

## Appendix 'A' – Application format for Hospital On-boarding

<b>Request For :</b>	<p><b>Compulsory Modules for e-Hospital@NIC:</b></p> <p><input type="checkbox"/> <b>1. Base Modules- Phase-I (Mandatory)</b>          Patient Registration      Emergency Registration      Clinics          Billing and Accounts      IPD (Admission-Discharge-Transfer)</p> <p><b>2. Advanced Modules Phase-2</b>  <i>[On completion of Phase-1]</i>          Path Lab (LIS)      Radiology /Imaging (RIS)      PACS Interface          OT Management      Pharmacy Management      Care Provision          Electronic Medical Records (EMR)      Stores &amp; Inventory</p> <p><b>3. Auxiliary Modules [Optional]</b>          Dietary Services      Laundry Services      Birth &amp; Death Registration</p> <p><input type="checkbox"/> e-Blood Bank Management (Independent)      <input type="checkbox"/> ORS</p>
<b>Hospital Name:</b>	
<b>Hospital Type:</b>	<input type="checkbox"/> State Referral Hospital <input type="checkbox"/> District Hospital <input type="checkbox"/> PHC
<b>About Hospital :</b>	
<b>Central Govt. /State Govt. :</b>	<input type="checkbox"/> Govt. Undertaking <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Autonomous Body <input type="checkbox"/> Society
<b>State :</b>	
<b>District :</b>	
<b>Website :</b>	
<b><u>Nodal Officer Details</u></b>	
<b>Name :</b>	
<b>Designation :</b>	
<b>Phone Number :</b>	
<b>Mobile Number :</b>	
<b>Email :</b>	
<b>Fax :</b>	

Date :

Name & Designation

Head of the department with Signature & Seal