



**INDIAN MEDICAL ASSOCIATION – TAMILNADU STATE BRANCH
PRIVATE HOSPITALS AND NURSINGHOME BOARD**



APPLICATION FOR RENEWAL

(To be filled in BLOCK LETTERS only)

I GENERAL INFORMATION

Name of Health Care Unit	:	
24 Hrs.	:	<input type="text"/> Y <input type="text"/> N
Address	:	
City / Taluk	:	
District	:	
PIN	:	
Mobile Phone(s)	:	
Email Id	:	
Website	:	
Hospital Details		
Types of ownership	:	Proprietary / Partnership / Pvt. Ltd. / Charitable Trust
Hospital Type	:	Multi Speciality / Single Speciality
If single specialty please mentions the speciality : _____		

II DETAILS OF BEDS – ROOM STATUS

Type of Bed	No. of Beds
General Ward - Male	
General Ward - Female	
Single Bed	
Twin Sharing	
A.C. / Deluxe / Suite	
Day Care	
Total	

III DETAILS OF BEDS – OXYGEN STATUS

Type of Bed	No. of Beds
ICU- BEDS	
OXYGEN - BEDS	
NON-OXYGEN - BEDS	
Total	

IV. FACILITIE STATUS

Emergency & Casualty	YES	NO
Intensive Care Unit:	YES	NO
Operation Theatre	YES	NO
CSDD/Sterilizations	YES	NO
Laboratory	YES	NO
Pharmacy	YES	NO
Kitchen /Mess	YES	NO
Bio-Medical Waste Dept.	YES	NO

V. IMMAGING SERVICES STATUS

X-Ray	YES	NO
Portable X-Ray	YES	NO
Ultrasound	YES	NO
Mammogram	YES	NO
CT- SCAN	YES	NO
MRI	YES	NO
PET Scan	YES	NO
Nuclear Scan	YES	NO

VII. NO. OF STAFFS

Doctors	
Nurses	
Pharmacist	
Technicians	
Housekeeping workers	
Admin Staffs	

Representing Doctor's Designation :

Representing Doctor's Name** :

IMA Life Member Number* :

IMA Branch in which the Representing:

DECLARATION

I hereby declare that my / our establishment will abide by the guidelines given by the Private Hospitals and Nursing Homes Board of IMA now and then, which is a basic qualification for enrollment/renewal in the Board.

I am also aware that the decisions of the State Council of IMA Tamilnadu State Branch are final with regard to any matter concerned with the Private Hospitals and Nursing Homes Board of IMA Tamil Nadu.

HOSPITAL SEAL

(SIGNATURE OF THE REPRESENTING DOCTOR)

***To be filled in by the IMA Branch in which representing Doctor is a Life Member.**

The above statements (with special reference to item No) made by the applicant have been verified to be true and is being recommended for enrolment in the Private Hospital and Nursing Home Board of IMA

SEAL

**Signature of the
President/Secretary/Dist.Coordinator
of the Branch Concerned**

DETAILS REGARDING RENEWAL FEE:

The renewal fee will have to be paid by **Demand Draft** drawn in favour of **“IMA NHB GENERALFUND”** for **Rs.5,000/-** payable at **Hosur**.

DD No.: _____ Date: _____ Bank _____ Rs.5,000/- Place _____

This includes renewal of Hospital / Nursing Home in the Nursing Homes Directory and NHB Quarterly Journals.

Special contribution can be raised at the time of need as decided by the State Council for any special activities.

Send the filled up application along with DD to:

DR.K.THIRUMAVALAVAN

Secretary, NHB, IMATNSB

Sri Bharani Hospital,

No.05, Chairman Subbarayar Street, Villupuram – 605602

Phone : 04146-224775, CELL: 7548825544, 9443043452

E-mail ID: imanhbtsnb@gmail.com

Website : www.imanhb.org.in

For Office Use:

Received On: _____ Receipt No. : _____

Enrollment No. : JM _____ D.O.J : _____

Valid up to : _____

Certificate Sent on: _____ By Post / Courier No. _____

Authorization Signature of IMA NHB _____