

Step 1: Click on Renewal



Home

Login

Renewal

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Step 2: search for your hospital and click on verify



Home

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Show 10 entries

Search: nmc

Hospital Name		
NMC Hospital		Verify

Showing 1 to 1 of 1 entries (filtered from 35 total entries)

Previous 1 Next

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Step 3: Enter your registered mobile number



Home

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Verify Mobile No

Please Enter Your Registered Mobile No:
XXXXXX3910

Verify Mobile No.

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Step 4: Enter the received otp on your registered mobile number:



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VerifyUser

Otp sent to your mobile no: XXXXXX3910

Enter OTP

Verify OTP

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Step 5: Fill the first following form properly, add all the details of doctors,nurses and other required details.

Nagpur Municipal Corporation
(Health Department)

Application for Registration / Renewal of Registration under Section 5 of the Bombay Nursing Home Registration Act, 1949 (Under Rules 4 and 6)

1) Full name of applicant

2) Full residential address of the applicant

3) Technical qualification

4) Nationality of the applicant

5) Situation of the registered or principal office of the company, society, association or other body corporates.

Name and other particulars of the nursing home in respect of which the registration is applied for

7) Place where the nursing home is situated

8) Brief description of the construction, size and equipment of the nursing home or any premises used in connection therewith

9) Whether the nursing home or any premises Used in connection therewith are used or are to be used for purposes other than that of carrying on an nursing home.

10A) Number of beds for maternity patients

B) Number of beds for other patients.

11) Names, ages and qualifications of the members of the nursing staff in nursing home.

Sr. No.	Name of working Nurses	Age	ANM/GNM	Nursing Council Reg. NO	Add. Rows?	Delete?
1					Add	Delete

12) Place where the nursing staff is accommodated.

13) Names, ages and qualifications of the resident or visiting physicians or surgeons in the nursing homes.

Dr. No.	Visiting Doctor's Name	Age	Education	Medical Council Reg. NO	Add. Rows?	Delete?
1					Add	Delete

14a) Whether the nursing home is under the supervision of a qualified medical practitioner or qualified nurse and if so, his or her name, age and qualification

b) Proportion of the qualified and unqualified nurses on the nursing staff.

15a) Whether the nursing home is under the supervision of a qualified nurse or midwife and if so, her name, age and qualification.

b) whether any unregistered medical practitioner or unqualified midwife is employed for nursing any patient in the nursing home.

16) Whether any person of alien nationality is employed in the nursing home and if so, his name and other particulars.

17) Fees charge to patient.

18) Whether the applicant is interested in any other nursing home or business and if so, the place where such nursing home is situated or where such business is conducted.

19) Number and date of expiry of the certificate of registration.

[Next](#)

Step 6: Fill the following declaration form and upload all the required documents.



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Declaration

1. Name & Address of Hospital/Nursing Home :

2. Name of Owner/Chief of Hospital :

3. Hospital Reg. No. :

4. Bed Strength Total

General Ward

ICU

Maternity

Pvt. Room

5. Previous Nursing Home Registration Certificate* No file chosen

6. Recent Property Tax Receipt* No file chosen

7. Bio-Medical Waste Receipt* No file chosen

8. MPCB Certificate/Renewal Application Receipt form MPCB* No file chosen

9. Consultant Name displayed on Board* No file chosen

10. PCPNDT Certificate No. No file chosen

11. MTP Registration No. No file chosen

12. AERB Registration No. No file chosen

13. Services Rate Board Displayed No file chosen

14. Charitable facility (If Registered with Charity Commissioner) No file chosen

15. Fire Fitness from NMC/Recent Form-B Certificate From Registered/Authorised Pvt. Agencies (if applicable)
 No file chosen

16. Monthly Report of Notifiable Disease like Dengue, Malaria Filaria, TB, Leprosy, Polio, Swine Flu, Other communicable Epidemic & Endemic Disease

17. Vaccination/Immunisation

Declaration

The above mentioned information of my Nursing Home/Hospital is declared with necessary copies is true & correct with best of my knowledge.

Step 7: Upload the number of floors your hospital have



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Please Enter Number of Existing floors:

Create

[Back to List](#)

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Step 8: You have to add details for every floor 1by 1 for each floor.



Home

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FloorName

Floor - 1

Add Floor Details

Floor - 2

Add Floor Details

Floor - 3

Add Floor Details

Floor - 4

Add Floor Details

}

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Step 9: This is how you will have to add details of every floor

Brief description of construction size and available facilities in nmc hospital Hospital/Nursing Home

Total number of floors in your hospital including ground floor if any:

Enter Details of Floor - 1

1) Labeled Administrative Unit

- a) Medical director
- b) General administration
- c) Nursing home information
- d) Staff and visitor's toilet
- e) Medical record
- 2) Arrangement made for medical checkup & immunization of employees.
- 3) Entrance lobby-cum-reception and admission.
- 4) Out-patient and Emergency Services.
- 5) Floor space of bedrooms provided for the patients.

No. of Room	No. of Bed	Available space in sq.ft
0	0	sq.ft

6) Floor space for kitchen servant room and others rooms.

Facility	No. of Rooms	Available space
Kitchen	0	
Servant room	0	

- 7) Medical Clinic
- 8) Surgical Clinic
- 9) Orthopaedic Clinic
- 10) Eye Clinic
- 11) ENT Clinic
- 12) Dental Clinic
- 13) Obstetrics and Gynecology Clinic
- 14) Pediatric Clinic
- 15) Skin and STD Clinic
- 16) Psychiatric Clinic

17) Supporting Facilities

- a) Pathology
- b) Blood bank
- c) Blood storage unit

18) Radio-diagnosis

- a) Radiology
- b) Sub waiting
- c) Ultra sound
- d) Film developing & processing
- e) Consultation
- f) Toilet
- 19) Physiotherapy

20 Surgical-cum-Obstetric Suite

- a) Reception boy & relative waiting
- b) Changing room
- c) Store
- d) Recovery room
- e) Labor room
- f) Operation theater/delivery
- g) Instrument sterilization
- h) Dirty utility
- i) Doctor's work room

21) In-patient Nursing Units (Wards)

- a) Nursing Station
- b) Treatment room
- c) Ward pantry
- d) Ward store

22) General Ward (Common for Male, Female and Pediatric)

- a) Isolation bed with attached toilet (Nos. & space):
- b) Progressive bed with toilet (Nos. & space):
- c) Pre-natal bed (Nos. & space):
- d) Post-natal bed (Nos. & space):
- e) Pediatric bed (Nos. & space):
- f) General bed (Nos. & space):
- g) Sanitary block

23) Private Ward

- a) Single Bed:
- b) Two bedded:
- c) Shaving room (Nos. & space):
- d) Toilet for each:

24) Intensive Care Unit

- a) Intensive care bed (Nos. & space):
- b) Equipment park-cum-laboratory:
- c) Pantry:
- d) Store:
- e) Sanitary block:

25) Sterilization

- a) Dirty receipt:
- b) Washing/disinfection and assembly:
- c) Sterile store and distribution:
- 26) Dietary store:
- 27) Medical Store:
- 28) Non-medical store:
- 29) Laundry:

30) Engineering Services

- a) Electricity power backup arrangement:

Create

Step 10: Click on Pay now button once you have filled all the details of every floor.



Home

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FloorName

Floor - 1

Floor - 2

Floor - 3

Floor - 4

Pay Now

}

Step 11: Look for your suitable payment according to the number of beds at your hospital.

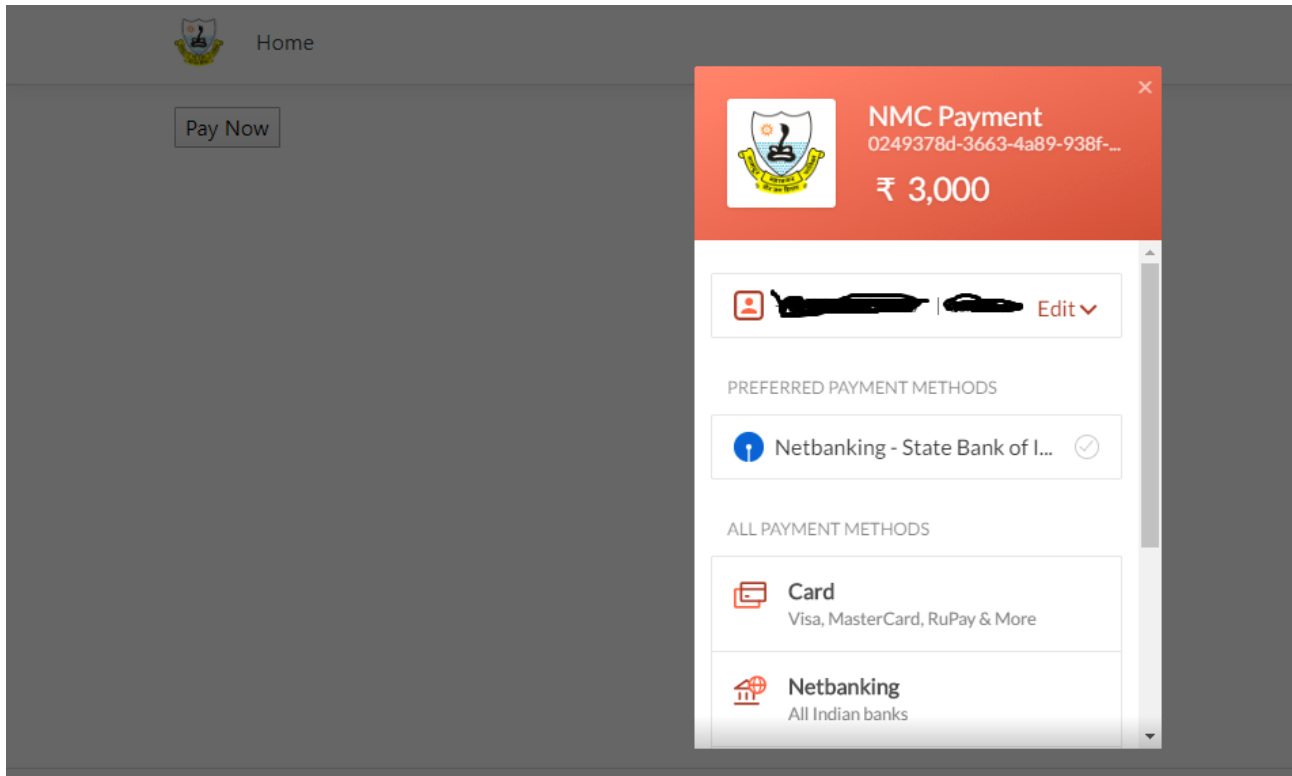


Home

Login

वर्णन खाटांची संख्या	शुल्क	
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - १० पेक्षा कमी खाटा	३०००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - १० ते २० खाटा	७५००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - २१ ते ५० खाटा	१५०००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - ५१ ते १०० खाटा	३००००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - १०१ ते २०० खाटा	४५०००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क (खाजगी) - २०० पेक्षा जास्त खाटा	६००००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क नोंदणीकृत विश्वस्त संस्था (खाजगी) - १० पेक्षा कमी खाटा	३०००	आता द्या
वार्षिक नोंदणी/नुतनीकरण शुल्क नोंदणीकृत विश्वस्त संस्था (खाजगी) - १० ते २० खाटा	७५००	आता द्या
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Step 12: Pay now and your registration is over!



The screenshot shows a web interface for a payment step. At the top left, there is a logo and the text "Home". Below it is a "Pay Now" button. A large red modal window is open on the right side, titled "NMC Payment" with a close button (X) in the top right corner. The modal displays a payment amount of ₹ 3,000 and a partially visible ID: 0249378d-3663-4a89-938f-... Below the amount, there is a user profile section with a red "Edit" link. The modal is divided into two sections: "PREFERRED PAYMENT METHODS" and "ALL PAYMENT METHODS". Under "PREFERRED PAYMENT METHODS", "Netbanking - State Bank of I..." is selected with a checkmark. Under "ALL PAYMENT METHODS", there are two options: "Card" (with a card icon) and "Netbanking" (with a bank icon). The "Card" option lists "Visa, MasterCard, RuPay & More". The "Netbanking" option lists "All Indian banks".

Home

Pay Now

NMC Payment X
0249378d-3663-4a89-938f-...
₹ 3,000

Edit v

PREFERRED PAYMENT METHODS

Netbanking - State Bank of I... ✓

ALL PAYMENT METHODS

Card
Visa, MasterCard, RuPay & More

Netbanking
All Indian banks