PaGaKa Form (H)

Private Nursing Home Business

1. Applicant's Name ____

2. Citizen's Scrutinizing Card No. _____________________________________

3. Name of the Nursing Home and Address _________________________________

4. Land Area of the Nursing Home (Length x Width) (describe in Feet/Acre)_________

   ____

5. Room Structure and area of the Nursing Home (Length x Width x Height) (describe in Feet)____

6. Number of Bed of the Nursing Home __________________________________

7. Preparation for Medical Records Yes./No. ________________________________

8. Source of Drinking Water and Utility Water (Artesian Well ၊ City Water Supply, etc.)

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9. Enough source of water Yes./No. (Average available water gallon per day) ________

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10. 24 Hours Electricity Availability Yes./No. (Arrangement)______________________

11. Sewage System (Flushed Toilet, Drain Toilet) _____________________________

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12. Garbage management system Yes./No. (e.g – Burning Machine, City Development Arrangement and other arrangements)

13. Arrangement for the Patients (Yes./No.)

    (a) Reception Area ____

    (b) Waiting Area ____

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(c) Examination room ____

(d) Privacy for Patient (Yes./No.) ______________________________________

(e) Injection/Pharmacy room (Yes./No.) __________________________________

(f) Arrangement of providing food (Yes./No.) ___________________________

14. Patient Referral System Arrangement (Yes./No.) (Ambulance) ☐ ☐

(If Yes, attach the Referral Form)

15. Storage system of Medicines and Medical Appliances __________________________

16. Arrangement for Emergency Medication (Yes./No.) ____________________________

17. Sterilization System (Yes./No.) ____

18. Challan No. and Date for Payment of License Fee ___________________________

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

____

(If Yes, attach herewith)

20. Receive Prior Permission Yes./No. _______________________________________

21. Previously Operated for Nursing Home Yes./No. (if Yes.) _______________________

Month/Year of Opening ____

Approved Organization/ Evidence _______________________________________

Expiry Date ____

22. Fire Safety System Yes./No. ____

(If Yes, submit the prevention arrangement)

23. Responsible Personnel at the Nursing Home __________________________________

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

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(b) Specialists ( ) No.

(c) Medical Officers ( ) No.

(d) Nurses ( ) No.

(e) Nurse Aid ( ) No.

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

24. Please describe any additional information __________________________________

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Signature of Applicant: ___________________________

Name:___________________________

Contact Telephone:___________________________