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Separate paging is given on this part in order that it may be filed as a separate compilation.

PART-IIA

GOVERNMENT OF MEGHALAYA

ORDERS BY THE GOVERNOR

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NOTIFICATIONS

The 14th April, 2015.

No.Health.18/2000/240.—In exercise of the powers conferred by Section 21 of the Meghalaya Nursing Homes/Licensing and Registration Act, 1993, the Governor of Meghalaya is pleased to make the following rules to regulate licensing and registration of Nursing Homes in the State as follows :-

1. Short title,commencement and application :

(i) These rules may be called the Meghalaya Nursing Home (Licensing and Registration) Rules, 2015.

(ii) It extends to the whole State of Meghalaya.

(iii) It shall come into force from the date of notification in the Official Gazette,

(iv) It shall apply to all Nursing Homes as defined in the Act other than the Nursing Homes set up by the Central Government or the State Government.

2. Definitions:

1. In these rules, unless the context otherwise requires,

(a) "Act" means the Meghalaya Nursing Homes (Licensing and Registration) Act, 1993,

(b) "Authority" means the Meghalaya Licensing and Registering Authority constituted under Section 4 of the Act,

(c) "Licence" means a licence referred to in Section 8 of the Act,

(d) "prescribed" means as prescribed by the Rules, made under the Act;

(e) "State Government" means the Government of the State of Meghalaya,

(f) "Major Offence" means -

(i) running a Nursing Home without a valid licence,

(ii) negligence in treatment, investigation or procedure in treating a patient or person in the Nursing Home or malafide or wilful intention,

(iii) Engaging State Government Doctor(s), Nurse(s) and Paramedical(s) including those already engaged under Contract with any State Government agency for serving in a Nursing Home,

(iv) Non-compliance to Section 12 of the Act,

(g) "Minor Offence" means - Non-compliance to any of the provisions of the Act, Rules and/or direction of the Authority, which is not included as a major offence, and

(h) "Form" means a form appended to these Rules,

(2) (I) Words and expressions used herein and not defined in these rules but defined in the Act, shall have the same meanings, respectively, assigned to them in the Act.

(3)The Principles and Criteria for Granting of Registration of Nursing Homes and other Clinical Laboratories :

(1) A Nursing Home should fulfil the minimum requirement as specified in the Schedule I to these Rules. The Schedule may be modified by the Authority with the prior approval of the State Government as and when considered necessary.

(2) Any person (s) desiring to open a Nursing Home shall obtain a certificate from Meghalaya State Pollution Control Board and in case of a person who is not a member of Schedule Tribe shall furnish particulars of Trading Licence granted by the concerned District Council and the Registration applied under these Rules is for business in research area of the concerned Autonomous District Council.

(3) Nursing Home while applying for Registration or Renewal should furnish a No Objection Certificate from Meghalaya Urban Development Authority. In case of Nursing Home located outside the jurisdiction of Municipality/Urban areas, a No Objection Certificate should be obtained from the concerned Town Committee authority and/or the Village Durbar.

(4) Every Nursing Home must have the services of qualified full-time Specialist (s) for each medical discipline, proposed to be serviced in the Nursing Home, Pharmacist (s), Dietician (s), Nurse (s) and Paramedic (s). Particulars and certificates of all such employees must accompany with application for Registration or Renewal.

Further, no Nursing Home, as defined shall engage any doctor (s) including Specialist (s), Nurse (s) and Paramedic (s) engaged in State Government Service including those under Contract with any State Government agency or who are bound under bond-cum-agreement executed with the State Government for the purposes of MBBS/BDS/Other Courses.

(5) Establishment of Clinic Laboratories may be allowed only if the promoter has a valid permission from Meghalaya Urban Development Authority (MUDA) to construct the building. In case the Laboratories are to be established in the existing building,the clearance of MUDA will be necessary in addition to approval from the Director of Health Services (Medical Institutions).

4. Terms and Conditions of the Licence :

(1) The Registration of Nursing Home and Renewal thereof will be made for a period of 3 (three) years only at a time.

(2) For Renewal of Registration, an application should be made to the Authority at least 6 (six) months before the expiry of Registration.

(3) All forms, documents, prescriptions, bills maintained and issued by a Nursing Home shall bear in print on them the Registration Number and Date of Expiry of the Registration.

(4) Family Planning/Immunization activities should be undertaken by all the Nursing Homes and all the Services, Advisories should be provided free of cost to any BPL family. The Tubectomy/Vasectomy operation should be performed free of cost. All other National Health Programmes/Rashtriya Swasthya Bima Yojana etc. should also be implemented as may be

directed by the Director of Health Services (Medical Institutions) from time to time. In case of emergency/grave calamity/epidemic the services of the Nursing Home (s) shall be available at the call/direction from the Director of Health Services (Medical Institutions).

(5) No Nursing Home shall be permitted to operate facilities/services other than those allowed under the Licence. In case additional services/facilities are required to be provided in the Nursing Home, the owner should apply to the Authority for grant of permission to all such facilities/services and until the permission is granted, the owner cannot provide such services.

(6) An up to date Register shall be maintained in which names, present and permanent addresses and qualification (s) of all employees (part time, temporary and permanent) of the Nursing Home are to be maintained and produced when required.

(7) Nursing Home (s) having not less than 30 (thirty) beds can be termed as "Hospital" and are to accept and provide medicare services to emergency cases during day and night.

(8) All Nursing Homes should comply with the principles and criteria for granting of Registration of Nursing Home and conditions in these Rules and the terms and conditions of the Act/Rules.

5. Form of Application of a Licence and for Registration of a Nursing Home :

(1) An application for Registration and Renewal of Registration of Nursing Home should be made in triplicate in Form I and declaration in Form II along with all documents as specified in Rule 3.

(2) Certificate of Registration will be issued as per Form III.

(3) Rejection of application for registration or Renewal of registration will be issued as per Form IV.

(4) Fees for application forms, Registration and Renewal of Nursing Home may be revised by the Authority from time to time but not more than once in a calendar year.In case of pre-existing Nursing Homes, that is, those in existence before these Rules come into force, they are to submit for Renewal after fulfilling all the conditions within two months from the date of Notification of these Rules in the Official Gazette.

6. Form of Periodical Returns and Statistics to be submitted by the Licensee to the Authority :

Each Nursing Home will maintain a Register of patients admitted as per Form V which will be subjected to inspection by the Authority or such Official/Member who may be authorized by the Authority or such Official as may be authorized by the State Government. An extract of this Register should be submitted to the Authority within 7 (seven) days of expiry of each calendar month.

7. Mode of Holding Meeting and Conduct of Business by the Authority :

(1) The Authority shall meet in such place and time as may be decided by the Chairperson.

(2) Notice and Agenda for the meeting should be circulated to all members at least 15 (fifteen) days before the date of meeting except in case of emergency where meeting may be called at short notice with prior approval of the Chairperson.

(3) The Authority shall meet at least once every three months or as often as may be necessary.

(4) All decisions of the Authority should be unanimous. In case of differences, all members of the Authority present will have an equal right of voting on any decision to be taken.

(5) The Official Members will draw TA/DA for attending the meeting from the source from where they draw their pay and allowances. Non-Official Members will be entitled to TA/DA as admissible to Grade I employees of State Government. A sitting fee of Rs 300/- (Rupees Three Hundred only) shall be paid to all members present.

(6) If there is no quorum in two consecutive meetings, the Chairperson may take his decision but the decision is subject to the approval by the State Government.

8. Fees Payable for Applying for a Licence and Registration of a Nursing Home and for Renewal of the same :

(1) The application form for Registration or Renewal of Nursing Home can be obtained from the Director of Health Services (Medical Institutions) on payment of Rs 500.00 (Rupees five hundred only) by Indian Postal Order/Treasury Challan payable to the Director of Health Services (Medical Institutions), Government of Meghalaya.

(2) The Registration fees of Nursing Homes are as follows: -

A. Nursing Home			
Sl No.	**Bed Strength etc.**	**Registration**	**Renewal**
(i)	Upto 29 beds	Rs.10,000.00	Rs.5,000.00
(ii)	30 beds to 50 beds	Rs.20,000.00	Rs.10,000.00
(iii)	51 beds to 100 beds	Rs.50,000.00	Rs.25,000.00
(iv)	101 beds to 200 beds	Rs.75,000.00	Rs.30,000.00
(v)	201 beds to 400 beds	Rs.1,00,000.00	Rs.50,000.00
(vi)	401 beds and above	Rs.1,50,000.00	Rs.75,000.00
(vii)	(vii) Diagnostic Laboratory : (a) Laboratory with only Chemical Pathology, Microbiology,Bio-Chemistry Testing facilities (b) Additional facilities like Laboratory with Serology & Histopathology etc.	Rs.4,000.00 Rs.8,000.00	Rs.3,000.00 Rs.6,000.00
(viii)	Radiological facilities	Rs.10,000.00	Rs.8,000.00
(ix)	C.T. Scan,Ultrasound and other modern diagnostic facilities	Rs.12,000.00	Rs.10,000.00
(x)	Physiotherapy Clinic/Centre	Rs.6,000.00	Rs.5,000.00

(xi)	Rehabilitation Therapy	Rs.4,000.00	Rs.3,000.00
B.Diagnostic Centre/therapeutic Centre/Private Clinic etc			
Sl No.	**Bed Strength etc.**	**Registration**	**Renewal**
(i)	Diagnostic Laboratory : (a) Laboratory with only Chemical Pathology, Microbiology, Bio-Chemistry Testing facilities (b) Additional facilities like Laboratory with Serology & Histopathology etc.	Rs.4,000.00 Rs.8,000.00	Rs.3,000.00 Rs.6,000.00
(ii)	Radiological facilities	Rs.10,000.00	Rs.8,000.00
(iii)	C.T.Scan,Ultrasound and other modern diagnostic facilities	Rs.12,000.00	Rs.10,000.00
(iv)	Physiotherapy Clinic/Centre	Rs.6,000.00	Rs.5,000.00
(v)	Rehabilitation Therapy	Rs.4,000.00	Rs.3,000.00
(vi)	Private clinic	Rs.3,000.00	Rs.2,500.00

9. Any Other Matter :

(1) A copy of the Act and Rules shall be made available to each Nursing Home while granting Licence.

(2) Each Nursing Home will display prominently a schedule of rates charged for various services preferable in a glass bound frame in the reception counter. A copy of the Schedule of Rates should be submitted to the Authority in Form I para 4 and 5. In case any revision is made in the existing Schedule of Rates, a copy of the same should be submitted to the Authority within 7 (seven) days from the date of revision of the Schedule of Rates, provided that the Schedule of Rates should not be revised more than once in a calendar year.

(3) All Nursing Homes shall issue Bill to every patient strictly according to prevailing Schedule of Rates. The duplicate carbon copy should be retained by Nursing Home which will be liable for inspection by the Authority or by any member/official authorized by the Authority.

(4) The Authority may requisition the services of District Medical and Health Officer of the District/Drugs Inspector/Food Inspector through the Director of Health Services (Medical Institutions) for conducting enquiry and such enquiry Officer shall submit the enquiry report to the Authority as soon as it has been done so.

(5) The Authority shall publish a list of Nursing Homes registered/renewed through Official Gazette and newspaper every year showing the name and address of a Nursing Home and the period for which registered/renewed.

(6) All amounts collected as fine as laid down in Section 16 of the Act and fees as prescribed in Rule 8 (a) and 8 (b) shall be deposited in the revenue accounts of the State Government by way of a Treasury Challan under appropriate receipt head of account under Health and Family Welfare Department.

(7) Any appeal arising out of the order of the Authority as per the provisions under Section 16 shall be made within 30 (thirty) days of the passing of such order by the Authority under Section 14 to the State Government.

Schedule – I
[(see Rule 3 (1)]
PART I: Minimum requirement for a Nursing Home

The level of Health Care available is an indication of the overall development of the society. In the past Health Care was the sole responsibility of the State Government and all hospitals were managed and maintained by the State Government directly.With the increased level of development and high growth of urbanization there is demand for Specialized Health Care Centers. Shillong has in the past few years witnessed growth of Nursing Homes, Clinics and Health Care Centers in the private sector.This has no doubt reduced the pressure on State Government managed Health Care Centers but has also brought in its wake certain problems as all of them do not follow the approved norms.

Since the development of such centres was the result of the increased demand for Health Care, not much pre-planning was done. As a result, such centres have come up even in commercial areas and residential zones.Any proposal for establishment of Nursing Homes should contain the declaration of ownership/ name of promoters, the investment and financing pattern and should be accompanied with a building plan which shall include total floor area proposed, facilities likely to be provided, the number of beds to be made available with beds utilization rate and the approximate cost of the building. The plan will also indicate the various departments in the proposed Nursing Homes, such as the Out Patient Department, Emergency Services, In Patient Department, Facilities for Operation and such other facilities like Drinking Water, Toilets, Urinals, Registration Room, Paying Counter, Pharmacy, X-Ray Department, Laboratories, Injection and Dressing Room, Blood Storage Facilities etc.

The permission/licence when granted should contain provision for Registration and Renewal fees plus proviso for requisition of the Nursing Home etc., if the need so arise on account of epidemic etc., as determined by the State Government. The norms for 30 (thirty) and 100 (one hundred) bedded hospitals are as follows:

1. The total minimum floor area required for 30 (thirty) bedded hospital shall be 1100 Sq. metres and the total ground area may be 3,500 Sq. metres.
2. For a 100 (one hundred) bedded hospital the total floor area shall be 5300 Sq. metres and the total land area may be 15,000 Sq. metres.
3. Water supply may be provided at the rate of 500 litres per head per day.
4. Electric supply @ 1 Kilowatt per person is to be available.
5. Maintenance cost Rs. 150/- (rupees one hundred and fifty only) per day.
6. Land of sub-soil water and structure of the soil – 10 (ten) feet below the sub-soil water – Foundation
7. Electric Supply – 1 K.W. per person per day (to indicate alternative power supply in case of electricity failure).
8. Sewage Disposal – 450 litres per patient per day.
9. Oxygen requirements – there should be sufficient supply of oxygen.
10. Nitrous Oxide – there should be sufficient supply of Nitrous Oxide.
11. Height of the Room/Ward – Not more than 10 feet in absence of air condition or ventilating openings.
12. Window area – 1/5 of the floor area.
13. Door and Window area – 2/5 of the floor area.
14. Cubic space – 500 cubic feet per person.

15. Floor/Bed area – 80-100 Sq. Ft.
16. Floor area in Intensive Care Unit, Burn Unit, Coronary Care Unit, Renal Dialysis Unit – Bed area requirement is 120 Sq. Ft.
17. Bed space – 8 feet between beds centre.
18. Bed space for Intensive Care Ward,Communicable Disease Ward and Post Natal Ward – 3 feet.
19. Floor to be terraced tiles – marble/ceramic tiles.
20. Walls to be reduced preferable up to 6 feet built in mosaic/ceramic tiles.
21. Wash basins to be provided in Nursing Unit, in each patient area and in toilet.
22. Each ward unit should have isolation room, dirty and clean utility room, treatment and janitor closet.
23. Central heating should be invariably provided.

PART II : Other factors to be indicated :

Site should be away from noise and nuisance.
To indicate layout of drainage system for Sewage and Sewerage.
To indicate the site for incinerator.
Building should keep provision for layout of future mechanical laundry.
Till the time of installation of equipment for mechanical laundry manual washing and linens and clothings can be carried out with an indication of an approximate timing for completion of such installation.
For sterilization of equipment, hot air oven and autoclaves to be used.
Where obstetric services are given, rooming-in of new born be provided.
There should be separate nursery for pre-mature and infected new born.
New born nursery should be next to obstetric wards.
Nursery should be provided with glazed walls and ante-room for changes.
Where paediatric wards are provided the number of toilets to be provided should be double the required norm for an ordinary ward.
Paediatric ward should provide play-room for children and a room for mother where they can rest.
There should be facilities for medical check up of hospital staff of all categories particularly cooks and staffs of the dietary department.
Provision of residential quarters for residential doctors, nurses and essential technicians etc.
The residential campus should be near the hospital but outside the boundary of the hospital.
The need to have a Scientific Bio-Medical Waste Management System by all Private Nursing Homes/Clinics.
There should be facilities for public bath, latrines, cooking places and canteens.
Reservation for the poor in the form of free beds should be 10 percent of the hospital bed strength.
Provision for adequate parking facilities for staffs and visitors.
Hospital workshop, hospital mortuary, hospital kitchen, hospital stores and teaching facilities for those supposed to perform action of hospitals like laundry, kitchen etc.
Surgical ward should have an operation theatre nearby.
There should be complete conformity with fire safety norms and provision of Emergency Exit.

PART III: Specification for Operation Theatre (OT) :

OT must be air conditioned. There should be circulation of 100 percent fresh air.
There should be provision of ultra violet lamps which can be switched on when OT is not in use to achieve zero bacterial air count.
Total humidity of OT should be 60 degrees.
Temperature should be 20 degrees centigrade.
Air change should be 20 times per hour.
There should be outlets near ground level for the escape of heavy gaseous vapours which cannot rise beyond 5 to 6 feet, that is, the air exhaust should be near the ground.
The OT should be provided with decreasing gradient of pressure, that is, clear zone, protective zone, disposal zone. The idea of decreasing gradient pressure is that the infected air from other zones should not travel towards the aseptic zone. The aseptic zone is the actual area where operations are performed. Disposal zone is where instruments, linens etc. after the operations are taken and passed on for cleaning, re-sterilization etc.
OT windows should have double glass.
OT flooring to be made moderately electro-conductive.
The electric fitting should be of remote control and if provided inside should be 6 feet above the ground to avoid chances of explosion.
Walls up to the roof should be built in mosaic/marble or painted by Vinyl Emulsion paint which lends itself to easy cleaning.
For teaching hospitals, close circuit Television system should be installed for the students to witness the operation.
The OT should be as close to the user unit (Surgical Ward) as possible.
The protective zone of an OT should provide facilities like pre-anaesthesia room, recovery room, stores for theatre, few autoclaves, etc., facilities for mobile X-Rays, dark room etc.
The clear zone provides change room for doctors, nurses etc. There should be trolley exchange hatch area.

PART IV : Medical Record Department (MRD)/ Administrative Block :

To keep in patient records of 10 years (Minimum).
There should be space for storage of records and for doctors to complete incomplete records.
The Administrative block should be so located that it is easily approachable to public, to the staffs and also to the patient.
The block should be in such a position that it is secured from security aspect.

PART V: Clinical Laboratories:

The Laboratory should be located in a place easily approachable by the public.
Facilities for Waiting room, Seating arrangement, Drinking water, Toilet, Magazines and Health Education Materials and Attendants should be provided. A register indicating names, age, sex, address, type of test, result etc., should be maintained and should be available for inspection by the concerned authority.
Type of services available at the laboratory should be clearly mentioned and the charges should be within the affordability of the general public. The charges for different laboratory tests should conform to the norms prescribed by the State Government and available with Pasteur Institute, Shillong.

Charges for different types of examination should be clearly mentioned and uniformity should be maintained. Provision should be made for poor and indigent people (2-5 percent) for getting free investigation/treatment.
The specification of the different types of equipment being used for examination and their maintenance, utilization as far as possible should be of the latest and capable of producing reliable results should be insisted.
The Laboratory should be provided with proper electricity and generator should be kept as an alternative.
Provision should be made for 24 hours water connection.
Total cost of maintenance for laboratory should be specified, for example, cost of expenditure of staff, building, equipment, medicines, etc.
Provision of necessary medicines, life saving drugs and equipment like disposable needles and sterilized bottles etc should be made available to the patients.
Strict hygienic condition should be maintained in the laboratory.
Every laboratory should have a well maintained refrigerator.
Use of disposable syringes must be imposed on each and every case to avoid transmission of communicable diseases and this should be properly disposed.
Contaminated waste materials should not be thrown indiscriminately but should be disposed as per the existing Waste Management Act and Rules. Registration may be withdrawn if such materials are thrown in the public drain or dustbins.
The laboratory should have proper drainage system, where liquid waste can be discharged in a safe and aesthetic way. There should be a provision of a soak pit, the size of which would depend on the daily quality of waste being discharged.
Laboratory technician should be well-trained and should obtain efficiency certificate from competent authority.
A qualified clinical pathologist/microbiologist etc with post graduate degree/diploma should be available to supervise and guide the activities.
Emergency service for patients coming for different examinations should be provided.
Specified timing in the notice board should be adhered to.
Arrangements should be made for issue of prompt and accurate report for proper management of cases.

PART VI: Private Clinics :

The Doctor(s) setting the clinic should also ensure that it is provided with:
(a) Spacious waiting room.
(b) Adequate seating arrangement.
(c) Magazine and Health Education Materials, Posters, Charts, etc related to health.
(d) Exhaust fans
(e) Drinking water and toilet
(f) Dustbins
(g) A regular attendant for each doctor
(h) Maintenance of a regular entry register indicating various particulars such as name, age, sex, diagnosis, treatment and referral. These registers should be made available for inspection at any time during working hours by the concerned authority.
(i) Priority should be given to Emergency cases.
(j) Consultation time should be specified and adhered to.
(k) To mention the name and qualification, date and timing of a doctor available for consultation.

PART VII : Affiliation with Licensed Blood Banks:

Hospitals/Nursing Homes should therefore seek approval from the State Licensing Authority which is governed by the State Blood Transfusion Council (SBTC),for setting up of blood storage centres in their respective Centres.

Consent for supply of screened blood units and reagents required for the purpose should be sought from any Licensed Blood Bank (Mother Blood Bank),prior to application of approval.

Y. TSERING,
Additional Chief Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

FORM I

[See Rule 5 (1)]

Application for Registration of Nursing Home/Renewal of Registration to be submitted in triplicate.

1. Name of the applicant in full

Recent Passport Photograph of the applicant

(Specify Shri/Smti/Kum/Dr.)

2. Address of the Applicant

3. Capacity while applying
(Specify Owner/Partner/Managing Director/Other to be named)

4. Types of Services rendered by the Nursing Home.

Sl. No.	Type of Service	Name of the Doctor in charge of the Services/Discipline	Age	Qualification with Registration Number (attested copies to be furnished
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				
6.				

5. Type of Diagnostic facilities provided by the Nursing Home.

Sl. No.	Type of Diagnostic facilities available	Equipment with make/model	Name of person in charge	Age	Qualification with Registration Number (attested copies to be furnished
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					

7. Full Name and Address of the the Nursing Home.

Name of the Nursing Home.

Location.

Post Office.

Police Station.

District.

Pin Code.

Phone.

Fax: Telex:

7. Type of Ownership and organization
[Specify individual ownership/partnership/company/
Co-operative/any other (in case of type of ownership other)]

(_____)
Name and Signature of Applicant

Date :
Place :

N.B. Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant.

FORM II
[See Rule 5 (1)]

D E C L A R A T I O N

I, Shri/Smti/Kum/Dr. _____son/daughter/wife of

_____age_____years, resident

of_____ hereby declare that I have read and understood the Meghalaya Nursing Home (Licensing and Registration) Rules, 2001. I also undertake to explain the said Act and Rules to all employees/consultants of the Nursing Home in respect of which registration is sought and to ensure that the Act and Rules are fully complied with.

(_____)
Name and Signature of Applicant.

Date :
Place :

N.B. Strike out whichever is not applicable or not necessary. All enclosures are to be authenticated by signature of the applicant.

ORIGINAL

DUPLICATE FOR DISPLAY

F O R M - III
[See rule 5 (2)]

CERTIFICATE OF REGISTRATION

(To be issued in duplicate)

1. In exercise of the powers conferred under Section 11(1) of the Meghalaya Nursing Home (Licensing and Registration) Act, 1993 as amended, the licensing authority hereby grants registration of Nursing Home and defined in the aforesaid Act for a period of 3 (three) years from _____ to _____.

2. The registration is granted subject to the aforesaid Act and Rules and any contravention thereon shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of 3 (three) years.

3. Name and Address of the Nursing Home :

4. Name of Applicant of Registration :
   Services to be provided:
   i)
   ii)
   iii)

5. Registration Number allotted :

6. For Renewed Certificate of Registration only: Renewed from _____ to _____.

Signature _____

Name _____

Designation_____
Member Secretary Meghalaya Nursing Home
Licensing and Registration Authority.

Seal

N.B. Strike out whichever is not applicable or not necessary.

DISPLAY ONE COPY OF THIS CERTIFICATE AT A CONSPICUOUS PLACE AT THE PLACE OF BUSINESS

F O R M IV
[See Rule 5 (3)]

REJECTION OF APPLICATION FOR REGISTRATION OR RENEWAL OF REGISTRATION

In exercise of the power conferred under Section 11 (1) of the Meghalaya Nursing Home (Licensing and Registration) Act, 1993 as amended, the Licensing Authority hereby rejects the application for grant/renewal of registration of the Nursing Home named below for the reasons stated.

Name of the Applicant
who has applied for
Registration/Renewal

Reasons for Rejection

Date :

Signature _____

Name _____

Designation_____
Member Secretary Meghalaya Nursing Home
Licensing and Registration Authority.

Seal

N.B. Strike out whichever is not applicable or not necessary.

F Ø R M V
(See Rule 6)

Name and Address of Nursing Home _____ Month _____

Registration No. _____

Receipt No.	Name & Address of Patient	Name of father/husband/wife of the patient	Age of the patient	Date & time of Admission	Diagnosis of ailment	Date & time of discharge	Services provided and total amount paid by the patient	In case of death of patient, cause of death	In case of discharge, advice given to the patient	Signature of in charge of Nursing Home
1	2	3	4	5	6	7	8	9	10	11

F O R M VI
See Rule 3 (4)

The application in Form 'I' in duplicate for grant*/renewal* of registration of Nursing Home by (Name and Address of Applicant)

_____

_____ has been received by the Meghalaya

Nursing Home Licensing and Registration Authority on _____.

* List of enclosures attached to the application in Form 'I' has been verified with the enclosures submitted and found to be correct

OR

* On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

This acknowledgement does not confer any right on the applicant for grant or renewal of registration.

Date :

Signature _____

Name _____

Designation_____
Member Secretary, Meghalaya Nursing Home
Licensing and Registration Authority.

Seal

* Strike out whichever is not applicable or not necessary.