



## CTSE Hospital Registration Form

A. Hospital Name: \_\_\_\_\_

B. Established in (Year): \_\_\_\_\_ Regd No.: \_\_\_\_\_

C. Popular Name: \_\_\_\_\_

D. Railway Unit under which user ID to be issued: \_\_\_\_\_

E. Preferred User ID (Alphanumeric – Max 8 characters): \_\_\_\_\_

F. Ownership:

- Proprietorship       Partnership       Private Limited  
 Public Limited       Charitable Trust       Govt.       Autonomous

G. PAN Number: \_\_\_\_\_

H. Does Hospital has (NABH /NABL / JCI/ Any Other Accreditation) Please tick and enclose appropriate copy.

I. Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

Pin Code \_\_\_\_\_

Contact Number(s) \_\_\_\_\_ Fax: \_\_\_\_\_

Mail ID \_\_\_\_\_

Website \_\_\_\_\_

J. Type of Emp Facility:

- Dental       Diagnostic       Imaging Centre       Hospital

K. Number of Beds : \_\_\_\_\_

L. Scope of Empanelment with Railway ( Clinical Services Provided by the Hospital )

Clinical Services	NABH/NABL/ Super Speciality	Wef
Cardiology		
Cardiothoracic Surgery		
Coronary Care Unit		
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)		
Dentistry & Oral Surgery		
Dermatology		
Dialysis		
Emergency Medicine & Surgery		
ENT		
Fertility Regulation		
Gastroenterology		
General Medicine		
General Surgery		
Gynecology		
Obstetrics		
Intensive Care Unit (Adult)		
Intensive Care Unit (Pediatric)		
Intensive Care Unit (Neonatal)		

Clinical Services	NABH/NABL /Super Speciality	Wef
Laser Treatment (Pl. Specify Procedure Done/Available		
Nephrology		
Neurosurgery		
Nuclear Medicine		
Oncology		
Medical Oncology		
Radiation Oncology		
Surgical Oncology		
Ophthalmology		
Orthopaedic Surgery		
Joint Replacement		
Organ Transplant		
Plastic & Cosmetic Surgery		
Physiotherapy & Rehabilitation Medicine		
Respiratory Medicine		
Surgical ICU		
Plastic & Cosmetic		

**M. Scope of Empanelment with Railway (Diagnostic / Laboratory Services Provided by the Hospital / DC)**

Diagnostic Services	NABH/NABL/ Super Speciality	Wef	Laboratory Services	NABH/NABL / Super Speciality	Wef
Diagnostic Imaging			Clinical Bio- Chemistry		
CT Scanning			Clinical Microbiology		
DSA Lab			Clinical Immunology		
Gamma Camera			Clinical Pathology		
MRI			Blood Transfusion Services		
PET			Molecular Diagnostics		
Ultrasound					
X-Ray-Conventional					
X-Ray-Digital					

**N. Statutory / Regulatory Requirements (Enclose Detailed Annexure)**

Furnish the list of applicable Statutory / Regulatory requirements the organization is

Government by \_\_\_\_\_

**O. Rate List for Railways beneficiaries**

Hard Copy     Soft Copy (CD)

**P. Bank Details**

Name of Bank : \_\_\_\_\_

Branch : \_\_\_\_\_ City: \_\_\_\_\_

A/C No. : \_\_\_\_\_

A/C Type : \_\_\_\_\_

IFSC Number : \_\_\_\_\_ MICR No. : \_\_\_\_\_

Name and Designation of Authorized Signatory: \_\_\_\_\_

**PS: Crossed Cancelled cheque need to be attached\*\***

**Q. Contact Details**

**I. CMD/MD/CMO/MS**

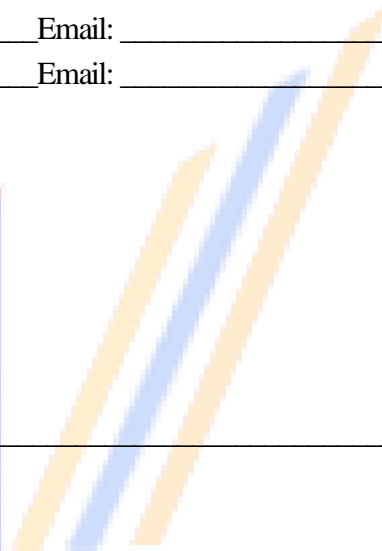
Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Mobile : \_\_\_\_\_ Land Line: \_\_\_\_\_  
 Fax Number : \_\_\_\_\_ Email: \_\_\_\_\_

**II. Coordinator for Railway**

Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Mobile : \_\_\_\_\_ Land Line: \_\_\_\_\_  
 Fax Number : \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate official : \_\_\_\_\_ Email: \_\_\_\_\_

**Authorized Signatory for Hospital**

Name:  
 Designation:  
 Seal & Date:



**For Office Use:**

Checked & verified all the documents. If found Satisfied

Hospital Code No : \_\_\_\_\_  
 User ID : \_\_\_\_\_  
 Password : \_\_\_\_\_

### **Annexure: Self-Assessment Guide**

Kindly provide the following mandatory annexures as applicable:

- I. Copy of MOA with Railways with Anex-I (Scope of Empanelment) & Anex-II (Approved rate list with soft copy).
- II. Copy of PAN Card.
- III. Cancelled Cheque.
- IV. Income Tax Clearance - If eligible. Sales
- V. Tax Clearance - If eligible.
- VI. NABL/NABH Certificates with Anex (Scope of Accreditation).
- VII. Letter for super speciality status (if any).
- VIII. Hospital registration form in original.
- IX. Statutory Certificates.

