

Annex 1
of System for Grant of Ayush Quality Mark to Ayush Wellness Centre

Application Form for Ayush Quality Mark for Ayush Wellness Centre

Sl. No.	Item	Description
1.	Name of Wellness Centre <i>(Complete name as mentioned in document establishing the entity)</i>	
2.	Address of Wellness Centre <i>(Complete address of Premises with City, Pin Code & Sate/U.T., Country)</i>	
3.	Address of Regd. Office/Office (if different from 2 above) <i>(Complete address with City, Pin Code & Sate/U.T., Country)</i>	
4.	Other location(s) of the centre where also wellness activities are carried out <i>(Separate applications need to be submitted for each such location for recognition)</i>	
5.	Contact Details of the Centre <i>(Give Telephone No., Mobile Nos., Email Id)</i>	
6.	Type of Organization & Legal Identity <i>(Proprietorship, Partnership, Ltd. Pvt. Ltd., LLP, Govt., PSU etc.)</i>	
7.	Scale of Organization (Large/MSME)	
a)	Large/MSME	
b)	In case of MSME, mention Udhyam/ other relevant Registration Nos. & Date	
8.	Details of Registration under clinical establishment act and state act as applicable	
9.	Year of starting/functioning of Ayush wellness center <i>(Mention name of the authority and authorization/ approval/permission/license No. & Date)</i>	
8.	Management of Organization <i>(Name & Designation of Top Management & Key Functionaries)</i>	
9.	Personnel employed <i>(Managerial, Medical professionals, Allied healthcare workers, part time workers, contractual personnel, volunteers and others)</i>	
10.	Ayush specialties/Therapies covered <i>(Give complete list with Name,</i>	

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	<i>Types/variety, as applicable under Ayush)</i>	
11.	Ayush Products used in pharmacy (Compliant with WHO GMP guidelines on Herbal raw material/Herbal substance and finished products) for both prescription and use in therapies	
12.	Support services such as Ayush pharmacy, Yoga, Physiotherapy, Catering, Housekeeping, Waste Management, Equipment Management and others <i>(please specify with list whether in-house or outsourced)</i>	
13.	Whether Organization has in-house laboratory for medical testing <i>(Yes/No)</i>	
14.	Policies in place for admission, treatment, discharge and any other policies as per regulations	
15.	Policies in place to monitor clinical processes and outcomes as part of quality improvement	
16.	Customer Data (Past 2 years-Period and number of customers)	
17.	Do you provide overnight stay at your centre for convenience	
18.	Document(s) in support of accreditation/certification based on which application is made <i>(including certificate no. and date, name of accreditation/certification body issuing the certificate, date(s) of last initial or reaccreditation/recertification audit, Name(s) of auditor(s), Manday(s) of audit)</i>	
19.	Name and address of consulting agency/ consultant engaged, if any, for establishment of system as per standards.	
20.	Payment of Application Fees <i>(Give details like Amount, Mode of Payment, Txn Id, Payment Date, Cheque No & Bank etc.)</i>	
21.	Any other Information (Give additional information, if any, which the applicant may like to submit in support of and relevant the application)	
22.	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 Firm	Signature Name Designation* Date

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