

DMA NURSING HOME & MEDICAL ESTABLISHMENT FORUM

DMA House, Dr. Subhash Bhargava Marg, Darya Ganj, New Delhi-110 002

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MEMBERSHIP FORM

General Particulars

Name of Nursing Home/Establishment: _____

Year of Commencement: _____

Name of Owner/Managing Director: _____

Telephone Nos.: _____ Fax : _____

Cellular: _____ Pager: _____

E-mail: _____ Any Other: _____

Address of the Nursing Home/Establishment: _____

Total Covered area of the nursing Home/Establishment _____ Sq. ft.

(Circle appropriate answer)

Whether owner/Managing Director is a member of
the Delhi medical Association YES NO

DMA Life Membership No

Delhi Medical Council Registration No.

Whether owner/Managing Director is
a member of the Nursing Home Forum YES NO

Qualification

Whether Medical Establishment is registered under:

1. Nursing Home Registration Act 1953 YES NO

2. MTP Act YES NO

3. PNDDT Act YES NO

Name and address of Medical Suptt.: _____

Telephone Nos.: _____ Fax : _____

Cellular: _____ Pager: _____

E-mail: _____ Any Other: _____

Part C : Specialized Services Available

Service	Availability	Number	Size (sq.ft.)*
Operation Theater ^{*1}			
Labour Room ^{*1}			
Coronary Care Unit ^{*2}			
Intensive Care Unit ^{*2}			
Dialysis ^{*3}			
CT Scan ^{*3}			
MRI ^{*3}			
Ultrasound ^{*3}			
EEG ^{*3}			
ECG ^{*3}			
X-ray ^{*3}			
Any other (Specify)			
Any other (Specify)			

Part D: Laboratory Facilities

Kindly specify if the following, or any other laboratory facilities are available at you nursing home.

Service	Availability	Routine	Advanced
Bio-chemistry			
Microbiology			
Pathology			
Any other			

I. Facilities Available:**Part A: Staff Employed****List of the staff working in the Nursing Home:**

Speciality	Numbers
1. Consultants	
➤ on regular basis	
➤ on call	
2. Resident Doctors (round the clock)	
➤ With MBBS qualifications	
➤ With other qualifications	
3. Staff nurses (round the clock)	
➤ A Grade	
➤ Others	
4. Operation Theater Technicians	
5. Laboratory Technicians	
6. X-ray Technicians	
7. Other Para medical Staff	
8. Receptionist	
9. Office Staff	
10. Computer Staff	
11. Security Personnel	
12. Class IV employees	

Part B Residential Facilities**Kindly specify the types of rooms available:**

Type of room	Nos. of beds	Comprehensive Tariff
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Total		
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*Signature of the Owner/Managing Director
With seal*