

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI**

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**Application Form and Information Brochure  
for  
Registration/Renewal of Registration  
of  
Private Nursing Homes & Hospitals**

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**DIRECTORATE OF HEALTH SERVICES**

**SWASTHAYA SEWA NIDESHALAYA**

**F-17, KARKARDOOMA,**

**DELHI - 110 032**

**Price Rs.100/-**

**(This form has been downloaded from Internet from Delhi Govt. website)**

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## **1. INTRODUCTION**

Delhi Nursing Home Registration Act came into force since 22nd September, 1953 to provide for the registration and inspection of nursing homes in the State of Delhi and for certain purpose connected therewith. The private nursing homes and hospitals are registered under the provision of this act and the rules framed there under. As per section 3 of this act there is a prohibition to carry on a nursing home without valid registration and contravention of the provision of section 3 of this act is punishable on conviction. It is therefore mandatory for every person intending to carry on a nursing home to make an application for registration to the supervising authority.

A certificate of registration or renewal of registration is issued by the Director of Health Services, Government of Delhi, on being satisfied that the nursing home/hospital confirm to the standards as laid in the act and the rules there under.

## **2. REQUIREMENT OF NURSING HOME FOR REGISTRATION.**

As per Delhi Nursing Home Registration Rules, following requirements in brief are essential.

- i) The Nursing Home shall be situated in a place having clean surroundings and shall not be adjacent to an open sewer, drain or public lavatory or to a factory omitting smoke or obnoxious odour.
- ii) The building used for the nursing home shall comply with the relevant municipal by laws in force from time to time.
- iii) The rooms in the nursing home shall be well ventilated and lighted and shall be kept in clean and hygienic conditions. Arrangement shall be made for cooling them in summer and heating them in winter.
- iv) The wall of the labour room and operation theatre upto a height of four feet from the floor shall be of such construction as to render it waterproof. The flooring shall be such as not permit retention or accumulation of dust. There shall be no chinks or crevices in the walls or floors.
- v) An operation theatre shall be provided with, minimum floor space of 180 sq.ft. and the labour room shall be separate and shall be maintained in aseptic conditions.
- vi) The floor space in the nursing home shall be 120 sq. ft. for single bed and additional 80 sq. ft. for every additional bed in single room. Adequate arrangements shall be made for isolating septic and infectious cases.
- vii) A duty room shall be provided for the " nursing staff " on duty.
- viii) Adequate space for storage of medicines, food articles, equipments etc. shall be provided.
- ix) The water used in the nursing home shall be of pure and of drinkable

quality. If the Nursing Home provides diet to the patients, it shall be prepared and served in hygienic conditions.

- xi) The nursing Homes shall provide and maintain: -
  - a) Adequate number of commodes, bedpans and slop sinks, with flushing arrangements.
  - b) High Pressure sterilizer and instrument sterilizer, Oxygen cylinder and necessary attachment for giving oxygen.
  - c) Adequate equipments, instruments and apparatus.
  - d) Adequate quantity of bed sheets, mattress, pillows, blankets draw sheets and other Linens.
  - e) An almirah under-lock and key for poisons/schedule H drugs.
- xii) There shall be one qualified doctor holding a degree recognized by the Medical Council of India or the Medical Council of the State, round the clock for every twenty beds or fraction thereof, in the nursing home. In case of Nursing Homes providing intensive care facilities, there shall be at least two doctors exclusively for intensive care.
- xiii) There shall be one nurse on duty at all times, for every ten beds or a fraction thereof in the nursing home. In Nursing Homes Providing Intensive Care Units facilities there shall be at least four nurses provided exclusively for four such beds or fraction thereof.
- xiv) In case of any natural calamity or disaster the owner/keeper of every Nursing Home shall, on being requested by the Supervising Authority, cooperate and provide such reasonable assistance and medical aid as may be considered essential by the supervising authority at the time of natural calamity or disastrous situation.
- xv) The owner /keeper of the Nursing Home shall ensure that the charges levied by the Nursing Home are permanently displayed.
- xvi) The owner/keeper of the Nursing Home shall ensure the provision of stand by generator in case of the power failure in the nursing homes.
- xvii) Records of patients to be maintained as given below:-
  - a) Indoor patient Register
  - b) Operation theatre Register
  - c) Maternity Register
  - d) Alphabetical Index Register
  - e) Birth and Death Register
  - f) Stock Register
- xviii) In addition to above following is also required :-
  - a) There should be pulse oxymeter & defibrillator in the operation theatre. The casualty shall be well equipped to handle the emergencies and shall have readily available suction machine, oxygen cylinder & emergency medicines etc.

- b) The certificate issued in respect of a nursing home shall be kept affixed in a conspicuous place in the nursing home.
- c) Transfer of ownership. Proprietorship, or arrangement of nursing homes shall be immediately informed.
- d) Change of address and situation and any change in staff including Medical Supervisor shall be informed within 3 Days.
- e) An undertaking that the owner of Nursing Home/ Hospital shall not refuse treatment to accident victims brought in the Nursing Home/ Hospital.

### 3. HOW TO APPLY

- i) Application must be submitted in the prescribed FORM-B as attached with this brochure. The applicants must utilize the same in original.
- ii) Application on Form other than the one attached with this brochure will not be entertained. All printed equivalents/photocopies/copies of the said Form also will not be accepted.
- iii) Application for registration and renewal of registration should be submitted along with a covering letter mentioning the enclosures.
- iv) Wherever applicable the enclosure should be arranged in the same order as per the columns of FORM - B. Only the attested photocopies of the documents attached shall be accepted. The applicant should sign each and every paper submitted.
- v) In case of renewal of registration

The enclosures submitted with the previous application should not be submitted and the same should be stated in the covering letter.

Any change in the staff, including Medical Supervisor bed strength, services rendered or any structural alteration/additions carried out in the preceding year should be clearly mentioned in the covering letter.

### 4. APPLICATION FEE PAYABLE

Applicants will have to pay a non-refundable fees payable as per schedule given below, in favour of Director of Health Services Delhi, by way of Bank Demand Draft/Pay Order payable in New Delhi.

#### **Fee Schedule**

i)	Upto 10 beds	Rupees 500/-
ii)	From 11 beds upto 30 beds	Rupees 1,000/-
iii)	For above 30 beds	Rupees 2,000/-

Application forms not accompanied by the full prescribed fee shall not be accepted.

After the due date the application forms will be accepted alongwith the late fee.

Note: The fee schedule prescribed as above are for one year only. In case of any revision in the fee schedule in the event of amendments in the Delhi Nursing Home Registration Act and Rules, the additional fee shall be collected separately.

- (i) As per provision of Delhi Nursing Home Registration Act 1953 the keeper /authorised signatory of the private nursing home/hospitals is authorised to sign the application form and the enclosure. Name of the applicant could be a company, trust, society etc. if applicable through Authorised Signatory Form.
- (ii) See Form-B, Column-5
  - a) Mention the address of the registered office of the proprietor/Company/Society/Trust/Partnership etc.
  - b) Attach a copy of partnership deed or a resolution, certificate of registration of society/trust etc. issued by the competent authority, alongwith its memorandum and article of association. The name of authorised signatory of the Trust/Society etc. must be mentioned. In case of any change for authorised signatory, the same must be informed immediately alongwith relevant documents.
  - c) Please enclose a list of members of the partnership/managing committee/board/governing body alongwith their complete address.
  - d) In case of sole proprietorship, please attach an affidavit attested by notary public.

**Column 6**

Please specify the details of services being provided, whether the registration applied for is for single specialty/multi specialty/or super specialty.

**Column 7**

Please mention the prominent landmarks and attach a guidemap where the nursing home/hospital is situated to facilitate the inspection team to locate the site.

**Column 8**

- a) Mention the floor wise details of operation theatre/labour room, indoor area and ICU/ICCU along with the list of equipments. Enclose floorwise blue print of the building plan, prepared and signed by Architect.
- b) If available, please enclose a copy of N.O.C. regarding the change of land use and a certificate stating that the building conforms to the building bye-laws issued by the competent authority.

**Column 9**

Mention if the part of the nursing home is also used as a residence or for any other purpose.

**Column 10**

Specify the details of the beds used for different specialities. Please mention the number of free beds, if any, being provided for the poor patients. The hospitals that have been provided land by Govt. agency must specify such details.

**Column 11**

Please enclose the proof of qualification of medical supervisor along with the certificate of registration with Medical council of India or the local state/Medical Council.

**Column 12, 14 and 17**

Enclose the list of Resident Doctors, Nurses and midwives employed in the nursing home/maternity home mentioning their name, age, qualification and date and number of their registration certificate duly signed by the keeper. The copies of their registration certificate from respective state nursing councils, if not submitted earlier, should also be enclosed. If there is no change in nursing staff, a list of nurses working in the hospital should be submitted.

**Column 13**

Enclose the latest specialty wise list of visiting consultants along with their age, qualification and experience, duly signed by the keeper. Please attach the qualification certificate and their registration with Delhi Medical Council.

**Column 20**

Enclose the copy of the schedule of charges for the various services offered by the nursing home duly signed by the keeper.

**6. ADDITIONAL INFORMATION**

- (i) Enclose a certificate by the applicant keeper that all the medical paramedical and nursing staff employed by the nursing home/hospital is qualified as defined in section 2 of the Delhi Nursing Home Registration Act 1953 and that the same has been verified before appointing them in their respective positions.
- (ii) Enclose a copy of the duty roster of past two months in respect of resident doctors, nurses and midwives (if applicable) duly signed by the supervisor.
- (iii) Enclose copy of the duty roster of the doctors and nursing staff posted exclusively in the ICU/ICCU, duly signed by the supervisor.
- (iv) Enclose list of nurses working in the Nursing Home, who are yet to submit their certificates of registration with their local state nursing councils, duly signed by the keeper.
- (v) If any research work is being undertaken in the hospital/nursing home, attach the approval of the competent authority for carrying out such research work.
- (vi) In case of nursing home running in rented premises, a certificate of agreement that the landlord has no objection for the use of the premises as nursing home.
- (vii) Please mention if the application for authorization has been obtained from Delhi

Pollution Control committee regarding disposal of bio-medical waste. Please attach the copy. A copy of agreement with the agency authorised by Delhi Pollution Control Committee for Biomedical Waste Disposal may also be submitted.

- (viii) The Nursing Home having Ultrasound machine are required to get the machine registered with Family Welfare Deptt. separately. Please attach the copy of certificate.
- (ix) The Nursing homes/hospitals maintaining beds for psychiatric patients shall apply for licensing of such facilities separately as per Mental Health Act and Rules thereunder rules to State Mental Health Authority.



Form downloaded from internet

पंजीकरण सं०  
(केवल पंजीकरण के नवीकरण हेतु)  
बैंक ड्राफ्ट/पी.ओ.स. व दिनांक  
राशि  
बैंक का नाम एवं शाखा

Registration No.....  
(only in case of renewal of Registration)  
Bank Draft/P.O. No. & Date.....  
Amount.....  
Name of the issuing Bank/Branch.....  
.....

**FORM 'B'**  
प्रपत्र (ब)  
**APPLICATION FOR REGISTRATION/RENEWAL OF REGISTRATION  
UNDER DELHI NURSING HOMES REGISTRATION ACT, 1953**  
(SEE RULE 4 & 6)

दिल्ली उपचर्या गृह पंजीकरण अधिनियम 1953 की धारा के अधीन पंजीकरण  
एवं नवीकरण के लिए प्रार्थना पत्र  
(नियम 4 व 6 देखें)

1.	<b>FULL NAME OF THE APPLICANT</b> प्रार्थी का पूरा नाम ।	
2.	<b>FULL RESIDENTIAL ADDRESS OF THE APPLICANT</b> प्रार्थी का पूरा आवासीय पता ।	
3.	<b>TECHNICAL QUALIFICATIONS IF ANY, OF THE APPLICANT</b> प्रार्थी का तकनीकी योग्यताएँ, यदि हो ।	
4.	<b>NATIONALITY OF THE APPLICANT</b> प्रार्थी का राष्ट्रीयता	
5.	<b>SITUATION OF THE REGISTERED OR PRINCIPAL OFFICE OF COMPANY/SOCIETY/ ASSOCIATION / OR OTHER BODY CORPORATE</b> कम्पनी, समिति, संस्था या अन्य निगम निकाय के प्रधान या पंजीकृत कार्यालय की स्थिति ।	

6.	<p><b>NAME AND OTHER PARTICULARS (OF SERVICES ETC.) OF THE NURSING HOME IN RESPECT OF WHICH THE REGISTRATION IS APPLIED FOR</b></p> <p>जिस उपचर्या गृह कं पंजीकरण के लिए प्रार्थना की गई है, उसका नाम व अन्य सेवाएँ प्रदान करने का विवरण।</p>	
7.	<p><b>PLACE WHERE THE NURSING HOME IS SITUATED (exact address to be mentioned)</b></p> <p>स्थान जहाँ उपचर्या गृह स्थित है। (कृपया सही पता लिखें)</p>	
8.	<p><b>BRIEF DESCRIPTION OF THE CONSTRUCTION SIZE AND EQUIPMENT OF THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH</b></p> <p>उपचर्या गृह या उसके साथ के किसी परिसर के निर्माण, आकार व साज सामान का संक्षिप्त विवरण।</p>	
9.	<p><b>WHETHER THE NURSING HOME OR ANY PREMISES USED IN CONNECTION THEREWITH ARE USED OR ARE TO BE USED FOR PURPOSES OTHER THAN THAT OF CARRYING ON A NURSING HOME</b></p> <p>क्या उपचर्या गृह या उसके संबंध में प्रयोग में आये किसी परिसर का उपचर्या प्रयोजन के अतिरिक्त उपयोग किया जा रहा है।</p>	
10	<p><b>TOTAL NO. OF BEDS (कुल बिस्तरों की संख्या)</b></p> <p><b>(a) NO. OF BEDS FOR MATERNITY PATIENTS</b> (क) प्रसूति रोगियों के बिस्तर संख्या।</p> <p><b>(b) NO. OF BEDS FOR OTHER PATIENTS: (SPECIALITY WISE)</b> (ख) अन्य रोगियों के लिए बिस्तर संख्या। (विशेषता अनुरूप)</p> <p><b>(c) NO. OF FREE BEDS. (If applicable)</b> (ग) मुफ्त बिस्तरों की संख्या</p>	

11	<p><b>NAME AGE AND QUALIFICATION(S) OF THE MEDICAL PRACTITIONER(S) SUPERVISING THE NURSING HOME</b>  उपचर्या गृह का पर्यवेक्षण करने वाले चिकित्सा व्यवसायी का नाम, आयु व योग्यताएँ।</p>	
12	<p><b>NAME, AGE QUALIFICATION(S) OF THE MEDICAL PRACTITIONER OR QUALIFIED NURSE, RESIDENT IN THE NURSING HOME.</b>  उपचर्या गृह के आवासी चिकित्सा व्यवसायी व योग्यता प्राप्त उपचारिका का नाम, आयु व योग्यताएँ।</p>	
13	<p><b>NAME, AGE, QUALIFICATION (S) OF THE VISITING PHYSICIANS AND SURGEONS IN THE NURSING HOME</b>  उपचर्या गृह में आकर परामर्श देने वाले डाक्टरों व अन्य शल्य चिकित्सकों (फिजीशियन एवं सर्जन) के नाम, आयु व योग्यताएँ।</p>	
14	<p><b>NAME, AGE &amp; QUALIFICATIONS OF MEMBERS OF THE NURSING STAFF IN THE NURSING HOME &amp; REGISTRATION NO. OF NURSES REGISTERED WITH NURSING COUNCIL OF THE STATE</b>  उपचर्या गृह के उपचारिका वर्ग के सदस्यों के नाम आयु व योग्यताएँ। (नर्सिंग कौंसिल का नाम व पंजीकरण संख्या)</p>	
15	<p><b>PLACE WHERE THE NURSING STAFF IS ACCOMODATED</b>  स्थान जहां उपचारिका वर्ग के रहने की व्यवस्था है।</p>	

16	<p><b>PROPORTION OF THE QUALIFIED AND UNQUALIFIED NURSES ON THE NURSING STAFF</b>  उपचारिका वर्ग में योग्यता प्राप्त / योग्यता रहित उपचारिकाओं का अनुपात।</p>	
17	<p><b>THE NAMES OF QUALIFIED MEDICAL PRACTITIONERS &amp; QUALIFIED MIDWIVES ON THE STAFF OF THE MATERNITY HOME ALONG WITH REGISTRATION NO.</b>  प्रसूति गृह के कर्मचारी वर्ग में योग्यता प्राप्त चिकित्सा व्यवसायी व योग्यता प्राप्त दाईयों के नाम</p>	
18	<p><b>WHETHER ANY UNREGISTERED/ MEDICAL PRACTITIONER(S) UNQUALIFIED NURSE/ MIDWIFE IS EMPLOYED FOR NURSING ANY PATIENT IN THE NURSING HOME (if so particulars thereof)</b>  क्या उपचर्या गृह में किसी रोगी के उपचार के लिए कोई अपंजीकृत चिकित्सा व्यवसायी या गैर योग्यता प्राप्त उपचारिका / दाई नियुक्त है। (यदि हो तो उसका विवरण)</p>	
19	<p><b>WHETHER ANY PERSON OF FOREIGN NATIONALITY IS EMPLOYED IN THE NURSING HOME AND IF SO, HIS/HER NAME AND OTHER PARTICULARS</b>  क्या उपचर्या गृह में कोई विदेशी राष्ट्रियता वाला व्यक्ति नियुक्त है, यदि ऐसा हो तो उसका नाम व अन्य विवरण।</p>	
20	<p><b>FEES CHARGED TO PATIENTS</b>  रोगियों से लिया जाने वाला शुल्क।</p>	

21	<p><b>WHETHER THE APPLICANT IS INTERESTED IN ANY OTHER NURSING HOME OR BUSINESS. AND IF SO, THE PLACE WHERE SUCH NURSING HOME IS SITUATED OR WHERE SUCH BUSINESS IS CONDUCTED &amp; PARTICULARS THEREOF</b></p> <p>क्या प्रार्थी किसी अन्य उपचर्या गृह या व्यवसाय से भी संबंध रखता है, यदि हां तो स्थान जहां वह उपचर्या गृह स्थित है, तथा जहां वह व्यवसाय किया जाता है। (उसका विवरण</p>	
22	<p><b>NO. &amp; DATE OF EXPIRY OF THE CERTIFICATE OF REGISTRATION</b></p> <p>पंजीकरण के प्रमाण पत्र की संख्या व समाप्ति की तारीख।</p>	

Note: If the space is insufficient, please use the separate sheet for each column.

I SOLEMNLY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF & NOTHING IS CONCEALED.

मैं निष्ठापूर्वक घोषित करता/करती हू कि उपर्युक्त विवरण मेरी पूर्ण जानकारी व विश्वास के अनुसार सही है।

DATED:  
दिनांक

SIGNATURE OF THE APPLICANT  
प्रार्थी के हस्ताक्षर

PLACE:  
स्थान

NAME.....

STAMP.....

TEL. HOSP./OFF.....  
दूरभाष अस्पताल/कार्य०

(RESI.).....  
(निवास)

FAX.....  
(फैक्स)

MOBILE.....  
(मोबाइल)

(pager).....  
(पेजर)

**INSTRUCTIONS FOR FILLING UP APPLICATION FOR REGISTRATION /  
RENEWAL OF REGISTRATION.**

1. The application form has been prescribed in Delhi Nursing Home Registration Act and is known as “ Form B”
2. The applicants may apply either on the form available from Nursing Home Cell, Directorate of Health Services on payment of rupees 100/- in the form of bank draft or on the form downloaded from the website. The applicants applying for registration on the form down loaded from the website must specify that this form has been down loaded from website.
3. The applicant must read all the instructions before filling of the forms.
4. The forms downloaded from website shall be accompanied with Rs.100/- bank draft in addition to the usual fee for registration depending on the beds.
5. An owner/keeper of Nursing Homes shall apply for registration before one month of the start of Hospital/Nursing Homes/Center.
6. The application form i.e Form B is same for registration and renewal of registration.
7. The forms for renewal of registration for the next year are required to be filled from 1<sup>st</sup> January to 31<sup>st</sup> January. The forms for renewal of registration received after 31<sup>st</sup> January must be accompanied with late fees @ Rs10/- per month after due date.

**FREQUENTLY ASKED QUESTIONS (FAQs)  
FOR REGISTRATION OF NURSING HOMES AND HOSPITALS**

- Q1: I have to start a new nursing home. When should I apply for registration?
- A1: The application for registration may be made to this directorate one-month before starting the nursing home
- Q2: I have a Centre has 1-2 beds with operation theatre and labour room. I also admit patients and keep them for day care only. Should I need to be registered?
- A2: Yes, all such centers are required to be registered who admit patients for even short duration irrespective of bed strength
- Q3: May I Know for how long this registration is valid ?
- A3: Presently the registration is done for one year only however there is a proposal for registration for three years.
- Q4: After registration, when should I apply for renewal of registration?.
- A4: For renewal of registration the applications are invited from 1<sup>st</sup> January to 31<sup>st</sup> January.
- Q5: If I do not apply between this period for renewal of registration, can I still apply for renewal?
- A5: Yes, However you are advised to apply for renewal of registration between this period only. Failing which you will be charged late fees @ 10/- per month after the due date. The late fee is being proposed to increased.
- Q6: What are the documents and the fee for registration?
- A6: The list of documents and the details of the fee schedule is given in the information brochure
- Q7: What are the requirements of nursing Home for registration?
- A7: This detail is also given in the information brochure.
- Q8: When shall I get my registration certificate after I apply?
- A8: If all the documents are found in order and the nursing home fulfills the standards as prescribed in the DNHR Act and the rules there under, the nursing home is registered
- Q9: If I close my center and stop indoor activities, what should I do?
- A9: The information of closure of center must reach to this Directorate within 24 Hrs of closure.
- Q10: If I have registration with Dte. of Family welfare as a MTP center, should it be
- A10: registered separately with Dte. of Health Services.  
If you carry on nursing home activities, it should be registered separately