



GOVERNMENT OF NATIONAL CAPITAL TERRITORY, DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
NURSING HOMES CELL

S-1, SCHOOL BLOCK, SHAKARPUR, DELHI-110092

Health.delhigovt.nic.in, nursinghomes.1@gmail.com,

Speed Post



F. No. 24/Misc./1/NH/DGHS/HQ/2016-17/..... 4/08

Dated. 2/3/20

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

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
(O/o NURSING HOME CELL)
3RD Floor, DGD Building, S-1, School Block, Shakarpur, Delhi-110092

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) :

02 to 10 beds	Rs. 2000/- + Rs. 100/- for Form 'B'
11 to 30 beds	Rs. 3000/- + Rs. 100/- for Form 'B'
More than 30 beds	Rs. 3000/- + Rs. 100/- for every additional beds + Rs. 100/- for Form 'B'

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 (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 2.1 of the Schedule appended to Rule 14 of DNHR (A) Rules, 2011)-

Type of ownership	Documentary proof
Individual	Affidavit & PAN Card
Partnership	Partnership deed/ Resolution alongwith NOC from each partner individually & PAN Card of the firm and partners
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):

Type of ownership	Documents required
Individual ownership	Sale deed
Rented premises	Copy of rent agreement at least five years/lease deed alongwith ownership proof by the Owner/ Lessor
Land owning agency (DDA; L&DO; DUSIB; MCD; NDMC, etc.)	Copy of valid Lease Deed & allotment letter and affidavit

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 alongwith 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 alongwith photographs of all open sides of the Nursing Homes from a distance of -
- 18 m in case of Category A,B,C & D in regular plotted development;
 - 13.5 m in case of Category C&D (rehabilitation colony) and Category E,F & G (regular plotted development)
 - 9 m in case of Category C & D (regularised) and category E, F & G (rehabilitation colony)
 - 5 m in case of Category E, F & G (walled city/regularised)
 - 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) :
- Size of Plot
 - Floor-wise blueprint
 - Dimensions of each room/ ward
 - Total Floor area
 - FAR
 - 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

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

Rooms

- Number of single bedded rooms
- Number of twin bedded rooms
- Number of three bedded rooms
- Number of five bedded rooms whether having attached toilet or not

Ward-

- Number of five bedded ward alongwith number of toilets

Cooling & heating -

- Number of air-conditioner & radiant heater- room/ ward wise
- Number of air-coolers & electric heater - room/ ward wise

Isolation Room -

- Number of isolation room available for communicable diseases.

Cleanliness -

- Number of times the room/ ward is swept & mopped and record maintained by the sanitation supervisor
- Number of times isolation room is swept , mopped & fumigated
- Type of flooring
- Height of waterproofing of the wall

11. Space Accommodation for the patient :

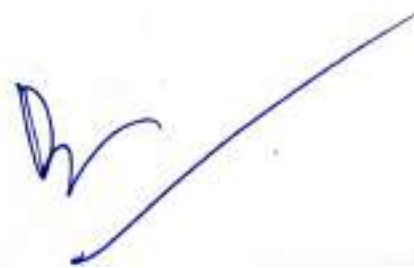
- Size of waiting area
- Sitting arrangement
- Facilities near reception/ registration counter
- Floor space
 - Room/ ward - 7.43 sq.m for one bed and 5.57 sq.m for every additional bed (exclusive of toilet area)
 - ICU - 11.15 sq.m per bed with atleast 0.91 m unencumbered on all sides including head-end.
 - 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 7of 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) alongwith 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 alongwith 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 alongwith 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& PNDR 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 alongwith 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 downloaded from internet

पंजीकरण सं०
(केवल पंजीकरण के नवीकरण हेतु)
बैंक ड्राफ्ट/पी.ओ.स. व दिनांक
राशि
बैंक का नाम एवं शाखा

Registration No.....
(only in case of renewal of Registration)
~~Bank Draft/P.O. No. & Date.~~ *Through Debit Card*
Amount.....
Name of the issuing Bank/Branch... *Invoice No. & date*

FORM 'B'
प्रपत्र (ब)
APPLICATION FOR REGISTRATION/RENEWAL OF REGISTRATION
UNDER DELHI NURSING HOMES REGISTRATION ACT, 1953
(SEE RULE 4 & 6)

दिल्ली उपचर्या 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 योग्यताएँ, यदि हो ।	
4.	NATIONALITY OF THE APPLICANT प्रार्थी का राष्ट्रियता	
5.	SITUATION OF THE REGISTERED OR PRINCIPAL OFFICE OF COMPANY/SOCIETY/ ASSOCIATION / OR OTHER BODY CORPORATE कम्पनी, समिति, संस्था या अन्य निगम निकाय के प्रधान या पंजीकृत कार्यालय की स्थिति ।	

6.	<p>NAME AND OTHER PARTICULARS (OF SERVICES ETC.) OF THE NURSING HOME IN RESPECT OF WHICH THE REGISTRATION IS APPLIED FOR जिस उपचर्या गृह कं पंजीकरण के लिए प्रार्थना की गई है, उसका नाम व अन्य सेवाएँ प्रदान करने का विवरण।</p>	
7.	<p>PLACE WHERE THE NURSING HOME IS SITUATED (exact address to be mentioned) स्थान जहां उपचर्या गृह स्थित है। (कृपया सही पता लिखें)</p>	
8.	<p>BRIEF DESCRIPTION OF THE CONSTRUCTION SIZE AND EQUIPMENT OF THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH उपचर्या गृह या उसके साथ के किसी परिसर के निर्माण, आकार व साज सामान का संक्षिप्त विवरण।</p>	
9.	<p>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 उपचर्या गृह या उसके संबंध में प्रयोग में आये किसी परिसर का उपचर्या प्रयोजन के अतिरिक्त उपयोग किया जा रहा है।</p>	
10	<p>TOTAL NO. OF BEDS (कुल बिस्तारों की संख्या) (a) NO. OF BEDS FOR MATERNITY PATIENTS (क) प्रसूति रोगियों के बिस्तर संख्या। (b) NO. OF BEDS FOR OTHER PATIENTS: (SPECIALITY WISE) (ख) अन्य रोगियों के लिए बिस्तर संख्या। (विशेषता अनुरूप) (c) NO. OF FREE BEDS. (if applicable) (ग) मुफ्त बिस्तरों की संख्या</p>	



11	<p>NAME AGE AND QUALIFICATION(S) OF THE MEDICAL PRACTITIONER(S) SUPERVISING THE NURSING HOME उपचर्या गृह का पर्यवेक्षण करने वाले चिकित्सा व्यवसायी का नाम, आयु व योग्यताएँ।</p>	
12	<p>NAME, AGE QUALIFICATION(S) OF THE MEDICAL PRACTITIONER OR QUALIFIED NURSE, RESIDENT IN THE NURSING HOME. उपचर्या गृह के आवासी चिकित्सा व्यवसायी व योग्यता प्राप्त उपचारिका का नाम, आयु व योग्यताएँ।</p>	
13	<p>NAME, AGE, QUALIFICATION (S) OF THE VISITING PHYSICIANS AND SURGEONS IN THE NURSING HOME उपचर्या गृह में आकर परामर्श देने वाले डाक्टरों व अन्य शल्य चिकित्सकों (फिजीशियन एवं सर्जन) के नाम, आयु व योग्यताएँ।</p>	
14	<p>NAME, AGE & QUALIFICATIONS OF MEMBERS OF THE NURSING STAFF IN THE NURSING HOME & REGISTRATION NO. OF NURSES REGISTERED WITH NURSING COUNCIL OF THE STATE उपचर्या गृह के उपचारिका वर्ग के सदस्यों के नाम आयु व योग्यताएँ। (नर्सिंग कौंसिल का नाम व पंजीकरण संख्या)</p>	
15	<p>PLACE WHERE THE NURSING STAFF IS ACCOMODATED स्थान जहाँ उपचारिका वर्ग के रहने की व्यवस्था है।</p>	



16	<p>PROPORTION OF THE QUALIFIED AND UNQUALIFIED NURSES ON THE NURSING STAFF उपचारिका वर्ग में योग्यता प्राप्त/ योग्यता रहित उपचारिकाओं का अनुपात।</p>	
17	<p>THE NAMES OF QUALIFIED MEDICAL PRACTITIONERS & QUALIFIED MIDWIVES ON THE STAFF OF THE MATERNITY HOME ALONG WITH REGISTRATION NO. प्रसूति गृह के कर्मचारी वर्ग में योग्यता प्राप्त चिकित्सा व्यवसायी व योग्यता प्राप्त दाईयों के नाम</p>	
18	<p>WHETHER ANY UNREGISTERED/ MEDICAL PRACTITIONER(S) UNQUALIFIED NURSE/ MIDWIFE IS EMPLOYED FOR NURSING ANY PATIENT IN THE NURSING HOME <i>(if so particulars thereof)</i> क्या उपचारिका गृह में किसी रोगी के उपचार के लिए कोई अप्रजिकृत चिकित्सा व्यवसायी या गैर योग्यता प्राप्त उपचारिका/ दाई नियुक्त है। (यदि हो तो उसका विवरण)</p>	
19	<p>WHETHER ANY PERSON OF FOREIGN NATIONALITY IS EMPLOYED IN THE NURSING HOME AND IF SO, HIS/HER NAME AND OTHER PARTICULARS क्या उपचारिका गृह में कोई विदेशी राष्ट्रियता वाला व्यक्ति नियुक्त है, यदि ऐसा हो तो उसका नाम व अन्य विवरण।</p>	
20	<p>FEES CHARGED TO PATIENTS रोगियों से लिया जाने वाला शुल्क।</p>	

21	<p>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</p> <p>क्या प्रार्थी किसी अन्य उपचर्या गृह या व्यवसाय से भी संबंध रखता है, यदि हां तो स्थान जहां वह उपचर्या गृह स्थित है, तथा जहां वह व्यवसाय किया जाता है। (उसका विवरण</p>	
22	<p>NO. & DATE OF EXPIRY OF THE CERTIFICATE OF REGISTRATION</p> <p>पंजीकरण के प्रमाण पत्र की संख्या व समाप्ति की तारीख।</p>	

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.

मैं निष्ठापूर्वक घोषित करता/करती हू कि उपर्युक्त विवरण मेरी पूर्ण जानकारी व विश्वास के अनुसार सही है।

DATED:
दिनांक

SIGNATURE OF THE APPLICANT
प्रार्थी के हस्ताक्षर

PLACE:
स्थान

NAME.....

STAMP.....

TEL. HOSP./OFF.....
दूरभाष अस्पताल/कार्यो

(RESI.).....
(निवास)

FAX.....
(फैक्स)

E-mail ID:-

MOBILE.....
(मोबाइल)

(pager).....
(पेजर)

