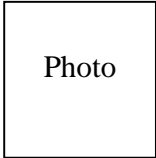


U.P. Nursing Home Association



**MEMBERSHIP FORM**

Name of the Nursing Home/Hospital .....

City .....

Postal Address .....

Phone number..... Mobile no.....

E-mail address

Owner of the Nursing Home/Hospital .....

(If owner is a Doctor attach copy of the degree if not then attach of the doctor in charge)

Name of the Doctor In charge .....

**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 use

Form received on.....

Ex. Body approved / disapproved .....

Money deposited on.....

Membership no.....

Date of approval .....

Amount.....

no.....

Secretary  
UPNHA

Cheque

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