



APPLICATION

For

**Accreditation Programme for CLINICs-
Allopathy-Modern practice of Medicine**

Issue No.: 02

Issue Date: April 2012

**NATIONAL ACCREDITATION BOARD FOR
HOSPITALS and HEALTHCARE PROVIDERS**



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Assessment criteria and Fee structure

Size of Clinic	Assessment Criteria		Accreditation Fee	
	*On-site Assessment	Surveillance	Application Fee (not-refundable)	Annual Fee (to be paid at the time of accreditation and then yearly)
Clinic/dispensary	One man day	One man day	Rs. 5,000/-	Rs. 15,000/-
Clinic/dispensary with additional services or Polyclinic or Polyclinic with additional services	Two man days	One man day	Rs. 10,000/-	Rs. 20,000/-

**the fee structure is nominal and is based on the number of man days required for assessment. In case the scope of services is more than the above, then proportionately higher man days and fee structure may be charged.*

Service Tax: w.e.f. 15.11.2015 a service tax of 14.50% will be charged on all the above fees. You are requested to please include the service tax in the fees accordingly while sending to NABH.

Guidance notes on Accreditation Fee:

1. Fees to be paid through Demand Draft/ local cheque in favour of Quality Council of India payable at New Delhi. Fees are non-refundable.
2. Five copies of this application form duly filled in are to be submitted along with necessary documents and fees.
3. Self Assessment Toolkit dully filled in is to be submitted by the Clinic along with the application form.
4. The accreditation fee does not include expenses on travel, lodging/ boarding of assessors, which will be borne by the Clinic on actual basis.
5. With a view to keep the expenses to be borne by the clinic at a minimal level NABH will try and ensure the assessors from the same or nearby city/town.
6. In case the clinic is located in a remote area where local assessor is not available an effort will be made to find the nearest located assessor(s) by NABH and the clinic will arrange their transportation by car/taxi/train/air and boarding and bear the cost for the same. As the demand for accreditation rises, NABH will facilitate two or more assessments simultaneously thus helping with sharing of cost between the clinics.
7. The application fee includes assessment charges.
8. The accreditation, once granted will be valid for three years, after which clinic will apply afresh.
9. The first annual fee is payable after the clinic has successfully undergone an assessment and recommended for grant of accreditation by NABH. NABH will inform the clinic regarding the same and the clinic will send the annual fee after which formal Accreditation Certificate will be issued.
10. 10% discount will be admissible in case the Clinic pays the accreditation fee for three year in one instalment.
11. The accreditation certificate along with the scope of services shall be displayed prominently at the clinic.
12. The surveillance visit will be planned during the 2nd year of the Accreditation cycle.
13. NABH may call for one un-announced visit, based on any concern or any serious incident reported upon by any individual or organization or media.

Guidelines for filling the application form

(Please read this carefully before filling this form)

1. Kindly fill the application form in **BLUE/BLACK INK** only. You can also submit a printed version of the filled application form.
2. **For SI. No. 3-** Kindly mention if the organisation is a public/ government establishment or an independent/ private sector provider.
3. **For SI. No. 6-** Please specify e.g. clinical establishment, shop, etc.
4. **For SI. No. 8-** Please tick the clinical service(s) being provided by the clinic, as the same will be considered as scope of service(s).
5. **For SI. No. 14-** List of all the Doctors, consultants etc. as mentioned with name, qualification, experience etc. full time or part time or contractual to be submitted along with the application form.
6. **For SI. No. 15-** If a particular license is not required in your region or is not applicable for your set up kindly mention the same in "Remarks" column. You can also use this column to state "applied for"; "pending approval"; "applied for renewal on...." etc. Kindly submit scanned copies of all the statutory requirements while submitting the documents

The Clinic shall ensure that it shall send an updated application form to NABH in case of any changes especially before assessment.

DEFINITION OF CLINIC:

A standalone healthcare facility that provides allopathic services by Doctors registered with Medical Council of India or State Medical Council.

The Clinic may be located in the community or in the premises of an organization, such as school, factory, etc., and includes the following types of healthcare facilities:

Sl. No.	Healthcare facility	Definition
1.	Clinic	A standalone healthcare facility for services (other than OPD of a hospital).
2.	Polyclinic	A Clinic which provides services in 2 or more specialties, working in cooperation and sharing the same facilities
3.	Dispensary	A Clinic, which in addition to patient care, provides facilities for dispensing medicines.

In addition a “clinic” may have *add on* services as follows:

Sl.no.	Services
1.	Diagnostic services <ul style="list-style-type: none">• Laboratory• Imaging• Other
2.	Therapeutic services such as: <ul style="list-style-type: none">• Procedures
3.	Support services such as: <ul style="list-style-type: none">• Pharmacy• Physiotherapy• Nutrition• Counseling etc.

In the Standards, the Dispensary/Polyclinic/ Clinic hereinafter will be referred to as “Clinic”

Exclusions:

1. Day-care Centers:

Day Care will include facilities that have admitting beds for treating patients, Other than for overnight stay.

2.	Polyclinic	
3.	Dispensary	

8. OPD data:

(Clinic shall furnish data from three months upto two years, depending on the date of establishment)

Period	Number of OPD Patients

9. Details of clinical services being provided by the clinic

Type of OPD	Yes/no	Remarks if any
General Practitioner /Family Physician	YES/NO	
Speciality Clinics		
Dermatology	YES/NO	
General Medicine	YES/NO	
Geriatrics	YES/NO	
Cardiology	YES/NO	
Ear, Nose, Throat (ENT)	YES/NO	
Endocrinology	YES/NO	
Gastroenterology	YES/NO	
Gynaecology and Obstetrics	YES/NO	
Hepatology	YES/NO	
Internal Medicine	YES/NO	
Immunology	YES/NO	
Nephrology	YES/NO	
Neurology	YES/NO	
Ophthalmology	YES/NO	
Orthopaedics	YES/NO	
Oncology	YES/NO	

Paediatrics	YES/NO	
Psychiatry	YES/NO	
Rheumatology	YES/NO	
Respiratory Medicine	YES/NO	
Other (please specify)	YES/NO	

10. Details of diagnostic / other Services if provided

Diagnostic Service	In House	Out sourced	Remarks if any
Diagnostic Imaging:			
X-Ray	YES/NO	YES/NO	
Ultrasound	YES/NO	YES/NO	
CT Scanning	YES/NO	YES/NO	
Mammography	YES/NO	YES/NO	
MRI	YES/NO	YES/NO	
PET	YES/NO	YES/NO	
Other, please specify			
Pathology:			
Sample Collection	YES/NO	YES/NO	
Clinical bio-chemistry	YES/NO	YES/NO	
Clinical immunology	YES/NO	YES/NO	
Clinical microbiology	YES/NO	YES/NO	
Clinical Pathology	YES/NO	YES/NO	
Haematology	YES/NO	YES/NO	
Histopathology	YES/NO	YES/NO	
Others			

2D Echo			
Audiometry			
ECG			
EEG			
EMG			
Pulmonary Function Tests			
Tread Mill Testing			
Any Other Diagnostic services			
Medicine	In House	Out sourced	Remarks if any
Pharmacy	YES/NO	YES/NO	
<i>Allied Health Services</i>	In House	Out sourced	Remarks if any
Ambulance Service	YES/NO	YES/NO	
Counselling	YES/NO	
Dietetics	YES/NO	YES/NO	
Endoscopy	YES/NO	
Laser	YES/NO	
Nursing	YES/NO	YES/NO	
Occupational Therapy	YES/NO	YES/NO	
Optometry	YES/NO	
Physiotherapy	YES/NO	YES/NO	
Procedures	YES/NO	

Sedation	YES/NO	
Social Services	YES/NO	YES/NO	
Speech and Language Therapy	YES/NO	YES/NO	
Vaccinations	YES/NO	
Other, please specify	YES/NO	YES/NO	

13. Non clinical and Administrative Departments, if applicable

Support service	In House	Out sourced	Remarks
Cleaning services	YES/NO	YES/NO	
Management of clinical waste	YES/NO	YES/NO	
Management of non-clinical waste	YES/NO	YES/NO	
Security	YES/NO	YES/NO	
Other, please specify	YES/NO	YES/NO	

14. Staff Information (List all i.e. full time, part and contractual)

Group	Number	Remarks if any
Managerial		

Doctors:		
Consultants (Full Time)		
Consultants(Visiting)		
Resident Doctors		
Nurses		
Technicians		
Paramedical		
Others		

15. Furnish details of applicable Statutory/ Regulatory requirements the clinic is governed by*:

License/Certificate	Number and Date	Valid Upto	Remarks (if any)
<i>General:</i>			
Bio-medical Waste Management and Handling Authorization			
Employee Provident Fund			
Employee State Insurance			
PAN			
Registration Under Clinical Establishment Act (or similar)			
Registration With Local Authorities (specify authority)			
<i>Facility management:</i>			
Fire (NOC)			
License for Diesel Storage			
License for Electrical Installations			
License to Store Compressed Gas			

Registration for Boiler			
Sanction for Lifts			
Radiology:			
X-ray (including portable and cath lab)			
CT Scan Machine			
License for Nuclear Medicine			
PNDT Act Registration			
Clinical departments:			
Blood bank			
License for MTP			
Pharmacy (if over multiple locations license for each of them separately)			
Drugs-Bulk license			
Drugs-Retail license			
Narcotic license			
Miscellaneous:			
Canteen/ F & B license			
License for Possession of Rectified Spirit and ENA			
Any other:			

***Please submit scanned copies of all the statutory requirements while submitting the documents**

16. Litigation, if any: _____

17. Date of Last Self assessment: _____

18. Date Application Completed: _____ Day _____ Month _____ Year

19. Terms and Conditions for maintaining NABH Accreditation submitted:

Yes

No

Authorised Signatory: _____

Name: _____

Designation: _____



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