

CHECKLIST

1. Name of the Hospital & Address : _____

2. Applied for specify

a) General purpose hospital : _____

b) Specialty Hospital : _____

c) Super specialty hospital : _____

3. D.D. for application form fee of Rs.1000/- : _____

D. D. No. _____ Bank details : _____

4. D.D. for Earnest Money deposit Rs.1,00,000/-: _____

D. D.No. _____ Bank details : _____

5. No. of hard copies of application : _____

6. C.D : _____

The application is in order