CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT
NOTIFICATION

No. 1/34/FII (5)/2013/ Chandigarh, dated the 01/11/2013
In exercise of the powers conferred upon under Section 54 read with Section 2(n) of the Clinical Establishments (Registration and Regulation) Act, 2010 (No. 33 of 2010), the Administrator, Union Territory, Chandigarh hereby makes the following rules for carrying out the matter provided in the aforesaid Section 54 of the Act ibid, in the Union Territory, Chandigarh, namely:-

Part I
Preliminary

1. Short title, extent and commencement: - (1) These rules may be called the Union Territory of Chandigarh Clinical Establishments (Registration and Regulation) Rules, 2013
   (2) These Rules shall come into force in the Union Territory, Chandigarh on the date of their publication in the Chandigarh Administration Official Gazette.
   (3) These rules shall be applicable to various categories of Clinical Establishments in the Union Territory, Chandigarh.

2. Definitions:- In these rules, unless the context otherwise requires:
   a) "Act" means the Clinical Establishments (Registration and Regulation) Act, 2010;
   b) "State Council" means the Union Territory Council for Clinical Establishments, Chandigarh constituted under Section 8 of the Act;
   
   The words and expressions used herein and not defined but defined in the Act shall have the same meanings respectively assigned to them in the Act.

Part II
The Union Territory Council for Clinical Establishments, Chandigarh.

4. Functions: - The State Council shall perform the following functions, namely:
   a) compiling and updating the Union Territory, Chandigarh Registers of clinical establishment;
   b) sending monthly returns for updating the National Register (including in the digital format);
   c) representing the Union Territory, Chandigarh 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 Union Territory, Chandigarh
   f) monitor the implementation of the provisions of the Act and rules in the Union Territory, Chandigarh;
   g) recommend to the Government, any modifications required in the rules in accordance with changes in technology or social conditions;
h) perform any other function as may be outlined by the National council of Clinical Establishments;

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

5. Disqualifications of Member.—A person shall be disqualified for being appointed as a member of the State Council if he—
   (a) has been convicted and sentenced to imprisonment for an offence which, in the opinion of the State Government, involves moral turpitude;
   (b) is an undischarged insolvent;
   (c) is of unsound mind and stands so declared by a competent court;
   (d) has been removed or dismissed from the service of the Government or a corporation owned or controlled by the government;
   (e) has, in the opinion of the State government, such financial or other interest in the State Council as is likely to affect prejudicially the discharge by him of his functions as a member.

6. Conduct of Business:—Every meeting of the State Council shall be presided over by the Chairperson.

7. Time & Place for Meetings of the State Council:—The meetings of the State Council shall ordinarily be held at Chandigarh on such dates as may be fixed by the State Council and shall meet at least once in three months.

8. Notice of Meeting:—Notice of every meeting other than a special meeting shall be issued/dispatched by the Member Secretary to each member of the State Council not less than 15 days before the date of the meeting.

9. Quorum, Call for Meeting, Minutes of Meetings:—(1) One-third of the total number of members of the State Council shall form a quorum and all actions of the State Council shall be decided by a majority of the members present and voting.
   (2) The notice and agenda of every such meeting of the State Council shall ordinarily be given 15 days before the meeting by the Member Secretary of the State Council.
   (3) The proceedings of the meetings of the State Council shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.
   (4) A copy the minutes of each meeting of the State Council shall be submitted to the Chairperson within 7 days of the meeting and after having been approved by him/her shall be sent to each member of the State Council within 15 days of the meeting. If no objection to their correctness is received within 10 days of their dispatch, any decisions therein shall be given effect to, provided that the Chairperson may, where in his opinion it is necessary or expedient so to do, direct that action be taken on the decision of the meeting.

10. Resignation:—A member desiring to resign his seat on the State Council shall send his resignation in writing to the Chairperson and every such resignation shall take effect from the date mentioned by him in this behalf or in case no such date is mentioned, from the date of the receipt of his letter by the Chairperson after confirmation from the member concerned about his resignation.

11. Filling of Vacancies:—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 State Government which shall take steps to have the vacancies filled by nomination or election, as the case may be.

12. Finance and Accounts:—The accounts of the State Council shall be audited annually by a qualified Chartered Accountant, who is to be appointed with the prior approval of the Comptroller and Auditor General of India. Any expenditure incurred in connection with such audit shall be payable by the State Council.
Part III

The District Registering Authority

13. Establishment of District Registering Authority.- The State Government shall, by notification under Section 10 of the Act and in accordance with the rules framed by Central Government in his behalf, set up an authority to be called the District Registering Authority for the Union Territory Chandigarh for registration of clinical establishments.

14. Functions of the District Registering Authority.- It shall be the functions of the District Registering Authority:

a) to grant, renew, suspend or cancel registration of any clinical establishments;

b) to enforce compliance of the provisions and rules of the Clinical Establishments (Registration and Regulation) Act 2010;

c) to investigate complaints of breach of the provisions of the Act or the rules made there under and take immediate action;

d) to prepare and submit on quarterly basis report containing details of related to number and nature of provisional and permanent registration certificates issued; included those cancelled, suspended or rejected to the State Council;

e) to report to the State Council on a quarterly basis on action taken against non-registered clinical establishments operation in violation of the Act;

f) to perform any other function as may be prescribed by the Central Government and/or the State Government from time to time.

15. Powers of the District Registering Authority.- The District Registering Authority shall, for the purposes of discharging its functions under the Act, have the same powers as are vested in a civil court under the Code of Civil Procedure, 1908 in respect of the following matters, namely:

(a) summoning and enforcing the attendance of any person and examining him on oath;

(b) Requiring the discovery and production of any document or other electronic records or other material objective producible as evidence;

(c) Receiving evidence on affidavits;

(d) Requisitioning of any public record;

(e) Issuing commission for the examination of witnesses or documents;

(f) Reviewing its decisions, directions and orders;

(g) Dismissing an application for default or deciding it ex parte;

(h) Any other matter which may be prescribed.

16. Time and Place of and Preparation of Business for Meetings of the District Registering Authority.- The meetings of the District Registering Authority shall be held at least once in a month at a stipulated date and time.

17. Conduct of Business. - 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/dispatched by the Convener to each member not less than 15 days before the date of the meeting.

19. Quorum, Minutes of Meeting. - (1) One-third of the total number of 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 the meetings of the District Registering Authority shall be preserved in the form of minutes which shall be authenticated after confirmation by the signature of the Chairperson.

(3) A copy the minutes of each meeting of the District Registering Authority shall be submitted to the Chairperson within 7 days of the meeting and after having been attested by him shall be sent to each
member of the Authority within 15 days of the meeting. If no objection
to their correctness is received within 10 days of their dispatch, any
decisions therein shall be given effect to, provided that the Chairperson
may, where in his opinion it is necessary or expedient so to do, direct
that action be taken on the decision taken in the meeting.

20. Resignation: - A member desiring to resign his seat on the District
Registering Authority shall send his resignation in writing to the
Chairperson and every such resignation shall take effect from the date
mentioned by him in this behalf or in case no such date is mentioned,
from the date of the receipt of his letter by the Chairperson after
confirmation from the member concerned about his resignation.

21 Filling of Vacancies: - If a casual-vacancy occurs whether by reason
of death, resignation or inability to discharge, functions owing to illness
or any other incapacity of a member, such vacancy shall be filled by
the Chairperson by making a fresh appointment and the member so
appointed shall hold office for the remaining term of office of the
person in whose place he/she is so appointed.

PART IV

Registration of Clinical Establishments

22. Application for Registration.- (1) The applicant shall apply to the
District Registering Authority for provisional registration, either in
person, or by post or through web based online facility with the
necessary information in a format as perpara (Annexure SG-I Form);

(2) The applicant shall apply to the District Registering Authority for
permanent registration, in person, or by post or through web based
online facility with the necessary information filled and with evidence of
having met the requirements of minimum standards and personnel for
different categories of Clinical Establishments in a form and format that
shall be prescribed by the National Council under Section 24 and 25 of
the Act;

(3) If an establishment is offering services in more than one
category as specified under the Clinical Establishments (Central
Government) Rules, 2012, the establishment will need to apply for a
separate provisional or permanent registration for each category of
establishment under Section 14 (1) and Section 30 of the Act. However,
if a laboratory or diagnostic center is a part of an establishment
providing outpatient / inpatient care, no separate registration will be
required.

23. Acknowledgement of Application.- The District Registering Authority,
or any person authorized in this behalf, shall, acknowledge receipt of
the application for registration, in the acknowledgment slip provided as
per SG-2 Annexe immediately, if delivered at the office of the
authority, or not later than the next working day if received by post and
by online acknowledgement to be generated automatically by the
system.

24. Grant of Registration.- The District Registering 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 per SG-3 annexe
either by post or electronically under Section 15, read with Section 17
of the Act.

25. Certificate of Registration.- The District Registering Authority shall
grant the applicant a certificate of permanent registration as per format
developed by National Council (SG-4 Annexe) either by post or
electronically after satisfying itself that the applicant has complied with
all the requirements and criteria, including provision of minimum
standards and personnel required to run the clinical establishment.

In case of permanent registration, under Section 29 of
the Act, the authority shall pass an order within 3 ½ months -
(a) Allowing the application for permanent registration; or
(b) Disallowing the application.
Provided that the authority shall record its justifications and reasons, if it disallows an application, for permanent registration.

26. Change in ownership/management of clinical establishment.- (1) In the event of any change of ownership or management, the clinical establishment shall intimate to the District Registering Authority in writing within one month of such change along with the fee prescribed in SG-5 annexe for issue of a revised certificate of Provisional or Permanent registration, as the case may be, incorporating the changes and on surrendering the old certificate under Section 20 (2) and Section 30 of the Act.

(2) In the event of certificate of registration (Provisional or Permanent) being lost or destroyed, the owner shall apply to the District Registering Authority to issue a duplicate certificate upon payment of the fee prescribed in SG-5 annexe and the provisional certificate shall be marked "Duplicate" as per SG-6 annexe under Section 19 and Section 30 of the Act.

27. 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 not submitted within the stipulated period, the authority shall allow for renewal of registration on payment of the renewal amount as prescribed in SG-5 annexe and penalty of Rs. 100/- (one hundred) 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 expiry of the registration period of five (5) years. The renewal will be granted by the Authority within 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 30 (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 SG-5 annexe and penalty of Rs. 100/- (one hundred) per day till the date of application for renewal is accepted.

28. Fees to be charged.- (1) The various fees charged for provisional and permanent registration, renewal, late application, duplicate certificate, change of ownership, management or name of establishment is prescribed in SG-5 annexe under Section 14 (1) read with Section 19 Section 20 (2), Section 22; Section 24, Section 35 of the Act.

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

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

(4) The fee shall be paid by a demand draft drawn / online transaction in favour of the District Registering Authority concerned as specified under Section 14 (1) and Section 30 of the Act.

(5) The fees collected by the Authority for registration of the Clinical Establishments shall be, deposited by the Authority in a Nationalized bank account opened in the name of the official designation of the District Registering Authority and shall be utilized by the Authority for the activities connected with the implementation of the provisions of the Act and these rules as approved by the District Registering Authority.

29. Constitution of Fund, Finance Rules, Audit.- (1) There shall be constituted a fund called Union Territory Council for Clinical
Establishment Fund and the District Registering Authority shall credit two percent of the total amount collected by it by way of fees and penalties.

(2) The Accounts shall be maintained as per the Financial Code and shall be audited by a qualified Chartered Accountant who is to be appointed with the prior approval of the Comptroller and Auditor General of India. The annual Audit reports shall be submitted to the State Council.

### Part V

**Registers to be maintained, furnishing of returns and display of information**

30. **Registers to be maintained.**—(1) The District Registering Authority shall within a period of two years from its establishment, compile, publish and maintain in digital format a register of Clinical Establishments registered by it and it shall enter the particulars of the certificate so issued in a register to be maintained in such form and manner, as may be prescribed by the State Government.

(2) The District Registering Authority including any other authority set up for the registration of clinical establishments under the law for the time being in force shall supply in digital format to the State Council a copy of every entry made in the District register of clinical establishments for a particular month by the 15th day of the following month in keeping with the provisions of Section 37 (2) of the Act.

(3) The District Registering Authority shall, within a period of forty-five days from the grant of provisional registration, mandatorily cause to be published in the public domain either through two local dailies/newspaper or on the website, which the District Registering Authority will launch, the name of the 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, Nurses, etc.) as under Section 16 (2) of the Act.

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

(5) The District Registering Authority shall, within a period of 7 days cause to be published in the public domain either through two local dailies/newspaper or on the website, which the District Registering Authority will launch, the name of the Clinical establishment, Address, Ownership, Name of Person in Charge, System of Medicine offered, Type and Nature of Services offered, details of the Medical Staff (Doctors, Nurses, etc) and the details and information related to having complied with the minimum standards and personnel prescribed for the particular category of clinical establishment as under Section 26 of the Act.

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

(7) 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 (Provisional or Permanent) registration has expired as under Section 21 and Section 30 of the Act.

### 31. Information to be provided by Clinical Establishments.— (1) The Clinical Establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national
programmes and furnishes the same to the District Registering Authority in form of three monthly reports. The minimum medical records to be maintained and nature of information to be provided by the Clinical Establishments.

(2) Copies of all records and statistics shall be kept with the clinical establishment concerned for 3 years or in accordance with any other relevant act in force at the time under Section 12 (1) (ii) of the Act. All clinical establishments shall be responsible for submission of information and statistics in the time of emergency or disaster or epidemic situation.

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

(4) In addition to the specific provisions of the Clinical Establishments (Registration and Regulation) Act 2010, all establishments shall comply and maintain information and statistics in keeping with other applicable Acts and Rules which are in force in the country.

Part VI
Inspection and search of establishment

32. Power to Enter.- (1) Entry and search of the clinical establishment can be done by the District Registering Authority or an officer or team duly authorized by it or subject to such general or special orders as may be made by the authority, provided that decision by majority of member of the District Registration Authority for conduct of such entry and search has been taken.

(2) Such entry and search of clinical establishments can be conducted if anyone is carrying on a clinical establishment without registration or does not adhere to the prescribed minimum standards or has reasonable cause to believe the Clinical Establishment (CE) is being used for purposes other than it is registered or contravenes any of the provisions of this Act & Rules, shall at all reasonable times enter and inspect any record, register, document, equipment and articles as deemed necessary under the provisions of Section 34 of the Act.

(3) The inspection team shall intimate the establishment in writing about the date of visit and reasons for the inspection. The team shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make any such other enquires as they consider necessary to verify the statements made in the application for registration and grant of license. All persons connected with the running of the establishment shall be bound to supply full and correct information to the inspection team.

(4) The Officer and / or inspection team so constituted by the District Registering Authority shall submit a report as per SG-7 annexe within a week of the inspection to the District Registering Authority with a copy to the State Council.

(5) If, at any time after any clinical establishment has been registered, the Authority is satisfied that, ---

(a) the conditions of the registration are not being complied with; or

(b) the person entrusted with the management of the clinical establishment has been convicted of an offence punishable under the Act, it may issue a notice to the clinical establishment to show cause within three months’ time as to why its registration under this Act should not be cancelled for the reasons to be mentioned in the notice.

(c) If after giving a reasonable opportunity to the clinical establishment, the Authority, is satisfied that there has been a breach of any of the provisions of this Act or the rules made there under, it
may, by an order, without prejudice to any other action that it may take
against such clinical establishment, cancel its registration.

(6) Every order made under sub rule 5 above, shall take effect--

(a) where no appeal has been preferred against such order
immediately on the expiry of the period prescribed for such appeal;
and

(b) where such appeal has been preferred and it has been
dismissed from the date of the order of such dismissal;
Provided that the Authority, after cancellation of registration for
reasons to be recorded in writing, may restrain immediately the clinical
establishment from carrying on if there is imminent danger to the
health and safety of patients.

Part VII
Penalties & Appeals

33. Penalties.- (1) In keeping with the provisions of Section 41 (1) (2) (3)
and Section 42 (1) (2) (3) of the Act, whoever carries on a clinical
establishment without registration or whoever willfully disobeys any
direction, or obstructs any person or authority or withholds any such
information or provides false information shall be liable for a monetary
penalty.

(2) Whoever carried on a clinical establishment without
registration, shall, on first contravention be liable to a monetary penalty
of up to fifty thousand rupees, for second contravention, to a monetary
penalty which may extend to two lakhs rupees and for any subsequent
contravention to penalty which may extend to five lakhs 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 District Registering
Authority shall be, deposited by the Authority in a Nationalized bank
account opened in the name of the official designation of the State
Council and shall be utilized by the Council and Authority for the
activities connected with the implementation of the provisions of the
Act and the rules made there under as approved by the State Council.

34. Appeals.- (1) In keeping with Section 36, 41 (4) (5) (6) (7) and
Section 42 (4) (5) (6) (7) of the Act, any person or clinical
establishment, if aggrieved by the decision of the Authority under
Sections 29 and 34 of the Act, may file an appeal in annexe SG-8
to the State Council within thirty (30) days from the date of receipt of
such order along with a fee of Rs.1000/-.

(2) The appeal against a public healthcare establishment
shall be filed in form SGA and shall be sent to the State Council by
registered post or in person.

(3) Every appeal shall be accompanied by a fee of rupees
one thousand.

(3) After receipt of the appeal, the State
Council shall fix the time and date for hearing and inform the same to
the appellant and others concerned by a registered letter giving at
least 15 days time for hearing of the case.

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

(4) The State Council shall hear all the concerned, receive the
relevant oral/documentary evidence submitted by them, consider the
appeal and communicate its decision preferably within 90 days from
the date of filing the Appeal. 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 State Council will have the
authority to stay the operation of the order of the District Registering
Authority till such time as it deems necessary. The decision of State Council shall be final and binding.

(5) If no appeal is filed against the decision of the District 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.

(6) The appeal fees collected shall be deposited in a nationalized bank account opened in the name of the official designation of the State Council and shall be utilized by the Council and Authority for the activities connected with the implementation of the provisions of the Act and rules made there under as approved by the State Council.

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

Anil Kumar, IAS
Secretary Health
Chandigarh Administration

Endst. No1/34/FII(5)/2013/ Dated, the

A copy is forwarded to the Controller, Printing & Stationery
Department, U.T. Chandigarh with the request to get the aforesaid notification published in the extraordinary official gazette of Chandigarh Administration and to supply 25 copies thereof for record and use in the department.

Joint Secretary Health
Chandigarh Administration

Endst. No.1/34/FII (5)/2013/ Dated, the 10/7/10

A copy is forwarded to the following for information and necessary action:-

1. District Collector, Chandigarh and Chairperson of District Registering Authority U.T. for registration of clinical establishments in U.T. Chandigarh;
2. Director Health and Family Welfare, U.T. Chandigarh;
3. Principal Medical Officer, GMSH/16, Chandigarh.

Joint Secretary Health
Chandigarh Administration
1. Name of the Establishment

2. Address:
   Village/Town: ___________________________ Taluka: ___________________________
   District: ___________________________ State: ___________________________ Pin code: ___________________________
   Tel No (with STD code): ___________________________ Mobile: ___________________________
   Email ID: ___________________________

3. Year of starting: ___________________________

4. Location:  
   ❑ Rural  ❑ Urban  ❑ Metropolitan

5. Ownership

   Public Sector:
   ❑ Central government  ❑ State government  ❑ Local government- please specify: ___________________________
   ❑ Public Sector Undertaking  ❑ Railways  ❑ Employee State Insurance Corporation (ESIC)
   ❑ Autonomous organization  ❑ Any other (please specify): ___________________________

   Private Sector:
   ❑ Individual Proprietorship  ❑ Registered Partnership  ❑ Registered Company
   ❑ Co-operative Society
   ❑ Trust/Charitable registered under a Central, Provincial or State Act (please specify):

   ❑ Any other (please specify): ___________________________

6. Name of the owner of Clinical Establishment: ___________________________

   Educational Qualification: ___________________________

   Address:
   Village/Town: ___________________________ Taluka: ___________________________
   District: ___________________________ State: ___________________________ Pin code: ___________________________
   Tel No (with STD code): ___________________________ Mobile: ___________________________
   Fax: ___________________________
   Email ID: ___________________________

7. Name of person in-charge of the Clinical Establishment:

   Designation: ___________________________ Educational Qualification: ___________________________

   Address:
   Village/Town: ___________________________ Taluka: ___________________________
   District: ___________________________ State: ___________________________ Pin code: ___________________________
   Tel No (with STD code): ___________________________ Mobile: ___________________________
   Fax: ___________________________
   Email ID: ___________________________

8. Systems of Medicine offered: (please tick whichever is applicable)
   ❑ Allopathy  ❑ Ayurveda  ❑ Unani  ❑ Siddha
   ❑ Homeopathy  ❑ Yoga & Naturopathy

9. Type of Establishment: (please tick whichever is applicable)

   Providing Out Patient Care:
   ❑ Single practitioner  ❑ Polyclinic  ❑ Sub-Centre  ❑ Physiotherapy Clinic
   ❑ Occupational Therapy  ❑ Infertility  ❑ Dental clinic  ❑ Dispensary
   ❑ Dialysis Centre  ❑ Integrated Counselling and Testing Centre (ICTC)
   ❑ Wellness/fitness centre
   ❑ Any other (please specify): ___________________________
Providing In Patient Care

☐ Hospital  ☐ Nursing Home  ☐ Maternity Home
☐ Primary Health Centre  ☐ Sanatorium  ☐ Community Health Centre
☐ Any other (please specify):

Providing Testing & Diagnostic Services:

Laboratory

☐ Pathology  ☐ Haematology  ☐ Biochemistry
☐ Microbiology  ☐ Genetics  ☐ Collection Centre
☐ Any other (please specify):

Diagnostic and Imaging Centre

☐ X Ray centre  ☐ Mammography  ☐ Bone Densitometry
☐ Sonography  ☐ Color Doppler  ☐ CT Scan
☐ Magnetic Resonance Imaging (MRI)
☐ Positron Emission Tomography (PET) Scan
☐ Electro Myo Graphy (EMG)
☐ Any other (please specify):

Any other (please specify):

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

For all Systems of Medicine

☐ General  ☐ Single Specialty  ☐ Multi Specialty
☐ Super Specialty  ☐ Mobile
☐ Any other, please specify:

a) Allopathy

☐ General Practice  ☐ Out-patient  ☐ In-patient
☐ Day care centre  ☐ Emergency / Casualty  ☐ ICU
☐ ICCU  ☐ Blood Bank  ☐ Organ / Tissue Bank
☐ Special Care Services for challenged persons
☐ Any other please specify:

b) Ayurveda

☐ Ausad Chikitsa  ☐ Shalya Chikitsa  ☐ Shodhan Chikitsa
☐ Rasayana  ☐ Pathya  ☐ Vyavastha
☐ Any other please specify:

c) Unani

☐ Matab  ☐ Jarahat  ☐ Ilaj-bit-Tadbeer
☐ Hifzan-e-Sehat  ☐ Any other please specify:

d) Siddha

☐ Maruthuvam  ☐ Sripppu Maruthuvam  ☐ Varmam Thokknam & Yoga
☐ Any other please specify:

e) Homeopathy

☐ General Homeopathy
☐ Any other please specify:
f) Naturopathy

- External Therapies with natural modalities
- Internal Therapies
- Any other please specify: ______________________________

g) Yoga
- Please specify: ______________________________

**INFRASTRUCTURE DETAILS**

11. Area of the establishment (in sq. meters):

- Total Area: ______________________________
- Constructed area: ______________________________

12. Out Patient Department:

13.1 Total no. of OPD Clinics: ______________________________

13.2 Specialty-wise distribution of OPD Clinic

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<th>Sr. No.</th>
<th>Specialty</th>
<th>No. of Rooms</th>
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13. In Patient Department:

13.1 Total number of beds: ______________________________

13.2 Specialty-wise distribution of beds, please specify:

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<th>Sr. No.</th>
<th>Specialty</th>
<th>No. of Beds</th>
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14. Whether Clinical Waste Disposal License obtained from Panchayat/Municipality/Municipal Corporation etc?

- Yes
- No
- Applied For

15. Whether clearance from Pollution Control Board/Authority obtained?

- Yes
- No
- Applied For

**HUMAN RESOURCES**

16. Total number of Staff (as on date of application):

No. of permanent staff: ____________
No. of temporary staff: ____________

Please furnish the following details:-

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Name</th>
<th>Qualification</th>
<th>Registration Number (where applicable)</th>
<th>Nature of service Temporary/ Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paramedical Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. Payment options for Registration Fees:

- Online payment
- Demand Draft
- Postal Order

Amount (in Rs):
Details:
Receipt No.

I, ................................................................. on behalf of myself and
the company/society/association/body hereby declare that the statements above are
correct and true to the best my knowledge and I shall abide by all the rules and
declarations under the Clinical Establishment (Registration and Regulation) Act 2010.

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

Place:  
Date:  

Signature of the Authorized Signatory
Office 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 Registering 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 District Registering Authority or authorized person in the Office of the Authority.

SEAL

Designation of the Issuing Authority (Computer Generated)
Place & Date: (Computer Generated)
SG 3 Annexe
PROVISIONAL CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional registration No: (Computer Generated)
Date of issue: (Computer Generated)
Valid up to: (Computer Generated)

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: _____________________________________________

Is hereby provisionally registered under the provisions of Clinical Establishments (Registration and Regulation) Act 2010 and the Rules made there under.

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 there under.

Designation of the Issuing Authority (Computer Generated)
Place & Date: (Computer Generated)

District Registration Authority

Address:

Phone number in case of Grievances
SG 4 Annexe
PERMANENT CERTIFICATE
FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No: (Computer Generated)
Date of issue: (Computer Generated)
Valid up to: (Computer Generated)

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: ___________________________________________

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

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 there under.

Designation of the Issuing Authority (Computer Generated)
Place & Date: (Computer Generated)

District Registration Authority
Address:

Phone number in case of Grievances
### SG 5 Annexe

Fees to be charged (In rupees)

<table>
<thead>
<tr>
<th>Rural (out of Municipal Corporation’s limit)</th>
<th>Urban (within the Municipal Corporation’s limit)</th>
<th>Metro (not applicable for the present as Chandigarh is not Metro city)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional</td>
<td>Permanent</td>
<td>Provisional</td>
</tr>
<tr>
<td>50</td>
<td>250</td>
<td>100</td>
</tr>
</tbody>
</table>

#### In Patient Care

<table>
<thead>
<tr>
<th>01 to 30 Beds</th>
<th>50</th>
<th>250</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 to 100 Beds</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Above 100 Beds</td>
<td>150</td>
<td>650</td>
</tr>
</tbody>
</table>

#### Testing & Diagnostic

<table>
<thead>
<tr>
<th>Laboratories</th>
<th>100</th>
<th>500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Imaging Centre</td>
<td>150</td>
<td>650</td>
</tr>
</tbody>
</table>

#### Other Fees:

- For Renewal half of the amount of registration fee (Provisional / Permanent)
- For Late application the amount would be double of the registration fee (Provisional / Permanent)
- For duplicate Certificate the amount would be Rs. 200/-
- For change of ownership management or name of establishment would be Rs. 100/-
- For any appeal the amount would be Rs. 1000/-.

If a laboratory or diagnostic centre is a part of an establishment providing outpatient/inpatient care no separate registration is required.
SG 6 Annexe

DUPLICATE

CERTIFICATE

FOR REGISTRATION OF CLINICAL ESTABLISHMENT

Permanent registration No: (Computer Generated)
Date of Issue: (Computer Generated)
Valid up to: (Computer Generated)

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: _____________________________________________________

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

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 there under.

Designation of the Issuing Authority (Computer Generated)
Place & Date: (Computer Generated)

District Registration Authority
Address:

Phone number in case of Grievances
SG 7 Annexe

Format for Submission of Inspection Report

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 kindly indicated

Signature (of all members of the inspection team)

Date

Place
SG-8 Annexe

Application for appeal
(See S.36(2))

To

The State Council
Government of

Sir,

I, Dr. ...................... of ......................... have applied for registration / is a valid license holder with registration number ............... under Clinical Establishments Act, 2010 for my ............. located at ............... .

I was communicated by the District Authority as per letter No. ............... dated ............... that either:

i) That my application as rejected

ii) That my registration is cancelled

iii) That I am restrained from carrying on with the running of clinical establishment

iv) That I am charged with a penalty for an offence under the Act

v) Any other ............... 

The above decision of the District Authority appears to be not valid. I request you to consider my application as per the justifications mentioned below:

i) ............... 

ii) ............... 

iii) ............... 

I am willing to appear before you for a personal hearing, if necessary. I am enclosing herewith a draft of Rs.1000/-. 

Thanking you,

Place: ........................................

Dated: ........................................

Signature

Name: ........................................
In exercise of the powers conferred by Section 10 of the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010) and all other powers enabling him in this behalf, the Administrator, Union Territory, Chandigarh is pleased to set up District Registering Authority, Union Territory, Chandigarh for registration of clinical establishments in the Union Territory of Chandigarh, consisting of the following:

1. District Collector, Chandigarh
2. Senior Superintendent of Police, Chandigarh
Or his nominee
3. Secretary Municipal Corporation, Chandigarh
4. Dr. Ramneek Singh Bedi, President, Indian Medical Association, Chandigarh
5. Principal Medical Officer, GMSH/16, Chandigarh

Chairperson
Member
Member
Conference

Anil Kumar, IAS
Secretary Health,
Chandigarh Administration.

Dated the 24th January, 2013

A copy is forwarded to the following for information and necessary action:

1. District Collector, Chandigarh
2. Senior Superintendent of Police, Chandigarh;
3. Director Health & Family Welfare, Union Territory, Chandigarh;
4. Secretary, Municipal Corporation, Chandigarh;
5. Dr. Ramneek Singh Bedi, President, Indian Medical Association, Sector 35-A, Chandigarh;
6. Principal Medical Officer, Chandigarh.

Superintendent/Consultant(H)
For Secretary Health,
Chandigarh Administration.