

APPLICATION FORM FOR

ALLOPATHIC

(CLINICS / PRIMARY HEALTH CENTRES / POLYCLINICS)



Under the
National Healthcare Quality and Accreditation Framework –
2025

Website: www.nhqac.in

Ph: 0121-4110615



National Healthcare Quality and Accreditation Council

APPLICATION FORM FOR ACCREDITATION

INSTRUCTIONS

1. This Application Form is to be filled in **BLOCK LETTERS** or typed in English.
2. All fields marked with * are mandatory.
3. Attach self-attested photocopies of all supporting documents as per Section–F (Checklist).
4. Submit the filled form along with prescribed Accreditation Fee by Demand Draft / NEFT in favour of *National Healthcare Quality and Accreditation Council (NHQAC)* or **National Allied and Healthcare Professional Association**.
5. Incomplete or unsigned applications shall be summarily rejected.

SECTION – A : GENERAL INFORMATION

Sr. No.	Particulars	Details (to be filled by Applicant)
1	Name of Clinic / PHC / Polyclinic *	
2	Full Postal Address (with District & PIN Code) *	
3	State / UT *	
4	E-mail ID / Contact No. / Website	
5	Type of Facility *	☐ Clinic ☐ PHC ☐ Polyclinic
6	Year of Establishment *	
7	Ownership Type *	☐ Proprietary ☐ Partnership ☐ Trust ☐ Society ☐ Govt.
8	Legal Registration No. / Act *	
9	Name of Head / Doctor In-Charge *	

10	Qualification / Registration No. *	
11	Average OPD per day *	
12	No. of Beds (if any)	Total Beds: ____ Observation Beds: ____
13	Working Hours *	From ____ AM to ____ PM
14	Accreditation Category Applied For *	☐ Entry Level ☐ Standard Level ☐ Advanced Level
15	Name of Authorized Representative *	
16	Designation & Contact No.	
17	Whether previously accredited?	☐ Yes ☐ No (If yes, attach copy)

SECTION – B : STATUTORY REGISTRATION & LICENCES

S.No.	Licence / Certificate	Issuing Authority	Number / Date	Valid Upto	Enclosed (Y/N)
1	Clinical Establishment Registration Certificate *				☐
2	Fire Safety Certificate *				☐
3	Pollution Control / Biomedical Waste Authorization *				☐
4	Building / Shop Establishment Licence				☐
5	Water Sanitation / Hygiene Certificate				☐
6	Pharmacy Licence (if applicable)				☐
7	Laboratory Licence / MoU (if applicable)				☐
8	PAN / GST Registration				☐
9	Identity & Address Proof of Owner				☐

SECTION – C : INFRASTRUCTURE DETAILS

Facility / Area	Available (Yes/No)	Remarks / Size / Capacity
Reception & Waiting Area	☐	
Consultation Room	☐	
Dressing / Injection Area	☐	
Minor Procedure Room	☐	
Observation Beds (1–6)	☐	
Pharmacy Counter / Tie-up	☐	
Diagnostic Facility / Tie-up Lab	☐	
Toilet Facility (Male/Female/Staff)	☐	
Power Backup / Generator	☐	
Fire Extinguisher / Exit Signage	☐	
Waste Disposal Facility	☐	
CCTV / Security	☐	
Ramp / Accessibility	☐	

SECTION – D : HUMAN RESOURCES DETAILS

Designation / Category	No. of Persons	Qualification	Registration / License No.	Remarks
Doctor / Medical Officer				
Nursing / Paramedical Staff				
Lab Technician				
Pharmacist				
Reception / Record Clerk				
Housekeeping / Sanitation Staff				

SECTION – E : CLINICAL & OPERATIONAL DETAILS

Sr. No.	Document / Certificate / Record	Purpose / Verification Scope	Issuing / Custodian Authority	Validity / Year	Enclosed (Y/N)

1	Registration Certificate of Clinic / PHC / Polyclinic	Legal identity	Local Authority		☐
2	Fire & Pollution NOCs	Safety compliance	Concerned Depts		☐
3	Doctor's Qualification & Registration Proof	Professional validity	State Medical / AYUSH Council		☐
4	Staff Qualification & ID Proof	HR verification	Institution		☐
5	OPD & Patient Registers (3 months)	Operational evidence	Institution		☐
6	Waste Disposal Tie-up Certificate	Environmental safety	SPCB / Vendor		☐
7	Water & Sanitation Certificate	Hygiene compliance	Municipality		☐
8	Photos – Reception / Consultation / Procedure Room	Physical verification	Institution	Current Year	☐
9	Self-Evaluation Report (SER)	Pre-assessment	Institution		☐
10	Application Fee Receipt	Fee confirmation	NHQAC		☐

SECTION F: SCOPE OF ACCREDITATION — ASSURED CLINICAL, SURGICAL & DIAGNOSTIC SERVICES

Sl.	Department / Core Clinical Scope	Service Availability	Facility Specifications / Dedicated Infrastructure / Remarks
1.	General Outpatient (OPD) & Specialty Clinics	☐ Yes ☐ No	Consultation Chambers: ____ Daily OPD Timings: _____
2.	24×7 Emergency & Trauma Casualty Services	☐ Yes ☐ No	Dedicated MO on duty 24×7, Emergency Drug Tray & Crash Cart verified
3.	General Medicine & NCD Clinic	☐ Yes ☐ No	Physician / MD Medicine Available: ☐ Full-time ☐ Visiting ☐ None
4.	General Surgery & Minor Procedures	☐ Yes ☐ No	Surgeon Available: ☐ Yes ☐ No Minor Procedure Room available: ☐ Yes
5.	Obstetrics & Gynaecology (Comprehensive EmOC)	☐ Yes ☐ No	Obstetrician / Gynaecologist: ☐ Available ☐ CEmONC Trained MO
6.	Labour Room & Maternity Complex (LaQshya Compliant)	☐ Yes ☐ No	No. of Labour Tables: ____ LaQshya Certified: ☐ Yes ☐ In-Process ☐ No
7.	Paediatrics & Neonatal Care (NBSU / SNCU)	☐ Yes ☐ No	Newborn Care Unit Beds: ____ Radiant Warmers: ____ Phototherapy: ____

8.	Major Operation Theatre (OT) Complex	☐ Yes ☐ No	No. of Functional Major OTs: _____ Minor OTs: _____ AHU / HEPA Filter: ☐ Yes
9.	Anaesthesia & Critical Care Support	☐ Yes ☐ No	Anaesthetist: ☐ Full Time ☐ On Call ☐ LSAS Trained MO
10.	Family Planning, Minilap & Laparoscopic Sterilization	☐ Yes ☐ No	PPIUCD, NSV, Laparoscopic Sterilization Camp / Fixed Day Static Services
11.	Medical Termination of Pregnancy (MTP) Services	☐ Yes ☐ No	Approved MTP Centre under MTP Act: ☐ Yes (Reg No: _____)
12.	Essential Diagnostic Laboratory Services	☐ Yes ☐ No	Automated Hematology, Biochemistry, Serology, Microbiology, Microscopy
13.	Diagnostic Radiology & Imaging (X-Ray / USG)	☐ Yes ☐ No	Digital / CR X-Ray: ☐ Yes Ultrasound: ☐ Yes (PNDT Reg: _____)
14.	Blood Bank / Licensed Blood Storage Unit (BSU)	☐ Yes ☐ No	State Drug Authority License No: _____ Valid Till: _____
15.	24x7 Referral Transit & Basic / ALS Ambulance	☐ Yes ☐ No	No. of Functional Ambulances: _____ (GPS Tracking Enabled: ☐ Yes ☐ No)
16.	National Health Programmes Implementation	☐ Yes ☐ No	NTEP (TB/DOTS), NLEP, NVBDCP, NCD Screening, NPCB (Eye), Mental Health
17.	AYUSH Dispensary / Integrated Wing	☐ Yes ☐ No	Stream: ☐ Ayurveda ☐ Yoga ☐ Unani ☐ Siddha ☐ Homeopathy
18.	Other Specialized Health Services (Specify)	☐ Yes ☐ No	Dentistry / Ophthalmology / ENT / Dialysis Unit: _____

SECTION G: STATUTORY UNDERTAKING & OFFICIAL DECLARATION BY APPLICANT

We, the undersigned Competent Administrative and Quality Authorities of the health facility, hereby solemnly affirm and declare that:

- We have thoroughly read, understood, and unequivocally agreed to abide by the NHQAC Terms & Conditions for Healthcare Accreditation, Assessment Protocols, and Quality Standards.
- We undertake full responsibility to comply with all applicable National/State statutory guidelines, medical ethics, patient charter, and health safety regulations.

- We agree to deposit all prescribed fees (Pre-assessment, Assessment, Annual Accreditation, and Surveillance Charges) as stipulated by NHQAC, irrespective of the final accreditation outcome.
- We undertake to extend unconditional co-operation, access to medical records, clinical areas, diagnostic records, and infrastructure to the NHQAC Assessment Team during all scheduled and unannounced visits.
- All statements, data points, statistics, and enclosed supporting annexures submitted in this application form are true, complete, and authentic to the best of our official knowledge and records. Any suppression of material fact will lead to summary cancellation of the application/accreditation.

DECLARATION

I, **Dr./Mr./Ms.** _____, the undersigned, being the Head / Authorized Signatory of the above-named Clinic / PHC / Polyclinic, do hereby solemnly declare that:

1. All information furnished herein and in the annexed documents is **true, complete, and correct**.
2. The institution shall abide by all **NHQAC Accreditation Standards, Guidelines, and Conditions**, as revised from time to time.
3. The institution shall permit **inspection, verification, and surveillance** by NHQAC or its authorized officers at any time.
4. In the event of non-compliance, falsification, or suppression of facts, the accreditation may be **cancelled without notice**, and the institution shall have no claim thereof.
5. The institution shall use the **NHQAC logo and certificate** only as per authorized guidelines.
6. The institution accepts the **jurisdiction of competent courts at New Delhi** and the applicability of the **Arbitration and Conciliation Act, 1996** for dispute resolution.

Verified and signed at _____

on this ____ day of _____, 20.

Signature: _____

Name: _____

Designation: _____

Seal: _____

Date: _____

**FOR OFFICE USE
(NHQAC SECRETARIAT)**

Field	Details / Remarks
Application No.	
Date of Receipt	
Documents Verified	☐ Complete ☐ Incomplete
Accreditation Category	☐ Entry ☐ Standard ☐ Advanced
Fee Received (₹)	
Inspection Team Assigned	
Date of Inspection	
Recommended Grade	
Certificate No.	
Approved by	
Remarks	