



Nursing Home Registration

HEALTH DEPARTMENT OF GOVERNMENT MAHARASHTRA

[Pick the date]

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1. Application URL:

• URL: https://maha-mnhregistration.co.in

2. Login:

- a) If you have account, then login with username & password
- b) If you do not have account, then click on CREATES YOUR ACCOUNT ICON.

Public Health Department सार्वजनिक आरोग्य विभाग	
Login	
	User Manual
Password	New License / Renew License
LOGIN	User Manual
Forgot Your Password	Nursing Home Act
Create your Account	

2.1 Create Your Account:

- a) On click on create your account icon, a pop-up screen will open.
- b) All the text filled present on the screen are mandatory to filled.
- c) Enter your first name, middle name, last name, date of birth, mobile number, Email-id, select your area
- d) Enter your username & password, re-entered your password.
- e) Do you have an existing Healthcare Facility ID?
 Click On Yes Than Enter 12 Digit No Other Wise Click on No Than Click Above Click
 & Create Facility ID.
- f) Click on REGESTER BUTTON.

http://maha-mnhregistration.co.in/applicant-registration	œ	۹	☆) 📇 (:
Public Health Department सार्वजनिक आरोग्य विभाग Register Create Profile for Nursing Homes and Clinical Establishment					
L Ajay L gajanan L payil					
🚔 21-Aug-1989					
S rutuja.cdat@gmail.com					
← Cantonment Area					
▲					
Do you have an existing Healthcare Facility ID ?* ① Create Facility ID? Yes No Citck here to Register in ABDM Healthcare Facility					
Register					

2.2 Forgot Your Password:

- a) If you have forgot your password, then click on forget your password icon.
- b) On click on the icon a new screen will be open for Reset your password.
- c) To reset your password, enter the E-mail address which you have enter at the time of creating the account.
- d) After entering the E-mail click on SEND PASWORD RESET LINK button.
- e) A password reset link will be send to your registered email address.
- f) On click on link enter your new password, re-entered your password for confirmation.

NHM		Login	Register
	Reset Password		
	E-Mail Address		
	Send Password Reset Link		

3. New Application:

• In new application you can apply for new application & renew the application license



3.1 Apply for Nursing Home (New License):

3.1.1 Applicant Details:

- a) Click on Apply for Nursing Home button for new license application.
- b) On click it will open a new application form.
- c) Fill all the mandatory data which is highlighted with red star (*).
- d) Select the type of applicant, select the Area.
- e) First Name, Middle Name, Last Name, DOB, Mobile Number, Email Id, the following fields will be directly fetched at the time creating account.
- f) Qualification of The Applicant, selects Specialty Name, select Specialization, select the nationality, Landline Number.

• Residential Address of the Applicant:

- a) Fill the address of the applicant.
- b) Plot No. /House No, Colony/area, city, select District, select Taluka, pin code.
- c) After filling all the mandatory fields Click on save & next button.

• Signing Authority Details:

- a) Enter name, Signing Authority Letter, choose the file for signing authority letter, select the Designation, and Aadhaar Card No.
- b) After filling all the mandatory fields Click on save & next button.

Dicant Details Nursing Home Details Infrastructure Details	Staff Details Fees Charged to Patient	
rpe of Applicant *	Area *	
Individual	Rural Area	
st Name of the Applicant *	Middle Name of the Applicant *	Last Name of the Applicant *
VAISHNAVI	PRASHANT	DESHPANDE
B (DD/MM/YYYY) *	Mobile Number *	Email id •
04/10/2000	8600795969	vaishnavi10@gmail.com
alification of the Applicant *	Specialty Name	Specialization
MBBS	General Surgery 🗸	Master Degree in General Surgery
tionality of the applicant	Nationality proof *	Landline number
Indian	Choose file No file chosen	266225
	16654727821373708109जिल्हा_परिषद_अहवाल (12).pdf	
esidential Address of the Applicant ot No./House No *	16654727821373708109जिल्हा_परिषद_अहवाल (12).pdf Colony/Area *	City *
esidential Address of the Applicant ot No./House No * Room No.05	16654727821373708109जिल्हा_परिषत_अहवाल (12).pdf Colony/Area * Shree Niwas Building	City *
esidential Address of the Applicant ot No./House No * Room No.05 strict *	16654727821373708109जिल्हा_परिषद_अहवास (12).pdf Colony/Area • Shree Niwas Building Taluka •	City * Nandurbaar Pincode *
esidential Address of the Applicant at No./House No • Room No.05 strict • Nandurbar	16654727821373708109जिल्हा_परिषद_अहवारा (12).pdf Colony/Area * Shree Niwas Building Taluka * V Nandurbar V	City * Nandurbaar Pincode * 410203
esidential Address of the Applicant ot No./House No * Room No.05 strict * Nandurbar gning Authority Details	16654727821373708109जिल्हा_परिषद_अहवाल (12).pdf Colony/Area • Shree Niwas Building Taluka • V	City * Nandurbaar Pincode * 410203
esidential Address of the Applicant ot No./House No * Room No.05 strict * Nandurbar gning Authority Details me *	16654727821373708109जिल्हा_परिषद_अहवारा (12).pdf Colony/Area • Shree Niwas Building Taluka • V Nandurbar Signing Authority Letter •	City * Nandurbaar Pincode * 410203 Designation *
esidential Address of the Applicant ot No./House No * Room No.05 strict * Nandurbar gning Authority Details me * Aparna	16654727821373708109जिल्हा_परिषद_अहवाल (12).pdf Colony/Area • Shree Niwas Building Taluka • Nandurbar Signing Authority Letter • Choose file No file chosen Coose file No file chosen	City * Nandurbaar Pincode * 410203 Designation * Doctor
esidential Address of the Applicant bt No./House No * Room No.05 strict * Nandurbar gning Authority Details me * Apama dhaar Card No. *	16654727821373708109जिल्हा_परिषद_अहवाल (12).pdf Colony/Area • Shree Niwas Building Taluka • V Nandurbar Signing Authority Letter • Choose file No file chosen 1665472782706538840जिल्हा_परिषद_अहवाल (11).pdf	City * Nandurbaar Pincode * 410203 Designation * Doctor

3.1.2 Nursing Home Details:

- a) IN Nursing home details all the date with red star (*) is mandatory to filled.
- b) Enter Name of the nursing home with Specialty.
- c) Is Applicable for Any Government Scheme click on YES if applicable for any government scheme click on NO if not applicable?

- d) If applicable, then enter the Description of the scheme.
- e) Select the Type of Institutions for Which Registration Is Being Applied for Allopath or AYUSH.
- f) Whether Collection Centre Available? Click on YES if available if not then click on NO.
- g) After click on yes enter the collection center Name, enter contact No, enter Name of Lab Technician, enter Qualification, enter Reg. No.
- h) NOTE: You can add multiple collection center names on click on ADD MORE icon. Firm/Company/Nursing Home Registration No, ENTER Website Address, Select date of establishment.
- i) Select the type of Specialty if single or multiple.

• Details of the Procedure/Services:

- a) Select Procedure/Services from select textbox
- b) Enter all the info in details in detail textbox
- c) Enter the remark if any.

NOTE: You can add multiple services /procedure.

• Place where the nursing home situated

- a) Enter the Plot No. /House No. where the nursing home is situated.
- b) Enter the Colony/Area. enter city,
- c) Select District, Taluka, enter Pin code.
- d) Enter brief description related to construction.
- e) Select YES or NO Whether the Applicant Is Interested in Any Other Nursing Home or Business
- f) After filling all the data click on save& next icon.

Public Health Department सार्वजनिक आरोग्य विभाग

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Success	sful					×
Applicant Details Nursing Home De	etails Infrastructure Details St	aff Details Fees Charged to Patient				
Name of the Nursing Home With Special	lity *		-			
Ruturaj Nursing Home						
is applicable for any Government Schem	ie *					
Description *						
gthtfrjk						
Type of Institutions for which Registration	on is being applied *					
Allopathy O AYUSH						
Whether Collection Center available? *						
Collection Center Add More +						
Name of Collection Center	Address	Contact No. *	Name of Lab Technician	Qualification	Reg No.	
Sanddy	Nandurbar	9881421130	ABCD	B.E.	12	
Firm/Company		Website Address		Date of Establishment		
XYZ www.nhms.in 10/13/2022						
Type of Specialty * Single Multiple						
Details of the Procedure/Serv	ices Add More +					
Procedure/Services		Details		Remarks (if any)		
Test		Test		Good		
Place where the nursing home s	situated					
Plot No./House No.		Colony/Area		City		
Room No.12		Chinmay Nager, Mogalwadi		NANDURBAR		
District *		Taluka *		Pincode *		
Nandurbar	~		~	410203		
Brief Description of the Construction, the the Nursing Home *	e Nursing Home or any Premises Used i	n Connection Therewith Type Plan of				
Nursing Home or any Premises Used	in Connection Therewith Type Plan of th	ne Nursing Home				
Whether the applicant is having any othe Yes O No	er Nursing home or Business *					
Place where such Nursing Hom	e is situated or where such bus	siness is conducted				
Other Nursing Home		other Nursing Home/ Business Details		No./House No.		
		anunduäutiki				
Colony/Area *		City *		District *		
		Ivenuurbar		remuurpar		*
Taluka *		Pincode *				
	~	410203				
SAVE & NEXT						

3.1.3 Infrastructure Details:

• Total Beds Proposed:

- a) Enter the Total Number of Beds in textbox.
- b) Enter the total number of Maternity Beds.
- c) Enter the total No of ICU Beds (Adults).
- d) Enter the total NO OF ICU Beds (Paed).

• Details of Equipment's:

- a) Select the Equipment Names from select textbox.
- b) Enter the maker's name.
- c) Enter the model name.
- d) No of Equipment.
- e) You can enter the multiple details of equipment's on click on ADD MORE ICON.

• Sanitary Arrangement for Patients:

- a) SELECT THE Sanitary Arrangement for patients.
- b) Enter the No. Of Arrangements.
- c) Enter the remark (if any).
- d) You can enter the multiple details of Sanitary Arrangement.

• Detail of Rooms for Employees:

- a) Select the Room Type
- b) Enter the Floor Space in the textbox.
- c) Enter the number of Rooms in the textbox.
- d) You can add the remark also.
- e) You can enter the multiple details of rooms for employees.

• Sanitary Arrangement for Employees:

- a) Select the sanitary arrangements for employees.
- b) Enter the no of arrangement.
- c) Enter the remark if any.
- d) You can enter the multiple details of sanitary arrangements on click on ADD MORE icon.

• Select YES or NO for Following Question:

- a) Arrangements for Immunization of the Employees Are Available or Not?
- b) Arrangement Made for Medical Check-Up of the Employees.
- c) Whether The Nursing Home or Any Premises Used in Connection There with Are Used or Are to Be Used for Purposes Other Than That of Carrying On a Nursing Home.
- Select the Arrangements Made for Storage of Food from textbox.
 - a) Select Service of Food from the textbox.
 - b) Click on save next icon after entering all the mandatory fields.

Public Health	Departmer
सार्वजनिक अ	ारोग्य विभाग

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful					x
Applicant Details Nursing Home Details Infras	tructure Details	Staff Details Fees Charged to Patien	t		
Total Beds Proposed					
No of Maternity Beds *	No.of ICU Beds(A	dults) *	No.of ICU Beds(Paed) *		General Beds *
5	5		5		5
Details of Equipments Add More +					
equipment names	Make		Model		No of Equipment
Pulse Oximeter.	Test		Test		4
	_				
Sanitary Arrangement for Patients	lore +				
Sanitary arrangement		No. of Arrangements		Remarks (if any)	
Continuous water supply	*	3		good	
	_				
Detail of Rooms for Employees Add More					
Room Type	Floor Space/area (in sq. ft)	Number of Rooms		Remarks (if any)
Servant Room	10*12		5		good
Sanitary Arrangement for Employees	ld More +				
Sanitary arrangement		No. of Arrangements		Remarks (if any)	
Hand washing facility	~	3		good	
Arrangements for Immunization of the employees are av	ailable or not? *				
🔾 Yes 🔍 No					
Arrangement made for Medical check-up of the employe	es *		Regular immunization & Health Checku	ips are being held in	the interval of(in Month) *
			10		
Whether the nursing home or any premises used in conn	ection there with are u	used or are to be used for purposes other	r than that of carrying on a nursing home	*	
U Yes 🔍 No					
Details for purposes other than that of carrying on a nurs	sing home *				
dtyyyyjuykjdmdtujyuykui					
Arrangements made for storage of Food *			Service of food *		
Refrigerator		~	Cafeteria Service		~
<u> </u>					
SAVE & NEXT					
© 2022 Copyright. All rights are reserved.					

3.1.4 STAFF DETAILS:

• Names, ages and qualifications of the members of the nursing Home:

- a) Enter the full name.
- b) Select the Designation.
- c) Enter the Qualification details.
- d) Enter the Medical Council Registration Number with Date of Validity Up to.
- e) Enter the place name Place Where the Nursing Staff Is Accommodated.
- f) Add/enter the multiple details on click on ADD MORE icon.

• Name, ages and qualification of the resident or visiting physicians or surgeons in the nursing home:

- a) Enter the full name.
- b) Select the Designation.
- c) Enter the Qualification details.
- d) Enter the Medical Council Registration Number with Date of Validity Up to.
- e) Enter the place name Place Where the Nursing Staff Is Accommodated.
- f) Add/enter the multiple details on click on ADD MORE icon.

• Select YES OR NO for below Sentence in the Application Form:

- a) Whether The Nursing Home Is Under the Supervision of a Qualified Medical Practitioner or Qualified Nurse and If So.
- b) Whether The Nursing Home Is Under the Supervision of a Qualified Nurse or Midwife and If So.
- c) Whether Any Person of Foreign Nationality Is Employed in The Nursing Home and If So, His Name and Other Particulars.
- d) On Campus Chemist Shop Available.

• Proportion of the qualified and unqualified nurses on the nursing staff:

- a) Enter Total Number of Qualified Staff
- b) Enter Total Number of Non-Qualified Staff.
- c) Click on Save and Next button after entering all the mandatory files of present page.

reach Department रक आरोग्य विश्वमा

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful			3
Applicant Details Nursing Home Details Infra	structure Details Staff Details Fees Charged to Pati	ent	
Name areas & gualification of members/	Staff/Employee of the pursing home Add More+	-	
Full Name *	Designation *	Qualification *	Medical Council Registration Number with Date of
Anama	Test	BE	Validity Upto *
Apuna	TUR		31-10-2022
Place where the nursing staff is accommodated			
Nandurbar			
Name, ages and qualification of the resid	lent or visiting physicians or surgeons in the nur	sing home Add More +	
ull Name *	Designation *	Qualification *	Council Registration Number with Date of Validity Upto
Rutuja	test	B.E.	31-10-2022
Whether the nursing home is under the supervision of • Yes No	of a qualified medical practitioner or qualified nurse and if so		
Addical practitioner or qualified nurse Staf	f details Add More +		
ull Name *	Designation *	Qualification *	MMC/MNC Registration Number *
Sandhya	test	DMLT	26
Proportion of the qualified and unqualifient	d nurses on the nursing staff	Enter Total Number of GNM Qualified Staff	Enter Total Number of ANM Qualified Staff *
		3	
Whether the nursing home is under the supervision of Yes O No	of a qualified nurse or midwife and if so *		
Qualified nurse or midwife details	re+		
ull Name *	Designation *	Qualification	Registration Number with Date of Validity Upto *
Sanddy	test	B.E.	22-10-2022
Vhether any unregistered medical practitioner or unqu Yes O No	alified midwife is employed for nursing any patient in the nurs	ing nome *	
Whether any person of foreign nationality is employe O Yes O No	ed in the nursing home and if so, his name and other particula	rs *	
On campus chemist shop available * • • • • • • • • • • • • • • • • • • •			
)n campus chemist shop details			
lame of Chemist Shop *		License No of Chemist Shop *	
QWERTYUIOP		789456	
SAVE & NEXT			
2022 Convright All rights are received			

3.1.6 Upload Document:

- a) Upload the document in .pdf format only.
- b) The size of the .pdf document is maximum 3MB.

Reader Bandford Trease Sector Treases Application View Application	
Attachment File Updated Successfully	×
Application for Registration Under the Bombay Nursing Homes Registration Act	
Nursing Home Registration Application Number, Mini 1220955 Upload Delow mentioned documents (Document nuet the ptf) (May DPP stee is a MB)	
7/12 Extract /Property Tax Certificate/Owner Possession Certificate * Choose file No file chosen	
NOC of Society/Owner/Appropriate Authority with Respect to Premises * Choose file No file chosen	Butant
Sthanik Swarajya Sanstha Certificate / NOC Choose file No file chosen	Etiderait
Certificate of License of the Organization Providing Blood Bank Servicest(If Applicable)	
Hospital Acquired Inspection Control Committee Reports/Pathology Swab Reports for OT/ICU/General Bed	suburnit.
Fire Automatic Report	
Choose the No file chosen Fire Saftey NOC Certificate From Government Authority *	
Choose file No file chosen	Budenit
Choose file No file chosen	Solenit
Partnership Deed (If Applicable) Choese file No file chosen	
Leave and License Agreement/ Lease Deed (If Applicable) Choose file No file chosen	Codemit .
Nursing Home Signing Authority Aadhaar Card * Choose file No file chosen	Contraction of the second seco
Previous Hospital Registration Certificate(If Applicable)	Bidenii
List Of Visiting Doctors with Qualification and Registration Details •	
Choose the No the chosen	
Choose file No file chosen List of Other Staff with Qualification and Designation and job Details *	Submit
Choose file No file chosen	
Choose file No file chosen	Butenit
List of Equipment *	Budanul
Floor Plan Of Building Approved by Competent Authority *	Biotenii
MPCB Authorized Certificate/Acknowledgment for New Registration * Choose file No file chosen	Bulant
Ambulance Availability Certificate (If Applicable) Choose file No file chosen	Ridernit 1
Business License	The Bulleton t
Shop and establishment Act 1948 Certificate by Local body in Format 8 (if more than 10 Employees)	
Choose file No file chosen Shop and establishment Act 1948 Certificate by Local body in Format D (If less than 10 Employees)	
Choose file No file chosen Change of user Certificate (if applicable)	Extenti
Choose file No file chosen	
Choose file No file chosen	Biotennii
Affidavit Describing That Working Doctor/Staff is Not A Government Employee /Officer Choose file No file chosen	Budenut
Medical Diagnostics Xray Equipment Registration (AERB) (if Applicable)	
MTP Registration Certificate (If Applicable) Choose file No file chosen	Bidenti
PCPNDT Registration Certificate (If Applicable) Choose file ho file chosen	
Tubectomy (Tubel Ligation Certificate) (If Applicable) Choose file No file chosen	
Other Document	
Pérest	

3.2 Apply for Nursing Home (Renew License):

App ID Applicant Type Applied Date Applied Area Name Action NHS30220519 New License 30-07-2022 Rural Area Sandhya V M Renew License NHS30220804 New License 30-07-2022 Muncipal Council Area Sandhya V M Renew License	new License					
NHS30220519 New License 30-07-2022 Rural Area Sandhya V M Renew License NHS30220804 New License 30-07-2022 Muncipal Council Area Sandhya V M Renew License	App ID	Applicant Type	Applied Date	Applied Area	Name	Action
NHS30220804 New License 30-07-2022 Muncipal Council Area Sandhya V M Renew License	NHS30220519	New License	30-07-2022	Rural Area	Sandhya V M	Renew License
	NHS30220804	New License	30-07-2022	Muncipal Council Area	Sandhya V M	Renew License

4. View Submitted Applications:

- a) In the View Submitted Applications Menu Applicant will see Submitted Applications.
- b) On click View Submitted Application Menu Applicant will see lists of applications.

Public Health Department सार्वजनिक आरोग्य विभाग	HOME NEW APPLICATION	TRACK APPLICATION	VIEW APPLICATION		
ew Applications					
O Clinical Application(S)	• Nursing Application(S)				
App ID	Applicant Type	Applied Date	Applied Area	Name	Action
NHS28220426	New License	28-07-2022	Muncipal Council Area	Aparna Anant Joshi	View
NHS28220707	New License	28-07-2022	Muncipal Council Area	Aparna Anant Joshi	View
NHS29220614	New License	29-07-2022	Rural Area	Aparna Anant Joshi	View

c) In table Action column's click on View button applicant see the Application Details.

HOME NEW APPLICATION TRACK APPL	PLICATION VIEW APPLICATION			
iew Application Details				Download Application Form
Applicant Details				
Application Number MH11220742	Type of Applicant Individual		Applicant Status Pending	
Applicant Name VAISHNAVI PRASHANT DESHPANDE	DOR (DD/MM/YYYY) 10-04-2000		Mobile Number 8600795969	
Email Id valshnavi10@gmail.com Residential Address of The Applicant	Technical Qualification MBBS		Nationality Indian	
Room No.05 , Shree Niwas Building Nandurbaar 410203 Nandurbar	Nandurbar			
Signing Authority Details	Destauration		Andreas Court No.	
Aparna	Doctor		456789122014	
Nursing Home Details				
Applied for Ruturaj Nursing Home	Allopathy			
Yes				
Collection Centre Address	Contact No.	Name of Lab Technician.	Qualification	Reg No
Sanddy Nandurbar	9881421130	ABCD	B.E.	12
Firm/Company XYZ	Website Address www.nhms.in		Date of Establishment 13-10-2022	
Type of Specialty Multiple				
Details of The Procedure/Services				
Procedure/Services		Details	Remarks	
Place where The nursing home situated	COLODY/Area		City	
Room No. 12 District	Chinmay Nager, Mogalwadi Taluka		Pincode	
Nandurbar Brief Description of the Construction, the Nursing Home or any Premises Used the Nursing Home	Nandurbar I in Connection Therewith Type Plan of	Whether The Applicant is Interested	410203 in any Other Nursing Home or Business	
Nursing Home or any Premises Used in Connection Therewith Type Place where such Nursing Home is situated or where such business	Plan of the Nursing Home s is conducted:			
Type of Other Business Other Nursing Home	Other Nursing Home/ Business Details gdfhfdjhgkhjkl	9	Plot No./House No.	
Colony/Area . Nandurbar Taluka .	Nandurbar Pincode .		Nandurbar	
Nandurbar	410203			
Infrastructure Details				
Total Beds Proposed No. of Matemity Beds	No.of ICU Beds(Adults)		No.of ICU Reds(Paed)	
5 General Beds	5		8	
Details of Equipments Equipment	Make	Model	No of Equipment	
Pulse Oximeter.	Tost	Fest	4	
Sanitary Arrangement for Patients				
Sanitary Arrangement Continuous water supply	No. of Arrange	ements	Rema	irtco
			1	·
Detail of Rooms for Employees				
Room Type Floor Space/Area (In Sq. I	FD	Number of Roc	ms	Remarks
Room Type Floor Space/Area (in Sq. I Servant Room 10*12	F1)	Number of Roc 5	ms	Remarks good
Room Type Floor Space/Area (In Sq. I Servant Room 10*12 Sanitary Arrangement for Employees	FQ	Number of Roc 5	ms	Remarks good
Recent Type Place Bases/Area (In Bit I Barvani Room 10*13 Sanitary Arrangement for Employees Banitary Arrangement Hand vashing facility	PD No. of Arrangement a	Number of Roc 5	Perman good	Remarks good
Recent Type Place Spaces/Area (In St. I Servant Room 10*13 Sanitary Arrangement for Employees Banitary Arrangement Hand washing facility	No. of Arrangement 3	Number of Rod	me Remark good	Remarks good
Recent Type Place Tigmen/Area (In Sig. I 19713 Barvani Room 19713 Sanitary Arrangement for Employees Sanitary Arrangement Hand washing faultry Arrangements for Immunitation of The Employees are Available of Not? Arrangements for Immunitation of The Employees	Ho. of Arrangement a	Plumber of Nos o	Promote general general contracts	remarke good
Recent Type Placer Space/Area (In Sig. I Savint Room Barvant Room 10*13 Sanitary Arrangement for Employees Sanitary Arrangement Head washing faulty Arrangements for Innumination of The Employees are Available or Hot? Yes An angle of the State of the Employees One Machine Index for Machine Check-Up of The Employees Same of the State	PD PD. OF Arrangement a	Propose of Proc. 0 Propose of Proc. 0 Propose of Proc. 1 Propose of Proc. 1 Pr	Parman good stups are Being Held in The Interval or(in Ad or Carrying On A Nursing Home	Marnarka good m
Recent Type Place Tigacea/sea (In Sig. 1 Barvant Room 10*13 Sanitary Arrangement for Employees Sanitary Arrangement India Vasiting famility Arrangements for Innumination of The Employees are Available or Not? Yes Arrangement Made for Medical Check Up of The Employees Mediant Data State of the Sta	PO No. of Arrangemen a re Used or are to be Used for	Plunder of No. P	Remark good stupe are Being Held in The Interval of In M of Carrying On A Muraing Home	Warmarke good
Recent Type Place Tigmes/Area (In Sig. 1 Barvant Room 10°13 Service To an analysis of the service of t	No. of Arrangement a	Regular Immunization & Health Cheel Regular Regula	exups are Being Held in The Interval of in M of Carrying On A Hursing Home	remarke
Reach Type Place Tigness/Area (In Sig. 1 Barvant Room 10*13 Senters Arrangement for Employees Senters Arrangement Final Vasion granting facility Final Vasion grant for Employees are Available or Not? Arrangement For Immunication of The Employees are Available or Not? Senters Arrangement for Beauty and the Senters and Available or Not? Arrangement Made for Medical Check-Up of The Employees Senters Arrangement for Beauty and Senters and Available or Not? View Arrangement Made for Medical Check-Up of The Employees Senters Available or Not? With the Available of Senters and Available or Not? Senters Available or Not? With the Available of Senters and Available or Not? Senters Available or Not? Senters Available for Bearge of Food Senters Available or Senters Available or Interventers Available or Interventers Available or Not? Senters Available for Bearge of Food Senters Available or Senters Available or Interventers Available or	PO No. of Arrangement a re Used or are to be Used for	Regular Immunization & Health Chee Regular Immunization & Health Chee 10 10 10 10 10 10 10 10 10 10	stupe are Being Held in The Interval of()n M of Carrying On A Nursing Home	Manuarka good
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5. View Submitted Documents:

- a) In the View Submitted Document Applicant will see the Submitted Documents.
- b) On click View Submitted Document Menu Applicant will see lists of documents.

O Clinical Applicatio	on(S) 🔿 Nursing Applicati	on(S)				
App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action
NHS28220426	New License	28-07-2022	Muncipal Council Area	Aparna Anant Joshi	Approved by inspection	View
NHS28220707	New License	28-07-2022	Muncipal Council Area	Aparna Anant Joshi	Approved by inspection	View
NHS29220614	New License	29-07-2022	Rural Area	Aparna Anant Joshi	Approved by inspection	View

c) In table Action column's click on View button applicant see the Submitted Documents.

pload Documents De	etails			
1. Fire Audit Report				
2. Nursing Home Signin	g Authority Aadhaar Card			
3. List Of Visiting Doctor	rs with Qualification and Registration Details			
4. Rate List				
5. List of Equipment 6. Eloor Plan Of Ruilding	Approved by Competent Authority			
7. Occupation Certificat	e (O.C.) From Appropriate Authority			
8. List Of nursing staff v	with Qualification and Registration Details			
9. Fire Saftey NOC Certi	ficate From Government Authority			
10. List of Other Staff wit	h Qualification and Designation and job Details			
11. MPCB Authorized Cer	rtificate/Acknowledgment for New Registration			
12. NOC of Society/Owne	er/Appropriate Authority with Respect to Premises	S		
14. No Pending Negligen	ce Case Certificate/Owner Possession Certificate			
14. NOT enaling Negligen	ce case certificate non medical			

6. Download Certificate:

a) On click Download Certificate Menu Applicant will see lists of Download Certificate documents.

Public Health Departmer सार्वजनिक आरोग्य विभाग	HOME NEW	APPLICATION TRA	CK APPLICATION VIEW APPLIC	CATION		
Download Certif	ficate					
O Clinical Applicatio	on(S) O Nursing Applica	ation(S)				
App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action
NHS28220426	New License	28-07-2022	Muncipal Council Area	Aparna Anant Joshi	Approved by Inspection	View & Download
			1	1		
© 2022 Copyright. All right	ts are reserved.					

b) In table Action column's click on View and Download button applicant see the Certificate.

10/10/2022, 18:51			ht	tps://maha-mnhregistrati	tion.co.in/view-certificate-print/53	
	Certí <u>Under The Bor</u> <u>Maharashtra Nursi</u>	EL GOV	UBLIC VERNM Cate y Nur Home	HEALTH DEPA IENT OF MAH	ARTMENT HARASHTRA Egistration es Registration Act 1949, ion (Amendment) Rules, 2021	
	This is to certify that I Situated at Room No. Has been registered U Maharshtra Nursing H authorized to carry on	Rutura 12 Ch Jnder Iome n said	aj Nurs iinmay the Bo Registi Nursin	ing Home Nager, Moga mbay Nursing ration Amend g Home.	alwadi Satara , 410203 Satara g Home Registration Act,1949 and dment Rules,2021 and has been	
	Numner Of Beds A. Maternity B. ICU (Adult) C. ICU (Pediatric) D. General Beds TOTAL Date of Registration Date of Issue of Cer This Certificate shall Valid up to Place	5 5 5 20 tificat	te :	10-10-2023 10-10-202 31-03-2023 Room No.0 410203 Sa	22 22 25 05 Shree Niwas Building Satara , atara	
					Satara Civil Surgeon Satara	

https://maha-mnhregistration.co.in/view-certificate-print/53

7. Pay Fees:

- a) On click Pay Fees Menu Applicant will see lists of Applications whose demands are generated.
- b) In table Action column's click on Pay Now button applicant see the Fees Details.

426 New License 28-07-2022 Muncipal Council Area Aparra Anant Joshi Payment Paid Successfully 614 New License 29-07-2022 Rural Area Aparra Anant Joshi Pay Now
614 New License 29-07-2022 Rural Area Aparna Anant Joshi Pay Now

c) After that click on Process to Payment button.

plicant Details			
Application Number NHS29220614	Type Of Applicant Individual	Applicant Status Approved by Inspection	
Applicant Name Aparna Anant Joshi	DOB (DD/MM/YYYY) 31-05-1996	Mobile Number 7249753105	
Email Id	Technical Qualification	Nationality Indian	
aparna.coat@gmail.com Residential Address of the Applicant A2-103, Omkar Nandan, Near Honda	Showroom		
aparna.coat@gmail.com Residential Address of the Applicant A2-103, Omkar Nandan, Near Honda Signing Authority Details Name APARNA JOSHI	Showroom Designation Doctor	Aadhaar Card No. 121212121212	
aparna.coat@gmail.com Residential Address of the Applicant A2-103, Omkar Nandan, Near Honda Signing Authority Details Name APARNA JOSHI	Showroom Designation Doctor	Aadhaar Card No. 121212121212	
aparna.coat@gmail.com Residential Address of the Applicant A2-103, Omkar Nandan, Near Honda Signing Authority Details Name APARNA JOSHI Details Total Amount Paid by the Applicant	Showroom Designation Doctor	Aadhaar Card No. 121212121212 1000000	

d) After that select the card payment.

wertditze	Order ID : 91795421● Ref. No : 11489962 Merchant: Worldin● Amount : 1000000.00
Smart Checkout	Cards Net Banking
	Return to merchant
Powered by Worldline Version Number: 4.1.09	weinker RuPay> Winder SafeKey Tom Winder Winder 2015 all rights reserved

- e) Then fill the Payment Details.
- f) Click on Pay button.
- g) Then display the message Payment Successfully.

•	Order ID :72466572 0 Ref. No :11489963 Merchant: Wordlin 0 Amount :1000000.00
	← Card
	CISA RuPays
	Name on Card *
	Card Number *
	MM/YY * Card Security Code*
	Mobile no Email
	Securely Save Your Card as per RBI Guidelines for Faster Checkout
	Pay
	Based on recent RBI regulations, contact your card issuing bank and ensure that your card is enabled for online transactions.
	Return to merchant
-	Covered by Worldline Version Number: C Worldline 2015 all rights reserved

8. View and Confirm Inspection Schedule:

a) On click View and Confirm Inspection Schedule Applicant will see lists of confirm Application.

Public Health Department सार्वजनिक आरोग्य विभाग	HOME NEW APPLICATION	TRACK APPLICATION	VIEW APPLICATION		9
ew and Confirm	Inspection Schedule				
O Clinical Application(S) O Nursing Application(S)				
App ID	Applicant Type	Applied Date	Applied Area	Name	Action
NHS30220519	New License	30-07-2022	Rural Area	Sandhya V M	View Schedule
NHS30220804	New License	30-07-2022	Muncipal Council Area	Sandhya V M	View Schedule

b) In table Action column's click on View Schedule button applicant see the Certificate.

and Confirm Inspection Schedule			
pection Schedule Detail			
Inspection Officer Name Inspection Admin Officer	Date of Inspection 30-07-2022	Time of Inspection 11:56:AM	
Mobile Number 9096277438	Designation Inspection Officer		
vlicant Detail			
Application Number NHS30220519	Type Of Applicant Individual	Applicant Status Approved by Inspection	
Applicant Name Sandhya V M	DOB (DD/MM/YYYY) 11-11-1996	Mobile Number 9890926011	
Email Id sandhya.cdat@gmail.com	Technical Qualification	Nationality Indian	
Residential Address of the Applicant 01			
Signing Authority Details			
Nama	Designation	Aadhaar Card No.	

9. Track Application:

9.1 Track:

a) On click Track Applicant will see lists of Track/Status of the Application.

Public Health Department सार्वजनिक आरोग्य विभाग	HOME NEW APPL	ICATION TRACK APP	LICATION VIEW APPLICATION			Ģ
ack Application						
O Clinical Application(S	s) O Nursing Application(s	5)				
App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action
NHS30220519	New License	30-07-2022	Rural Area	Sandhya V M	Approved by Inspection	Track Now
NHS30220557	New License	30-07-2022	Rural Area	Sandhya V M	Pending	Track Now
NHS30220804	New License	30-07-2022	Muncipal Council Area	Sandhya V M	Approved by Inspection	Track Now
NHS30220917	New License	30-07-2022	Muncipal Council Area	Sandhya V M	Pending	Track Now
NHS30221132	Renew License	30-07-2022	Rural Area	Sandhya V M	Pending	Track Now
	-					

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b) In table Action column's click on Track Now button applicant see the Track Details.

Public Health Department सार्वजनिक आरोग्य विभाग	HOME	NEW APPLICATION	TRACK APPLICATION	VIEW APPLICATION					
Track Application									
Application Number NHS30220519			Type Of Applican Rural Area	nt	Applicant Status Approved by Inspection				
Applicant Name Sandhya V M	Applicant Name Sandhya V M Email Id sandhya.cdat@gmail.com			YYY)	Mobile Number 9890926011 Nationality Indian				
Email Id sandhya.cdat@gmai				cation					
Residential Address of the Applicant 01									
Signing Authority Details									
Name Sandhya V M			Designation Doctor	Designation Doctor			Aadhaar Card No. 753951423658		
Applicant Status									
Sr.No. Applied D	ate	Start Date	End Date	Reply by	Transfer	to	Remark	Action	
1 30-07-202	2	30-07-2022	30-07-2022	Health Admin Officer			Approved		
1 30-07-202	2	30-07-2022	30-07-2022		Inspection	n Admin Officer	Approved		

9.2 History:

a) On click History Applicant will see lists of Track/Status of the Application.

Public Health Department HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION									
Application History									
O Clinical Application(Clinical Application(S) O Nursing Application(S)								
App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action			
NHS30220519	New License	30-07-2022	Rural Area	Sandhya V M	Approved by Inspection	Track Now			
NHS30220557	New License	30-07-2022	Rural Area	Sandhya V M	Pending	Track Now			
NHS30220804	New License	30-07-2022	Muncipal Council Area	Sandhya V M	Approved by Inspection	Track Now			
NHS30220917	New License	30-07-2022	Muncipal Council Area	Sandhya V M	Pending	Track Now			
NHS30221132	Renew License	30-07-2022	Rural Area	Sandhya V M	Pending	Track Now			

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b) In table Action column's click on Track Now button applicant see the Applicant Details.

R	Public Health Department सार्वजनिक आरोग्य विभाग
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HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

Application History - NHS30220519

Applicant History								
	Sr.No.	Applied Date	Start Date	End Date	Reply by	Transfer to	Remark	Action
	1	30-07-2022	30-07-2022	30-07-2022	Health Admin Officer		Approved	
	1	30-07-2022	30-07-2022	30-07-2022		Inspection Admin Officer	Approved	

