



VIGHNAHARTA HEALTH CARE & MEDICAL SERVICES  
(OPC) PVT.LTD

Head Office: Plot.No.36,tps-III,397,Ramdas Colony Jalgaon, Maharashtra,India,425001

Customer Care Number:- 0257-2226876 / 2226827

Web: <http://www.vignahartahealthcare.com> Ema: [info@vignahartahealthcare.com](mailto:info@vignahartahealthcare.com)

APPLICATION FORM FOR HOSPITALS EMPANEL

1. Hospital Name :

\_\_\_\_\_

2. Hospital Contact Details:

Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Locality \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mob no: \_\_\_\_\_

Email id \_\_\_\_\_

Website \_\_\_\_\_

3. Location of Hospital: Urban  Rural

Does the hospital have split location(s): Yes  No

If yes, address of the other location(s) and distance from main location

\_\_\_\_\_

C.E.O.  
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Vignaharta Health Care

Hospital Authority  
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4. Ownership:

- Private – Corporate
- PSU
- Government
- Others
- Armed Forces
- Trust
- Charitable
- (Specify..... )

5. Recognized by: (Please tick the appropriate box)

- CGHS
- Local Municipal
- Others
- State Government
- State Medical Council
- (Specify..... )

6. Details of Owner / Top Management:

Name of owner	
Designation	
Tel number	
Mobile number	
Email id	

7. Details of Administrator

Name of Administrator	
Designation	
Tel number	
Mobile number	
Email id	

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8. Hospital Type

- Multi-Specialty
- Signal Specialty
- Clinic/Day Care
- Others (Specify .....

Multi-specialty Hospital - please indicate the specialties available in your hospital:  
 (Please tick the appropriate box)

<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Dermatology and Venereology
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Bariatric surgery
<input type="checkbox"/> Burns	<input type="checkbox"/> Emergency Medicine
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> General Medicine
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> General Surgery
<input type="checkbox"/> Obstetrics and Gynecology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Orthopedic Surgery	<input type="checkbox"/> Orthopedic Surgery (including joint replacement)
<input type="checkbox"/> Otorhinolaryngology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Respiratory Medicine
<input type="checkbox"/> Sports Medicine	<input type="checkbox"/> Day Care Services
<input type="checkbox"/> Cardiac Anesthesia	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Cardiothoracic Surgery	<input type="checkbox"/> Clinical Hematology
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Hepatic-Pancreatic-Biliary Surgery
<input type="checkbox"/> Immunology	<input type="checkbox"/> Medical Gastroenterology
<input type="checkbox"/> Neonatology	<input type="checkbox"/> Nephrology

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<input type="checkbox"/> Neurology	<input type="checkbox"/> Neuro-Radiology
<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Oncology <ul style="list-style-type: none"> <li>a) Radiation</li> <li>b) Medical</li> <li>c) Surgical</li> <li>d) Gynecological</li> </ul>	<input type="checkbox"/> Critical Care <ul style="list-style-type: none"> <li>a) Common ICU</li> <li>b) Specialty ICU (please specify)</li> </ul>
<input type="checkbox"/> Pediatric Gastroenterology	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Pediatric Surgery
<input type="checkbox"/> Plastic and Reconstructive Surgery	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Surgical Gastroenterology	<input type="checkbox"/> Urology (including dialysis and lithotripsy)
<input type="checkbox"/> Vascular Surgery	<input type="checkbox"/> Transplantation Service

### Emergency services in ICU & OT Services.

Emergency Services Available OR Not available



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**Hospital Bank Details:-**

1.	Name of Hospital	
2.	Name of Bank	
3.	Name of the Bank Account and Address	
4.	Bank account number	
5.	Nature of bank account	
6.	IFSC Code	
7.	MICR Code	
8.	Branch Code	

**Declaration:**

I hereby declare that the details given above are true and correct as per my best knowledge. I undertake to inform you of any changes regarding hospital information there is, immediately intimate you.

**HOSPITALS EMPANEL DOCUMENTS**

- 1. Pan Card of Hospital/Director**
- 2. Hospital Registration of Certificate**
- 3. Cancel Cheque**
- 4. Fire Noc**
- 5. On Call Dr. List**

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**WELCOME YOU**



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