

Private Health Care Agency

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. Plan of Agency Businesses to be carried out. (Attach herewith this Form)
7. Arrangement for Medical Records (Yes./No.) _____
8. Connecting Foreign Hospitals and their Information (Attach with separate sheet)

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 Fire Safety Prevention Arrangement)

14. Responsible Personnel at the Agency _____

(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.)

15. Please describe any additional information _____

Signature of Applicant: _____

Name: _____

Contact Telephone: _____