

Self-declaration for empanelment of private practitioner and team for Male/Female sterilization at public facility

Ref No (to be filled by DHS).....

Approval Type: New / Re-applicant / Renewal

For Re-Applicant / Renewal, previous reference number

Accreditation desired for:

A. GENERAL INFORMATION

Name of the practitioner /NGO.....

Registration no of the practitioner /NGO

Type of practice: Single practitioner / Polyclinic / Dispensary / Hospital / Others (please specify)

Address

Telephone Mobile.....

E-mail

Fax

Website

Educational Qualification ((Pls attach the certificate)

Whether qualified to conduct family planning services Yes / No (Pls attach the certificate)

No of years of performing family planning services

B. MANPOWER DETAILS

Total no of staff

No of Permanent staff

No of Temporary staff

Annexure – 1 (Total 3 pages)

Details of staff (applicant may attach the details in a separate sheet in the below format)

Category	Name	Qualification	Regn no (if applicable)	Permanent /Temporary
Doctors				
Doctors				
Doctors				
Nursing Staff				
Nursing Staff				
Nursing Staff				
Paramedical Staff				
Paramedical Staff				
Paramedical Staff				
Pharmacist				
Support Staff				
Support Staff				
Other Staff				

Note: The doctor should be qualified for such an operation inline with the GoI recommendations. For qualification, training and registration number of doctors, a copy of the certificates to be provided. Also, in case of doctor not being part of the facility but conducts the sterilization process there, a copy of the contract is to be provided with this application.

C. DECLARATION

I hereby declare that the above information furnished are correct and true to my knowledge. I further state I am eligible to perform the family planning services as per the existing laws and would continue to abide by the laws prevailing at the time of rendering the service

I also undertake that I shall intimate to the appropriate authority in case of any change in the particulars given above.

Sign.....

Date.....

Name.....

Place.....

Annexure – 1 (Total 3 pages)

ACKNOWLEDGEMENT OF THE APPLICATION (to be handed over to the applicant post submission)

Received the completed application vide Ref No.....along with following attachments

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Received the payment of Rs In form of cheque/DD

Sign.....

Date.....

Name.....

Designation.....

Office Seal
