SCHEDULE –IX

NORMS AND CHECKLIST
FOR
ESTABLISHMENT OF
PRIMARY HEALTH CARE CLINIC
(PHCC)

Prescribed under Sections 115, 120 and 172 of the

National Professional Accreditation and Healthcare Licensing Regulation Act, 2025 (Non-Statutory)"

NAHPA and NHQAC

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1. Purpose and Scope

This Schedule prescribes the **minimum standards, infrastructure requirements, and operational guidelines** for setting up and registering a **Primary Health Care Clinic (PHCC)** under the **National Allied & Healthcare Professional Association (NAHPA)** and affiliated regulatory frameworks. It applies to all new or existing clinics operated by registered healthcare professionals or institutions seeking institutional or practice licence under **NPAR**.

2. Eligible Applicant Categories

Category	Eligibility Description	Licence / Certification Required	Scope of Operation
A. CMS&ED Diploma Holder (Community Medical Service & Essential Drugs)	**Individual possessing a CMS&ED Diploma / Certificate issued by a registered body recognised under NAHPA or aligned with NCVET/NCAHP qualification framework (minimum NSQF Level 5).**	Must hold a valid Accredited Healthcare Professional Licence (AHPL) or National Professional Accreditation Record (NPAR ID) under NAHPA.	Eligible to establish and operate a Primary Health Care Clinic (PHCC) providing basic outpatient care, preventive health education, first aid, minor illness management, and referral services only within authorised scope.
B. Allied & Paramedical Diploma Holder	**Persons holding Diploma / Advanced Diploma in Allied Health disciplines (Laboratory, Radiology, Physiotherapy, Emergency, etc.) recognised by NAHPA / NCVET.**	AHPL / SPL Licence and DVC.	May establish discipline-specific clinics (e.g., diagnostic, physiotherapy, rehabilitation).
C. Joint or Group Practice (Multi-Professional Clinic)	**Two or more licensed professionals forming a cooperative or partnership clinic to provide integrated primary care.**	Each member must possess valid NAHPA licence; clinic must obtain Institutional Practice Licence (IPL).	May operate under common name as *Family or Community Health Centre*.

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Category	Eligibility Description	Licence / Certification Required	Scope of Operation
D. Registered Institution / Training Centre	**Accredited Paramedical or Skill Institution seeking to run a PHCC for field training, internship, or community outreach.**	Institutional Accreditation Certificate (IAC) + IPL.	Must appoint a licensed practitioner as Clinic-in-Charge.
E. NGO / Trust / Society	**Registered public-service organisation engaged in rural or urban-slum healthcare delivery.**	Institutional Licence + MoU with NAHPA Regional Board.	Eligible for concessional accreditation and social-health projects.

3. Minimum Infrastructure Norms

Component	Minimum Standard / Size	Remarks
Total Floor Area	800 – 1,000 sq. ft. (minimum)	For outpatient clinic with basic diagnostic and treatment area
Reception & Record Section	100 sq. ft.	Digital registration desk, waiting space
Consultation Room	120 sq. ft.	Proper privacy partition and examination couch
Treatment / Procedure Room	150 sq. ft.	Sterile area with wash basin, trolley, sterilizer
Minor Laboratory Area	100 sq. ft.	Basic tests: Hb, Urine, Sugar, BP, ECG
Pharmacy / Dispensing Counter	80 sq. ft.	With storage racks and cold cabinet (if dispensing medicines)
Waiting Area	150 sq. ft.	Adequate seating, drinking water, ventilation
Washroom (Separate M/F)	50 sq. ft. each	Wheelchair accessible preferred
Waste Disposal Area	50 sq. ft.	Segregated biomedical waste bins (colour coded)

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4. Equipment and Instruments Checklist

Section	Essential Equipment	Optional / Advanced Equipment
General Examination	BP apparatus, stethoscope, thermometer (digital/mercury), weighing scale, height chart	Digital BP monitor, oximeter
Treatment / Dressing	Dressing tray, surgical set, autoclave, forceps, bandages, steriliser	Suction apparatus, nebuliser
Emergency	Oxygen cylinder with regulator, Ambu bag, first aid kit, IV stand	ECG machine, glucometer
Lab / Diagnostics	Microscope, centrifuge, urine analysis kit, glucometer, test strips	Hemoglobinometer, semi-auto analyser
IT & Record Management	Computer with NPAR-linked software, printer, internet	Barcode scanner, QR/DVC reader
Waste Disposal	Segregated bins (red, blue, yellow, black), needle destroyer, sharps container	Autoclave bag sealer

5. Human Resource Norms

Position	Minimum Qualification	Minimum No. Required
Clinic Head / Practitioner	Registered Medical / Allied Healthcare Professional with NAHPA licence (AHPL / SPL)	1
Nursing / Paramedical Assistant	Diploma in Nursing / Paramedical discipline	1
Lab Technician (if diagnostics)	Diploma in Medical Lab Technology	1
Pharmacist (if dispensing)	D. Pharm / B. Pharm (Registered)	1
Reception / Record Clerk	Basic IT proficiency	1

6. Biomedical Waste Management Norms

i. Colour-coded bins must be used as per Bio-Medical Waste Management Rules, 2016 (amended 2023).

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ii. Valid MoU with authorised waste disposal agency is mandatory.
iii. Maintain Waste Disposal Register and ensure weekly collection.
iv. Sharp containers must be puncture-proof and destroyed properly.
v. Records shall be inspected during accreditation audit.

7. Safety and Legal Compliance

Area	Requirement
Fire Safety	Fire extinguisher, exit signage, and emergency light mandatory.
Electrical Safety	Proper earthing, overload protection, and MCB panels.
Building Safety	Structural stability certificate (if applicable).
Consent and Registration	Local health authority registration + NAHPA Institutional Licence.
Display Requirements	Certificates of registration, staff qualifications, and complaint redressal contact visibly displayed.

8. Digital and Record Norms

i. All patient visits must be logged digitally through the NAHPA-NPAR Clinic Interface.
ii. Issue digital receipts, prescriptions, and DVC-authenticated reports.
iii. Maintain daily attendance of staff, service register, and CPD record.
iv. Backup data weekly in compliance with Schedule–IX (Data Security Framework).
v. Patient records shall be retained for 5 years minimum.

9. Inspection and Accreditation Procedure

i. Every new PHCC must undergo **pre-licensing inspection** by the **Regional Accreditation Board (RAB)**.

ii. Inspection shall verify infrastructure, staff credentials, and digital readiness.

iii. A **Primary Health Care Accreditation Certificate** shall be issued with **NPAR ID and DVC**.

iv. Validity: **3 years**, renewable upon compliance audit.

v. Surprise inspections may be conducted by **PME Division** for ethical or operational review.

10. Public Services and Ethical Standards

i. Clinics shall provide **first-contact healthcare, health promotion, and referral services**.

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ii. No procedure or treatment shall be performed beyond approved scope or without consent.

iii. Display **Patient Rights and Duties** poster as per NAHPA format.

iv. Fee structure must be transparent and notified to patients.

v. Unethical advertising or false claims are strictly prohibited.

11. Institutional Linkages and Support

Linkage Type	Purpose
Local Hospital / Referral Centre	Emergency referral or higher treatment
Diagnostic Laboratory	Extended testing facility
Pharmacy / Drug Supplier	Medicine supply under legal supervision
Training Institute	Internship or CPD collaboration
Government Health Department	Public health reporting and immunisation coordination

12. Display and Transparency

i. The clinic must display at the entrance:

- Name of clinic and practitioner;
- Licence number and DVC;
- Timings and emergency contact;
- NAHPA helpdesk details.

ii. Non-display of credentials may result in penalty under Chapter XVII.

13. Renewal Documents Checklist

I. Filled Application Form (Form–PHC/1)
II. Proof of ownership / rent agreement
III. Floor plan of premises
IV. Staff qualification and licence copies
V. Equipment inventory list
VI. Waste disposal MoU copy
VII. Fire and electrical safety certificates
VIII. Recent photographs of clinic
IX. DVC and NPAR ID printout

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X. Self-declaration of ethical compliance

14. Penalties for Non-Compliance

Violation	Action / Penalty
Functioning without NAHPA licence	₹50,000 fine + closure notice
Non-compliance with waste management	₹25,000 fine + warning
Absence of qualified practitioner on duty	Suspension for 3 months
Data falsification or unrecorded treatment	DVC suspension + disciplinary inquiry
Ethical or patient rights violation	Licence cancellation under Schedule–VII

15. Validity and Review

i. These norms shall come into force on publication in the National Allied & Healthcare Gazette, 2025.
ii. The Governing Council (GC) shall review standards every three years or earlier in light of technological or policy changes.
iii. Amendments may be made by notification of the Accreditation and Compliance Regulation Council (ACR).

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DOCUMENTS & ENCLOSURES

REQUIRED FOR REGISTRATION OF PRIMARY HEALTH CARE CLINIC (PHCC)

A. COVERING DOCUMENTS

(MANDATORY FOR ALL APPLICANTS)

Sr. No.	Document / Annexure Title	Purpose / Description	Format / Issuing Authority
1	**Form PHC/1 – Application Form**	Duly filled and signed by applicant or authorised signatory.	NAHPA Prescribed Format (Online/Offline)
2	**Self-Declaration & Undertaking (Annexure-A)**	Declaration confirming adherence to NAHPA Code of Conduct, Non-Statutory Status, and Ethical Practice.	On ₹100 Non-Judicial Stamp Paper, Notarised
3	**Covering Letter / Forwarding Note**	Brief note describing intent and category (Individual / NGO / Institutional).	Applicant Letterhead

B. IDENTITY AND ELIGIBILITY PROOF

Sr. No.	Document	Requirement
4	**Photo Identity Proof**	Aadhaar / Passport / Voter ID of applicant or proprietor.
5	**Address Proof of Applicant**	Utility bill / Rent agreement / Property tax receipt.
6	**Qualification Certificate**	CMS&ED / Allied Health Diploma or Degree Certificate (Minimum NSQF Level-5).
7	**Marksheet / Transcript**	For verification of training modules and hours.
8	**Professional Licence (AHPL / SPL)**	Valid NAHPA Licence bearing NPAR ID and Digital Verification Code (DVC).
9	**Experience / Internship Proof**	Certificate from recognised institution / hospital (if applicable).

C. CLINIC PREMISES DOCUMENTS

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Sr. No.	Document	Purpose / Requirement
10	**Ownership Proof / Rent Agreement**	Legal possession of premises; minimum tenure 3 years.
11	**Floor Plan / Layout Map**	Clearly marking consultation room, waiting area, treatment room, washroom, and waste disposal area.
12	**Photographs of Premises (Interior & Exterior)**	4–6 colour photos showing signage and infrastructure.
13	**Building Safety / Stability Certificate**	Issued by authorised engineer or local body.
14	**Fire Safety Certificate**	Issued by competent Fire Department or self-declaration for clinics <1000 sq.ft.
15	**Electrical Safety Compliance**	Certificate from licensed electrician / contractor.
16	**Local Body / Panchayat Permission (if required)**	Trade licence / No-Objection Certificate from Municipality or Gram Panchayat.

D. STAFF AND HR DOCUMENTS

Sr. No.	Document	Requirement
17	**Staff List with Designation**	Including clinic head, assistants, and technicians.
18	**Qualification Proofs of Staff**	Copies of certificates and licences for each staff member.
19	**Photographs and ID Proof of Staff**	Aadhaar / Employment ID.
20	**Appointment Letters / Contract Copies**	Showing full-time or part-time engagement status.
21	**CPD / Training Record (if applicable)**	Evidence of recent Continuing Professional Development activity.

E. EQUIPMENT AND FACILITY DOCUMENTS

Sr. No.	Document	Requirement
22	**Inventory List of Equipment and Instruments**	As per Schedule-X minimum requirements.

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Sr. No.	Document	Requirement
23	**Calibration / Functional Certificates**	For diagnostic or electrical equipment.
24	**Photographs of Equipment Setup**	To confirm availability and functionality.

F. PUBLIC HEALTH AND SAFETY DOCUMENTS

Sr. No.	Document	Purpose / Requirement
25	**Bio-Medical Waste Disposal Agreement**	MoU with authorised waste collection agency / local hospital.
26	**Colour-Coded Waste Bin Photos**	For compliance verification.
27	**Water Potability and Sanitation Certificate**	From local authority or self-certified lab report.
28	**First Aid & Emergency Setup Proof**	Photographs of oxygen cylinder, Ambu bag, first-aid box, etc.
29	**Disaster Preparedness / Fire Drill Record (if any)**	For renewal or institutional PHCC.

G. DIGITAL & DATA COMPLIANCE DOCUMENTS

Sr. No.	Document	Purpose / Requirement
30	**NPAR Registration Printout**	Confirmation of successful digital registration.
31	**DVC-Linked ID Card / Licence Copy**	Verification of authenticity and linkage.
32	**Clinic IT Setup Proof**	Screenshot or photo showing computer, printer, and internet facility.
33	**Data Privacy & Record Management Undertaking (Annexure-B)**	Commitment to comply with Schedule-IX (Data Security Framework).

H. ETHICAL AND LEGAL COMPLIANCE DOCUMENTS

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Sr. No.	Document	Requirement
34	**Code of Ethics Acknowledgment (Annexure-C)**	Signed copy affirming adherence to NAHPA Schedule-VII Code of Conduct.
35	**No-Conviction / Good Conduct Certificate**	Self-attested declaration or police verification (within 6 months).
36	**Affidavit of Non-Statutory Practice Status**	To clarify non-medical, paramedical scope under NAHPA.
37	**Patient Rights Display Copy**	Printed / framed notice to be exhibited at clinic.

I. FINANCIAL AND FEE DOCUMENTS

Sr. No.	Document	Purpose / Requirement
38	**Application Fee Payment Receipt**	Generated via NAHPA portal (₹1000 for individual / ₹2500 for institutional).
39	**Bank Details or Cancelled Cheque**	For refund / verification purposes.
40	**Self-Declaration of Financial Capability**	Proof of sufficient resources to run clinic.

J. OPTIONAL / SUPPORTING DOCUMENTS

Sr. No.	Document	Purpose / Advantage
41	**Recommendation Letter / Endorsement**	From local NAHPA Regional Officer or recognised healthcare institution.
42	**Training / Workshop Certificates**	CPD or short course evidence in primary care or first aid.
43	**Community Health Activity Record**	Evidence of voluntary health camps, outreach work.
44	**Photocopy of PAN and GST (if applicable)**	For accounting and institutional audit.

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K. DECLARATIONS & UNDERTAKINGS (MANDATORY ANNEXURES)

Annexure Label	Title	To Be Signed By
Annexure-A	Self-Declaration & Undertaking (Ethical and Legal Compliance)	Applicant / Proprietor
Annexure-B	Data Protection & Confidentiality Undertaking	Applicant / Institution Head
Annexure-C	Code of Conduct & Ethics Acceptance	All staff members
Annexure-D	Fire & Safety Compliance Declaration	Applicant
Annexure-E	Waste Management & Environmental Compliance Statement	Applicant / Partner Institution

L. SUBMISSION PROCESS

- All documents must be uploaded in PDF format (max 5 MB each) on the NAHPA Portal under the *PHCC Registration Section*.
- A hard-copy dossier (spiral-bound, A4 size) must be submitted to the Regional Accreditation Board (RAB) for physical verification.
- Each annexure must be serially numbered, indexed, and digitally signed (DVC).
- Incomplete applications shall be returned within 15 working days for correction.
- After successful scrutiny, a Pre-Inspection Letter (Form-PHC/2) shall be issued by the Registrar.

M. VALIDATION AND ACKNOWLEDGMENT

- **Upon completion of verification, the applicant shall receive:**
  a. Provisional Clinic Registration Number; and
  b. Schedule for Physical Inspection by NAHPA RAB.

- **Final approval will result in issue of:**

  Primary Health Care Clinic Accreditation Certificate (with NPAR ID & DVC) – Valid for Three (3) Years.

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