APPLICATION FORM FOR ACCREDITATION OF HOSPITALS & MEDICAL INSTITUTIONS

(Under the National Healthcare Quality and Accreditation Framework – 2025)

APPLICATION FORM FOR ACCREDITATION

INSTRUCTIONS

1. This form must be filled in capital letters or typed.
2. All fields marked with * are mandatory.
3. Attach self-attested copies of all supporting documents.
4. Submit along with the prescribed application and inspection fee via NEFT / DD.
5. Incomplete or unsigned applications shall be summarily rejected.

SECTION – A : GENERAL INFORMATION

S.No.	Particulars	Details (to be filled by applicant)
1	Name of Hospital / Institution *	
2	Full Postal Address *	
3	District / State / PIN Code *	
4	Website / E-mail ID / Contact No. *	
5	Legal Status of Organization *	☐ Society ☐ Trust ☐ Section-8 Co. ☐ Proprietary ☐ Govt.
6	Year of Establishment *	
7	Hospital Category Applying For *	☐ General ☐ multi-Specialty ☐ Teaching ☐ Nursing Home
8	Bed Strength *	Total Beds: ___ OPD Beds: ___ ICU Beds: ___
9	Average OPD / IPD per Month *	OPD: ___ IPD: ___
10	Ownership of Building	☐ Owned ☐ Leased (attach deed copy)
11	Name & Designation of Head of Institution *	

S.No.	Particulars	Details (to be filled by applicant)
12	Qualification / Registration No. *	
13	Authorized Person for Correspondence *	Name: _____ Designation: _____
14	Accreditation Level Applied For *	☐ Entry ☐ Standard ☐ Advanced / Centre of Excellence

SECTION – B : STATUTORY COMPLIANCES

S.No.	Document / License	Issuing Authority	Number / Date	Valid Upto
1	Registration Certificate under CEA / Local Act *			
2	Fire Safety Certificate *			
3	Pollution Control / BMW Authorization *			
4	Building Safety / Stability Certificate			
5	Pharmacy Licence			
6	Blood Storage / Diagnostic Approval			
7	Trade Licence / GST / PAN			
8	Electricity & Water Connection Proof			
9	Institutional Registration under any Council (if applicable)			
10	Previous Accreditation / Affiliation (if any)			

SECTION – C : INFRASTRUCTURE & FACILITY DETAILS

Area / Facility	Availability (Yes/No)	Remarks (Size / Units / Capacity)
Reception & Registration Area	☐	
OPD Department	☐	

Area / Facility	Availability (Yes/No)	Remarks (Size / Units / Capacity)
IPD Wards	☐	
Operation Theatres (Major/Minor)	☐	
Intensive Care Unit (ICU / HDU)	☐	
Emergency / Casualty	☐	
Laboratory Services (Bio / Path / Micro)	☐	
Imaging (X-Ray / USG / CT / MRI)	☐	
Pharmacy	☐	
Laundry & Kitchen	☐	
Ambulance Services	☐	
Power Backup / Generator	☐	
Water & Sanitation	☐	
Fire Safety Equipment	☐	
Accessibility for Disabled	☐	

SECTION – D : HUMAN RESOURCES DETAILS

Designation / Category	Total Sanctioned Posts	Present Staff	Qualification / Registration No.
Medical Superintendent			
Doctors (Full-time / Visiting)			
Nursing Staff			
Allied Healthcare / Technical Staff			
Laboratory Technicians			

Designation / Category	Total Sanctioned Posts	Present Staff	Qualification / Registration No.
Pharmacists			
Administrative / Accounts Staff			
Housekeeping / Support Staff			

SECTION – E : CLINICAL & ACADEMIC INFORMATION

Item	Details
List of Departments / Specialties	
Clinical Protocols / SOP Manuals (attach list)	
Infection Control Committee constituted	☐ Yes ☐ No
Bio-medical Waste Policy available	☐ Yes ☐ No
Grievance Redressal System in place	☐ Yes ☐ No
Patient Feedback System maintained	☐ Yes ☐ No
Teaching / Training Facility (if applicable)	☐ Yes ☐ No
Affiliation / MoU with College / University	☐ Yes ☐ No
Skill / Simulation Lab available	☐ Yes ☐ No
Research / CME / Workshop conducted	☐ Yes ☐ No

SECTION – F : DOCUMENTS ATTACHED (MANDATORY)

S.No.	Document / Certificate / Record	Purpose / Verification Scope	Issuing / Custodian Authority	Validity / Year	Enclosed (Yes/No)	Page No. / Annexure Ref.
A. Legal & Organizational Documents						
1	Registration Certificate of Society / Trust /	Proof of legal constitution	Registrar of Societies /		☐	

S.No.	Document / Certificate / Record	Purpose / Verification Scope	Issuing / Custodian Authority	Validity / Year	Enclosed (Yes/No)	Page No. / Annexure Ref.
	Section-8 Company / Govt. Order		MCA / Govt Dept			
2	Memorandum of Association / Trust Deed / Bye-laws	Institutional objectives & governance	Registrar / Trust Office		☐	
3	Governing Body Resolution authorizing Accreditation Application	Legal authorization	Governing Body / Board		☐	
4	PAN Card & GST Registration of Institution	Financial identity	Income Tax Dept / GST Portal		☐	
5	Institutional Address & Identity Proof (Aadhaar / Property Tax / Lease)	Existence & location verification	Local Authority		☐	
B. Statutory Licences & Regulatory Permissions						
6	Clinical Establishment Registration Certificate	Statutory compliance	CMO / District Health Officer		☐	
7	Fire Safety Certificate / NOC	Fire & life safety compliance	State Fire Dept		☐	
8	Pollution Control & Biomedical Waste Authorization	Environmental compliance	State Pollution Control Board		☐	
9	Building Stability / Occupancy Certificate	Structural safety	PWD / Licensed Engineer		☐	

S.No.	Document / Certificate / Record	Purpose / Verification Scope	Issuing / Custodian Authority	Validity / Year	Enclosed (Yes/No)	Page No. / Annexure Ref.
10	Water Quality & Sanitation Certificate	Hygiene standard	Local Body / PHED		☐	
11	Pharmacy Licence	Legal operation of drug store	State Drug Controller		☐	
12	Diagnostic / Radiology / X-ray Licence (AERB)	Radiation safety compliance	Atomic Energy Regulatory Board		☐	
13	Blood Bank / Storage Unit Licence (if applicable)	Clinical service compliance	State Health Dept		☐	
14	Trade Licence / Municipal Permission	Business operation permit	Local Body / Nagar Nigam		☐	
C. Infrastructure & Facility Evidences						
15	Hospital Layout / Floor Plan (with bed distribution)	Verification of physical infrastructure	Institution Architect / Engineer		☐	
16	Department-wise Room Details & Facilities	Facility adequacy	Institution		☐	
17	Photographs – exterior, reception, OPD, IPD, OT, ICU, Lab, Pharmacy, Waste area, Fire setup	Physical evidence	Institution	Current Year	☐	
18	Fire Drill / Mock Drill / Extinguisher Maintenance Report	Emergency preparedness proof	Safety Officer		☐	
19	Power Backup / Generator Test Record	Electricity backup compliance	Maintenance Dept		☐	

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20	Drinking Water & Sanitation Photos / Certificates	Public health standard	PHED / Municipality		☐	
21	Accessibility for Disabled (Ramp, Toilet, Wheelchair)	Universal access verification	Institution		☐	
22	CCTV / Security Setup Photo	Safety verification	Institution		☐	
D. Human Resource & Administrative Records						
23	Staff List with Designation, Qualification, Registration Nos.	HR verification	HR Dept		☐	
24	Doctor Registration Certificates (Medical Council / AYUSH)	Professional validity	State Councils		☐	
25	Nursing / Paramedical Council Registrations	Staff competency	State Nursing / Allied Council		☐	
26	Appointment Letters & ID Cards	Employment evidence	Institution		☐	
27	Attendance & Payroll Register (3 months)	Active staff record	HR / Accounts Dept		☐	
28	Organizational Chart / Duty Roster	Management structure	Admin Office		☐	
29	Training & CME Certificates (Fire Safety, Infection Control, CPR)	Skill verification	HR / QMS		☐	
E. Clinical, Operational &						

S.No.	Document / Certificate / Record	Purpose / Verification Scope	Issuing / Custodian Authority	Validity / Year	Enclosed (Yes/No)	Page No. / Annexure Ref.
Patient Care Documents						
30	OPD Register (Last 3 Months)	Patient care activity record	Medical Records Dept		☐	
31	IPD Admission Register	Bed occupancy record	MRD		☐	
32	OT Log Book / Surgery Register	Clinical service proof	OT In-charge		☐	
33	Laboratory Register / Quality Control Log	Diagnostic quality evidence	Lab Dept		☐	
34	Pharmacy Stock & Issue Register	Drug supply chain	Pharmacist		☐	
35	Patient Consent Forms (sample)	Ethical compliance	MRD		☐	
36	Patient Feedback / Complaint Register	Grievance mechanism	Quality Officer		☐	
37	Infection Control Policy & Committee Meeting Minutes	Safety standard	ICC / QMS		☐	
38	Waste Segregation & Disposal Logbook	Bio-waste compliance	Housekeeping		☐	
39	Ambulance / Emergency Tie-up Documents	Referral and emergency linkage	Hospital Admin		☐	
F. Governance, Audit & Financial Records						
40	Annual Audit Report / Balance Sheet (last 2 years)	Financial soundness	Chartered Accountant		☐	
41	Annual Activity / Progress Report	Operational overview	Institution		☐	

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42	Minutes of Governing Body / Quality Committee Meetings	Governance evidence	Office of Head		☐	
43	Fee Chart / Billing Format	Transparency verification	Institution		☐	
44	Insurance / TPA Empanelment Letters (if any)	Institutional linkage	Insurance Co.		☐	
45	Annual Quality Report (AQR)	Performance review	Institution	Current Year	☐	
G. Accreditation Process Documents						
46	Self-Evaluation Report (SER) – NHQAC Prescribed Format	Primary assessment base	Institution		☐	
47	Accreditation Agreement (NHQAC–NAHPA) duly signed	Legal compliance	Institution & NHQAC		☐	
48	Application Fee Receipt / Transaction Proof	Fee confirmation	Bank / NHQAC		☐	
49	Declaration & Undertaking on Letterhead	Legal assurance	Authorized Signatory		☐	
50	Any Previous Accreditation / ISO / NABH Certificate (if applicable)	Benchmark reference	NABH / ISO Body		☐	

Applicant's Certification

I, the undersigned, hereby declare that the documents listed above are genuine and have been attached in the order mentioned. All records are maintained in original at the hospital premises

and shall be made available for inspection on demand. Any falsification shall attract disciplinary and legal action, including cancellation of accreditation.

DECLARATION

1. DECLARATION BY THE HEAD OF THE INSTITUTION

I, Dr./Mr./Ms. _____, aged _____ years, in my capacity as the Head / Authorized Representative of the [Name of the Hospital / Healthcare Organization], having its registered office at:……..

do hereby solemnly affirm and declare on behalf of the Institution as under:

1. That the information and particulars furnished in this Application for Accreditation under the National Healthcare Quality and Accreditation Council (NHQAC), together with all enclosures, schedules, and annexures, are true, complete, and correct to the best of my knowledge and belief.
2. That no material fact has been suppressed or misrepresented in any part of the application, and that all data submitted are authentic and verifiable from original institutional records.
3. That the Institution is a legally constituted entity, duly registered under the appropriate law, and possesses all valid statutory licences, permissions, and approvals necessary for the conduct of hospital and healthcare services.
4. That the Institution undertakes to maintain and continuously comply with all quality standards, norms, and conditions prescribed under the NHQAC Accreditation Regulations, Guidelines, and Operational Manual, as amended from time to time.
5. That the Institution shall extend full cooperation to the Council or its authorized officers during inspections, audits, surprise visits, or any other form of verification process, and shall produce all relevant documents, records, and registers as and when required.
6. That the Institution shall submit an Annual Quality Report (AQR) within the stipulated period every year, and promptly report any change in ownership, management, location, infrastructure, or service structure to the NHQAC Secretariat.
7. That the Institution shall use the NHQAC Accreditation Logo, Seal, and Grade strictly as per the official Brand Usage Guidelines, and shall refrain from any misuse or misrepresentation thereof in print, digital, or public communication media.
8. That the Institution accepts and shall abide by all decisions, directives, and notifications issued by the NHQAC, and agrees that accreditation may be suspended or withdrawn in the event of proven non-compliance or submission of false information.
9. That the Institution expressly agrees that the NHQAC shall have the right to publish or display the accreditation status, grade, or validity period of the Institution on its official portal or any public medium for transparency and public interest.
10. That the Institution undertakes full responsibility for maintaining patient safety, ethical conduct, confidentiality, and service quality in accordance with the National Standards of Healthcare Practice and Patient Rights Charter.

11. That in case of any dispute, difference, or grievance arising out of this accreditation process, the matter shall be subject to arbitration under the Arbitration and Conciliation Act, 1996, and the competent courts at New Delhi shall have exclusive jurisdiction.

12. That I am fully authorized by the Governing Body / Management of the Institution to sign, submit, and execute this declaration, and to bind the Institution legally for all purposes under the NHQAC Accreditation Framework.

2. INSTITUTIONAL UNDERTAKING

We, the undersigned, do hereby undertake that the Institution shall:

- Implement and sustain an internal quality management system as per NHQAC standards.
- Ensure that all departments, laboratories, wards, and services operate under valid professional supervision.
- Display accreditation details, validity, and grievance contact prominently for public awareness.
- Not claim or imply any governmental or statutory recognition beyond the scope granted by the NHQAC.
- Notify the Council immediately in case of any change affecting compliance, ownership, or operation.

We further agree that the decision of the NHQAC in all matters relating to inspection, assessment, grading, or revocation shall be final, binding, and conclusive on the Institution.

VERIFICATION & ATTESTATION

I, the deponent above named, do hereby verify that the statements made in paragraphs 1 to 12 are true to my own knowledge, and that nothing material has been concealed therefrom.

I further understand that any false declaration, misrepresentation, or concealment of fact shall render the application liable to rejection and the accreditation liable to cancellation ab initio, without prejudice to such other action as may be deemed fit by the NHQAC–NAHPA.

Signature & Seal of Authorized Signatory

Signature: _____

Name: _____

Designation: _____

Mobile / Email: _____

Institution Seal: _____

Date: _____