

USER MANUAL FOR CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT 2010 (CERRS)



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1. Login Screen:

To access the CERRS site, Users/Clinical Establishments (CE) must have their "Clinical Establishment ID" and "Passwords". To register, users/CEs must click the Register Here link on the CERRS profile portal's login page.

As illustrated in Figure 1.1

Stope for Clinical Establishment Cortification	Oins is	
	Sign-in	
Step 1. Create username/password Step 2. Login and apply for Clinical Establishment	Username	
Registration	Paseword	
Click bere to download:	Enter your Password	
Lear Manual for New Periotration	Enter Captcha	Clials have a
User Manual for Renew Registration	Enter Captcha	Click here t
See Manual ISI Nenew Registration		create the n
	so jo	account.
	Sign In	
तप्रवन	Forgot Password?	
	Don't have a Clinical Establishment ID? Register Here!	



2. Registration Page:

Clinical Establishment Registration Page any clinical users can register on the portal by entering few basic information. After registration, they will receive an email to verify the email. Once email verified, they can login and apply for Provisional and Permanent application. As shown in **figure 1.2**

Need to fill all	The Clinical Es	tablishments (Re	gistration and	Regulation) Act, 2010	
the mandatory fields in the	Re	gistration Form f	or Clinical Esta	blishment All fields marked with * are mandatory	
form.	First Name*	Middle Name		Last Name*	
	Enter your First Name	Enter your Middle	Name	Enter your Last Name	and the second second second
	Username *(Username Policy)		Email ID*		the second second
	Username		Enter your Email Ad	ddress	
	(Username you enter, lets you sign in to Application.)	Clinical Establishment	(All communication fr	om CERR will be sent to this email address.)	
	Mobile Number*		OTP*		
	Enter your Mobile No		Enter your OTP		
	Select ID Proof*		Enter ID Number*		
	Select ID Proof		Enter your Valid ID	Number	Click on th
	Enter Password * (Password Policy)		Confirm Password	I*	create accour
	Enter your Password		Enter Confirm Pass	sword	
	Enter Captcha*				button.
			524J.		

Fig 1.2

On the Registration page, all fields are mandatory, complete the following information:

- Applicant's Name
- Username

and the second second

- Email: Enter your e-mail address. This address will be used for communications
- regarding your application.
- Mobile No: Enter the your mobile number only this will used for OTP
- Id Proof: Select Applicant's Photo ID from drop down list.
- Id No: Enter the above selected Photo ID's Number.
- Password: Enter the password as per the password policy .



Clicking on the create an account the user needs to verify the account for the email as shown in **figure 1.2(a)**

Ministry of Head Governm The Clinical Establishments (Regi	h & Family Welfare ent of India istration and Regulation) Act, 2010	displayed on the screen for
 Your account has been created successfully, please verify address. 	it by clicking the activation link that no.	verify the account.
Steps for Clinical Establishment Certification	Sign-in	
Step 1. Create username/password	Username	
Step 2. Login and apply for Clinical Establishment	Enter your Username	
Registration Step 3. Get Clinical Establishment Certificate	Password	
Click here to download:	Enter your Password	
User Manual for New Registration	Enter Captcha	
User Manual for Renew Registration	Enter Captcha	
A G20	^R N6 ⁹ K ♂ Refresh Captcha	
THE PARTY PARTY PARTY	Except Decouverd?	



After verified the email user ready to login the account as shown figure 1.3 (a)

The Clinical Establishments (Regi	istration and Regulation) Act, 2010	
 Your ernan has been vernieu, now, you can login. 		
Steps for Clinical Establishment Certification	Sign-in	
Step 1. Create username/password	Username	
Step 2. Login and apply for Clinical Establishment	Enter your Username	
Step 3. Get Clinical Establishment Certificate	Password	
Click here to download:	Enter your Password	
→ User Manual for New Registration	Enter Captcha	
→ User Manual for Renew Registration	Enter Captcha	
	GC _{BEN} Captcha	
A. G20	Sim In	
	oign in th	

Fig1.2 (b)



3. User Login Page:

On login screen, please enter your Username, Password and Captcha respectively

and Click "Login" button and you will be directed to the Home Page Screen. As shown in Figure1.4

Governm The Clinical Establishments (Reg	istration and Regulation) Act, 2010	
Steps for Clinical Establishment Certification Step 1. Create username/password Step 2. Login and apply for Clinical Establishment	Sign-in Username	-
Registration Step 3. Get Clinical Establishment Certificate Click here to download: Juser Manual for New Registration	Password	Login with th
→ User Manual for Renew Registration	GCBEN GC _{BEN} Crefresh Captcha Sign In	password and enter the vali
नमञ्त	Forgot Password? Don't have a Clinical Establishment ID? Register Here!	Captcha.

Fig1.3(a)





4. Dashboard (Clinical User):

After the login user will go to the dashboard page and can apply for the **Provisional** and **Permanent** application

- Can view the list of Approved, Pending and Rejected application
- Can view the list of applications expiring in 30 days
- Can view the list of transactions done

Shreya Chauhan (Clinical Establishment)	Recent Provisional Registration	Recent Permanent Registration
Dashboard		
🐣 Profile 🛛 <	Provisional Number Clinic Name State District Apply Date Status	Registration Number Clinic Name State District Apply Date Status
Registration <	Record Not Found	Record Not Found
Statistical Module <		
O Surrender Module <		
O Appeal Module <		User and see all
		the data
	Application Expiring in 30 days	All Transactions regarding the
	Application Expiring in 50 days	
	Provisional Permanent View More	Provisional Permanent STVC POTITCS.
	Clinic Name Certificate Number State District Expiry Date	Clinic Name Establishment Number State District
	Record Not Found	Record Not Found

Fig1.4



5. Apply of the Provisional Certificate:

Step 1: To apply for the provisional registration, the user must click on the Registration -> Provisional Registration, as illustrated in Figure 1.5.

Shreya Chauhan (Clinical Establishment)	Rec	ent Provisi	onal Reg	gistratio	N View More	Re	cent Perma	nent Regis	tration	View More
Provisional Registration Permanent Registration Statistical Module Statistical Module	Dou 1-1	Regis and prov regis	stratio choos isional tratior	n e the I n.	te Status	Registration Number	Clinic Name Recor	State District	Apply Date	Status
	Appeal Module < Appendixed Appendixe Appendixed Appendixed Appendi		xpiring ir	n 30 day	S View More Expiry Date	All Transactions Provisional Permanent Clinic Name Establishment Number State District Amoun			Amount	
		Record	d Not Found				Recor	rd Not Found		

Fig1.5

Step 2:Users can browse the list of applications and see the details of the previous application like Status, State, District, All State, Expiry, and Search from here. The user can use the filter to find the application as shown in figure 1.5(a).

Shreya Chauhan		≡ Home									Logout
(Ginical Establishment)		-Back						Apply for Ne	ew Provisi	onal Reg	istration
Dashboard Profile	<	≣ Provisional Registr	ation List	Click by		a tha					
Registration	~				ere to ope	n the					
Provisional Registration		Select State		applicat	lon form.		*	Select Expiry in	▼ Se	arch from here.	
Permanent Registration Statistical Module	<										
• Surrender Module	<	S.No. Registration No.	Clinical Est	ablishment Name	State District	Owner Details	Apply Date	Approval Date	Documents	Status	Action
 Appeal Module 	۲				No Data Availat	ole in List.					
		-									
										_	



Step 3: After clicking on the Apply for New Provisional Registration, the form will appear, and the user must fill out all of the mandatory fields, as illustrated in figures 1.5 (b) and 1.5 (c).

Bashboard Profile Profile Provisional Registration Provisional Registration Permanent Registration Statistical Module Surrender Module Appeal Module Clinical	blishment Type:	Application For New Provisional Registration	All fields marked with	to fill all the mandatory fields in the
Profile Constraints Provisional Registration Permanent Registration Permanent Registration Statistical Module Surrender Module Appeal Module Clinical	blishment Type:		All fields marked with	mandatory fields in the
Registration Provisional Registration Permanent Registration Statistical Module Surrender Module Appeal Module Clinical	Establishment Type			fields in the
Provisional Registration Permanent Registration Select Select Select Select Select Select Select Select Select Clinical Clinical Clinical Clinical Select S	Establishment Type t Establishment Type blishment Octails:			fields in the
Permanent Registration Statistical Module < Surrender Module < Appeal Module < Clinical	ot Establishment Type			application
Statistical Module Surrender Module Appeal Module Clinical	blishment Details:			application
Surrender Module < Estab Appeal Module < Clinical	blishment Details:			application.
O Appeal Module < Clinical				
	Il Establishment Name*	Location Type*		
Name (e Of The Clinical Establishment	Select Location ~]	
Address	ss1*	Address2	Village/Town/City*	
Addres	2851	Address2	Village/Town/City	
State/U	UT*	District*	Pin code*	
Select	rt State 🗸 🗸	Select District ~	Pin code	
STD Cor	ode	Telephone	Mobile*	
STD Cc	Code	Telephone	Mobile	
Fax		E-mail ID*	Website (if any)	
Fax		E-mail ID	http:// Website	

Fig1.5(b)

Shreya Chauhan (Clinical Establishment) 23 Dashboard & Profile <	Calculate Fee: Calculate Fee Selected Fee *
Registration Provisional Registration Permanent Registration Statistical Module <	Documents Upload: Registration Certificate of the society/trust/company if applicable (PDF only, Size upto IMB) Registration Certificate from the Council of Doctors/for person-in charge if applicable (PDF only, Size upto 1MB)
Surrender Module Appeal Module	Choose File No file chosen Bio-medical authorization Certificate from SPCB/PCC (PDF only, Size upto 1MB) Other Supporting Documents if any- (PDF/Excel, Size upto 1MB) Choose File No file chosen Choose File No file chosen
	Upload Building Image (1MB jpeg, j Choose File No file chosen filed
	Click on the Submit Hatter of the best of my knowledge, Application.
	- Back Save as Draft Print Preview Submit Application

Fig1.5(c)

Step 4: The application form will open, and the user must fill out all of the essential fields before submitting the application. The hospital or clinical's provisional registration will be completed, and it will be displayed on the provisional registration list portal, as illustrated in Figure 1.5(d).



Anil Test Kumar (Clinical Establishment)	E Home	Legout Apply for New Provisional Registration
All the next Registrat	Frovisional Registration List Select State All Status	Select Expiry in V Search from here
registration list registration list here.	Show 10 - entries Show 10 entries Show 11 Establishment No. 11 Registration 11 Establishment Details	peroval 1 Documents 1 Status 1 Action 1
	1 T-A385885734 F-0108 Hoogm UTTAR Gautam po Test 10-Oct-2023 PRADESH Buddha Nagar	Personality Details View Detail Paysheret History Penality Details Application History Application History
	2 T-700A76298E FORTIS HOSPITAL UTTAR Gautam Savan 04-Sep-2023 PRADESH Buddha Nagar HGUYUY Test	Flickame1 Flickame5 Pay Now Application History



6. Apply for the Permanent Certificate:

CE User can apply for Permanent or Provisional Registration from the left menu "Registration - > Permanent Registration" link Have to fill all required information. Selecting the required services, they can view the fees that needs to be paid.

Clinical Establishment)	-Back		Click he	re to							_
) Dashboard Profile	, I≣ Peri	■ Permanent Reg apply for the				Apply for Permanent Registratio					nent Registration
Registration Provisional Registration Permanent Registration	Select S	itate	perman registra	ent tion			✓ All Statu	is	✓ Select E	cpiry in 👻	Search from here
Statistical Module Surrender Module Appeal Module	< Show	10 v entries	applicat	state	District	Owner	Apply Date	Approval	Documents	Status	Action
	1	No.	Establishment Name FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Name Savan Test	03-Sep-2023	Date	FileName1 FileName2 FileName3 FileName4 FileName5	Pending	View Detail Application History
	2	P-63F6C0BEA1	New Test Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	09-Jan-2023	09-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Approved Payment History View Remark Penalty Details	Download Certificate View Detail View Objections

States can define the fees for the different type of registration. Fee is calculated based on the service selected by the user. User can pay fees online after filling all required formation There is an option to preview the application before final submission.



Anil Test Kumar (Clinical Establishment)		≡ Home		Logou
Dashboard			Application For Permanent Registration	
Profile	۰			All fields marked with * are mandatory
Registration	~	Select Your Provisional Registration : *		
Provisional Registration	,	Provisional Registration Details		
Permanent Registration		Select Your Provisional Certificate		
Statistical Module	۲,			
) Surrender Module	۰	Establishment Type:		
Appeal Module	۰	Establishment Details		
		Select Establishment Type	V	
		Fstahlishment Details:		
		Clinical Establishment Name*	Location Type*	
		Name Of The Clinical Establishment	Solast Location	
		Name of the clinical Establishment	Select Location	
		Address1*	Address2	Village/Town/City*
		Address1	Address2	Village/Town/City
		State/UT*	District*	Pin Code*
		Select State	Select District	Pin Code

Anil Test Kumar		Registration Certificate of the society/	trust/company	Registration Certificate from the Council of Doctors/for person-in charge
(Clinical Establishment)		Choose File No file chosen		Choose File No file chosen
A Dashhoard		Bio-medical authorization Certificate f	rom SPCB/PCC	Staff Details
		Choose File No file chosen		Choose File No file chosen
Registration		Upload Building Image (1MB jpeg, jpg,	png)	
Provisional Registration		Choose File No file chosen		
Permanent Registration				
Statistical Module	۲.			
O Surrender Module	<	Declaration: *	After the all the	
O Appeal Module	۲.	I undertake that I have complied wit (Central Government) Rules 2012.	fields were	ne Clinical Establishment (Registration and Regulation) Act 2010 and Clinical Establishment
		□ I, Anil test kumar, hereby affirm, dec	filled click on	on submitted by me in this Application form are true and correct to the best of my knowledge, and
		no part of it is raise. If any information		ve, i will be liable to be perialized by the authority in accordance with law.
			the Submit	
		Date Place 05-Apr-2024 Place	Application.	
		← Back		Save as Draft Print Preview Submit Application
			Developed and Hosted	by NIC/NICSI, Government of India

Fee Ca	Iculate: *	
Calculate Selected I	Fee *	
S.No	Description	Amount
1	Out Patient Care/ Single Doctor Clinic	500
2	Out Patient Care/ Single Doctor Clinic	200
3	Out Patient Care/ Single Doctor Clinic	1000
Total Fee	к.	1700
	Once the fee is paid, it will n	ot be refunded.



- Users can view the list of application along with status like Pending, Applied, Approved and Applied for Renewal.
- User can use the filter to find the application.
- User can view the certificate (if the application is approved by DRA)
- Payment History, Remarks, Penalty details can be viewed by user.

7. Surrender Module :

User can initiate the process of surrender of certificate (Provisional & Permanent) by clicking the "Surrender Certificate" button the surrender form will open the user should filled all the mandatory fields. As shown in figure 7.1

l Test Kumar nical Establishment)	= Hom	•										Logout
Dashboard Profile <	i Perr	nanent Registra	ation List							Apply for Pern	nanent Regist	ration
egistration × Provisional Registration Permanent Registration	Select S	ate	~	Select District		✓ All S	tatus	~ S	elect Expiry in	✓ Sea	rch from here	
tatistical Module <	Show 1	0 v entries										
	S.No. † 1	P-58D5D01E35	Clinical Establishment Name	11 State 11 UTTAR PRADESH	District f	Owner Name	Apply Date 1	Approval Date	Documents (FileName1 FileName2 FileName3 FileName4 FileName5	Status Pending	Action View Detail Application History	Click on th surrender
	2	P-8F5392F588	Test Clinic	UTTAR PRADESH	Gautam Buddha Nagar	Anil Singh	07-Feb-2023		FileName1 FileName2 FileName3 FileName4 FileName5	Pending Payment History	View Detail Application History	certificate
	3	P-85DD884FD3	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023	16-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Approved - R View Remark	View Detail Surrender Certific Application History	sate
	4	P-74CCC72743	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023		FileName1 FileName2	Applied For Renew	View Detail	

Fig7.1

User will have to select the reason for Surrender by adding the description and filled all the mandatory fields and click on the surrender button. As shown in the figure 7.2



Anil Test Kumar	esinen regionenen	
Fill the description and mandatory fields.	Note: Once you surrender the certificate of registration, it shall become inactive and shall not be reused. Establishment Details: Establishment Name: Hospital One Registration Number: P-850084FD3 Inst a Reason for Surrender:	
⊙ Appeal Module <	Description for the surrender of Clinical Establishment: :	Click on the surrender button
	Declaration: I, And test kumar, hereby affirm, declare and undertake that no legal action, of any kind whatsoever, is pending against me. I also understand that the fee paid by me at the time of registration is not refundable. Date: Place: 08 Apr 2024 Place:	
	+ Back	Surrender



After clicking in the on the surrender button the message of successfully message of surrendered registration will visible on the screen .As shown in the figure 7.3

shboard											
ofile <		egistration surrender	ed successfully!								
gistration <	III Surr	ondor Lict Porm	anont Cortificato								
atistical Module <	i Sun	ender List Fern	lanent Gertincate								
rrender Module 🛛 🗸	Select S	tate	× Sele	ict District		Y All Status		Search from here			
rovisional Surrender											
ermanent Surrender											
peal Module <	Show 1	0 v entries									
	S.No. †	Registration No.	Clinical Establishment Name	11 State 1	District	Owner Details	Date of Apply	Date of Approval	Documents	Status	Action 1
	1	P-63F6C0BEA1	New Test Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	09-Jan-2023	09-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Surendered	👁 View Detail
	2	P-85DD884FD3	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023	16-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Surendered	🔹 View Detail
	Showing	1 to 2 of 2 entries									Previous 1 Next
	4										

Fig7.3

8. Appeal Module:

User can make an appeal against the application which is rejected by the DRA. DRA and view the appeal and take appropriate action .The remarks can be viewed by the User and the DRA on the Permanent registration list page .



	S.No. 1	Registration No.	Clinical Establishment Name	State 1	District 11	Owner Name 1	Apply Date	Approval Date	Documents 1	Status †1	Action 1
Dashboard	11	P-948AD78E6C	Anil Test Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Anil Singh	09-Sep-2017	01-Dec-2017	FileName1	Approved	Certificate Expired
Profile <									FileName2 FileName3	View Remark	View Detail
Registration ~									FileName4 Expired 495 days a	Expired 495 days ago	View Objections
Provisional Registration											C Renew Application
Permanent Registration											Application History
Statistical Module <											-
Surrender Module <	12	P-80CF17E47A	Test Clinic New	UTTAR PRADESH	Gautam Buddha Nagar	Anil	11-Oct-2022		FileName1 FileName2	Appealed	 View Detail
) Appeal Module 🤇									FileName3 FileName4	View Remark	Application History
	13	P-FDCAC689E0	Np Clinic For Womens	UTTAR PRADESH	Gautam Buddha Nagar	Anil	11-Oct-2022		FileName1 FileName2	Appealed	 View Detail
									FileName3 FileName4	View Remark	Application History
	14	P-935DEDBEE0	Np Second Clinic	UTTAR PRADESH	Gautam Buddha Nagar	Anil Singh	07-Sep-2022	11-0ct-2022	FileName1	Approved	Download Certificate
									FileName3	View Remark Penalty Details (0	View Detail
									- nonsances	r chury becarb C	View Objections
											Application History
	15	P-DF5B2F32B4	Np First Clinic	UTTAR PRADESH	Gautam Buddha Nagar	Anil	10-Oct-2022		FileName1	Published	View Detail
									FileName3		 View Objections
									FileName4		Application History



9. Statistical Module:

User has to fill the Monthly Progress report every month via the Statistical Module. The filled information is visible to DRA, State Admin and National level user As shown in the figure 9.1

Anil Test Kumar (Clinical Establishment)	E Home				Logo
B Dashboard	-	Statistica	l Data - Monthly Reports		
Profile Registration		Monthly Progre	ss Report: Clinical Establishments		
Fill the data	and a second se				
	Your Establishment				
monthly wi	Se Establishment	~			
	aral Practice				
	S.No. Description	Male	Female	Transgender	
	1 Total OPD patients				
	2 Total IPD patients				
	3 Total Deaths				
	le Clinical Establishment providing any	Maternal and Child Health Services 2			
	is omnoar catablishment providing any	material and only really of ACES : O TES O NO			
	Monthly Patients diagnosed/deat	hs reported - Communicable Diseases			
	S No Category	iseases No. of Males No.	of Females No. of Transgender	Deaths in Males Deaths in Females	Deaths in Transgender



ioard	mont	ny rationa angliobea,	seatto reported sommanious	bibeduco					
•	S.No.	Category	Diseases	No. of Males	No. of Females	No. of Transgender	Deaths in Males	Deaths in Females	Deaths in Transgender
tration <	1.	Respiratory Infections	i Chickennox						
etical Module Y			i. chickenpox						
ider Module <			II. Measles						
l Module <			iii. Rubella						
			iv. Mumps						
			v. Influenza						
			vi. Diphtheria						
			vii. Acute respiratory infection						
			viii. SARS						
			ix. Tuberculosis-Pulmonary						
			x Extra pulmonary TR						
			x. Extra pullionary TB						
	2.	Intestinal Infections	i. Poliomvelitis]				
			ii Viral heratitie						
			n. vital nepatitis						
			 Acute diarrhoeal diseases 						

Fig9.1

10. Provisional Registration

10.1 Renew application

User will be able to renew their registration form as per given details and requirements, user needs to follow the steps to complete the task.

C 🗢 cerrs-de	v.inroad.in/adr ≡ Home	nin/certificate/prov	isional_list							९ ☆	[한 분 (B)
l Establishment)	- Back							An	oly for Ne	w Provisio	nal Registratio
board											iai negioti atte
le <	≣ Provi	sional Registra	ation List								
stration ~											
visional Registration	Select Sta	te	✓ Sele	et District		✓ All Status		✓ Select Expi	ry in	 ✓ Search fr 	om here
manent Registration											
stical Module <											
nder Module <	Show 10	∽ entries									Export CSV
al Module <	S.No. †I	Registration No. 1	Clinical Establishment Name	State 👔	District 🌐	Owner Details	Apply Date 🏦	Approval Date 1	Documents †	Status 🌐	Action 1
	1	T-A385B85734	Fortis Hospital	UTTAR PRADESH	Gautam Buddha Nagar	po Test	10-Oct-2023			Pending Payment History Penalty Details 0	View Detail Pay Now Application History
	2	T-700A76298E	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Savan HGUYUY Test	04-Sep-2023		FileName1 FileName5	Pending	View Detail Pay Now Application History
	3	T-E979CC04CF	Fortis Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Savan HGUYUY Test	04-Sep-2023			Appealed Payment History View Remark Penalty Details ()	View Detail Application History



19	T-3B33F1AC44	Jain Health Care	UTTAR PRADESH	Gautam Buddha Nagar	RAHUL JAIN	02-Dec-2022	02-Dec-2022	Approved View Remark	Certificate Expired View Detail
				Use view rene	r needs to v the com ew	o click hei plete pag	re to ge of	Expired 384 days ago	Create Permanent C Renew Application
									Application History

		Page will look lik	e this
	road.in/admin/certificate/renew_provisional_from/amZwV3daSFRG	UTNGRXV3alNmWTRSdz09	속 한 분 (0) :
Anil Test Kumar Clinical Establishment)	Home		Logout
) Dashboard		Renew Provisional	
Profile <	Establishment Details:		
Registration ~	Clinical Establishment Name*	Туре*	
Provisional Registration	Jain Health Care	Metro	
Statistical Module <	Address1*	Address2	Village/Town/City*
Surrender Module <	Noida Sec-62		Dadri
Appeal Module <	State/UT *	District*	Pin code*
	UTTAR PRADESH	🖌 🖌 Gautam Buddha Nagar 🗸 🗸	321112
	STD code	Telephone	Mobile*
		12323333	9876543210
	Fax	E-mail ID*	Website (if any)
		ncsit.rahul@gmail.com	
	Latitude*	Longitude*	
	28.61301760	77.20796160	



Owner Details:		
First Name*	Middle Name	Last Name
RAHUL		JAIN
Address1*	Address2	Village/Town/City*
Noida Sec-62		Dadri
State/UT*	District*	Pin code*
UTTAR PRADESH V	Gautam Buddha Nagar 🗸 🗸	321112
STD code	Telephone	Mobile*
	12323333	1234567890
Fax	E-mail ID*	Website (if any)
	skmeena8502@gmail.com	

Personal in charge fields will look like , user needs to fill the details here

Person In-charge:					
First Name *	Middle Name		Last Name		
Arun				Medical in	nformation fields
				will look l	ike , user needs
Medical Qualification:				to fill the	details here
Degree:*	Category*		Sub Category*	•	
AYUSH	GRADUATE		♥ B.H.M.S		~
Registration Number *	Name of Central/State Cour	ncil (with which registered):*	STD Code		
10071990	UTTAR PRADESH		STD Code		
Telephone	Mobile*		E-mail ID *		
12323333	1234567890		skmeena8502	@gmail.com	
Ownership:					
Ownership*	Ownership Of Services (Sub	b-Category)*			
Government / Public Sector	State Government		×		
Government / Public Sector	State Government			ownership fi	elds will look
Government / Public Sector	State Government			ownership fi like , user ne	elds will look eds to fill the

A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O

Systems of Medicine: (Please tick whichever is applicable, you can seler	ct more than one options)		System of medicines will look like , user needs to choose option here	
Allopathy	Ayurveda	Unani	Siddha	
☐ Homoeopathy	□ Yoga	Naturopathy	🗆 Sowa-Rigpa	
Type of Clinical Services:			User needs to choose	
General	v		dropdown option here	
		Type of clinical establishments will		
pe of Clinical Establishment:	man than one options)	available here with	option	
 Clinic Poly clinic Dispensary Health Checkup Centre Single clinic 	 Day Care facility Medical Surgical Medical SPA Wellness centers 	 Hospitals including Nursing Home Hospital Level 1 a Hospital Level 1 b Hospital Level 2 Hospital Level 3 (Non teaching) Hospital Level 3 (Teaching) 	Dental Clinics and Dental Hospital Diagnostic Ce	ntre
e Details: newal Fee is half the amount of Registration Fee sected Fee		After selection of fil will be calculated & flash in total fee sec	es fee will	
		below		
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