

*Annex 1*  
*of System for Grant of Ayush Quality Mark to Ayush Hospitals/ Day Care*  
*Centres/ Clinics*

**Application Form for Recognition of Ayush Hospitals/ Day Care Centres/  
Clinics**

<b>S. No.</b>	<b>Item</b>	<b>Description</b>
1.	<b>Name of Ayush Hospital/ Day Care Centre / Clinic</b> (Complete name as mentioned in document establishing the entity)	
2.	<b>Address of Ayush Hospital/ Day Care Centre /Clinic</b> (Complete address Premises Address with City, Pin Code & Sate/U.T., Country)	
3.	<b>Address of Regd. Office (if different from 2 above)</b> (Complete address with City, Pin Code & Sate/U.T., Country)	
4.	<b>Contact Details</b> (Give Telephone No., Mobile Nos., Email Id)	
5.	<b>Type of Organization &amp; Legal Identity</b> (Proprietorship, Partnership, Ltd. Pvt. Ltd., LLP, Govt., PSU etc.)	
6.	<b>Scale of Organization</b>	
a)	<b>Large/MSME</b>	
b)	<b>In case of MSME, mention Udhyam/ other relevant Registration Nos. &amp; Date</b>	
7.	<b>Details of Registration as clinical establishment by appropriate authority</b> (Attach copy of the certificate)	
8.	<b>Year of starting/functioning of Ayush Hospital/ Day Care centre /Clinic.</b>	
9.	<b>Management of Organization</b> (Name & Designation of Top Management & Key Functionaries)	
10.	<b>Personnel employed</b> (Managerial, Medical professionals, part time workers, contractual personnel, volunteers and others)	Refer annexure- HR

*Annex 1*  
*of System for Grant of Ayush Quality Mark to Ayush Hospitals/ Day Care*  
*Centres/ Clinics*

**Application Form for Recognition of Ayush Hospitals/ Day Care Centres/  
Clinics**

11.	<b>Geographical coverage of Ayush Hospital/ Day Care Centre / Clinic activities</b> (Give complete list of countries being served)	
12.	<b>Patients/ Customer Data (Past 2 years-period and number of patients/ customers)</b>	
13.	<b>List of other Services Provided</b> (Accommodation, travel, medical tourism etc.)	
14.	<b>Accreditation/ Certification as Ayush Hospital/ Day Care Centre / Clinic</b> (Name of accreditation/ certification body and copy of certificate with scope and locations as issued by- accreditation/ certification body, also mention the eligibility criteria as per clause 2.1 of System document)	
15.	In case certified to ISO: 7101/9001, please indicate dates of audit, names of auditors and mandays of audits for the current cycle starting from initial/ last recertification audit, as applicable and submit all audit reports for the current cycle starting with initial/recertification audit.	
16.	Name and address of consulting agency/ consultant engaged, if any, for establishment of system as per standards.	
17.	<b>Payment of Application Fees</b> (Give details like Amount, Mode of Payment, Transaction Id, Payment Date, Cheque No & Bank etc.)	
18.	<b>Any other Information</b> (Give additional information, if any, which the applicant may like to submit in support of and relevant the application)	

*Annex 1*  
*of System for Grant of Ayush Quality Mark to Ayush Hospitals/ Day Care*  
*Centres/ Clinics*

**Application Form for Recognition of Ayush Hospitals/ Day Care Centres/  
Clinics**

19.	Declaration –  It is hereby declared that the information, as provided above are true and the documents attached in support of the application pertain to us and are authentic. I undertake to inform AYUSHEXCIL, in case there is status change in respect of any information or the attached document.	
	Stamp/Seal of the Organization	Signature Name Designation* Date

\* Application to be signed by Proprietor, Partner, Managing Director, Director, CEO etc. or in his absence, by his authorized representative