING HOME. उपचार्य गृह में आयकर परामर्श देने वाले डॉक्टरों व अन्य शाय चिकित्सकों (फिजीशियन एवं सर्जन) के नाम, आयु व योग्यताएँ।</td>
</tr>
<tr>
<td>14</td>
<td>NAME, AGE &amp; QUALIFICATIONS OF MEMBERS OF THE NURSING STAFF IN THE NURSING HOME &amp; REGISTRATION NO. OF NURSES REGISTERED WITH NURSING COUNCIL OF THE STATE. उपचार्य गृह के उपचारिका वर्ग के सदस्यों के नाम आयु व योग्यताएँ। (नसिंग कोऑसिल का नाम व पंजीकरण संख्या)</td>
</tr>
<tr>
<td>15</td>
<td>PLACE WHERE THE NURSING STAFF IS ACCOMODATED. स्थान जहाँ उपचारिका वर्ग के रहने की व्यवस्था है।</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| **16** | **PROPORTION OF THE QUALIFIED AND UNQUALIFIED NURSES ON THE NURSING STAFF**  
उपचारिका वर्ग में योग्यता प्राप्त/योग्यता रहित उपचारिकाओं का अनुपात। |
| **17** | **THE NAMES OF QUALIFIED MEDICAL PRACTITIONERS & QUALIFIED MIDWIVES ON THE STAFF OF THE MATERNITY HOME ALONG WITH REGISTRATION NO.**  
प्रसूति गुह के कर्मचारी वर्ग में योग्यता प्राप्त विशिष्ट स्वस्थायी व योग्यता प्राप्त दाईयों के नाम |
| **18** | **WHETHER ANY UNREGISTERED/ MEDICAL PRACTITIONER(S) UNQUALIFIED NURSE/ MIDWIFE IS EMPLOYED FOR NURSING ANY PATIENT IN THE NURSING HOME (if so particulars thereof)**  
क्या उपचार्य गुह में किसी रोगी के उपचार के लिए कोई अपरीक्षित विशिष्ट स्वस्थायी या गैर योग्यता प्राप्त उपचारिका/दाई नियुक्त है।  
(यदि हो तो उसका विवरण) |
| **19** | **WHETHER ANY PERSON OF FOREIGN NATIONALITY IS EMPLOYED IN THE NURSING HOME AND IF SO, HIS/HER NAME AND OTHER PARTICULARS**  
क्या उपचार्य गुह में कोई विदेशी राष्ट्रीयता वाला व्यक्ति नियुक्त है, यदि ऐसा हो तो उसका नाम व अन्य विवरण। |
| **20** | **FEES CHARGED TO PATIENTS**  
रोगियों से लिया जाने वाला शुल्क। |
| 21 | WHETHER THE APPLICANT IS INTERESTED IN ANY OTHER NURSING HOME OR BUSINESS. AND IF SO, THE PLACE WHERE SUCH NURSING HOME IS SITUATED OR WHERE SUCH BUSINESS IS CONDUCTED & PARTICULARS THEREOF क्या प्रार्थी किसी अन्य उपचर्च गृह या व्यवसाय से भी संबंधित रहता है, यदि हां तो स्थान जहां वह उपचर्च गृह स्थित है, तथा जहां वह व्यवसाय किया जाता है। (उसका विवरण) |

| 22 | NO. & DATE OF EXPIRY OF THE CERTIFICATE OF REGISTRATION पंजीकरण के प्रमाण पत्र की संख्या व समय की तारिख। |

Note: If the space is insufficient, please use the separate sheet for each column.

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF & NOTHING IS CONCEALED.

इस अनुपालन विवरण मेरी पूर्ण जानकारी व विश्वास के अनुसार सही है।

DATED:

PLACE:

SIGNATURE OF THE APPLICANT प्रार्थी के हस्ताक्षर

NAME.................................

STAMP.................................

TEL. HOSP./OFF..............................

(FAX)

MOBILE.................................

(Email)

(Res.).................................

(Resi.).................................

(Res.).................................

(pager).................................

(पेजर).................................