



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.

The screenshot shows a web browser window with several tabs open: Gmail, YouTube, Maps, Cannot find option..., YouTube, Tata Play logion, and Imported From IE. The main content area displays the Public Health Department logo and name in both English and Hindi. Below the logo is the word 'Login'. There are two input fields: one for the username (with a small red square icon) and one for the password (with a 'Password' label and a small square icon). A prominent red button labeled 'LOGIN' is positioned below the password field. A link for 'Forgot Your Password' is located below the login button. On the right side, there is a 'User Manual' section with a blue header and two blue buttons: 'New License / Renew License' and 'User Manual'. Below these, there is another blue button labeled 'Nursing Home Act'. At the bottom of the page, there is a link that says 'Create your Account' with a small square icon.

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.



Register

Create Profile for Nursing Homes and Clinical Establishment

<input type="text" value="Ajay"/>	<input type="text" value="gajanan"/>	<input type="text" value="payil"/>
<input type="text" value="21-Aug-1989"/>	<input type="text" value="7095845620"/>	
<input type="text" value="rutuja.cdat@gmail.com"/>	<input type="text" value="Ajay"/>	
<input type="text" value="Cantonment Area"/>	<input type="text" value="123456789"/>	
<input type="password" value="....."/>		
Do you have an existing Healthcare Facility ID ?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Create Facility ID? Click 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 PASSWORD 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.

The screenshot shows the 'Reset Password' form on the NHM website. At the top left is the 'NHM' logo and at the top right are 'Login' and 'Register' links. The form itself is titled 'Reset Password' and contains a single text input field labeled 'E-Mail Address'. Below the input field is a blue button labeled 'Send Password Reset Link'.

3. New Application:

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

The screenshot displays the 'Nursing Home - Applicant Dashboard' for user 'rutuja Ramesh patil'. The dashboard includes a navigation menu with 'HOME', 'NEW APPLICATION', 'TRACK APPLICATION', and 'VIEW APPLICATION'. The main content area is divided into three sections: 'New Application' with buttons for 'Apply for New License' and 'Apply for Renew License'; 'Track Application' with a 'Track' button and a note about tracking the application status; and a 'Profile Update' section on the right showing user details (User Name, Email Id, Contact No) and an 'Update Profile' button. At the bottom, there are three icons representing 'Submitted Application', 'Submitted Documents', and 'Inspection Schedule'.

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:

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

सामंजसिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION



Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful

Applicant Details Nursing Home Details Infrastructure Details Staff Details Fees Charged to Patient

Type of Applicant * Area *

First Name of the Applicant * Middle Name of the Applicant * Last Name of the Applicant *

DOB (DD/MM/YYYY) * Mobile Number * Email Id *

Qualification of the Applicant * Specialty Name Specialization

Nationality of the applicant * Nationality proof * Landline number
[16654727821373708109जिल्हा_परिषद_अहवाल \(12\).pdf](#)

Residential Address of the Applicant

Plot No./House No * Colony/Area * City *

District * Taluka * Pincode *

Signing Authority Details

Name * Signing Authority Letter * Designation *
[1665472782706538840जिल्हा_परिषद_अहवाल \(11\).pdf](#)

Aadhaar Card No. *

SAVE & NEXT

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3.1.2 Nursing Home Details:

- IN Nursing home details all the date with red star (*) is mandatory to filled.
- Enter Name of the nursing home with Specialty.
- 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.

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful x

[Applicant Details](#)
[Nursing Home Details](#)
[Infrastructure Details](#)
[Staff Details](#)
[Fees Charged to Patient](#)

Name of the Nursing Home With Speciality *

Ruturaj Nursing Home

is applicable for any Government Scheme *

Yes No

Description *

gthfrjk

Type of Institutions for which Registration is being applied *

Allopathy AYUSH

Whether Collection Center available? *

Yes No

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

XYZ

Website Address

www.nhms.in

Date of Establishment

10/13/2022

Type of Speciality *

Single Multiple

Details of the Procedure/Services

[Add More +](#)

Procedure/Services	Details	Remarks (if any)
Test	Test	Good

Place where the nursing home 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 Nursing Home or any Premises Used in Connection Therewith Type Plan of the Nursing Home *

Nursing Home or any Premises Used in Connection Therewith Type Plan of the Nursing Home

Whether the applicant is having any other Nursing home or Business *

Yes No

Place where such Nursing Home is situated or where such business is conducted

Type of Other Business	Other Nursing Home/ Business Details	Plot No./House No.
Other Nursing Home	gdhfdjhghkjkl	02
Colony/Area *	City *	District *
Nandurbar	Nandurbar	Nandurbar
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.

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful

Applicant Details Nursing Home Details **Infrastructure Details** Staff Details Fees Charged to Patient

Total Beds Proposed

No of Maternity Beds *	No. of ICU Beds(Adults) *	No. of ICU Beds(Paed) *	General Beds *
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>

Details of Equipments

Add More +

equipment names	Make	Model	No of Equipment
<input type="text" value="Pulse Oximeter."/>	<input type="text" value="Test"/>	<input type="text" value="Test"/>	<input type="text" value="4"/>

Sanitary Arrangement for Patients

Add More +

Sanitary arrangement	No. of Arrangements	Remarks (if any)
<input type="text" value="Continuous water supply"/>	<input type="text" value="3"/>	<input type="text" value="good"/>

Detail of Rooms for Employees

Add More +

Room Type	Floor Space/area (in sq. ft)	Number of Rooms	Remarks (if any)
<input type="text" value="Servant Room"/>	<input type="text" value="10*12"/>	<input type="text" value="5"/>	<input type="text" value="good"/>

Sanitary Arrangement for Employees

Add More +

Sanitary arrangement	No. of Arrangements	Remarks (if any)
<input type="text" value="Hand washing facility"/>	<input type="text" value="3"/>	<input type="text" value="good"/>

Arrangements for Immunization of the employees are available or not? *

Yes No

Arrangement made for Medical check-up of the employees *

Yes No

Regular immunization & Health Checkups are being held in the interval of(In Month) *

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 *

Yes No

Details for purposes other than that of carrying on a nursing home *

Arrangements made for storage of Food *

Service of food *

SAVE & NEXT

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.

Application for Registration Under the Bombay Nursing Homes Registration Act

Infrastructure Details Submitted Successful

Applicant Details Nursing Home Details Infrastructure Details **Staff Details** Fees Charged to Patient

Name, ages & qualification of members/Staff/Employee of the nursing home

Add More +

Full Name *	Designation *	Qualification *	Medical Council Registration Number with Date of Validity Upto *
Aparna	Test	B.E.	31-10-2022
Place where the nursing staff is accommodated			
Nandurbar			

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

Add More +

Full 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 a qualified medical practitioner or qualified nurse and if so *

Yes No

Medical practitioner or qualified nurse Staff details

Add More +

Full Name *	Designation *	Qualification *	MMC/MNC Registration Number *
Sandhya	test	DMLT	26

Proportion of the qualified and unqualified nurses on the nursing staff

Enter Total Number of Qualified Staff *	Enter Total Number of Non - Qualified Staff *	Enter Total Number of GNM Qualified Staff *	Enter Total Number of ANM Qualified Staff *
8	4	3	4

Whether the nursing home is under the supervision of a qualified nurse or midwife and if so *

Yes No

Qualified nurse or midwife details

Add More +

Full Name *	Designation *	Qualification *	Registration Number with Date of Validity Upto *
Sanddy	test	B.E.	22-10-2022

Whether any unregistered medical practitioner or unqualified midwife is employed for nursing any patient in the nursing home *

Yes No

Whether any person of foreign nationality is employed in the nursing home and if so, his name and other particulars *

Yes No

On campus chemist shop available *

Yes No

On campus chemist shop details

Name of Chemist Shop *	License No of Chemist Shop *
QWERTYUIOP	789456

SAVE & NEXT

3.1.6 Upload Document:

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



Attachment File Updated Successfully

Application for Registration Under the Bombay Nursing Homes Registration Act

Nursing Home Registration

Application Number: MH11220955

Upload below mentioned documents
(Document must be .pdf)
(Max PDF size is 3 MB)

7/12 Extract /Property Tax Certificate/Owner Possession Certificate *

 No file chosen 

Submit

NOC of Society/Owner/Appropriate Authority with Respect to Premises *

 No file chosen 

Submit

Sthank Swarajya Sanstha Certificate / NOC

 No file chosen 

Submit

Certificate of License of the Organization Providing Blood Bank Services(if Applicable)

 No file chosen 

Submit

Hospital Acquired Inspection Control Committee Reports/Pathology Swab Reports for OT/ICU/General Bed

 No file chosen 

Submit

Fire Audit Report *

 No file chosen 

Submit

Fire Safety NOC Certificate From Government Authority *

 No file chosen 

Submit

Occupation Certificate (O.C.) From Appropriate Authority *

 No file chosen 

Submit

Partnership Deed (If Applicable)

 No file chosen 

Submit

Leave and License Agreement/ Lease Deed (If Applicable)

 No file chosen 

Submit

Nursing Home Signing Authority Aadhaar Card *

 No file chosen 

Submit

Previous Hospital Registration Certificate(if Applicable)

 No file chosen 

Submit

List Of Visiting Doctors with Qualification and Registration Details *

 No file chosen 

Submit

List Of nursing staff with Qualification and Registration Details *

 No file chosen 

Submit

List of Other Staff with Qualification and Designation and job Details *

 No file chosen 

Submit

Rate List *

 No file chosen 

Submit

List of Equipment *

 No file chosen 

Submit

Floor Plan Of Building Approved by Competent Authority *

 No file chosen 

Submit

MPCB Authorized Certificate/Acknowledgment for New Registration *

 No file chosen 

Submit

Ambulance Availability Certificate (If Applicable)

 No file chosen 

Submit

Business License

 No file chosen 

Submit

Shop and establishment Act 1948 Certificate by Local body in Format B (if more than 10 Employees)

 No file chosen 

Submit

Shop and establishment Act 1948 Certificate by Local body in Format D (if less than 10 Employees)

 No file chosen 

Submit

Change of user Certificate (if applicable)

 No file chosen 

Submit

No Pending Negligence Case Certificate from Medical Council *

 No file chosen 

Submit

Affidavit Describing That Working Doctor/Staff Is Not A Government Employee /Officer

 No file chosen 

Submit

Medical Diagnostics Xray Equipment Registration (AERB) (If Applicable)

 No file chosen 

Submit

MTP Registration Certificate (If Applicable)

 No file chosen 

Submit

PCPNDT Registration Certificate (If Applicable)

 No file chosen 

Submit

Tubectomy (Tubal Ligation Certificate) (If Applicable)

 No file chosen 

Submit

Other Document

 No file chosen 

Submit

Next

3.2 Apply for Nursing Home (Renew License):



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	Municipal Council Area	Sandhya V M	Renew License

4. View Submitted Applications:

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



View Applications

Clinical Application(S) Nursing Application(S)

App ID	Applicant Type	Applied Date	Applied Area	Name	Action
NHS28220426	New License	28-07-2022	Municipal Council Area	Aparna Anant Joshi	View
NHS28220707	New License	28-07-2022	Municipal 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 APPLICATION](#)
[VIEW APPLICATION](#)



View Application Details Download Application Form

Applicant Details

Application Number MH11220742	Type of Applicant Individual	Applicant Status Pending
Address VAISHNAVI PRASHANT DESHPANDE	DOB (DD/MM/YYYY) 10-04-2000	Mobile Number 8600795949
Email ID vaishnavi10@gmail.com	Technical Qualification MDS	Nationality Indian
Residential Address of The Applicant Room No.05 , Shree Nilwas Building Nandurbar 410203 Nandurbar Nandurbar		

Signing Authority Details

Name Aparna	Designation Doctor	Aadhaar Card No. 456789123014
-----------------------	------------------------------	---

Nursing Home Details

Name of the Nursing Home in Respect of Which The Registration is Being Applied For Ruturaj Nursing Home	Type of Institutions For Which Registration is Being Applied Allopathy
Whether Collection Centre Available? Yes	

Collection Centre					
Name of Collection Centre	Address	Contact No.	Name of Lab Technicians	Qualification	Reg No
Sandy	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
Test	Test	Good

Place where The nursing home situated

Plot No./House No. Room No.12	Colony/Area Ghimay Nager, Mogalwadi	City NANDURBAR
District Nandurbar	Pincode Nandurbar	Pincode 410203

Brief Description of the Construction, the Nursing Home or any Premises Used in Connection Therewith Type Plan of the Nursing Home: _____

Whether The Applicant is interested in any Other Nursing Home or Business: **Yes**

Place where such Nursing Home is situated or where such business is conducted:

Type of Other Business Other Nursing Home	Other Nursing Home/ Business Details gdfhfdghghkkl	Plot No./House No. 02
Colony/Area Nandurbar	City Nandurbar	District Nandurbar
Pincode Nandurbar	Pincode 410203	

Infrastructure Details

Total Beds Proposed		
No. of Maternity Beds 5	No. of ICU Beds(Adults) 5	No. of ICU Beds(Paed) 5
General Beds 5		

Details of Equipments

Equipment	Make	Model	No. of Equipment
Pulse Oximeter	Test	Test	4

Sanitary Arrangement for Patients

Sanitary Arrangement	No. of Arrangements	Remarks
Continuous water supply	3	good

Detail of Rooms for Employees

Room Type	Floor Space/Area (In Sq. Ft)	Number of Rooms	Remarks
Servant Room	10*12	5	good

Sanitary Arrangement for Employees

Sanitary Arrangement	No. of Arrangements	Remarks
Hand washing facility	3	good

Arrangements for Immunization of The Employees are Available or Not?
Yes

Arrangement Made for Medical Check-Up of The Employees: _____

Regular Immunization & Health Checkups are Being Held in The Interval of(In Month)
10

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: _____

Details for Purposes Other than that of Carrying On A Nursing Home
dfvyyfuykjdmtdfuyyktul

Arrangements Made for Storage of Food: _____

Refrigerator: _____

Service of Food: _____

Cafeteria Service: _____

Staff Details

Name, ages & qualification of members/Staff/Employee of the nursing home

Full Name	Designation	Qualification	Age
Aparna	Test	B.E.	31-10-2022

Place Where The Nursing Staff is Accommodated
Nandurbar

Name, ages and qualification of The resident or visiting physicians or surgeons in The nursing home

Full Name	Designation	Qualification	Age
Rutuja	test	B.E.	31-10-2022

MHC/MNC Registration Number
Yes

Medical practitioner or qualified nurse Staff details

Full Name	Designation	Qualification	Age
Sandhya	test	DMLT	25

Proportion of The qualified and unqualified nurses on The nursing staff

Enter Total Number of Qualified Staff 5	Enter Total Number of Non Qualified Staff 4
Enter Total Number of BSM Qualified Staff 3	Enter Total Number of ANM Qualified Staff 4

Whether The Nursing Home is Under The Supervision of A Qualified Nurse or Midwife and if so
Yes

Qualified nurse or midwife details

Full Name	Designation	Qualification	MHC/MNC Registration Number
Sandy	test	B.E.	23-10-2022

Whether any Unregistered Medical Practitioner or Unqualified Midwife is Employed for Nursing any Patient in The Nursing Home
Yes

Whether any Person of Foreign Nationality is Employed in The Nursing Home and if so, His Name and Other Particulars
No

On Campus Chemist Shop Available
Yes

On campus chemist shop details

Name of Chemist Shop QWERTYUIOP	License No. of Chemist Shop 789456
---	--

Fees charged to Patients

Charges For	Fee	Remarks (if Any)
OPD Charges	1000	good

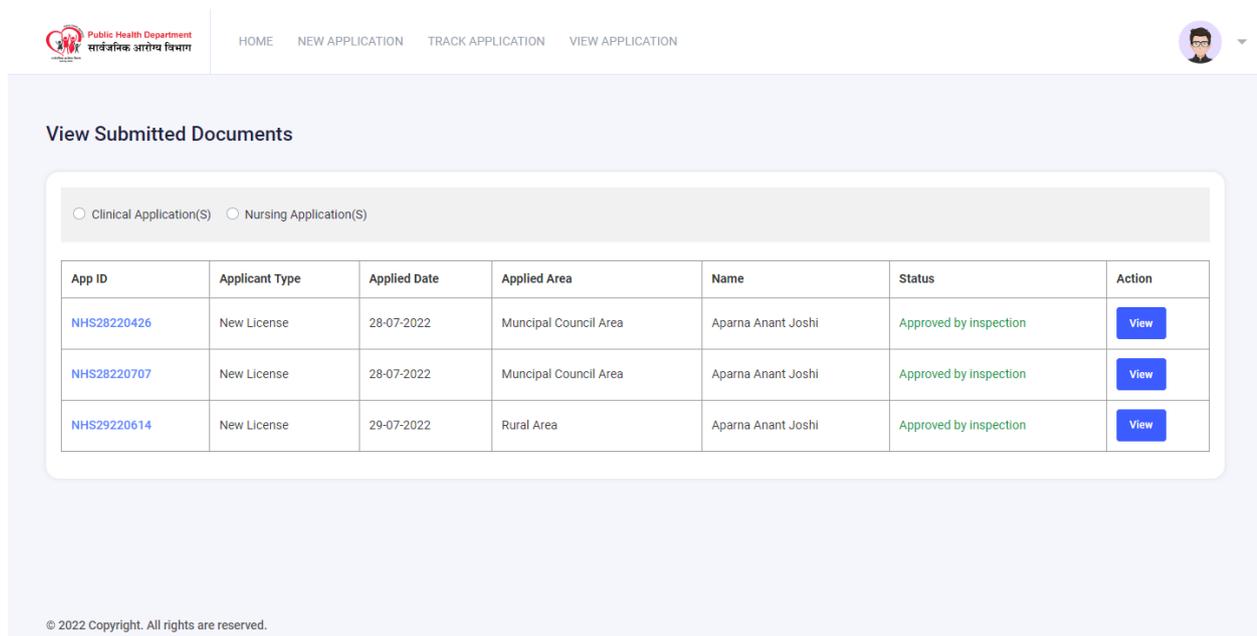
Upload Documents Details

- File Audit Report
- Nursing Home Signing Authority Aadhaar Card
- List of Visiting Doctors with Qualification and Registration Details
- Rate List
- Floor Plan
- Floor Plan of Building Approved by Competent Authority
- Occupation Certificate (O.C.) From Appropriate Authority
- List of nursing staff with Qualification and Registration Details
- File Safety NCC Certificate From Government Authority
- List of other staff with Qualification and Designation and job Details
- Medical Practitioner Certificate/Acknowledgment for Each Registration
- MHC of Society/Owner/Appropriate Authority with Respect to Premises
- T-12 Extract/Property Tax Certificate/Owner Possession Certificate
- No Pending Negligence Case Certificate From Medical

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5. View Submitted Documents:

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



Public Health Department
सार्वजनिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

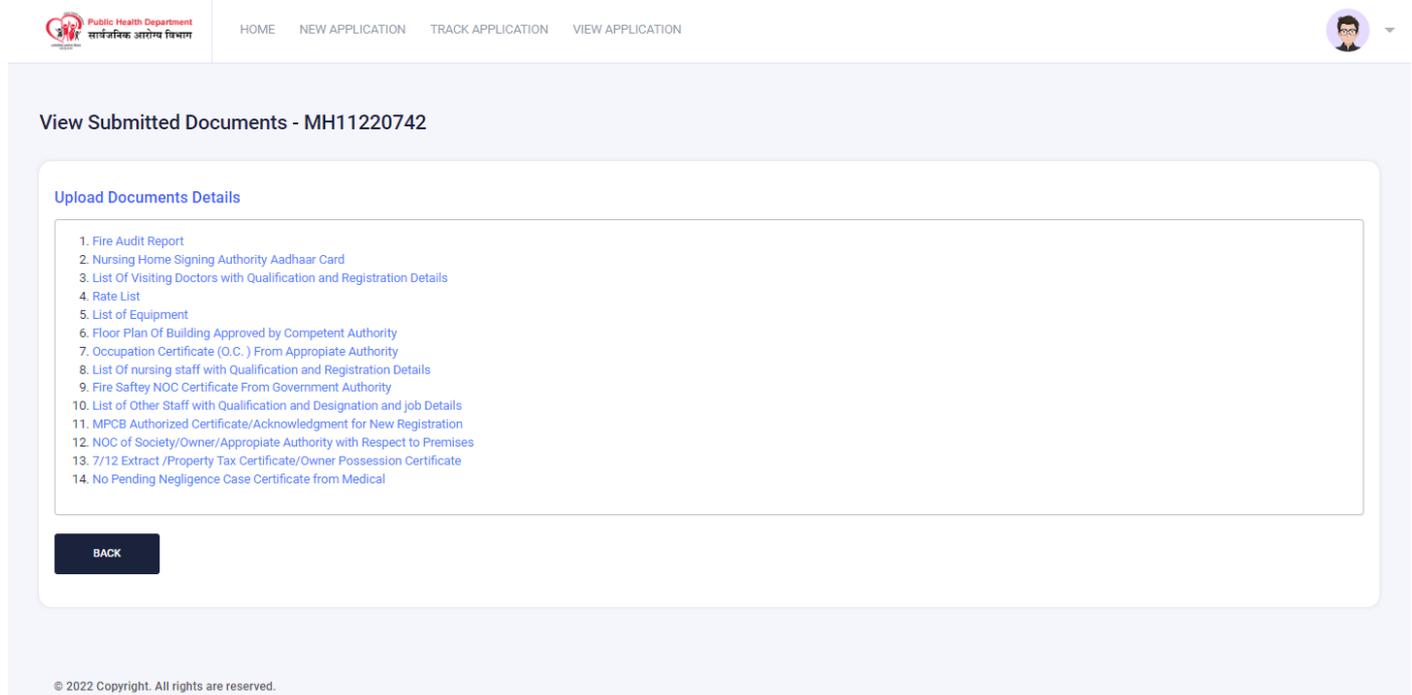
View Submitted Documents

Clinical Application(S) Nursing Application(S)

App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action
NHS28220426	New License	28-07-2022	Municipal Council Area	Aparna Anant Joshi	Approved by inspection	View
NHS28220707	New License	28-07-2022	Municipal Council Area	Aparna Anant Joshi	Approved by inspection	View
NHS29220614	New License	29-07-2022	Rural Area	Aparna Anant Joshi	Approved by inspection	View

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



Public Health Department
सार्वजनिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

View Submitted Documents - MH11220742

Upload Documents Details

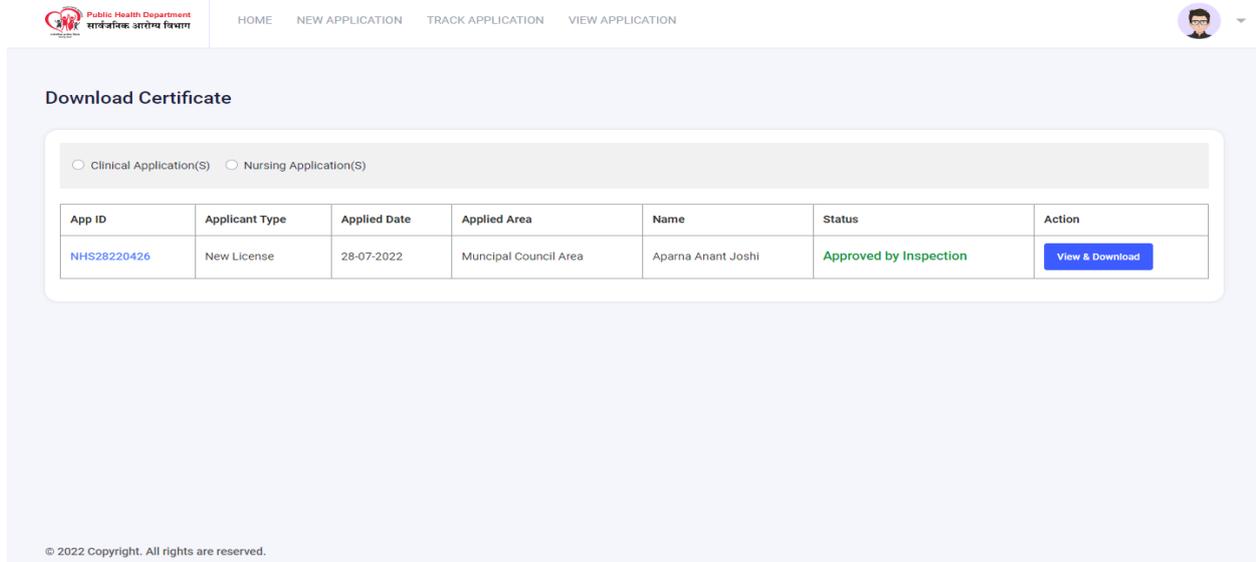
- [Fire Audit Report](#)
- [Nursing Home Signing Authority Aadhaar Card](#)
- [List Of Visiting Doctors with Qualification and Registration Details](#)
- [Rate List](#)
- [List of Equipment](#)
- [Floor Plan Of Building Approved by Competent Authority](#)
- [Occupation Certificate \(O.C. \) From Appropriate Authority](#)
- [List Of nursing staff with Qualification and Registration Details](#)
- [Fire Saftety NOC Certificate From Government Authority](#)
- [List of Other Staff with Qualification and Designation and job Details](#)
- [MPCB Authorized Certificate/Acknowledgment for New Registration](#)
- [NOC of Society/Owner/Appropriate Authority with Respect to Premises](#)
- [7/12 Extract /Property Tax Certificate/Owner Possession Certificate](#)
- [No Pending Negligence Case Certificate from Medical](#)

[BACK](#)

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6. Download Certificate:

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



The screenshot displays the 'Download Certificate' page of the Public Health Department. The page features a navigation menu with links for HOME, NEW APPLICATION, TRACK APPLICATION, and VIEW APPLICATION. A user profile icon is visible in the top right corner. Below the navigation, there are radio buttons for 'Clinical Application(S)' and 'Nursing Application(S)'. A table lists application records with columns for App ID, Applicant Type, Applied Date, Applied Area, Name, Status, and Action. The table contains one record for a 'New License' application with App ID 'NHS28220426', applied on '28-07-2022' in the 'Municipal Council Area' to 'Aparna Anant Joshi', with a status of 'Approved by Inspection'. An action button labeled 'View & Download' is present for this record. The footer of the page states '© 2022 Copyright. All rights are reserved.'

Public Health Department
सार्वजनिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

Download Certificate

Clinical Application(S) Nursing Application(S)

App ID	Applicant Type	Applied Date	Applied Area	Name	Status	Action
NHS28220426	New License	28-07-2022	Municipal Council Area	Aparna Anant Joshi	Approved by Inspection	View & Download

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

10/10/2022, 18:51

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



**PUBLIC HEALTH DEPARTMENT
GOVERNMENT OF MAHARASHTRA**

Certificate of Registration

**Under The Bombay Nursing Homes Registration Act 1949,
Maharashtra Nursing Home Registration (Amendment) Rules, 2021**

This is to certify that **Raturaj Nursing Home**
Situating at **Room No.12 Chinmay Nager, Mogalwadi Satara , 410203 Satara**
Has been registered Under the Bombay Nursing Home Registration Act,1949 and
Maharashtra Nursing Home Registration Amendment Rules,2021 and has been
authorized to carry on said Nursing Home.

Registration No. **MH10221316**

Numner Of Beds	
A. Maternity	5
B. ICU (Adult)	5
C. ICU (Pediatric)	5
D. General Beds	5
TOTAL	20

Date of Registration : **10-10-2022**

Date of Issue of Certificate : **10-10-2022**

This Certificate shall be Valid up to : **31-03-2025**

Place : **Room No.05 Shree Niwas Building Satara ,
410203 Satara**

Satara Civil Surgeon
Satara

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

1/1

7. Pay Fees:

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

Public Health Department
सार्वजनिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

Unpaid Application

Clinical Application(S) Nursing Application(S)

App ID	Applicant Type	Applied Date	Applied Area	Name	Action
NHS28220426	New License	28-07-2022	Municipal Council Area	Aparna Anant Joshi	Payment Paid Successfully
NHS29220614	New License	29-07-2022	Rural Area	Aparna Anant Joshi	Pay Now

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- After that click on Process to Payment button.

Public Health Department
सार्वजनिक आरोग्य विभाग

HOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

View Application Details

Applicant 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 aparna.cdat@gmail.com	Technical Qualification	Nationality Indian
Residential Address of the Applicant A2-103, Omkar Nandan, Near Honda Showroom		

Signing Authority Details

Name APARNA JOSHI	Designation Doctor	Aadhaar Card No. 1212121212
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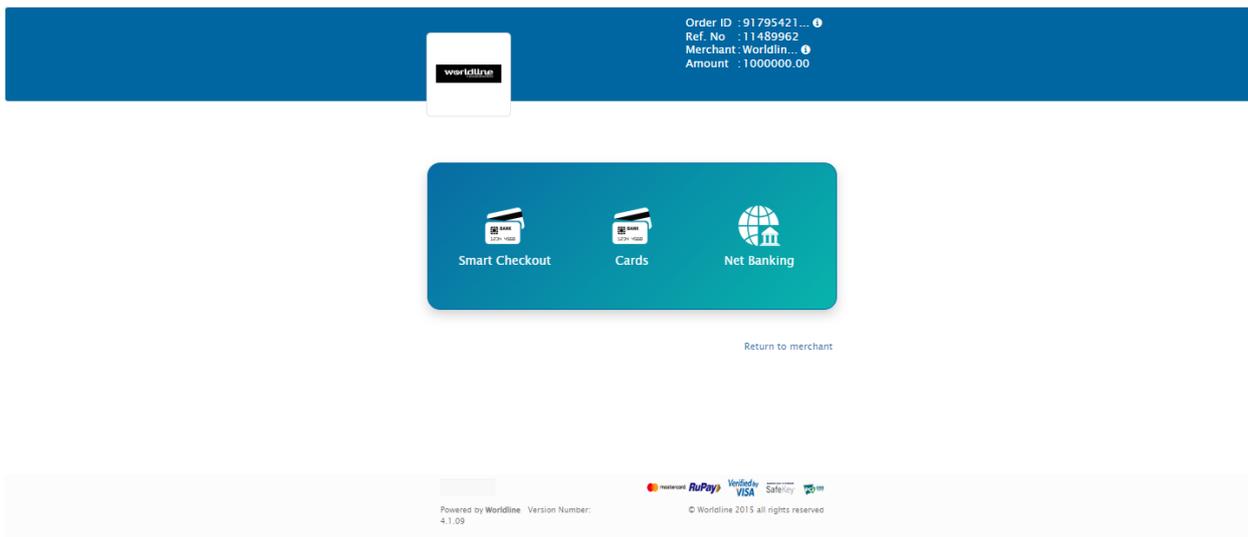
Fee Details

Total Amount Paid by the Applicant	1000000
Total Fee	1000000

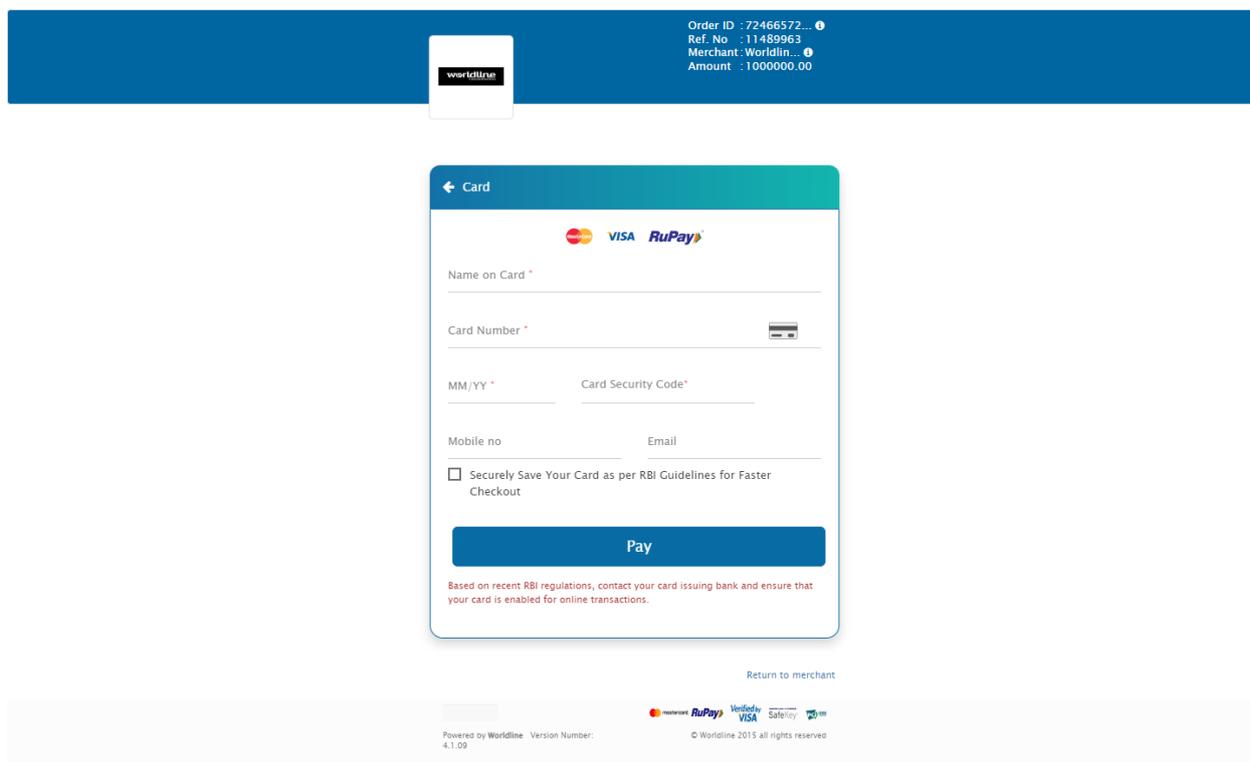
PROCEED TO PAYMENT

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d) After that select the card payment.

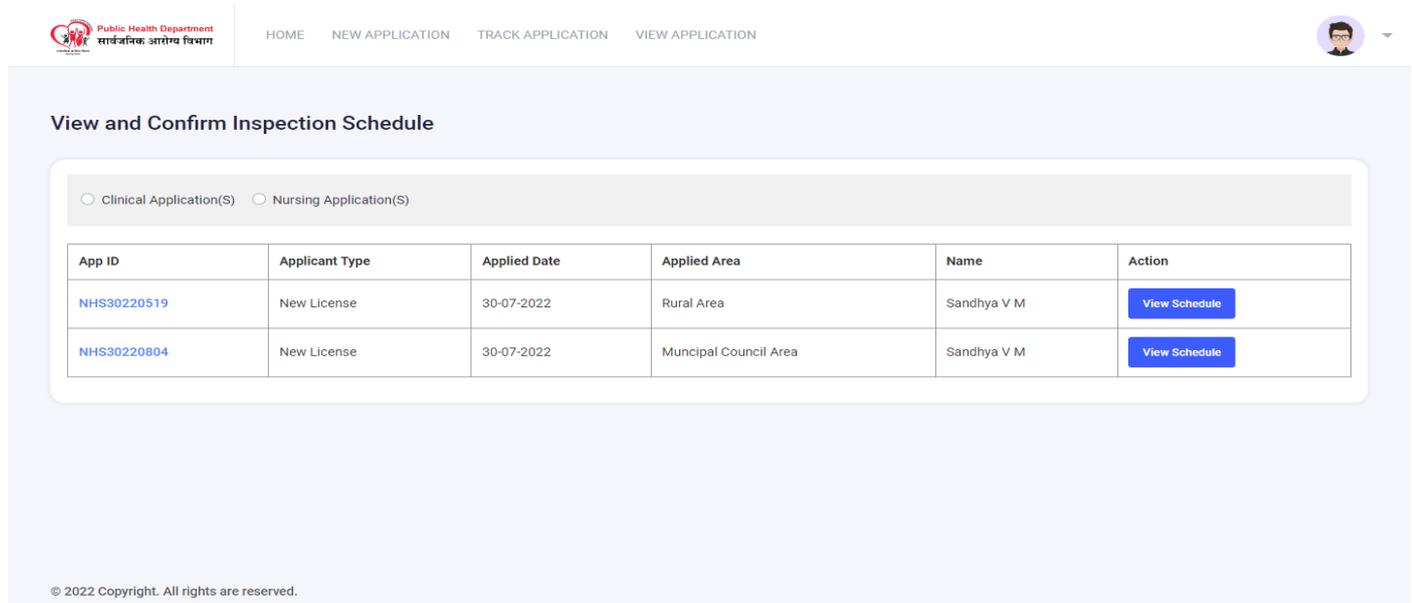


- e) Then fill the Payment Details.
- f) Click on Pay button.
- g) Then display the message Payment Successfully.



8. View and Confirm Inspection Schedule:

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

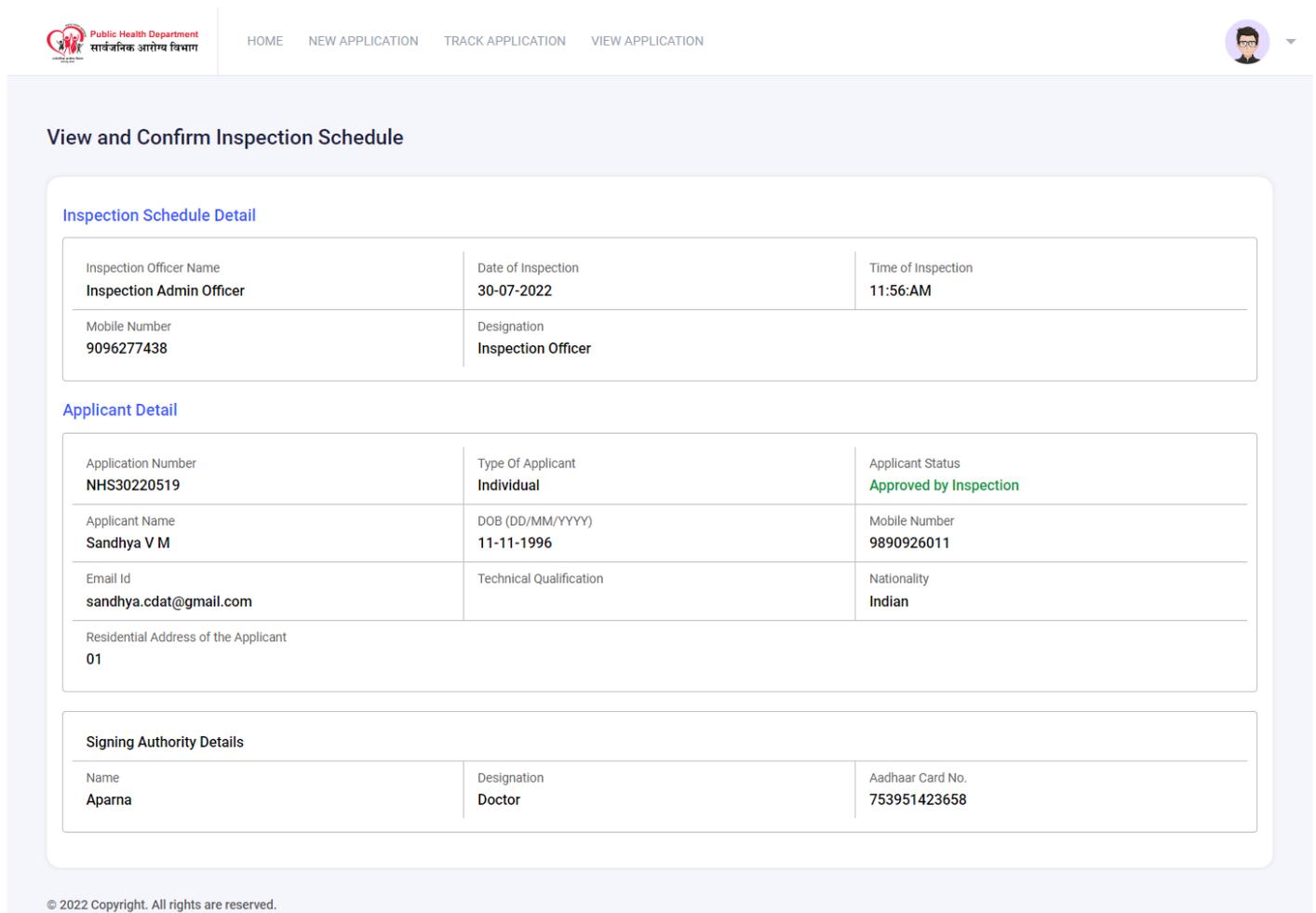


The screenshot shows the 'View and Confirm Inspection Schedule' page. At the top, there is a navigation bar with the Public Health Department logo and text in Hindi, and links for HOME, NEW APPLICATION, TRACK APPLICATION, and VIEW APPLICATION. A user profile icon is visible in the top right corner. Below the navigation bar, the page title 'View and Confirm Inspection Schedule' is displayed. There are two radio buttons: 'Clinical Application(S)' and 'Nursing Application(S)'. A table lists two applications:

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	Municipal Council Area	Sandhya V M	View Schedule

At the bottom of the page, there is a copyright notice: © 2022 Copyright. All rights are reserved.

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



The screenshot shows the 'View and Confirm Inspection Schedule' page with detailed information for an application. The page title is 'View and Confirm Inspection Schedule'. There are two sections: 'Inspection Schedule Detail' and 'Applicant Detail'.

Inspection 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	

Applicant 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.cdlat@gmail.com	Technical Qualification	Nationality Indian
Residential Address of the Applicant 01		

Signing Authority Details

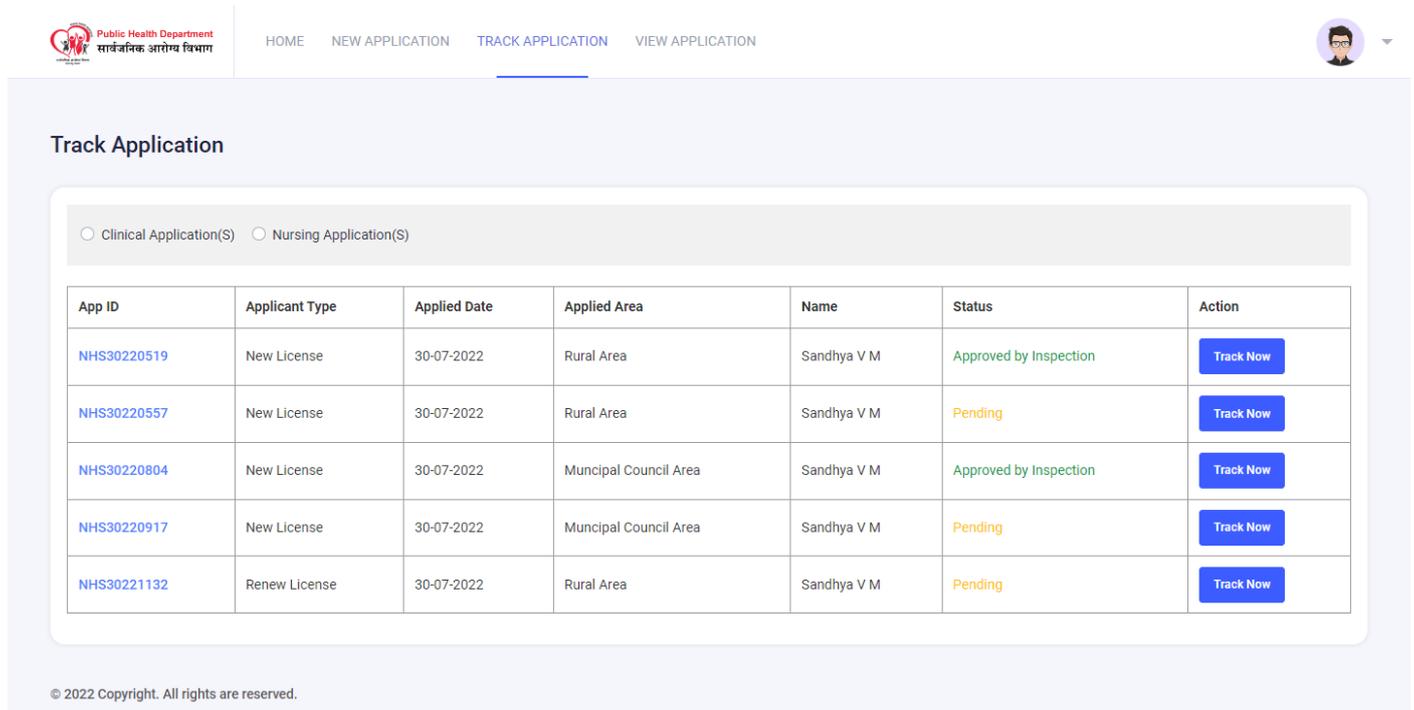
Name Aparna	Designation Doctor	Aadhaar Card No. 753951423658
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At the bottom of the page, there is a copyright notice: © 2022 Copyright. All rights are reserved.

9. Track Application:

9.1 Track:

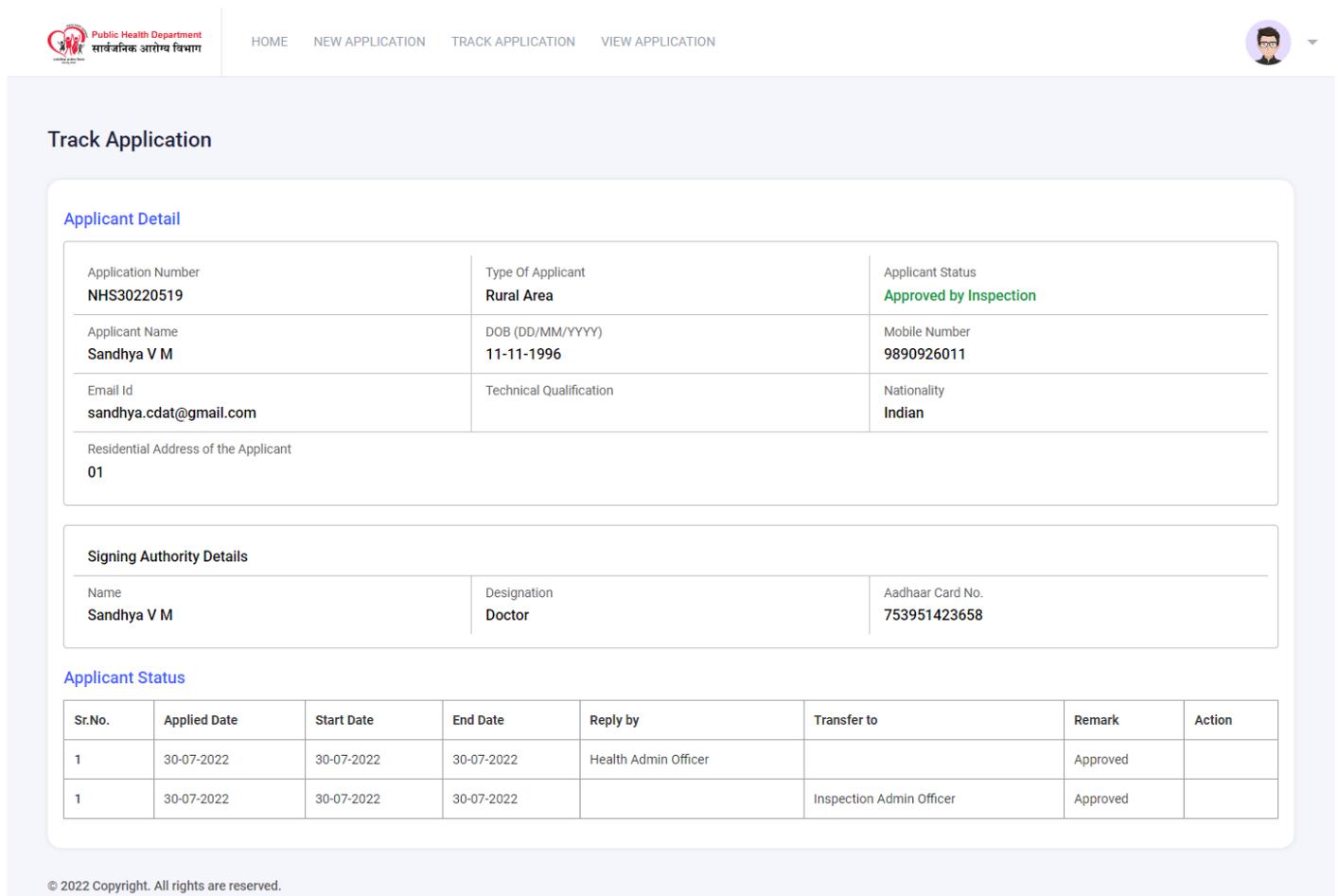
a) On click Track Applicant will see lists of Track/Status of the Application.



The screenshot shows the 'Track Application' page. At the top, there is a navigation bar with the Public Health Department logo and text in Hindi, and links for HOME, NEW APPLICATION, TRACK APPLICATION (highlighted), and VIEW APPLICATION. A user profile icon is in the top right. Below the navigation bar, the page title 'Track Application' is displayed. There are two radio buttons: 'Clinical Application(S)' (selected) and 'Nursing Application(S)'. A table lists five applications with columns: App ID, Applicant Type, Applied Date, Applied Area, Name, Status, and Action. Each row has a 'Track Now' button. Below the table, there is a copyright notice: '© 2022 Copyright. All rights are reserved.'

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	Municipal Council Area	Sandhya V M	Approved by Inspection	Track Now
NHS30220917	New License	30-07-2022	Municipal Council Area	Sandhya V M	Pending	Track Now
NHS30221132	Renew License	30-07-2022	Rural Area	Sandhya V M	Pending	Track Now

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



The screenshot shows the 'Track Application' page with detailed information. The navigation bar is the same as in the previous screenshot. Below the 'Track Application' title, there is a section for 'Applicant Detail' with a table containing: Application Number (NHS30220519), Type Of Applicant (Rural Area), Applicant Status (Approved by Inspection), Applicant Name (Sandhya V M), DOB (11-11-1996), Mobile Number (9890926011), Email Id (sandhya.cdatt@gmail.com), Technical Qualification, Nationality (Indian), and Residential Address (01). Below this is a 'Signing Authority Details' section with a table containing: Name (Sandhya V M), Designation (Doctor), and Aadhaar Card No. (753951423658). At the bottom, there is an 'Applicant Status' section with a table showing two status entries. Below the table, there is a copyright notice: '© 2022 Copyright. All rights are reserved.'

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	

9.2 History:

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

Public Health Department
सार्वजनिक आरोग्य विभागHOME NEW APPLICATION TRACK APPLICATION VIEW APPLICATION

Application History

Clinical Application(S) 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	Municipal Council Area	Sandhya V M	Approved by Inspection	Track Now
NHS30220917	New License	30-07-2022	Municipal 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.

Public Health Department
सार्वजनिक आरोग्य विभागHOME 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	

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