

REVISED CHECKLIST FOR NEW REGISTRATION/ RENEWAL OF REGISTRATION OF NURSING HOMES OF THE FOLLOWING CATEGORY:

- (A) NURSING HOMES HAVING IN-PATIENT BEDS ON GROUND & FIRST FLOOR ONLY
 (B) NURSING HOMES WHERE NIGHT STAY OF THE PATIENT AFTER ADMISSION FOR ANY MEDICAL/ SURGICAL PROCEDURE IS NOT REQUIRED

1. Fee:

02 to 10 beds	Rs. 2000/- + Rs. 100/- for Form 'B'
11 to 30 beds	Rs. 3000/- + Rs. 100/- for Form 'B'
More than 30 beds	Rs. 3000/- + Rs. 100/- for every additional beds + Rs. 100/- for Form 'B'

Note:

- a) To be paid digitally either in Accounts Branch of DGHS (HQ) or through NEFT/RTGS
 b) Demand Draft/ Cheque shall not be accepted.
 c) Keepers applying for renewal of registration who are submitting their application after 31st January shall pay a penalty of 10% of the requisite fees per month

2. Form B

Available on the website www.health.delhigovt.nic.in (click DGHS on left column followed by - click Nursing Home Cell on the left column) to be duly filled in all respects (No form shall be accepted wherein the personal & official mobile number and email ID of the keeper is not mentioned)

Note: Any change in the personal & official mobile number and email ID of the keeper in due course is required to be intimated to this office within 72 hours of such change(s).

3. Ownership Documents

Ownership	Documentary proof
Individual	Affidavit & PAN Card
Partnership	Partnership deed/ Resolution alongwith NOC from each partner individually & PAN Card of the firm and partners
Society/ Trust	Registration Certificate/ Trust Deed issued by Registrar of Society/ Trust alongwith the following: a) list of existing members/ trustees and their details (Name, Address & Contact Number) b) MOA & AOA c) Rules & Regulations containing Aims & Objectives d) PAN Card of the Society/ Trust
Company (Private/ Public/ Joint Venture)	Certificate of Incorporation alongwith the following : a) list of existing Directors/ Board Members/ Promoters and their details (Name, Address & Contact Number) b) MOA & AOA c) Rules & Regulations containing Aims & Objectives d) PAN Card of the company

4. Land/ Property Documents

Type of ownership	Documents required
Individual ownership	Sale deed
Rented premises	Copy of rent agreement at least five years/lease deed alongwith ownership proof by the Owner/ Lessor
Land owning agency (DDA; L&DO; DUSIB; MCD; NDMC, etc.)	Copy of valid Lease Deed & allotment letter and affidavit

5.

Fire Safety Points

(Affidavit on Rs. 100/- on non-judicial notarised stamp paper regarding the following with Yes or No)

Sl. No.	Head	Details	Remarks
1	Audit	Fire Safety Audit with date of validity	Yes / No
		Electrical Audit with date of validity	Yes / No
2	Fire Exit & Evacuation Plan	Availability of Fire exits	Yes / No
		Fire exits free from obstruction	Yes / No
3	Display/ Signage	Evacuation plan	Yes / No
		No smoking sign	Yes / No
4	DG set	If DG set is used, Fuel for DG set stored near electric board	Yes / No
5	Oxygen Cylinders	Oxygen cylinders stored in a well-ventilated storage area, away from combustible materials	Yes / No
		Oxygen cylinders secured upright with demarcated areas for filled and empty cylinders	Yes / No
6	Availability of adequate number of other Fire safety Points	Smoke Detectors	Yes / No
		Fire safety alarm	Yes / No
		Fire Extinguishers mentioning validity of expiry	Yes/No
		Water Sprinkler	Yes / No
		Hose reel provided on respective floors	Yes / No
7	Training for the staff	Training conducted for the staff(Undertaking)	Yes / No

6. Layout Plan

Blueprint of floor-wise lay-out plan along with dimension of each room, ward, OT, Labour Room, ICU, etc. of the premises endorsed by an architect registered with local bodies

7. Bifurcation of beds & details of rooms/wards.

Category of beds	Situated on which Floor	Countable for the purpose of registration
ICU beds with ventilator		Yes
ICU beds without ventilator		Yes
Newborn nursing/ NICU/ Neonatal care beds		Yes
General room/ ward		Yes
Day care beds		Not to be counted in nursing homes where patients require night stay
Pre-operative beds		Not to be counted
Post-operative beds		Not to be counted
Pre-natal beds		Not to be counted
Post-natal beds		Not to be counted
Dialysis beds		Not to be counted
Emergency room/ triage beds		Not to be counted

Signature
20/1/24

Floor-wise bifurcation

Floor	Number of census beds
Ground Floor	
First Floor	
Second Floor (Only for Business Occupancy Building)	
Third Floor (Only for Business Occupancy Building)	
Fourth Floor (Only for Business Occupancy Building)	

Note:

- A) Census bed does not include Pre-operative beds/ Post-operative beds/ Pre-natal beds/ Post-natal beds/ Dialysis beds/ Emergency room/ triage beds/ Day Care beds.
- B) In nursing homes where night stay of the patient is not required like eye centres, IVF centre, dialysis centres etc. the day care beds shall be counted as census beds.

Rooms & Ward

Category of beds	Number
Number of single bedded rooms	
Number of twin bedded rooms	
Number of three bedded rooms	
Number of four bedded rooms whether having attached toilet or not	
Number of five bedded or more ward alongwith number of toilets	
Number of isolation room available for communicable diseases	

- Space Accommodation for the patient
- Size of waiting area
- Sitting arrangement
- Facilities near reception/ registration counter
- Floor space
 - Room/ward - 7.43 sq.m (80 sq. ft.) for one bed and 5.57 sq.m (60 sq.ft.) for every additional bed (exclusive of toilet area)
 - ICU - 11.15 sq.m (120 sq.ft.) per bed with atleast 0.91 m (3 ft.) unencumbered on all sides including head-end.
 - Sufficient storage space for medicine & equipments including wheel chair carts
 - Touch less/ mechanical door openers
 - Space for doctors/ staff on duty shall be in addition to the ICU bed space
 - Changing room, duty room & attendant rooms near ICU
 - Public space adjacent to ICU
 - Prayer area
 - New Born Nursery/ NICU/ Neo-natal care unit- 4.65 sq.m per bed with washable floor and walls upto 1.22 m alongwith provision of separate area for the following: -
 - Hand wash
 - Gowning
 - Formula preparation
 - Store
 - Duty room for doctors
- Operation Theatre & Labour Room
 - OT- Minimum floor space of not less than 13.94 sq.m (150 Sq. feet)
 - LR - Minimum floor space of not less than 9.29 sq.m (100 Sq. feet) per table alongwith facilities and equipments for neonatal resuscitation
- Duty Room for nursing staff on duty and nursing station alongwith staff should be available at each floor and near patient care areas

8. Resident Medical Officer (RMO)
- For General ward/ room alongwith a copy of valid DMC Registration Certificate and their appointment letters.
 - For ICU/NICU/CCU alongwith a copy of valid DMC Registration Certificate mentioning post-graduate degree in relevant specialty ICU and their appointment letters. In case the RMO is a non post-graduate doctor, the keeper shall submit his/her experience certificate for working for atleast one year in a 10 bedded ICU/CCU.

Note: In nursing homes where night stay of the patient is not required the availability of doctor at night may be exempted with prior approval

9. Consultant
- List of full-time consultant alongwith a copy of valid DMC Registration Certificate
 - List of visiting consultant alongwith a copy of valid DMC Registration Certificate

10. Nurses
- List of nurses (minimum qualification GNM) alongwith a copy of valid DNC Registration Certificate
- No. in General ward/ room
 - No. in ICU/NICU/CCU alongwith an experience certificate for working in a 10 bedded ICU for one year.
 - No. of nursing supervisor in the ICU
 - List of paramedical staff posted in the ICU

Note: Apart from the nursing staff may be substituted by others trained staff according to the specific needs of the nursing home with prior approval.

11. Facilities/ services (specialty-wise)

12. DPCC

Agreement with agency authorized by DPCC for Bio-medical waste disposal and authorization of Delhi Pollution Control Committee for the following:

- Bio-medical waste disposal
- Noise monitoring report in case DG set is used as alternate source of electricity
- ETP/ STP

Note:

- More than 50 beds Nursing Homes require consent to operate ETP/ STP issued by DPCC.
- Upto 50 bedded nursing homes having laundry which is connected with DJB sewer system requires consent to operate ETP issued by DPCC.
- Upto 50 bedded nursing homes not having laundry which is connected with DJB sewer system does not require consent to operate ETP issued by DPCC.

13. Affidavit on Rs. 100/- non-judicial notarised stamp paper regarding the following:

- Nursing home activities (In-patient) i.e. Institutional Occupancy is limited to Ground floor and First floor only and the remainder floors i.e. 2nd & 3rd floor is used for OPD purposes, etc. i.e. Business occupancy or residential purposes
- The building / premises of the nursing home conforms to the land use as prescribed under MPD, 2021
- The nursing home is situated in a place having clean surrounding with sufficient facilities for parking area for the visitors, as per norms of MPD, 2021.
- The nursing home has adequate provisions of clean & potable water
- The schedule of charges levied by the nursing home for all services available therein is prominently displayed
- The nursing home shall not refuse treatment to the injured/ serious patients brought to them due to any reason whatsoever
- One being directed by the supervising authority in writing the nursing home shall provide reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamities including outbreaks and epidemics or disasters
- Non-DMC registered doctor/person will not be interfering with the patients in disguise of

- (ix) doctor in the nursing home
- (ix) Nurses working in the hospital are registered with Delhi Nursing Council and are being paid remuneration not less than the minimum wages of a skilled worker issued by Labour Department, GNCTD and revised from time to time.
- (x) The number of doctors and nurses in the nursing home is as per the provisions laid down under Delhi Nursing Homes Registration (Amendment) Rules, 2011 and they have valid registration with Delhi Medical Council and Delhi Nursing Council Registration, respectively.
- (xi) The staff employed shall be free from contagious diseases, and shall be provided with clean uniforms suitable to the nature of their duties.
- (xii) The workers shall be medically examined at the time of employment and periodically so examined thereafter.
- (xiii) The worker shall be vaccinated against all contagious diseases to which they are exposed or have a high risk of being exposed.
- (xiv) All information furnished with form B for registration / renewal of registration is true to the best of my knowledge and belief and if is found wrong in any manner than I shall be held fully responsible for it and its legal consequences
- (xv) Nursing/ hospital building is not built/ situated on Nazul Land.
- (xvi) Maintaining stock register w.r.t. drugs, equipments & its maintenance, instrument and linens.
- (xvii) Laundry services being availed by the nursing home and the details of the provider.
- (xviii) Details of ambulance of the hospital and its category (ALS/BLS/PTA) and in case the nursing home does not have its own ambulance, the keeper shall provide the details of the registered ambulance services provider
- (xix) Not carrying out any research activities in the hospital and in case word "Research" is used in the name of the nursing home, the keeper shall provide permission for carrying out research activities therein by the competent authority
- (xx) Paramedical staff working in the nursing home are having requisite qualification
- (xxi) There is adequate provision of cooling & heating and cleanliness & sanitation in the nursing home.
- (xxii) A record of the schedule of fumigation and microbiological surveillance of the OT. Information regarding scrub area/ changing room in OT /LR is being maintained
- (xxiii) Provision of alternate arrangement for uninterrupted power supply

14. Information regarding other services:

- a) Radiological diagnostic services, if any and requisite authorisation/certificate and their schedule of charges
- b) Laboratory services, if any and their schedule of charges
- c) MTP registration and PC& PNDT registration, if any
- d) Pharmacy

15. Copy of:-

- Hospital Letter Head
- Last registration certificate

16. Registration detail of i-RAD portal

- For New Registration

I / We will get our hospital registered on i-RAD portal within one week of our registration in Nursing Home Cell and enter each and every accident on i-RAD portal and send the acknowledgement of the registration of i-RAD portal to mail address nursinghomecell-dghs@delhi.gov.in. The name of Nodal Officer of our nursing home for i-RAD Portal is _____ having Mobile No. _____.

- For Renewal of registration

I / We have registered our hospital on i-RAD portal and the acknowledgement of the registration no. is enclosed and the name of Nodal Officer for our nursing home is _____ having Mobile No. _____.