



# INDIAN MEDICAL ASSOCIATION NURSING HOME AND HOSPITAL BOARD

(Tamilnadu State Branch)

## APPLICATION FOR ENROLLMENT

(To be filled in BLOCK LETTERS only)



### I GENERAL INFORMATION

Name of Health Care Unit	:	
24 Hrs.	:	<input type="checkbox"/> Y <input type="checkbox"/> N
Address	:	
City / Taluk	:	
District	:	
PIN	:	
Telephone(s) with STD code	:	
Fax Numbers (s)	:	
Mobile Phone(s)	:	
Email Id	:	
Website	:	
<b>Hospital Details</b>		
Types of ownership	:	Proprietary / Charitable Truce / Pvt. Ltd. / Public Ltd. / Leased / Partnership/ Corporate
Hospital Type	:	Multi Speciality / Single Speciality / Clinic / Other
If single specialty please mentions the speciality :		_____ No. of Total Beds in the Hospital _____

### II DETAILS OF BEDS

Type of Bed	No. of Beds	No. of Toilets	Staff
General Ward - Male	:		
General Ward - Female	:		
A.C. / Deluxe / Suite	:		
Single Bed	:		
Twin Sharing	:		
Day Care	:		
Dialysis	:		
Burns Unit	:		
Total	:		

**III TOTAL AREA AVAILABLE [in Sq. Mts.]**

Bio-Medical Waste	:	Labour [i/c toilet]	:
CSSD/Sterilizations	:	Laundry Room	:
Emergency & Casualty	:	Medical Gas Room	:
Emergency Bed:	:	Minor OT/Procedure Room	:
Intensive Care Unit:	:	Operation Theatre	:
Kitchen	:	Pharmacy	:
Laboratory	:	Wards	:

**IV DIAGNOSTIC SERVICES**

Lab Services		Yes / No		Description	
Biochemistry	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Biomedical Department	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Color Doppler / Duplex Scan	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Digital X-Ray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Hematology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Histopathology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Imaging	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Mammogram	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Microbiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
MRI	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
PET Scan	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Portable X-Ray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Radiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Serology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ultra Sound	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

**V NON-IMAGING SERVICES**

Audiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Echo Cardiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Electro-Physiology	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
PFT	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Sleep Study	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
TMT	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Urodynamics	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

## VI CLINICAL SERVICES AVAILABLE

Anaesthesiology	Family Medicine	Oncology
Blood Storage & Blood Bank	Gastro Enterology	Ophthalmology
Cardiology	Gastro-Intestinal Surgery	Orthopadeics
Cardio-Thoracic	General Medicine	Paediatrics [incl. new born]
Community health	General Surgery	Palliative
Critical Care[ICU]	Geriatric	Physical medicine & rehab
Dentistry [General]	Joint Replacement	Plastic & Reconstructive
Dentistry with Subspecialties	Nephrology	Psychiatry
Dermatology	Neuro-Medicine	Respiratory Medicine
Emergency Medicine, Trauma care	Neuro-Surgery	Rheumatology Paediatric surgery
Emergency services	Nuclear Medicine	Transfusion & Blood storage
Endocrinology	Obsteterics & Gynecology [Non-Surgical]	Transplantation Services
ENT	Obsteterics & Gynecology [Surgical]	Any Other

## VII HUMAN RESOURCE

Consent form for Admission	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Anaesthesia	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Invasive Procedures	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Consent form for Surgery	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Continuing Training Programmes for Staff	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Safety Drill	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Health Statistics Notification	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Medical Records	:	<input type="checkbox"/>	Digital	<input type="checkbox"/>	Physical
Personal Records of Staff	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Safety Check List for Invasive Procedures Available	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Staff Trained in CPR Emergency	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
<b>No. of Staff</b>					
Doctors	:	<input type="checkbox"/>			
Nurses	:	<input type="checkbox"/>			
Pharmacy	:	<input type="checkbox"/>			
Lab Technicians	:	<input type="checkbox"/>			
Multi Purpose workers	:	<input type="checkbox"/>			
X-Ray Technician	:	<input type="checkbox"/>			

### VIII SUPPORT SERVICE

24Hrs. Protected Water Supply	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ambulance Services	:	<input type="checkbox"/>	Own	<input type="checkbox"/>	Outsourced
CCTV	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
CSSD/ Sterilization Area	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
DG support for Electricity	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Diagnostic Services: Collection/Laboratory	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Safety	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Extinguisher	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Fire Exit	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Equipment Log Book	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Facility for Transport of Physically Challenged	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Imaging Services	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Kitchen& Dietary Services	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Laboratory	:	<input type="checkbox"/>	Own	<input type="checkbox"/>	Outsourced
Linen Management	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Medical Gas Supply, Storage & Distribution	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Registration / Help Desk / Billing counter	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
USG	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Waste Management –General and Biomedical	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
X-ray	:	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Toilets [Numbers]	:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female

### IX EQUIPMENTS

Ambu bag with Nasal prongs/mask	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Defibrillator	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Amputation Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Dilatation & Curettage Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Anesthetic Equipment	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	ECG Machine	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Baby Scales	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Emergency Light	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Bio Hazard Disposal	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Endo Tracheal Tubes	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Bronchoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Endoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Caeserian / Hysterectomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Fetal Stethoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Colonoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Fiberoptic Laryngoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

**IX EQUIPMENTS**

Hernia Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Portable Suction	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
<b>IUD Insertion Set</b>	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Pulse Oximeter	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Laparotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Suction Apparatus	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Laryngoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Thoracotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Nebulizer	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Tococardiograph	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ophthalmic Operating Microscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Tracheotomy Set	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Ophthalmoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Weighing Machine	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Otoscope	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Vacuum Extractor	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Oxygen Cylinder	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Any other Special Equipments:[in detail]	<input type="checkbox"/>		<input type="checkbox"/>	

**Seal of the Hospital**

**Signature of the Representing Doctor**

Representing Doctor's Designation :

Representing Doctor's Name \*\* :

IMA Life Member Number \* :

IMA Branch in Which the Representing

Doctor Is a Life Member :

Any Other Remarks :

**Seal of the Hospital**

**Signature of the Representing Doctor**

\*\* (Should be the Proprietor (or) a partner (or) a member of the board of Directors of the Hospital and should be a Life Member of IMA

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 of the Hospital**

Signature **of the President/Secretary/  
Asst. Secretary (PH&NHB)** of the Branch Concerned

**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.

**SEAL OF THE HOSPITAL**

**(SIGNATURE OF THE REPRESENTING DOCTOR)**

**DETAILS REGARDING ENROLLMENT FEE**

**The renewal fee will have to be paid by Demand Draft drawn in favour of "IMA NHB GENERAL FUND" for Rs.5,000/- and "IMA NHB JOURNAL FUND" for Rs. 3,000/- payable at Madurai.**

**TOTAL MEMBERSHIP FEE Rs. 8,000/-**

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

DD No.: \_\_\_\_\_ Date: \_\_\_\_\_ Bank \_\_\_\_\_ Rs.3,000/- 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. S.G.Balamurugan  
Secretary, IMA NHB TNSB  
  
Guru Hospital,  
4/120F, Pandikovil Ring Road,  
Mattuthavani, Madurai - 625 107.  
Phone : 87543 04562, 96291 77774, 94864 67768  
Email : imanhbtsnb@gmail.com  
Website : [www.imanhb.org](http://www.imanhb.org)

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**For Office Use:**

Received On : \_\_\_\_\_ Receipt No. : \_\_\_\_\_

Enrollment No. : **JM** \_\_\_\_\_ D.O.J : \_\_\_\_\_

Valid up to : \_\_\_\_\_

Certificate Sent on : \_\_\_\_\_ By Post / Courier No. \_\_\_\_\_

Authorisation Signature of IMA NHB \_\_\_\_\_