



## U.P. Nursing Home Association

### MEMBERSHIP FORM

Photo

Photo

Name of the Nursing Home/Hospital	
Name of the Doctor Responsible Person	
Name of the Owner Nursing Home/Hospital	
City	
Postal Address with Pin code	
Mobile no	
E-mail address	

1. If owner is a Doctor attach copy of the Degree & M.C.I Registration (self attest ) if not then attach of the doctor in charge
2. Photo of the Owner & or Doctor Responsible Person
3. Id. & add. proof

#### **Hospital/ Nursing Home Detail**

##### **Mandatory**

1. Constructed Area.....
2. Number of Beds .....
3. Facility for the Emergency care Present /absent
4. Staff for round the clock care Present /absent
5. Qualified Doctor for care Present /absent
6. Routine Pathology Facility Present /absent
7. Operation theater /MOT Present /absent
8. When Started .....

##### **Optional**

- (a) X Ray/USG/MRI (Tick which is present)
- (b) Ambulance .....
- (c) Boyle, s apparatus .....
- (d) Any other facility .....

Above details are correct to my knowledge.

Date.....

Signature and seal of the Owner  
of Hospital/Nursing home

### Undertaking

I..... On behalf  
Of.....  
Assure that if made member of the association.....

1. I or my representative will regularly attend the meetings of the association.
2. I will actively participate in the activities of the association.
3. I will help other members of the association in their need.
4. I will not indulge in any activity which may be detrimental to other members.
5. Treatment in this hospital is undertaken in accordance to the law.

Signature & seal of the owner of the  
Hospital/ Nursing Home

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#### For UPNHA office use

Form received on.....  
Ex. Body approved / disapproved .....

Secretary  
UPNHA

Note- Decision of the ex. body will be final

#### Fees:

1. Annual member ship fees Rs. 200/-
2. Certificate fees Rs. 200/-
3. Chq./draft in favor of **U.P. Nursing Home Association**

Office Add. : U.P. Nursing Home Association, B-72 (A), Nirala Nagar, Lucknow.226017  
Ph. 0522-4070185,Fax no. 4070285