

HOSPITAL EMPANELMENT FORM

This form must be filled and submitted for empanelment into Su-Swastha Yojna

INSTRUCTIONS

Please fill form using Acrobat and digitally sign

Alternatively, take a print and sign, scan and email to info@suswasthasikkim.com

Mention **"New Empanelment Application"** in subject line

The form can also be sent by courier to **Dr Parbin Moktan, Su Swastha Facilitation Center, 1st Floor, Old STNM Hospital, near MG road, Gangtok Sikkim 737101**

Please call at **98003-47944** for any queries and intimation

HOSPITAL DETAILS

Hospital Name

Hospital Category Hospital Nursing Home Day Care Center Single Speciality Hospital
(Tick whichever is applicable) Cancer Care Center IVF Center Children's Hospital

Ownership Individual Partnership Pvt Ltd Trust Armed Forces

Hospital Registration No.

ROHINI ID

PAN No.

Address

Line 1

Line 2

Line 3

City

District

State

Pin Code

Total No. of Operational Beds

ER Beds Ward Beds Private rooms Semi-private rooms OBG Beds

Pediatric beds ICU beds ICCU beds Neonatal ICU beds Burns beds

HDU beds Ventilator beds Isolation beds

Total No. of Doctors

Total No. of Nurses

HOSPITAL CONTACT DETAILS

Contact Person Name

Phone Number Email Id

Website GST No.

Fax Number

OWNER DETAILS

Owner Name

Owner Qualification Designation

Owner Address

Line 1

Line 2

Line 3

City

District

State

Pin Code

Phone Number Email Id

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INSURANCE & TPA DESK CONTACT PERSON

Contact Person

Phone Number

Email Id

ADMIN DETAILS

Admin Name

Admin Qualification Designation

Phone Number Email Id

DOCUMENTS TO ATTACH

Please attach following documents and email or courier to submit

- Hospital Registration Certificate
- Hospital Brochure with list of specialties
- Cancelled Cheque
- PAN Card
- Pollution Control Board Certificate
- Fire NOC and safety documents
- Accreditation certificate – NABH JCI ISO NABL or any other
- Organ Transplant Certification
- Tariff in excel or PDF format valid upto March 31st 2022

Date

Place

Authorized Person

Name

Designation