

FORM 'B'

Application for Registration/Renewal of Registration under section 5 of the
Bombay Nursing Homes Registration Act.1949 (See rule 4 and 6) -----

Information to be filled	The replies to be written in this column
1. Full name of the Applicant	
2. Full residential address of the applicant	
3. Technical qualifications, if any, of the applicant	
4. Nationality of the applicant	
5. Situation of the registered of principal Office of the Company, Society, Association or other body corporate.	
6. Name and other particulars of the Nursing home in respect of Which the registration is- applied for	
7. Place where the nursing home is situated	
8. Brief description of the construction, Size and equipment of the nursing home or any premises used in connection	

therewith.	
9. Whether the nursing home or any premises used in connection therewith are used or are to be used for purposes other than that of carrying on a nursing home.	
10. (a) Number of beds for Maternity patients. (b) Number of beds for other patients .	
11. Names, ages, and qualifications of the Members of the nursing staff in the Nursing home	
12. Place where the nursing staff is Accommodated	
13. Names, ages, and qualifications of the Resident or visiting physicians or Surgeons in the nursing home	
14. (a) Whether the nursing home is	

<p>under the supervision of a qualified nurse and if so , his or her name, age and qualifications.</p> <p>(b) Proportion of the qualified and unqualified nurses on the nursing staff.</p>	
<p>15. (a) Whether the nursing home is under the supervision of a qualified nurse or midwife and, if so , his or her name, age and qualifications.</p> <p>(b) Whether any unregistered medical practitioner of qualified ,midwife is employed for nursing any patient it the nursing home.</p>	
<p>16. Whether any person of alien nationality Is employed in the nursing home and, if so, his name and other particulars</p>	
<p>17. Fees charged to patients.</p>	
<p>18. Whether the applicant is in any other Nursing home of Business and if so, the Place where such nursing home is</p>	

Situated or where such business is conducted.	
19. No. and date of expiry of the certificate of Registration.	

 I solemnly declare that the above statements are true to the best of my knowledge and belief

Date -

Signature of the
 applicant

उपरोक्त अर्जासंबंधी आवश्यक जोडपत्रे खालीलप्रमाणे जोडली आहेत (जोडपत्र जोडले असल्यास [√] अशी खूण करावी)	
जोडपत्र	आहे/नाही
अ] घरमालक असल्यास - अ. क्र. १ ते ४ जोडपत्रे आवश्यक आहेत.	
१) २० रु. कोरा बाँड	[]
२) शेजारील चार लोकांची संमती (पूर्व, पश्चिम, दक्षिण, उत्तर)	[]
३) कर पावती	[]
४) ७/१२ उतारा	[]
५) इंडेक्स	[]
६) झोपडपट्टी असल्यास झोपडपट्टीचे ओळखपत्र	[]
किंवा	
ब] भाडेकरू असल्यास किंवा इतर कोणीही असल्यास - अ. क्र. १ ते ४ जोडपत्रे आवश्यक आहेत	
२) १०० रु. बाँडवर ऑफिडेव्हीट	[]
२) २० रु. कोरा बाँड	[]
३) शेजारील चार लोकांची संमती (पूर्व, पश्चिम, दक्षिण, उत्तर)	[]
४) कर पावती	[]
५) ७/१२ उतारा	[]
६) इंडेक्स	[]
७) झोपडपट्टी असल्यास झोपडपट्टीचे ओळखपत्र	[]
कर आकारणी “ना हरकत” शोरा -	

सही व शिक्का

ऑफिस क्लार्कने भरावयाची माहिती

शेरा - वरील अर्ज संपूर्ण तपासलेला असून र.रु. _____ फक्त इतकी स्वीकारणेत यावी.

दिनांक -

ऑफिस क्लार्कचे नाव -

ऑफिस क्लार्कची सही -

नागरी सुविधा केंद्राचा अर्ज क्रमांक -

पावती क्रमांक -

दिनांक - / /

रक्कम (रुपये) - /-

संगणक क्लार्कचे नाव -

संगणक क्लार्कची सही -

शिक्का -