GOVERNMENT OF ANDHRA PARDISH
DEPARTMENT OF HEALTH & FAMILY WELFARE
HYDERABAD.


In pursuance of the Section 15(a) of the Clinical Establishments Act, 2018, the Governor of Andhra Pradesh is pleased to constitute the Annual Council of the State with the following members:

1. Secretary, Health & Family Welfare, Govt. of A.P.: Chairman.
2. Director of Health Services, Rockgah: Member-Secretary.
3. DGM (ED), A.P.: Member.
4. Vice-President, A.P. Medical Council: Member.
5. Joint MD, GHS: Member.
6. Additional Drug Controller, State Pharmacy Council: Member.
7. Registrar, State Nursing Council: Member.

As decided in the meeting of the State Council on the 15th July 2021, the MOHFW is the notional office of the Clinical Establishments Act. Further, the powers and functions of the Director General of Medical Education and Research (DGMR) is vested with DGMR (P&D) to carry out the functions in connection with the provisions of the Act and Rules made thereunder.

Dr. K. Taryag, IAS
Secretary, Health & Family Welfare,
Govt. of Andhra Pradesh, Hyderabaad.


Kg. 15.

1. The Secretary to the Governor, Andhra Pradesh, Hyderabad.
2. The Municipal Secretary to the Health & Family Welfare, Andhra Pradesh, Hyderabad.
3. The Principal Health Director, Health & Family Welfare, Andhra Pradesh, Hyderabad.
5. Commissioner/Secretary, Health & Family Welfare, Andhra Pradesh, Hyderabad.
6. Director of Health Services, Nabarangpore.
7. All India Medical Council.
9. All members of the A.P. State Council of Clinical Establishments.
10. The Director of TPR Nabarangpore, for publication in the Official Gazette.
11. Obc.
CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2010 (GoI) AND ARUNACHAL PRADESH CLINICAL ESTABLISHMENTS RULES, 2011.
The Arunachal Pradesh Gazette
PUBLISHED BY AUTHORITY
Separate paging is given to this part in order that they may be used as a separate volume.

GOVERNMENT OF ARUNACHAL PRADESH
PART III
Notifications, orders, notifications, rules, etc., issued by the
Governments and Heads of Departments.

GOVERNMENT OF ARUNACHAL PRADESH
DEPARTMENT OF HEALTH AND FAMILY WELFARE
NOTIFICATION

ARUNACHAL PRADESH CLINICAL ESTABLISHMENTS
REGISTRATION AND REGULATION RULES, 2011

NOTIFICATION

The 1st October 2011.
No. MEDC-Exe/12-2007. In exercise of powers conferred by Section 54 of the Clinical
Establishments (Regulation and Registration) Act, 2010 (Act No.20 of 2010) the Governor of
Arunachal Pradesh hereby makes the following rules, namely:

1. Short title and commencement

(a) These rules may be called the Arunachal Pradesh Clinical Establishments
(Regulation and Registration) Rules, 2011.
(b) These rules extend to the whole of the State of Arunachal Pradesh and are
applicable to all the Clinical Establishments in the State of Arunachal Pradesh.
(c) These rules shall come into force on the date of their publication in the Arunachal
Pradesh Official Gazette.
(d) These Rules shall be applicable to various categories of Clinical establishments,
as may be notified from time to time.

2. Definitions

As used herein, unless the context otherwise requires:
(a) "Act" means the Clinical Establishments (Regulation and Registration) Act, 2010.
(b) "Rule" means the Arunachal Pradesh Clinical Establishments (Regulation and
Registration) Rules, 2011.
(c) "Authority" means the district registering authority set up under section 9 of the
Act.
(d) "Certificate" means certificate of permanent registration issued under section 30.
(e) "Clinical Establishments means
(a) a hospital, maternity home, nursing home, dispensary, clinic, sanatorium
or an institution by whatever name called that offers services, facilities
requiring diagnosis, treatment or care of illness, injury, deformity, disability
or pregnancy in any recognized system of medicine established and administered
or maintained by any person or body of persons, whatever incorporated or not,
of
(a) a place established in an independent entity or part of an establishment referred to in the sub clause (i) in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, Chemical, biochemical investigation or other diagnostic or investigative services with the use of laboratory or other medical equipment are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not, and shall include a clinical establishment owned, controlled or managed by

(1) the Government or department of the Government;

(2) A trust whether public or private;

(3) A corporation (including a hospice) registered under a Central provincial or State Act, whether or not owned by the Government;

(4) A local authority; and

(5) A single doctor.

But does not include the clinical establishments owned, controlled or managed by the Armed Forces constituted with the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957.

(6) 'Emergency medical condition' means a medical condition including any illness and/or injury of any nature that may manifest itself by acute symptoms of sufficient severity (including severe pain) of such a nature that if not relieved promptly would place the life or health of the individual or with respect to a pregnant woman, the life or health of the woman or her unborn child in serious jeopardy.

(i) serious impairment to bodily functions;

(ii) serious disfigurement of any part of the body;

(iii) threatened loss of a significant body function;

(iv) serious bleeding;

(v) severe pain;

(vi) exposure to hazards or serious injury to the individual;

(vii) serious infection;

(viii) serious physical abuse;

(ix) serious mental illness;

(x) dangerous medical condition;

(xi) life threatening.

(7) 'State Council' means the Arunachal Pradesh state council for clinical establishment established under section 8 of the Act.

(8) 'Prescribed' means prescribed by the State Government of Arunachal Pradesh.
(i) 'Recognized system of Medicine' means Allopathy, Yoga, Naturopathy, Ayurveda, Homoeopathy, Siddha and Unani systems of medicines or any other system of medicines as may be recognized by the State Government.

(ii) 'Registries' means the register maintained by the Authority, State Government (and Central Government) under sections 37, 38 and 39 of this Act.

(iii) 'Registration' means to register under section 11 and the expressions registration or registered shall be construed accordingly.

(iv) 'Schedule' means the Schedule appended to the Act.

(v) 'Standards' means the conditions that the Central Government may prescribe under section 12 for registration of clinical establishments from time to time.

(vi) 'to stabilise' (with its grammatical variations and cognate expressions) means with respect to an emergency condition or the condition as may be necessary to ensure within reasonable medical probability that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a clinical establishment,

(vii) 'Laboratory Technician' means a person having approved qualifications in laboratory technician course.

(viii) 'Pharmacist' means a person having attested a diploma in pharmacy from a recognized institution and registered with State Pharmacy Council,

(ix) 'Physiotherapist' means a person who holds a diploma or degree in physiotherapy from a recognized institution in India.

(x) 'Occupational Therapist' means a person having a diploma or a degree in occupational therapy from a recognized institution in India.

(xi) 'Graduate Technicians' means a person having approved training in handling, recording and maintenance of sophisticated equipment.

The words and expressions not defined in these rules but defined in the Act shall have the same meanings respectively assigned to them in the Act.
3. **Establishment of A.P. State Council for Clinical Establishments:**

1. Under section 8 (1 & 2) of the Act, the State Government of A.P. by way of Notifications shall constitute a State Council to be called as Anantapur Pradesh State Council for Clinical Establishments.

2. The A.P. State Council shall consist of the following members, namely:
   1. Secretary (Health & FW) - Ex-Officio, who shall be the Chairman.
   2. Director of Health Services - Ex-Officio Member Secretary.
   3. Directors of Government Schools - Members.
   4. One representative each to be elected by the Executive Committee of:
      (a) State Medical Council - Member
      (b) State Dental Council - Member
      (c) State Nursing Council - Member
      (d) State Pharmacy Council - Member
   5. One representative to be elected by:
      The state Council of Medical Association - Member
   6. One representative from state level consumer Groups or reputed NGO working in the Field of health.
   7. One representative from the line of Paramedical systems - Member

3. The nominated member of the A.P. State Council shall hold office for a term of three years but shall be eligible for re-nomination for maximum of one more term of three years.

4. The elected members of the A.P. State Council shall hold office for three years but shall be eligible for re-election.

   Provided that the person nominated or elected, as the case may be, shall hold office for as long as he/she holds the appointment of the office by virtue of which he/she was nominated or elected to the Anantapur Pradesh State Council.

4. **Function of the A.P. State Council.** The A.P. State Council shall perform the following functions, namely:
   (a) Compiling and updating the state Register of the Clinical Establishments;
   (b) Sending annually returns for updating the National Register (including no digital format);
   (c) Representing the State in the National Council;
   (d) Hearing of appeals against the orders of the authority;
   (e) Publication on annual basis a report on the state of implementation of standards within the State;
   (f) Monitor the implementation of the provisions of the Act and Rules in the State.
(g) Recommend to the Government, if any modifications required in the Rules in accordance with the change in technology or social conditions;

(h) Perform any other function as may be notified by the National Council of the Clinical establishments.

(i) Any other function as may be prescribed by the Central Government.

5. The staff of Arogya Pradhana State Council shall be engaged from the existing staff of DHB establishments appointed by DHS who is a member Secretary of the Council and in case of the Director the same procedure will be followed at district level.

6. Sub-Committee of A.P. State Council —

(i) A.P. State Council may at any time constitute a sub-committee consisting of any member of its member for each period not exceeding two years for the consideration of particular matter at the request of the National Council and/or as determined by the Central Government.

(ii) A motion for the appointment of a sub-committee shall define the functions of the sub-committee member of the member to be appointed thereof and the time line for the completion of the task. The Chairman of every such committee shall be appointed by the A.P. State Council at the time of the appointment of the sub-committee.

(iii) If any decision taken by the sub-committee shall be placed before the State Council at its next meeting for its consideration and approval.

7. Conduct Business — Every meeting of the State Council shall be presided by the Chairman.

8. Time and place for Meeting of the State Council — The meeting of the State Council shall ordinarily be held at the State Capital on such dates as may be fixed by the Council. The State Council shall meet six times in three months.

9. Notice of the Meeting — Notice of every meeting other than a special meeting shall be issued by the Member Secretary to each member of the Council not less than one week before the date of the meeting.

10. Quorum for Meeting — Quorum — (1) One third of the total number of the members of the State Council shall form a quorum and all members of the

(2) The notice and agenda of every such meeting of the State Council shall be given 7-10 days before the meeting by the Member Secretary of the Council.

(3) The proceedings of the sections of the Council shall be preserved in the form of minutes which shall be approved after confirmations by the signature of the Chairman.

(4) A copy of the minutes of each meeting of the State Council shall be circulated to each member and voting submitted to the Chairman within 15 days of the meeting and after having been approved by him she shall be sent to each member of the
11. **Registration and filling of casual vacancies**

(1) A member desiring to resign his/her seat on the State Council shall send his/her resignation in writing to the Chairperson and every such resignation shall take effect from the date mentioned by him/her in the letter or in case no such date is mentioned from the date of receipt of his/her letter by the Chairperson after confirmation from the member concerned about his/her resignation.

(2) When a casual vacancy occurs by reason of death, resignation or otherwise of a member a report shall be made forthwith by the Chairperson to the Central Government which shall take steps to have the vacancies filled by nomination or election as the case may be.

12. **Finance and Accounts**

(1) The State Government of A.P. shall provide funds for A.P. State Council for implementation of the provisions of Act and Rules.

(2) If fund provided by the State Government and any other fees provided as under the provisions of the Act and Rules shall be deposited in any nationalized bank opened in favour of A.P. State Council.

(3) The Accounts of the Arunachal State Council shall be jointly opened by the Member Secretary and the Chairman of the Council.

(4) The Member-Secretary of the Council shall be limited to the withdrawal of Rs.25,000/- (Twenty five thousand) from the Account of A.P. State Council and if above Rs.25,000/- then signing of both the Member Secretary and Chairman of the A.P. State Council on the body of cheque shall be required.

(5) The Accounts of the Council shall be audited annually by a Chartered Accountant, who is to be appointed with the prior approval of the State Government.

13. **Establishment of the District Registering Authority**

i. The State Government of Arunachal Pradesh shall by notification under section 10 of the Act and in accordance with the rules framed by the Central Government in this behalf set up an authority to be called the District Registering Authority for each district for registration of Clinical Establishments.

ii. The district registering authority shall consist of the following members namely:
14. Functions of the District Registering Authority:
   (a) To grant, renew, suspend or cancel registration of any clinical establishment;
   (b) To enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act, 2018;
   (c) To investigate the complaints of breach of the provisions of this Act or the rules made thereunder and take immediate action;
   (d) To prepare and submit an quarterly report containing details of license number and nature of provision and permanent registration certificate issued, including those cancelled, suspended or rejected by the State Council;
   (e) To report to the State Council on a quarterly basis on action taken against non-registered clinical establishments operating in violation of the Act;
   (f) To perform any other function as may be prescribed by the Central Government/State Government.

15. Notwithstanding anything contained in sub-section (1) of section 10 for the purposes of provisional registration of clinical establishments under section 14 the District Health Officer/District Medical Officer Or CMO shall exercise the powers of the authority as per procedure that may be prescribed.

16. Time and place of business for meetings of the District Registering Authority:
   The meetings of the District Registering Authority shall be held annes once in a month at a stipulated date and time ordinarily at district headquarters.

17. Conduct of Meeting:
   Every meeting of the District Registering Authority shall be presided over by the Chairperson.

18. Notice of Meeting:
   Notice of every meeting other than a special meeting shall be issued by the convener to each member not less than one week before the date of the meeting.

19. Quorum, Minutes of the Meeting:
   (1) One third of the total number of the members of the District Registering Authority shall form a quorum and all actions of the Authority shall be decided by a majority of the members present and voting.
   (2) The proceedings of each meeting of the District register authority shall be recorded in the form of minutes which shall be authenticated after confirmation by the signature of the chairperson which shall be submitted to the member secretary of the State Council by the convenor within 3-5 days of the meeting.

   (3) A copy of the minutes of each meeting of the District Registering Authority so authenticated shall be submitted to the Chairperson of the State Council by the Member-Secretary of the Council within 5-7 days of the receipt of the minutes.
from the District Registration Authority and after having been attested by him shall be sent to each member of the Council within 15 days of the receipt of the minute. If no objection to their connection is received within 10 days of their dispatch the vacancies shall be filled up by the District Collector (Chairman) by making a fresh appointment and the same appointee shall hold office for the remaining term of office of the person in whose place he/she is so appointed.

21. Registration of Clinical Establishments

Application for Registration: (1) the applicant shall apply to the District Registration Authority for provisional registration in person or by post or through web based online facility with the necessary information as per the form under section 14(1) & (3) of the Act.

(2) The applicant shall apply to the District Registration Authority for permanent registration in person or by post or through web based online facility with the necessary information and evidence of having met the requirements of the Health Act and the rules made thereunder.

(3) If an establishment is offering services in more than one category as specified under Clinical Establishments Act, (Central Government), 2002, the registration fee for each category of establishment under section 14(1) and Section 15 shall be as per the fees prescribed by the National Council under section 24 and 25 of the Act.

22. Acknowledgment of Application: The Registration Authority, in its office authorized by the Regulations, shall, within the time-limits fixed under the Regulations, return the original and duplicate copies of the application within 30 days from the date of receipt of the application. The Authority shall, within the same period, forward the application to the appropriate authority for further action.

23. Grant of Registration: The authority shall not undertake any enquiry prior to the grant of provisional registration and shall within a period of ten days from the date of receipt of such application, grant to the applicant a certificate of provisional registration containing particulars and information as prescribed by the Act.
24. **Certificate of permanent registration:** (1) The District Registration Authority shall grant the applicant a certificate of permanent registration as per S.14 Annex either by pass or electronically after satisfying itself that the applicant has complied with all the requirements and criteria, including provisions of minimum standards and personal required to run the clinical establishment under section 28 and 30 of this Act.

   (2) In case of permanent registration, under section 29 of the Act, the authority shall pass an order within 3/2 months.
   
   (a) Approving the application for permanent registration; or
   
   (b) Disallowing the application, provided that the authority shall record its justification and reasons if it disallows application for permanent registration.

   (3) The Certificate shall be valid for a period of five years from the date of issue.

25. **Fees to be charged:** (1) The various fees charged for provisional and permanent registration, late application, renewal, duplicate certificate, change of ownership, management in name of establishments is prescribed in S.14 Annex under Section 14(1) read with section 19, section 20(2), section 22 section 24, section 33 of the Act.

   (2) Clinical establishments owned, controlled and managed by the Government (Central, State or local authority) or department of Government, shall be exempted from payment of fees for registration.

   (3) The fees prescribed for various categories of clinical establishments may be revised by the State Council through a notification issued by the State Government.

   (4) The fee shall be paid by a demand draft drawn in favour of the registration authority concerned as specified under Section 14(1) and section 20 of the Act.

   (5) The fees collected by the Authority for registration of the clinical establishments shall be deposited by the Authority concerned in a nominated bank account (i.e., SBI) opened in the name of the official designation of the Registration Authority concerned and shall be utilized by the Authority for the activities connected with the implementation of the provisions of the Act and these rules with the approval of the District Registration Authority.

   (6) The Accounts shall be maintained as per financial rules and shall be audited by engaging a qualified Chartered Accountant. The annual Audit reports shall be submitted to the A.P. State Council.

   (7) In the event of any change of ownership or management the establishment shall inform the District Registration Authority in writing within one month of such change along with the fee prescribed in 405 for issue of a revised certificate of provisional or permanent registration, or in the case of incorporating the changes and re-naming the old certificate under section 20(2) and section 30 of the Act.
26. **Renewal of Registration:** (1) The Clinical establishment shall apply for renewal of provisional registration thirty days before the expiry of the validity of the certificate of provisional registration. In case the application for renewal is submitted within the stipulated period, the authority shall allow the renewal of registration on payment of the renewal amount as prescribed in SS 13A Annex and penalty of Rs.100 per day till the date of application for renewal under section 22 of the Act.

(2) For renewal of permanent registration, the clinical establishment shall apply three (3) months before the expiry of the registration period of five (5) years. The renewal will be granted by the Authority within three (3) months of receipt of the application failing which it will be deemed to have been renewed. If the Clinical Establishment does not apply within one month of expiry of registration period, the registration will be deemed to have been suspended.

(3) Under Section 36(4) of the Act, the clinical establishment shall apply for renewal of permanent registration six months before the expiry of the validity of the certificate of permanent registration in case the application for renewal is not submitted within the stipulated period, the authority will allow for renewal of registration on payment of the renewal amount as prescribed in SS 13A Annex and penalty of Rs.100 per day till the date of application for renewal is accepted.

27. **Register to be maintained:** (1) Every District Registration Authority shall within a period of two years from its establishment compile, publish and maintain in digital format a register of Clinical Establishment registered under it and it shall enter the particulars of the Certificate issued to it in the register maintaining particulars as prescribed in SS 13A Annex under Section 31(1)(b) and section 36(1)(c) of the Act.

(2) Every District Registration Authority including any other authority set up for registration of clinical establishments under the Act for the time being in force shall submit in digital format to the State Council of Clinical Establishments a copy of every entry made in the District register of Clinical Establishments of a particular month by the 15th day of the following month in keeping with section 27(2) of the Act.

28. **Directory of Information:** (1) The District Registering Authority shall, within a period of thirty five days from the grant of provisional registration, mandate to be published in the public domain through two local dailies and on the website, which the District Registering Authority will launch, the name of the Clinical establishment, Address, ownership, Name of persons in charge, system of
Medicine offered, type and nature of services offered and details of the Medical Staff (Doctors, Nurses, etc.) as under Section 16(2) of the Act.

(2) The State Council could make changes in the nature of information to be provided in the Public Domain through a certification, except in the case of the mandatory information to be provided under Section 16(2) of the Act.

(3) On having receipt from the Clinical establishment of having complied with the prescribed minimum standards, the District Registering Authority shall, within a period of 7 days, cause to be published in the public domain, through two local dailies and on its website, which the District Registering Authority will launch the name of Clinical Establishment, Address, ownership, name of person in charge, System of Medicine offered, type and nature of services offered and details of the Medical staff, Doctors and Nurses etc.) and the details and information related to having complied with the minimum standards and personnel prescribed for particular category of clinical establishment as under section 20 of the Act.

(4) The District Registering Authority shall cause to be displayed the above information in public domain for a period of 30 days for filing objection before granting permanent registration.

(5) If any person has any objection to the information published regarding the clinical establishment they shall give in writing the reasons and evidence of objection or non-compliance to the District Registering Authority.

(6) The District Registering Authority shall within a period of 15 days cause to be published in the public domain the name of the Clinical Establishment whose (Provision or permanent) registration has expired as under Section 21 and 30 of the Act.

Information to be provided by the Clinical Establishments: (1) The Clinical Establishments shall maintain medical records of patients treated by it and relevant information in respect of national program as prescribed in CG2 Annexure as per Section 12A (1)(A) of the Act and furnish the same to the district authorities to such from (CG2) of three monthly report.

(2) Copies of all records and statistics shall be kept with the Clinical Establishments concerned for a least 3 years or in accordance with any other relevant act in force at the time as under Section 12A (1)(B) of the Act. All Clinical establishments shall be responsible for substantiation of information and statistics in the time of emergency or disaster or epidemic situation.

(3) The Government may notify from time to time the nature of information that needs to be furnished by Clinical Establishments including other disease notified for this purpose along with prescribed interval.

(4) In addition to the specific provisions of the Clinical Establishments (Registration and Regulation) Act, 2010 all establishments shall comply and
30. **Power to Enter:** (1) Entry and search of the Clinical establishment can be done by the District Registrar/Authority or an officer or a team duly authorized by it or an agent to such general or special value as may be made by the Authority. Such an inspection will be required to be taken unanimously by all members of the District Registration Authority.

(2) Such entry and search of the Clinical establishments can be concluded if any one is evoking as a clinical establishment without registration or does not adhere to the prescribed minimum standards or has reasonable cause to believe that CE is being used for purposes other than it is registered or contravenes any of the provisions of this Act and Rules shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of sections 39 of the Act.

(3) The inspection teams shall intimate the establishment in writing about the date of visit. The teams shall examine all premises of the premises used or proposed to be used for the clinical establishment and inspect the equipment, furniture, and other accessories and require into the professional qualifications of the teaching staff employed and shall make any such other enquiries as they consider necessary to verify the statement made in the application for registration and grant of license. All premises connected with the running of the establishment shall be barred to supply full and correct information to the inspection teams.

(4) The Officer for inspection shall submit a report as per 507 Annex within a week of the inspection to the District Register/Authority with a copy to the State Council.

31. **Penalties:** (1) In complying with the provision of Section 41 (1)(2)(3) and Section 42(1)(2)(4) of the Act, whoever enters on a Clinical establishment without registration or who ever willingly discharges, any direction or omits any person or authority so with holds any such information or provides false information shall be liable for a monetary penalty.

(2) Whoever contravenes a Clinical establishment without registration,shall on first contravention be liable to a monetary penalty up to fifty thousand rupees, for second contravention it to a penalty which may extend to two hundred rupees and for any subsequent contravention to a penalty which may extend to five hundred rupees.

(3) Whoever knowingly serves in a Clinical establishment which is not duly registered under this Act shall be liable to a monetary penalty which may extend to twenty five thousand rupees.

(4) The penalty fees collected by the authorities shall be deposited by the Authority sesame to Nationalized bank account opened in the name of the (Official designation of) the A.P. State Council and shall be utilized by the council and the authority for the activities connected with the implementation of the provisions of the Act and its approval by the State Council.
32. **Appeal**

   (1) In keeping with section 38A(1)(a)(ii)(i) and section 42(1)(a)(iv)(i), any person or clinical establishment, if aggrieved by the decision of the Authority under section 29 and 34 of the Act, may file an appeal to the State Council within thirty (30) days from the date of receipt of such order along with prescribed fees as mentioned in S.O. 257.

   (2) After receipt of the appeal, the State Council shall fix the time and date for hearing and intimate the same to the appellant and other concerned by a registered letter giving atleast 15 days time for hearing of the case.

   (3) The appealant may represent by himself or authorized person or a legal practitioner and submit the relevant documentary evidence if any in support of the appeal.

   (4) The State Council shall hear the concerned, receive the relevant oral/documetary evidence submitted by them, consider the appeal and pronounce its decision preferably within 90 days from the date of filing the appeal.

   (5) If the State Council considers that an interim order is necessary in the matter it may pass such order, pending final disposal of the appeal. The decision of the State Council shall be final and binding.

   (6) If no appeal is filed against decision of the Registering Authority in the prescribed period (i.e. within 30 days from the date of receipt of the order), the orders of the Authority shall be final.

   (7) The appeal fees collected by the Authority shall be deposited by the Authority concerned to a Nationalized bank (SBI) account opened in the name of the the Andhra Pradesh State Council and shall be utilized by the Council and authority for the activities connected with the implementation of the provisions of the Act, as approved by the Council.

33. Any other matter which is required to be or may be prescribed by the State Government.

Sd/- Kaling Tayang, I.A.S.  
Secretary(Health & F.W.)  
Govt. of A.P., Hyderabad.
Table: Application Form for Provisional Registration of Clinical Establishment

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. Date of the establishment:</td>
<td>(To be entered by single practitioner)</td>
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<td>2. Address:</td>
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<td>4. Authorised Individual:</td>
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<td>5. Systems of Medicine offered:</td>
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Signature of the Authorised Individual
Application Form for Provisional Registration of Clinical Establishments

1. Name of the establishment: ____________________________

2. Address:
   Village/Town: ____________________________
   State: ____________________________
   Pin code: ____________________________
   Tel No (with STD code): ____________________________
   Email ID: ____________________________

3. Year of starting: ____________________________

4. Location: ____________________________
   (i) Rural
   (ii) Urban
   (iii) Metropolitan

5. Ownership:
   (i) Public
   (ii) Private
   (iii) Trust
   (iv) Registered Society
   (v) Co-operative Society
   (vi) N.M.A.
   (vii) Other (please specify): ____________________________

6. Nature of Clinical Establishment:
   Educational Qualification:
   Address:
   Village/Town: ____________________________
   State: ____________________________
   Pin code: ____________________________
   Tel No (with STD code): ____________________________
   Email ID: ____________________________

7. Name of person in-charge of the Clinical Establishment:
   Designation: ____________________________
   Address:
   Village/Town: ____________________________
   State: ____________________________
   Pin code: ____________________________
   Tel No (with STD code): ____________________________
   Email ID: ____________________________

8. System of Medicine offered (please tick whichever is applicable):
   (i) Ayurveda
   (ii) Homeopathy
   (iii) Yoga & Naturopathy

9. Type of Establishment (please tick whichever is applicable):
   (i) Out-Patient Office
   (ii) In-Patient
   (iii) Physiotherapy Clinics
   (iv) Dental Clinic
   (v) Other (please specify): ____________________________
Providing Care

- hospital
- nursing home
- maternity home
- primary health center
- community health center
- dispensary
- any other (please specify)

9. Testing & Diagnostic Services

- chemistry
- radiology
- biochemistry
- microbiology
- genetics
- radiation therapy
- endoscopy
- electrocardiography
- electroencephalography
- magnetic resonance imaging (MRI)
- angiography
- X-rays
- CT scans
- ultrasound
- any other (please specify)

10. Nature of Services (please tick whichever is applicable)

- general
- family
- emergency
- accident & emergency
- in-patient
- day care

11. Admissions

- medical
- surgical
- gynecological
- medical specialties
- surgical specialties
- any other (please specify)

12. Specialties

- Ayurveda
- Homeopathy
- Naturopathy
- any other (please specify)

13. Research

- any other (please specify)

14. Yoga

- any other (please specify)
12. Area of the establishment (in sq. meters):
   a) Total area: ___________________________
   b) Covered area: ___________________________

13. Out Patient Department:
   13.1 Total no. of OPD Clinic:
   13.2 Specialty-wise distribution at OPD Clinic:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Specialty</th>
<th>No. of Places</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. In Patient Department:
   14.1 Total number of beds:
   14.2 Specialty-wise distribution of beds, please specify:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Specialty</th>
<th>No. of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Whether Clinical Waste Disposal License obtained from Pharmacy or Municipal Corporation etc?
   - Yes
   - No
   - Applied For

16. Whether clearance from Pollution Control Board obtained:
   - Yes
   - No
   - Applied For
<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Name</th>
<th>Qualification</th>
<th>Registration Number (if applicable)</th>
<th>Nature of Service</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedical Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transport</td>
<td></td>
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</tr>
<tr>
<td>Support Staff</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Separate statement may be attached.

13. Payment options for Registration Fees:
- [ ] On demand
- [ ] Demand Draft
- [ ] Postal Order
- [ ] Any other (please specify):

Amount in Rupees

Receipt No.

On behalf of myself and the Company, I hereby declare that the information above is correct and true to the best of my knowledge and I shall abide by all the rules and regulations, under the Companies Act 2013 (Registration and Regulations) Act 2010.

I undertake that I shall inform the appropriate registering authority any change in the particulars given above.

Place:

Date:

Signature of the Authorized Signatory

Stamp Seal
ACKNOWLEDGEMENT
REGISTRATION OF CLINICAL ESTABLISHMENT

The application in Form ___ for Grant / Renewal of Provisional / Permanent registration of the Clinical Establishment submitted by
(Name and address of Owner)
has been received by the District Registration Authority on
(date) and found to be

Complete

Or

Incomplete

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

Signature and Designation of Registration Authority or authorized
person in the Office of the Appropriate Authority:

Designation of the Issuing Authority

Place & Date:

SEAL
SG 3 Annex (Sec.15)
PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional Registration No.
Date of Issue:
Valid upto:

1. Name of the Clinical Establishment: ________________________________
2. Address: ________________________________
3. Owner of the Clinical Establishment: ________________________________
4. Name of Person in Charge: ________________________________
5. System of Medicine: ________________________________
6. Type of Establishment: ________________________________

This is hereby provisionally registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made thereunder. This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made thereunder.

Designation of the issuing Authority
Place & Date:

District Registration Authority
Address:

Phone number in case of Grievances.
GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority

ACKNOWLEDGEMENT
REGISTRATION OF CLINICAL ESTABLISHMENT

The application in Form ___ for Grant / Renewal of Provisional / Permanent registration of the Clinical Establishment submitted by
(Name and address of Owner)
has been received by the District Registration Authority on
_________ (date) and found to be

Complete
Or
Incomplete

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

Signature and Designation of Registration Authority or authorized person in the Office of the Appropriate Authority.

Designation of the Issuing Authority
Place & Date:
SEAL
GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority

District

SG J Amsu (Sec.I)

PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional Registration No.
State of issues:
Valid upto:

1. Name of the Clinical Establishment:

2. Address:

3. Owner of the Clinical Establishment:

4. Name of Person in Charge:

5. System of Medicine:

6. Type of Establishment:

Designation of the issuing Authority
Place & Date
Seal

Terms & Conditions of Registration:

1. The holder of this Certificate of Registration shall comply with all the provisions of the Clinical Establishment Act (Registration & Regulation) 2010 and the Rules made thereunder.

2. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place in or part of the premises open to the public.

3. Any change of ownership or change of name of management or any other change in the Clinical establishment, the certificate of registration shall be surrendered to the Authority and application for fresh registration submitted.

*Additional terms & conditions are as stipulated by the appropriate registering authority:

https://dms.portal.ecmsỊndia.gov.in/dms/ServeAsPageCRA/Provisional.aspx?CasualnPath=%E4%9F%84%E4%B8%8B%E4%BB%A3%EF%BC%8C2013
PERMANENT CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No:
Date of issue:
Valid upto:

1. Name of the Clinical Establishment:

2. Address:

3. Owner of the Clinical Establishment:

4. Name of Person in Charge:

5. System of Medicine:

6. Type of Establishment:

It is hereby permanently registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made thereunder.

This authorization is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made thereunder.

Designation of the issuing Authority
Place & Date:

District Registration Authority
Address:

Phone number in case of Grievances:
GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority

PERMANENT CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No:
Date of issue:
Valid upto:

1. Name of the Clinical Establishment:
2. Address:
3. Owner of the Clinical Establishment:
4. Name of Person in Charge:
5. System of Medicine:
6. Type of Establishment:

Designation of the Issuing Authority
Place & Date
Seal

Terms & Conditions of Registration:

1. The holder of the Certificate of registration shall comply with all provisions of Clinical Establishment Act, Regulation & Rules made thereunder.

2. The Certificate of Registration is not transferable. The Certificate of registration must be displayed in a prominent place in a part of the premises open to the public.

3. Any change of ownership or change of name of management or change of function of a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

**Additional terms & conditions as decided by the appropriate registering authority.
http://www.nic.in/district/registering.html?districtcode=8&state=25&regid=139263932&psid=139263932&stid=139263932&district=18072013

19
<p>| | | | | | | | |</p>
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<tr>
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<td>Provisional</td>
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<td>Permanent</td>
<td>Provisional</td>
<td>Permanent</td>
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</tr>
<tr>
<td>In Patient Care</td>
<td>1 to 10 beds</td>
<td>101</td>
<td>100</td>
<td>50</td>
<td>64</td>
<td>107</td>
<td>106</td>
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<td>31 to 100 beds</td>
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<td>150</td>
<td>63</td>
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<td>360</td>
<td>500</td>
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<tr>
<td>Above 100 beds</td>
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<td>150</td>
<td>150</td>
<td>63</td>
<td>50</td>
<td>360</td>
<td>500</td>
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<tr>
<td>Testing &amp; Diagnostic Services</td>
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<td>200</td>
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<td>200</td>
<td>200</td>
<td>300</td>
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<tr>
<td>Diagnostic &amp; Imaging Centre</td>
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<td>200</td>
<td>150</td>
<td>150</td>
<td>50</td>
<td>200</td>
<td>200</td>
<td>300</td>
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<tr>
<td>Other Fees</td>
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</tr>
<tr>
<td></td>
<td>• For renewal half the amount of registration fee (Provisional / Permanent)</td>
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<td>• For the application, the amount would be double of the registration fee (Provisional / Permanent)</td>
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<tr>
<td></td>
<td>• For Duplicate Certificate the amount would be Rs. 200</td>
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<tr>
<td></td>
<td>• For change of ownership, reorganization or transfer of establishment would be Rs. 10</td>
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<tr>
<td></td>
<td>• For any repair the amount would be Rs. 100</td>
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</tr>
</tbody>
</table>

If a laboratory or diagnostic centre is a part of an establishment providing out patient/ Diaspora care an separate registration is required.
In exercise of the powers conferred by sub-section (3) of Section 24 of the驰 predators Act, 1961 (46 of 1961) of Parliament, the Governor, in the name of Government of Arunachal Pradesh is pleased to approve the general rules of the驰 predators Act to the extent of the notification under vide No. A.R.P.C. F.07/225/73 dated 7th July 2023.

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Major</th>
<th>Minor</th>
<th>Fixed</th>
<th>Provisions</th>
</tr>
</thead>
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<tr>
<td>1. General</td>
<td>1000</td>
<td>1000</td>
<td>100</td>
<td>Provisions</td>
</tr>
<tr>
<td>2. In Palikan Cows</td>
<td>1500</td>
<td>1500</td>
<td>100</td>
<td>Provisions</td>
</tr>
<tr>
<td>3. In Palikan Calves</td>
<td>1000</td>
<td>1000</td>
<td>100</td>
<td>Provisions</td>
</tr>
<tr>
<td>4. In Palikan Goats</td>
<td>1000</td>
<td>1000</td>
<td>100</td>
<td>Provisions</td>
</tr>
<tr>
<td>5. In Palikan Sheep</td>
<td>1000</td>
<td>1000</td>
<td>100</td>
<td>Provisions</td>
</tr>
</tbody>
</table>

Additional Note:

- For Revised date of registration fees (Permanent) Provisions
- For Re fixation the same would be subject to the revised rates (Provisional) Provisions
- For Revised Registration fee would be Rs. 1000 (Provisional) Provisions
- For Revised Registration fee would be Rs. 1000 (Provisional) Provisions
- For Revised Registration fee would be Rs. 1000 (Provisional) Provisions
- For Revised Registration fee would be Rs. 1000 (Provisional) Provisions

Arunachal Pradesh

In the name of Governor

[Signature]

[Stamp]
CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional Permanent Registration No.
Date of issue:
Valid up to

1. Name of the Clinical Establishment
2. Address
3. Owner of the Clinical Establishment
4. Name of Person in Charge
5. System of Medicine
6. Type of Establishment

It hereby provisionally/permanently registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made thereunder.

The registration is subject to the conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Acts 2010 and the Rules made thereunder.

Designation of the Issuing Authority
Place & Date

District Registration Authority
Address:

Phone number in case of Grievances
Number of visits made with dates
Names and details of members of the inspection team
Name of clinical establishment visited
Address and contact details of clinical establishment visited
Process followed for inspection (e.g., kindly outline who was met with, what records were examined, etc.)
Salient Observations / Findings

Conclusions

Specific Recommendations:
1. To the Clinical Establishment
2. To the District Registering Authority

* In case of lack of consensus amongst members of the inspection team, the same may be boldly indicated.

Date__________________________
Signature of all members of the inspection team
Place__________________________
GOVERNMENT OF ARUNACHAL PRADESH
District Registering Authority

Duplicate Certificate
For Registration of Clinical Establishment

Provisional/Permanent Registration No:

Date of Issue:

Valid up to:

1. Name of the Clinical Establishment:

2. Address:

3. Owner of the Clinical Establishment:

4. Name of Person in Charge:

5. System of Medicine:

6. Type of Establishment:

Designation of the Issuing Authority:

Place & Date:

Signature:

Terms & Conditions of Registration:

7. The holder of this Certificate of Registration shall comply with all the provisions of the Clinical Establishments Act (Registration & Regulation)2020 and the rules made thereunder.

8. The Certificate of Registration is not transferable. The Certificate of Registration shall be displayed in a prominent place or on a part of the premises open to the public.

9. Any change of ownership or change of category or change of management or an issuing to function at a clinical establishment, the certificate of registration shall be surrendered to the authority and application for fresh registration submitted.

*Additional terms & conditions are as stipulated by the appropriate regulating authority.

http://district.nic.in/umen/UrbanRegistration.aspx?rs=1020

Date: 20/07/2023
SG 7 Annex (Sec.38)
Suggested Format for Submission of Inspection Report

Number of visits made with dates
Names and details of members of the inspection team
Names of clinical establishments visited
Address and contact details of clinical establishments visited
Procedures followed for inspection (e.g. identity update, who was not with, what records were examined, etc.)
Salient Observations / Findings

Conclusions
Specific Recommendations:
1. To the Clinical Establishment
2. To the District Registering Authority

* In case of lack of consensus amongst members of the inspection team, the same may be kindly indicated

Date

Signature of all members of the inspection team

Place
Application for Appeal

To the District Court,

Government of...

I, [Name], of [Address], have appealed against the order of... dated...

I was... by the district authority as per letter... dated...

I request that my application be rejected. I hereby declare that my application is voluntary.

I am willing to appear before you for a personal hearing. I am enduring...

Signature: [Name]

Date: [Date]
Classification of Clinical Establishments

1. Type of Establishment
   - Urban/Rural
   - Government/Private
   - Regulated/Unregulated
   - Type of Establishment

2. Systems of Medicine
   - Allopathy
   - Ayurveda
   - Naturopathy
   - Homoeopathy
   - Yoga & Naturopathy

3. Type of Establishment
   - Providing Out-patient Care
     - Simple practitioner
     - Polyclinic
     - Sub-Centre
     - Physiotherapy Clinic
     - Occupational Therapy
     - Artificial Limb Centre
     - Day Care Centre
     - Dental Clinic
     - Dispensary
     - Dialysis Centre
     - Integrated Counselling and Testing Centre (ICTC)
     - Venereology Centre
     - Any other

   - Providing In-patient Care
     - Hospital
     - Nursing Home
     - Maternity Home
     - Primary Health Centre
     - Community Health Centre
     - Sanatorium
     - Any other

   - Providing Testing & Diagnostic Services
     - Laboratory
       - Pathology
       - Hematology
       - Biochemistry
       - Microbiology
       - Serology
       - Collection Centre
       - Any other
Available Imaging Centres:

- X-ray Centre
- Mammography Centre
- Bone Densitometry Centre
- Nuclear Medicine Centre
- Colour Doppler Centre
- CT Scan Centre
- Magnetic Resonance Imaging (MRI) Centre
- Positron Emission Tomography (PET) Scan Centre
- Electromyography (EMG) Centre
- Any other
CONSolidated

RECORDS TO BE MAINTAINED BY CLINICAL ESTABLISHMENTS

The various medical records to be maintained by clinical establishments are:

- Outpatient Register
- Inpatient Register
- Operation Theater register
- Labor room register
- MTP register (if registered under the MTP Act)
- Case sheets
- Neonatal log register
- Laboratory Register
- Radiology and Imaging register
- Discharge summary
- Medical Certificate in duplicate
- Complaint register
- Birth register (notified to such medical officer as authorized)
- Death register by Government in such format as prescribed
  - By Governmental level authority
- Information in terms of government programmes / areas of work (eg. maternal health, child health, immunization, family planning, Vector borne diseases, NIEP, RNTCP, ISP, RCHII, ASHA, AJS)
- Number of beds available and specialty-wise in Clinical Establishments providing inpatient care (eg. General Medical Beds, Special Care Beds)
- Total Discharge
CG3 Annex
State / District Register for Clinical Establishment

Details of Information Required

(A) At State / District level:

Total number of establishments by
- Category
- System of medicine practiced
- Type of service provided
- Rural / Urban / Metro
- No of beds
- Number of Clinical Establishments increased or decreased
- Number of inspections carried out
- Number of pending applications with reasons

Action Taken against non-registered Establishments operating in violation of the Act

Complaints received by the State Council under the Act and Action taken pursuant

(B) Detailed information

Details of each Clinical Establishment by

Name
Location containing details
Rural / Urban / Metropolitan
Village / Town
District
State
Pincode
Phone Number
Email ID
Ownership Details
Name of Owner
Educational Qualification
Person in Charge of Clinical Establishment
Educational Qualification
Urban / Rural Designation:
Longitude / Latitude
Systems of Medicine offered

Type of Establishments by category specified under Section ___ of the ___ rules

Nature of Services provided by category specified under Section ___ of the ___ rules

Number of beds system-wise and specialty-wise in Clinical Establishments providing in-patient care

Total Employees

Total Discharges

Average length of stay (OP / IP)

Utilization Statistics

Details of Staff with Name, Qualification, Registration number, Number temporary or permanent
<table>
<thead>
<tr>
<th>Name of the service</th>
<th>Type of Service</th>
<th>Charges (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Room Charges</strong></td>
<td>General Services</td>
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</tr>
<tr>
<td>(Includes Room, Bed charges, Nursing charges, Medical utilities charges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F/F</td>
<td></td>
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<tr>
<td></td>
<td>M/F</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F/F, M/F</td>
<td>Shared Room</td>
</tr>
<tr>
<td></td>
<td>Deluxe with AC</td>
<td></td>
</tr>
<tr>
<td><strong>Intensive care units:</strong></td>
<td>NEURO</td>
<td></td>
</tr>
<tr>
<td>(Charges include ICU, Red charges, Medical (Urine Monitoring and Nursing Charges))</td>
<td>PEDIC</td>
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</tr>
<tr>
<td><strong>OT Charges</strong></td>
<td>General Anaesthesia ½ Hour</td>
<td>General ward</td>
</tr>
<tr>
<td></td>
<td>Total Time Charges</td>
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</tr>
<tr>
<td></td>
<td>General Anaesthesia 1 Hour</td>
<td>General ward</td>
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<tr>
<td></td>
<td>Total Time Charges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local Anaesthesia ½ Hour</td>
<td>Total Time Charges</td>
</tr>
<tr>
<td></td>
<td>Surgical procedures Charges (Package)</td>
<td>General Surgical Procedures</td>
</tr>
<tr>
<td></td>
<td>(Incl. Surgeon charges + Anaesthetist charges + Nursing Home Charges and Investing Medicine Charges)</td>
<td>Orthopedic Surgical Procedures</td>
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<td>Cardiac Surgical Procedures</td>
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<td><strong>Doctor Consultation charges:</strong></td>
<td>GP</td>
<td>Super Specialist</td>
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<td></td>
</tr>
<tr>
<td>Emergency Visit</td>
<td>1st Visit</td>
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<td>Emergency over night charges</td>
<td>3 shift per day</td>
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<td>Diagnostic Charges</td>
<td>Common diagnostic Tests X-ray per test</td>
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<td>Ultrasound, General Obstetric and Gynecology</td>
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<td>MR Scan</td>
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<td>Multi-slice CTA scan</td>
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<td>CT Scan</td>
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<td>16</td>
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As per instruction of the Director General of Health Services, the Public Health Department has been continued to conduct and monitor Clinical Audit in the following hospitals:

1. Shell Petroleum Development Company
2. Shell Engineering
3. Shell Oilfield Services
4. Shell Marine
5. Shell Petroleum Development Company
6. Shell Engineering

The Composition of the Clinical Audit Committee is as follows:

Chairman:

Vice-Chairman:

Secretary:

Treasurer:

Members:

Date:

Director General of Health Services

upper Shing

Yinglong
With regard to the subject noted, the Chief Minister, in consultation with the Hon'ble Governor, has approved the following recommendations:

1. Shri Ramana Murthy, IAS, Principal Secretary, Finance
2. Shri V. S. Sadasivaswamy, IAS, Director, Finance
3. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
4. Shri V. S. Sadasivaswamy, IAS, Director, Finance
5. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
6. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
7. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
8. Shri K. R. Vasanth, IAS, Principal Secretary, Finance

The Order is for the information of all concerned.

Memo No. 42/01/2014

Chief Secretary
Government of Karnataka

Sir,

I am directed to refer to your letter dated 26th July 2013 and to inform you that the Governor has approved the following recommendations:

1. Shri Ramana Murthy, IAS, Principal Secretary, Finance
2. Shri V. S. Sadasivaswamy, IAS, Director, Finance
3. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
4. Shri V. S. Sadasivaswamy, IAS, Director, Finance
5. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
6. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
7. Shri K. R. Vasanth, IAS, Principal Secretary, Finance
8. Shri K. R. Vasanth, IAS, Principal Secretary, Finance

This is to inform you that the Governor has approved the above recommendations. You are requested to take necessary action.

[Signature]
[Name]

Chief Secretary
Government of Karnataka

Copy to:
1. The Hon'ble Chief Minister, Government of Karnataka
2. The Hon'ble Finance Minister, Government of Karnataka
3. The Hon'ble Chief Secretary, Government of Karnataka
4. The Hon'ble Secretary, Finance, Government of Karnataka
5. The Hon'ble Secretary, Finance, Government of Karnataka
6. The Hon'ble Secretary, Finance, Government of Karnataka
7. The Hon'ble Secretary, Finance, Government of Karnataka
8. The Hon'ble Secretary, Finance, Government of Karnataka

[Date]
1. To prepare and publish quarterly the report containing details of sales for the period and all other necessary information required by Government or any other competent authority.
2. To prepare and publish quarterly the report containing details of sales for the period and all other necessary information required by Government or any other competent authority.
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18. To prepare and publish quarterly the report containing details of sales for the period and all other necessary information required by Government or any other competent authority.
GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DISTRICT MEDICAL OFFICER
LOWER DIBHANG VALLEY DISTRICT
RUNG

NOTIFICATION

Dated Rong, the 5th Nov'2012

Under section 10 of the Health Promotion Act 1983 & under Rule 13 of Arunachal Pradesh Health establishment Rules 2011 x "District Registering Authority" for Lower Di Bharg Valley District is hereby constituted with the following officers and officials as members-

1. The Chief Commissioner, Rong - Chairman
2. The District Medical Officer, Rong - Convenor
3. The following Officers and officials have been nominated as members of the District Registering Authority, Lower Di Bharg Valley District, Rong for a period of three years or of:
   a) The Superintendent of Police, Rong - Member
   b) The Chairperson, Zilla Parishad, Rong - Member
   c) The Chairperson, MIYA-JD (NGO), Rong - Member

The copies of their nominating letters of three years they will be replace with new members.

Sd/-

(Adv. Kumar) JAS
Deputy Commissioner
Lower Di Bharg Valley District
Rong

Memo No.LDH/MED/A(12-13)

Copy to-
1. The Hon'ble M.P. (Rajya Sabha) along with Rong for information please.
2. The Hon'ble MLA-29th Dainiki / 39th Assembly Constituency for information please.
3. The Hon'ble Chairperson, Zilla Parishad, Lower Di Bharg Valley District, Rong for information please.
4. The Commissioner, Health & Family Welfare, Govt. of Arunachal Pradesh, Itanagar for information please.
5. The Director, Health Services, Govt. of Arunachal Pradesh, Itanagar for information please.
6. The Deputy Commissioner, Lower Di Bharg Valley District, Rong for information please.
7. The Deputy Officer, A.R. Medical College, Itanagar for information please.
8. The Director of Health Services, Govt. of A.P., Itanagar for information please.
9. The Superintendent of Police, Rong for information and necessary action with a copy of the said Act & Rule.
10. The Chairman, MIYA-JD (NGO), Rong for information and necessary action with a copy of the said Act & Rule.
11. The District Programme Officer of all the vertical health programme for information.
12. The Medical Officer IC CFC Padoh/ Dainiki for information.
13. The Medical Officer IC PHC Secono/ Puro/ Ikri/ Yubang/ Ayom for information.
15. Space copy.

(A. A. Yari)
Distt. Medical Officer
Lower Di Bharg Valley District
Rong.
The Minister, hereby, proclaim the registration of Clinical Establishments for maintaining medical and health care in the following manner:

1. The Deputy Commissioner
2. The Director of Health Services
3. The Chairman, Medical Council
4. The Superintendent of Police
5. The President, Medical Board

Functions of the Principal Officer/Secretary:

a) To grant, renew, suspend or cancel registration of any clinical establishment.
b) To enforce compliance of the provisions and rules of the Clinical Establishments Act, 2010.
c) To investigate the complaints of breach of the provisions of this Act or the rules made thereunder and take necessary action.
d) To prepare and maintain an orderly record of all cases received and action taken in relation thereto.
e) To report to the State Government on any matter relating to the functioning of the establishment in the manner prescribed by the Central Government./

N/Chuan Bahadur DAS
Deputy Commissioner
Changlang, District, Changlang, ITN

Note for CMR/DMA/2014

1. The Secretary, Health & Family Welfare, GoN, Itanagar for information please.
2. The Director, Health Services, GoN, Itanagar for information please.
3. The Election Director, National Health Mission, GoN, Itanagar for information please.
4. The Commissioner, Civil Secretary, Changlang District, Changlang for information please.
5. The Superintendent of Police, Changlang District, Changlang for information please.
6. The President, Tangsang, Tura, Upper Siang, DLC, Changlang for information please.
7. The DCA in the Deputy Commissioner, Changlang District, Changlang for DACs information please.
8. Office C/O.
GOUVERNMENT OF MUMBAI, PRESIDENCY,

DEPARTMENT OF HEALTH & FAMILY WELFARE,

Press Note No. 04 dated 4th Aug 2012

In pursuance of the Section 3(c) of the Clinical Establishment Act, 2010, the Government of Maharashtra is pleased to constitute the Clinical Establishment State Council with the following members:

1. Secretary, Health & Family Welfare, Govt. of M.P. - Ex-officio
2. Director of Health Services, Maharashtra
3. President, Maharashtra Medical Council - Ex-officio
4. Vice President, Maharashtra Medical Council
5. Dr. Deodas Jadhav, Secretary, Maharashtra Council
6. Dr. Pradeep Prakash, Secretary, Medical Council
7. Dr. Pratik Wachh, Secretary, Medical Council

It is decided in the meeting of the State Council on the 31st July 2012, the DRS (Med) is the nodal office of the Clinical Establishment Act. Further, the powers and functions of the DRS (Med) as per the guidelines issued by the State Government are hereby vested in the DRS (Med).

Dil K. Tyagi, IAS
Secretary, Health & Family Welfare,
Govt. of Maharashtra,
Mumbai

No. 04/2012

Dated Mumbai the 4th Aug, 2012

Copy to:
1. The Secretary to the Government of Maharashtra, Mumbai.
2. The Commissioner to the Government of Maharashtra, Mumbai.
3. The Principal Secretary, Health, Government of Maharashtra, Mumbai.
4. The Principal Secretary, Food, Government of Maharashtra, Mumbai.
5. The Principal Secretary, Medical Education, Government of Maharashtra, Mumbai.
6. The Secretary, Health Services, Mumbai.
7. All Zila Parishads.
8. All Medical Superintendents, ZPHOs, Mumbai.
9. All DMS, (G & R), Mumbai.
10. All members of the M.P. State Council of Clinical Establishment.
11. All members of the State Public Service Commission.
12. The Director of Medical Education, for publication in the Official Gazette.

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(Dr. T. M. Lokseng) DOHS (PI)
Cum State Nodal Officer, APSC (LSA)
Directorate of Health Services
NORTHUMBERLAND