PaGaKa Form (I)

Private Mobile Health Care Business

1. Applicant's Name _____
2. Citizen's Scrutinizing Card No. _____
3. Name of the Business and Address _____
4. Land Area of the Business (Length x Width x Area) (describe in Feet/Acre) _____

   _____
5. Area of the Business (Length x Width) (describe in Feet) _____
6. Detail plan of Businesses to be carried out:
   (a) Type of Business _____
   (b) Business Location _____
   (c) Type of Vehicle _____
   (d) Insurance for the Vehicle _____
   (e) Insurance for the individual who will accompany in the Vehicle _____
   (f) Type of Mobile Health Care (Clinical, Surgery, Educational, Service, Diagnosis, Research, etc.) _____

   _____

   _____

   _____

   _____

   _____
7. Arrangement for Medical Records (Yes./No.) _____
8. Storage system of Medicines and Medical Appliances _____

9. Challan No. and Date for Payment of License Fee _____

10. Recommendation by the City Development Committee for the Building Yes./No.

_____

(If Yes, attach herewith)

11. Receive Prior Permission Yes./No. _____

12. Previously Operated for the Business Yes./No. (if Yes.) _____

Month/Year of Opening _____

Approved Organization/ Evidence _____

Expiry Date _____

13. Fire Safety System Yes./No. _____

(If Yes, submit the prevention arrangement)

14. Responsible Personnel at the Nursing Home _____

(a) Name of the Responsible Person of the Business _____

(b) Specialists ( ) No.

(c) Medical Officers ( ) No.

(d) Nurses ( ) No.

(e) Nurse Aid ( ) No.

(f) Other Staff ( ) No.

(To fill the personal information at the CV Form for each and every person.)

25. Please describe any additional information _____

_____

_____

_____

Signature of Applicant: _____

Name:_____

Contact Telephone:_____