



Photo

## Application form for membership of L.N.H.A.

Name of nursing home.....

Postal address.....

City.....

Land line phone no.....Mobile no.....

E-mail address.....

Name of owner of N.H.....

Name of Doctor responsible.....

Degree of doctor.....

MCI Reg. no of doctor.....

Date of establishment/start of N.H.....

N.H. Details .....

	Min. Required	Available
- plot area	2000 sq ft	
- constructed area		
-no of beds	10	
-emergency facilities		
-eme medicine troy	1	
-suction machine	1	
-oxygen cylinder	1	
-ambubag	1	
-operation theatre	1	
-monitor	1	
-boyeles trolley	1	
-paramedical staff	+	
-qualified doctor	+	
-facility of pathology	Self/outsourced	

Signature & seal of N. H. Owner

Date:

(Note: In case of any change in above information, kindly intimate the association office within 15 days)

## Declaration

- I or some doctor deputed for it, will attend all the meetings of association regularly.
- I will participate in all the activities of association and if unable to do so then will inform with reasons.
- In case of absence in 3 or more than 3 GBM in a year I will submit valid reasons for it& if not my membership may be cancelled. My membership will automatically be cancelled if I do not attend a single meeting in a year.
- I will not indulge in any activity which may be detrimental to the reputation of association/ other members & medical profession.
- Treatment at my hospital will be done in accordance to the law.
- I understand that association will not be responsible for any illegal activity or medical negligence done at my N.H., will not support the N.H. & membership of association will be cancelled if found to do so.
- I also understand that association will not help me for my personal problems and deliberate wrong doing.
- I promise to uphold the noble cause of medical profession & work for it.
- I have read & understood the rules & regulations of L.N.H.A. & will abide by all the rules & regulations.

Signature

signature

(N.H. owner)

(Doctor responsible for N.H. activity)

Date:

{NOTE: Life Membership Fee: 5000/- Rs to be paid one time by cheque only in favour of Lucknow Nursing home association.

NOTE : Mandatory Annual subscription also to be paid in December of every year to meet the GBM expenses ,failing which your membership may be cancelled . }

## Procedure for Membership of L. N.H.A.

### Requirements

- Hospital must be operational before applying for membership
- Hospital should fulfill minimum criteria's as given in the form
- Hospital/owner/doctor should not have any record of illegal activity or medical negligence case before the date of application

### Procedure

- STEP-1 Deposit the form at LNHA office along with  
( No fee should be deposited at this stage )
- o Application form properly filled ,stamped & signed
  - o Declaration properly signed & stamped by doctor & N.H. owner
  - o Self attested copy of degree of doctor responsible for N.H. activities
  - o Self attested copy MCI registration certificate of doctor responsible for N.H. activities
- STEP – 2 Scrutiny of form by joint secretary of your zone
- STEP – 3 Inspection & verification of N.H. by Area Representative with other LNHA executive
- STEP – 4 Submission of report of A.R. at LNHA office
- STEP – 5 Discussion of Application & passed/ rejected at Exe Meeting  
& written information is send to N.H. owner
- STEP – 6 If passed N.H. owner should deposit the fee at LNHA office  
{Cheque of Rs 5000/- in favour of Lucknow Nursing Home Association as life membership fee}
- STEP – 7 Introduction of N.H. owner at next GBM &  
Award of membership  
(It is mandatory for N.H. owner to be present at this GBM)

**ADDRESS :** **Lucknow Nursing Home Association**  
**LNHA Blood Bank**  
**B-72 (A),Nirala Nagar**  
**Lucknow**  
**Phone; 0522-4070185**  
**Fax: 0522-4070285**  
**(Kindly deposit the form along with other documents at above mentioned address)**

## For office use only

### (A) Check list

- Application form properly filled & signed
- Declaration properly signed & stamped by doctor & N.H. owner
- Self attested copy of degree of doctor responsible for N.H. activities
- Self attested copy MCI registration certificate of doctor responsible for N.H. activities

Date;

signature of LNHA office

### (B) Joint Secretary Report

- Application form properly filled & signed
- Declaration properly signed & stamped by doctor & N.H. owner
- Self attested copy of degree of doctor responsible for N.H. activities
- Self attested copy MCI registration certificate of doctor responsible for N.H. activities
- Minimum criteria fulfilled
- Credentials of N.H. owner

Remarks:

Date;

signature

### (c) Area representative report

Remarks:

Name:

signature:

Date:

Name:

signature:

Date:

### (D) Executive Committee Report

Remarks:

Approved / Rejected

Signature;

Date:

President:

Secretary:

Joint secretary:

Joint secretary:

Exe member:

Exe member:

Written information sent to N.H. owner on Date:

signature (off);

(E) Fee Details

Amount:

Bank:

Cheque/Draft no:

Date:

Signature of Treasurer:

Date:

Written information about GBM sent to N.H.owner on Date:

signature:

(F) GBM details

Date:

Membership no:

Approved/Rejected

Signature President:

Signature Secretary: