



## FORM FOR HOSPITALS AND NURSING HOMES

[For visual look of facilities Click here](#)

1. Name and Address : \_\_\_\_\_
2. Telephone number : \_\_\_\_\_
3. Fax Number : \_\_\_\_\_
4. E-Mail : \_\_\_\_\_
5. Website : \_\_\_\_\_
6. Indoor facilities available : \_\_\_\_\_  
(Details regarding number of beds/  
rooms/wards, testing and other  
facilities including ICU and  
emergency services etc.)
7. Outdoor facilities available : \_\_\_\_\_  
(Specify speciality services  
available including availability  
of Ambulance etc.)
8. Name of full time and visiting : \_\_\_\_\_  
doctors  
(Mention qualifications, experience etc.)
9. OPD timings : \_\_\_\_\_
10. Fee structure : \_\_\_\_\_

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