

RESEARCH DESIGN & STANDARD ORGANISATION, LUCKNOW

1. NAME OF THE HOSPITAL & ADDRESS: _____

2. HOSPITAL ADMINISTRATION: Private/ Institutional/ Corporate/ Trusts

3. TELEPHONE/ FAX/ Email: _____

4. EMPANELMENT APPLIED FOR:

- A) Multi-speciality Hospital: _____
i) Experience: _____
ii) Specialities applied for _____
B) Single Speciality Hospital: _____
i) Speciality: _____

5. TOTAL NO. OF BEDS: _____

CATEGORY-WISE NUMBER OF BEDS AVAILABLE:

- (i) Casualty/ Emergency Ward: _____
(ii) ICCU/ IUC/ NICU: _____
(iii) General: _____
(iv) Twin Sharing: _____
(v) Single A/c: _____
(vi) Single Non A/c: _____
(vii) Super Deluxe: _____

6. STAFF PATTERN: (can attach a separate sheet)

- (a) Doctors with Qualification: _____
(i) Full time Specialist: _____
(ii) Visiting: _____
(iii) RMO with Qualification: _____

(b) Nursing Staff Nos. with Qualification: _____

(c) Para Medical Staff Nos. (Category wise: _____
(Attach separate sheet if necessary)

7. Laboratory facility available (In-house)

- | | | |
|-------------------|-----|----|
| (a) Pathology: | Yes | No |
| (b) Microbiology: | Yes | No |
| (c) Biochemistry: | Yes | No |

8. Imaging Facility

- | | | |
|--------------------------|-----|----|
| (a) X-ray: | Yes | No |
| (b) Sonography: | Yes | No |
| (c) CT Scan: | Yes | No |
| (d) MRI: | Yes | No |
| (e) Portable X-ray Unit: | Yes | No |

9. Supportive Service

- (a) Boilers/ Sterliser: _____
 (b) Ambulance: _____
 (c) Canteen: _____
 (d) Waste Disposal System as per prescribed rules: _____
 (e) Blood Banks: _____
 (f) Pharmacy (In-house): _____
 (g) Physiotherapy: _____
 (h) No. of Operation Theaters: _____

10. Cardiological Facilities:

NON INVASIVE:

- | | | |
|----------------------|-----|----|
| (a) 2D-ECHO: | Yes | No |
| (b) TMT: | Yes | No |
| (c) Other (Specify): | Yes | No |

INVASIVE:

- | | | |
|------------------------|-----|----|
| (a) Cath Lab: | Yes | No |
| (b) Cardic Surgery OT: | Yes | No |
| (c) Other (Specify): | Yes | No |

11. Hameodialysis/ Urology/ Urosurgery/ Nephrology/ Renal Transplant:

- | | | |
|------------------------------------------------------------------------|-----|----|
| (a) Whether the Hospital No. has in house Urologist: | Yes | No |
| (b) Renal Transplantation Surgeon : | Yes | No |
| (c) Certificate for renal transplantation
from competent authority: | Yes | No |
| (d) Hameodialysis Unit: | Yes | No |
| (e) Trained Paramedical Staff: | Yes | No |
| (f) Nephrologists: | Yes | No |

12. TRUP/ LITHOTRISY:	Yes	No
------------------------------	-----	----

13. ENDOSCOPIC/ LAPROSCOPIC SURGERY:

- | | | |
|----------------------------|-----|----|
| (a) Endoscopy: | Yes | No |
| (b) Laparoscopy Surgery: | Yes | No |
| (c) Back Up Open Surgery : | Yes | No |

14. Orthopedic:

- | | | |
|-----------------------------------------------------------------------------------------|-----|----|
| (a) Whether the Hospital has aseptic operation
theatre for Orthopedic procedure: | Yes | No |
| (b) Whether having required instrumentation
for both Hip and Knee Joint replacement: | Yes | No |
| (c) Facilities for Arthroscopy: | Yes | No |
| (d) Facilities for Arthroscopy Surgeries: | Yes | No |
| (e) 'C' Arm facility: | Yes | No |
| (f) Physiotherapy Unit: | Yes | No |
| (g) E-ray Unit: | Yes | No |

15. E.N.T.

ESSENTIAL INFORMATION

(a) Whether is has required instrumentation for ENT surgery and diagnostic procedures:	Yes	No
(b) Facilities for Nasal Endoscopy:	Yes	No
(c) Facilities for reconstruction surgery:	Yes	No

16. OBSTETRIES & GYNAECOLOGY

ESSENTIAL INFORMATION

(a) Whether the Hospital has aseptic operation theatre for Gynae & Obst. Procedure:	Yes	No
(b) Whether having required instrumentation for both Gynae & Obst.:	Yes	No
(c) Facilities for Caesarean Section:	Yes	No
(d) Facilities foe Septic & Aseptic Labour:	Yes	No

17. Neurology/ Neuro Surgery:

(a) Barrier nursing for isolation patients:	Yes	No
(b) Facility for Gama knife Surgery:	Yes	No
(c) Facility for Trans sphenoidal endoscopic Surgery:	Yes	No
(d) Facility for Steriotatic Surgery:	Yes	No
(e) Facility of ICTU:	Yes	No
(f) Facility of EFG:	Yes	No
(g) Facility for Electrophysiology study:	Yes	No

18. Gastro Enterology/ G. I. Surgery:

(a) Required instrumentation for G.E./ G.I.:	Yes	No
(b) Facility for Endoscopy Specify details:	Yes	No

19. Ophthalmology:

(a) IOL with Faco Surgery Facility:	Yes	No
(b) Well-equipped OT:	Yes	No
(c) Lase Facility:	Yes	No

CANCER HOSPITAL

Infrastructure & Tech. Details:-

(a) Names of Oncologist (with qualification):		
(b) Oncho Surgery:	Yes	No
(c) Whether it has required instrumentation for Oncology Surgery:	Yes	No
(d) Facilities for chemotherapy:	Yes	No
(e) Facilities for Radio Therapy:	Yes	No
(f) Radio Therapy Facilities & Manpower Shall be as per guidelines of BARC:	Yes	No
(g) In house pathology Haematology:	Yes	No

20. Paediatric:

(a) NICU/ PICU:	Yes	No
(b) Paediatric Monitor:	Yes	No
(c) Paediatric Ventilator:	Yes	No
(d) 24 hours Bak-up of	Yes	No
(e) Paediatric/ Neonatologist:	Yes	No

21. Diagnostic Centers:

(1) Radiology:

(a) Routine X-ray:	Yes	No
(b) Sonography:	Yes	No
(c) Dopler study:	Yes	No
(d) CT Scan:	Yes	No
(e) MRI:	Yes	No
(f) Others:	Yes	No
(g) Doctors Qualification:	Yes	No
(h) Experience:	Yes	No
(i) Working Hours:	Yes	No
(j) Any other facility:	Yes	No
(Attach separate sheet if necessary)		

(2) Pathology & Microbiology:

(a) Routine Haematology:	Yes	No
(b) Histopathology:	Yes	No
(c) Routine biochemistry:	Yes	No
(d) Immunoeyassey:	Yes	No
(e) Harmoneyassey:	Yes	No
(f) Routine Microbiology:		
(g) PCR:	Yes	No
(h) Any other (please specify):	Yes	No
(i) Experience:	Yes	No
(j) Doctors with qualification:	Yes	No
(k) Working Hours:	Yes	No
(Attach separate sheet if necessary)		

22. Agreed all terms & conditions specified on website:

Other Information:

- 1. Income Tax returns for last three financial years:**
- 2. Service tax number/ Certificate & PAN Number:**
- 3. Detail of Registration**
- 4. Details of the organizations who have empanelled with your hospitals. Please enclose copy of agreement with full particulars.**
- 5. Whether Doctors are available during night time to attend any Emergency or to undertake operation?**
- 6. Copy of document required is too enclosed.**
- 7. If required separate sheet may be used to give details of the hospitals.**

* Conditional offers will not be entertained from the applicant.

** Only applicable columns are to be filled by different applicant.

*** Enclose the attested copy of relevant documents.

UNDRTAKING

I hereby certify that the information furnished above are true to my knowledge. I have no objection to RDSO for verifying any or all the information furnished in this document with concerned authority, if necessary.

Date:

Place:

Signature of the authorized signatory
of the Organization\
Office Seal/Stamp