

**Govt. Of Odisha**  
**Health & Family Welfare Department**

\*\*\*

**NOTIFICATION**

No. DC&MA-MISC-07/2013(pt)- 1644/ dt./H. 22.6.17

The following draft of certain rules which the State Government propose to make in exercise of the powers conferred by section 20 of the Odisha Clinical Establishments (Control and Regulation) Act,1991 (Odisha Act 8 of 1992) and in supersession of the Odisha Clinical Establishments (Control and Regulation) Rules,1994, except as things done or omitted to be done before such supersession, is hereby published as required under the said section for information of all persons likely to be affected thereby and the notice is hereby given that the said draft will be taken into consideration by the State Government on or after the expiry of the period of ninety days from the date of publication of this notification in the Odisha Gazette;

Any objection or suggestion which may be received by the Commission-cum-Secretary to Government, Health and Family Welfare Department, Bhubaneswar from any person in respect of the said draft before expiry of the period so specified will be considered by the State Government.

**Draft**

1. Short title and commencement. — (1) These rules may be called the Odisha Clinical Establishments (Control and Regulation) Rules, 2017.

(2) They shall come into force on the date of their publication in the Odisha Gazette.

2. Definitions. — (1) In these rules, unless the context otherwise requires,—

(a) "Act" means the Odisha Clinical Establishments (Control and Regulation) Act, 1991 (Odisha Act 8 of 1992);

(b) "Form" means a form appended to these rules;

(c) "Government" means the Government of Odisha;

(d) "Schedule" means a Schedule appended to these rules;

(e) "section" means a section of the Act;

(2) Words and expressions used herein but not defined shall have the same meaning respectively assigned to them in the Act.

3. Application for Registration. — (1) Any person who intends to establish and maintain a clinical establishment, shall apply to the supervising authority in Form 'A' by post or in person or electronically or as specified by the Government from time to time:

Provided that where the applicant applies electronically he shall furnish such application under digital signature.

(2) The minimum requirements and standard of services shall be complied as specified in the Schedules I and II for different types of clinical establishments within six months from the date of these rules coming into force.

(3) The application referred to in sub-rule (1) shall be accompanied by the documents specified in the Schedule III along with the proof of payment of fees as specified in the Schedule IV which shall be deposited in the Government Treasury under the head of account "0210-MEDICAL AND PUBLIC HEALTH-01-URBAN HEALTH SERVICES-02-RECIPTS FROM PATIENTS FOR HOSPITAL AND DISPENSARY SERVICES-0010-CHARGES FOR SERVICE PROVIDED -02087 OTHER FEES".

(4) The fees for grant of a certificate of registration or renewal thereof shall be non-refundable in nature.

(5) The supervising authority, on receipt of an application for grant of certificate registration or renewal thereof, shall transmit the same to the Inspecting Authority within the period of seven working days from the date of receipt of the application for scrutiny to ascertain if the application is in conformity with the provisions of the Act and the rules and also conduct physical inspection of the premises where the clinical establishment is proposed to be established.

(6) The Inspecting Authority shall ascertain the availability of the minimum standard of requirements and whether other parameters as specified in different Schedules have been complied and shall send the report of inspection in Form 'B' to the supervising authority who shall consider the same keeping in view the conditions stipulated in section 5 and after being satisfied that there is no objection to grant certificate of registration, he shall issue

such certificate in Form 'C' within a period of forty five days from the date of receipt of such application.

(7) In case of refusal of grant of certificate of registration or renewal, the supervising authority, shall inform the applicant in writing indicating clearly the deficiencies or causes of rejections.

4. Renewal of Registration.— (1) The certificate holder may apply for renewal of certificate of registration in Form 'A' to the supervising authority, not less than six months before the date on which the period of validity of the certificate of registration is due to expire and accompanied with fee prescribed in Schedule IV.

(2) On receipt of an application under sub-rule (1), the supervising authority shall, if satisfied that the certificate holder does not contravene any of the provisions as mentioned in sub-section (5) of section 6, renew the certificate of registration in Form 'C'.

(3) In case of certificate holder, whose validity of certificate of registration has expired or not before the commencement of the Odisha Clinical Establishments (Control and Regulation) Amendment Act, 2016 (Odisha Act 16 of 2016), such certificate holder shall apply in Form 'A' accompanied by the prescribed fee for the renewal of the certificate of registration for the remainder period.

(4) The conditions required for renewal of certificate of registration prescribed in sub-rule (2) shall be taken into consideration by the supervising authority for grant of such renewal under sub-rule(3).

5. Loss or damage of certificate of registration.— (1) In case, the certificate of registration is lost, defaced or stolen, the certificate holder shall apply to the supervising authority along with a fee of five hundred rupees in shape of Treasury Challan deposited in the Government Treasury under the head of account specified in sub-rule (3) of rule 3 with a self declaration to the effect that the certificate of registration is actually defaced, lost, damaged or stolen and in case such certificate is stolen or lost, a copy of FIR lodged in the police station shall be enclosed therewith.

(2) After receipt of such application made under sub-rule (1), the supervising authority after being satisfied with the fact, may issue a certificate of registration marked as 'duplicate'.

6. Inspection of Clinical Establishment.— The supervising authority or the Inspecting Authority shall inspect the clinical establishments by entering into the premises as and when required in presence of the In-charge of a clinical establishment or in his absence, any other person looking after the affairs and management of the clinical establishment so as to satisfy himself that the provisions of the Act and the rules have been duly complied with and shall submit a report to that effect to the supervising authority, if the authority inspecting is not the supervising authority.

7. Maintenance of registers and records by Clinical Establishment. — (1) Every clinical establishment registered under the Act shall maintain all such registers and records in Form 'D' and shall produce the same before the supervising authority or any officer empowered by it as and when required by such authority.

(2) Where a clinical establishment is required to give free treatment to the persons belonging to Below Poverty Line under the Act and the rules, such clinical establishment shall maintain a separate register in Form 'E'.

Explanation. — For the purpose of facilitating free treatment the card holder of RSBY, BKKY, NAFS shall be treated as Below Poverty Line.

(3) A copy of the summary of medical treatment along with a copy of medical record maintained by the clinical establishment concerned shall be supplied to the patient treated in the said clinical establishment, if it so demanded at free of cost while referring such for further treatment in the Government Hospital or to any other clinical establishment.

8. Display of certificates.— (1) The certificate holder of the clinical establishment shall display the certificates of registration and renewal thereof including fire safety certificate and the no objection certificate issued by the Odisha State Pollution Control Board, and any other statutory certificates at a conspicuous place for public information.

(2) In addition to requirement of displaying the certificates, as required under sub-rule (1), the certificate holder of the clinical establishment shall be liable to display the Government order or the order issued by any other authority duly authorized by the Government so as to show how many patients are BPL card holder both OPD and IPD and they have been treated till a particular date.

9. Manner of Inquiry by the supervising authority.— The supervising authority shall hold the inquiry as required under section 14-A in the following manner, namely:—

- (a) a show cause notice shall be issued within fifteen days of inspection to the owner, proprietor or the management thereof or the concerned clinical establishment indicating the deficiencies or contraventions of the provisions of the Act or the rules for which imposition of fine is proposed;
- (b) after receipt of the show cause notice, the owner, proprietor or management thereof, the clinical establishment shall comply with the deficiencies or contraventions of the provision of the Act and the rules within seven days or such further period as may be allowed by the supervising authority from the date of receipt of notice;
- (c) on receipt of compliance from the owner, proprietor, management thereof, the concerned clinical establishment, the supervising authority shall, after examining the same and giving an opportunity to such owner, proprietor, management thereof for hearing in person, impose fine having regard to sub-section (3) of section 14-A.

10. Undertaking for treatment to patients in emergency conditions.— (1) Every certificate holder of the clinical establishment shall give an undertaking in Form 'F' at the time of providing emergency medical treatment to the patient to the effect that it shall provide medical treatment to patients in emergency conditions and stabilize the condition of patient before sending him to any another clinical establishment or the Government hospital.

3-2  
(2) The clinical establishment shall also obtain an undertaking from the patient or his attendant in Form 'G' to the effect that he wants to be treated in the said clinical establishment.

11. Appeal. — (1) Any person aggrieved by any order passed by the supervising authority under sub-section (1) of section 9 or sub-section (5) of section 14-A, as the case may be, prefer an appeal in Form 'H' accompanied with fees of five hundred rupees in shape of Treasury Challan to the prescribed authority constituted under sub-rule (2) within a period of sixty days from the date of passing of the order and every such appeal preferred under this sub-rule shall contain all material statement and argument relied upon by the person preferring appeal.

(2) The prescribed authority shall consist of the following members, namely:—

- |  |              |
|--|--------------|
| (a) Secretary to Government, Health and Family Welfare Deptt. or in his absence the Special Secretary. | ... Chairman |
| (b) Director of Medical Education and Training, Odisha.  | ... Member   |
| (c) Director of Health Services, Odisha.   | ... Member   |

(3) The prescribed authority shall dispose of the appeal within one month from the date of its filling by the appellant giving him an opportunity of personal hearing before disposing the appeal.

(4) The prescribed authority may require the service of such other subject experts as it may deem fit.

12. Report in case of death of the certificate holder.— In case the holder of a certificate of registration is unable to function for any reason or where the certificate holder dies, the certificate holder or, as the case may be, the legal representative of such certificate holder, shall forthwith report the matter to the supervising authority in Form 'I'.

13. Information of death of patients in a Clinical Establishment. — If death of a patient occurs in a clinical establishment, the certificate holder of such clinical establishment shall, within twenty-four hours of death of the patient, inform to the supervising authority and the concerned District Medical Officer in Form 'J'.

**Schedule -I**  
**[See rule 3(2) ]**

**Minimum Requirements**

**General requirement:**

1. Location: The premises shall be situated in a place which shall not be adjacent to open sewerage, drain, public lavatory or any factory producing obnoxious odour or fumes or noise. The premises must be located in a sanitary place free from filthy surrounding, or sound pollution.
2. Building: The building used for clinical establishment must be spacious for maintenance of hygienic condition. The buildings which are newly constructed after the Odisha Clinical Establishment (Control and Regulation) Rules, 2017 notification, must be as per guidelines of National Building Code 2005. Provision of fire safety measures must be made available to fight fire hazards. A fire safety and life safety clearance certificate as per the guidelines issued by Home Deptt., Odisha / Director General, Fire Service, Home Guards and Civil Defense, Odisha or self declaration in form of affidavit counter signed by Fire Officer of the locality, shall be enclosed along with application.
3. CCTV: Lobby and other areas of the clinical establishment having more than 100 beds shall be covered by CCTV camera for adequate surveillance
4. The premises of the clinical establishment all throughout from the outside and also the inside, shall be accessible to physically challenged patients.
5. Water Supply and Sewerage: There must be 24 hour safe drinking water supply and provision for removal of waste water and other residues shall be disposed of for suitable treatment to render them harmless for the health condition of staff in the premises as well as people in the area.
6. Electric supply: There must be twenty four hour electric supply in the clinical establishment so that all the rooms and spaces are well lighted and backup facility (at least for operation theatre and ward). Electric supply, building and equipment must be maintained at all times.
7. Staff: All the paramedical staff (pharmacist, nurses, technicians, attendants and sweepers) must be in clean white or colour dresses to suit their nature of work. The staff on duty should not have contagious disease. In such case they should be refrained from patient care till they are cured.

8. Sanitation: Proper sanitation must be maintained. Provision of soap, clean towel must be there for personal hygiene of all staff. Colored buckets must be available for bio-medical waste disposal.

**Specific requirements**

(Clinical establishments having more than one unit detailed below shall fulfill the requirement as specified below)

**1. PATHOLOGY/BICHEMICAL INVESTIGATION UNITS**

SI No	Particulars	Quantity/Number
1	Manpower Consultant MBBS (for all areas except Municipal Corporation for basic hematology, stool, urine) MD Pathology/Biochemistry/Microbiology) Technician (Qualified LT from recognized Government/AICTE/any training from Government) Government doctor/staff cannot be a proprietor/ in-charge (The in-charge doctor and consultant may be one person)	1  @ one for 1000 or less patient per month)
2	Infrastructure Waiting Room (10' x 10') Testing Room (10' x 10') Toilet	1 1 1
3	Equipments/ Reagents All glassware, chemicals and reagents required for the tests, microscope, colorimeter/ spectrophotometer etc as per the tests conducted.	

**2. IMAGING UNITS (X Ray, MRI, CT Scan) (Must follow AERB guidelines)**

**3. ULTRASONOGRAPHY UNIT**

SI No	Particulars	Quantity/Number
1	Manpower -In-charge doctor /consultant MD in Radiology/O&G, MBBS with six months training in USG or have passed Competency Based Evaluation as per PCPNDT Rule 2014 - Staff Nurse/Female attendant - Proprietor (Any person including the above in-charge doctor). Govt. doctor/staff cannot be a proprietor.	1 1 1



2	Infrastructure	Waiting Room USG Room	1 1
3	Equipment	USG machine	

### 3. DENTAL CLINICS

SI No	Particulars		Quantity/Number
1	Manpower	-In-charge doctor /consultant (BDS/MDS any discipline of Dentistry ) -Dental attendant Government staff cannot be a proprietor or in-charge.	1 1
2	Infrastructure	Waiting Room (10' x 10') Clinic Room (12' x 12')	1 1
3	Equipment	Equipment and instruments required for the type of service to be provided i.e. operative / preventive dentistry/ endodontic/ prosthodontic/ and oral surgery	
4	X-Ray machine	If available must be approved by AERB	

### 4. PHYSIOTHERAPY UNITS

SI No	Particulars		Quantity/Number
1	Manpower	-In-charge / Consultant Physiotherapist (BPT ) -Female and male attendant - Government staff cannot be a proprietor or in-charge.	1 2 1
2	Infrastructure	Common Room (15' x 15') for reception, waiting, consultation etc. Treatment Room (12' x 12')	1 1
3	Equipments	Equipments and instruments required for the type of service to be provided.	

### 5. HOSPITALS OR NURSING HOMES OR CLINICS WITH BEDS

SI No	Particulars		Quantity/Number
1	Manpower	-In-charge doctor (MBBS/other recognized system doctor, as per the service provided) Consultant s (MD/MS) in the concerned system of medicine. -Staff Nurse (preferably with GNM/B.Sc. Nursing) 3 nurse per 10 beds + 10% of total SN	1 1

		<p>required as Leave reserve.</p> <p>-One Pharmacist if the unit has its own medicine store.</p> <p>-One pathologist one biochemist and one Technician if having a pathology/biochemical laboratory</p> <p>- One sweeper 1:20 beds ratio per shift.</p> <p>-For OT having one OT table (one pharmacist, 2 staff nurses, one attendant one sweeper)</p> <p>-For ICU (one staff nurse /bed, one attendant, one sweeper, One doctor trained in ICU/anaesthetist)</p> <p>- Govt. staff cannot be a proprietor or in-charge.</p>	1
2	Infrastructure	<p>Common Room (15' x 15') for reception, waiting, consultation etc.</p> <p>Treatment Room Ward/ Operation Theatres if surgery done, Toilets etc.</p>	1 1
3	Equipment	Equipment and instruments required for the type of service provided.	

**Schedule –II**  
**[See rule 3(2)]**

**Minimum Standard of services**

The main aim of the standard of service is patient comfort and compassion treatment by qualified medical and paramedical personals.

Following standards of services must be available and ensured to the patient as well as their attendant.

1. Reception counters to receive as well as counseling of patient for giving guidance for appropriate treatment.
2. A comfortable waiting place/room for patient and attendant.
3. Consultation with a qualified registered medical practitioner of appropriate broad specialty or superspeciality. If a Government doctor is consulted then date and time of such consultation must be maintained in a register with address and mobile number. The clinical establishment must ensure that no treatment is being provided by a Government doctor during his/her duty hours.
4. Prescription, diagnosis and investigation must be made at par with the standard treatment protocol.
5. Operation Theatre (minimum size 12ft x 15ft) with good quality instruments / equipments for emergency care and life saving measures.
6. Post operatively the patient must be visited by the surgeon at least once daily and such work must not be left to paramedical staff.
7. Any patient with emergency conditions must be attended immediately and if facility is not available for management, first aid shall be given to stabilize the patient and then transferred to appropriate hospital.
8. In hospitals or nursing homes with admission facility, there must be one doctor in overall in-charge available 24 hrs.
9. The staff nurses must be qualified and registered under ONMC. The bed to nurse ratio must be 3:10 + 10% as Leave Reserve.
10. The ward must be well lighted and ventilated.
11. The Bio Medical Wastes must be properly disposed of.
12. The hospital must be infection free. Regular cleaning and disinfection of Operation Theatres must be undertaken.
13. All the Medical and Paramedical staff must be well dressed and must wear apron.
14. There must be sufficient number of toilet/s which must be clean with 24 hr water supply.
15. Hospital must have independent power backup.
16. No exorbitant fees shall be collected especially from poor patient holding BPL Card or any other card of like nature issued by the Government enabling them for free treatment or treatment at reduced rate
17. No patient or its attendant or dead body of patient shall be detained for not paying the fees of hospital.
18. No unethical practice shall be made by Clinical Establishment to induce or entice patients. The Government doctors (during duty hours), Superspeciality students, PG students, Senior Residents are not authorized for private practice.



**Schedule III**  
**(See rule 3(3))**

**Check List of Documents**

(All documents are to be countersigned by applicant)

Sl No.	Document
1	Registration/Renewal Fees/Fines in shape of treasury Challan.
2	Ink signed original Consent Letters of the medical and paramedical persons to work in the establishment along with a self attested color passport size photo.
3	Copy of self attested Degree or Diploma certificate of the medical/paramedical persons
4	Copy of self attested up-to-date registration certificates from concerned councils of medical and paramedical staff.
5	Copy of self attested up-to-date Registration Certificate of clinical establishment for renewal.
6	Proof of ownership
7	Occupancy certificate, in case of new clinical establishments for registration
8	Location Map
9	Fire Safety and life Safety Clearance certificate or fire safety self declaration (as per Rules/guidelines notified by Home Department from time to time)
10	Authorization from State Pollution Control Board (if Applicable)
11	Trade License (If Applicable)
12	PCPNDT Certificate for USG (If Applicable)
13	NOC of AERB for imaging/X-Ray clinics.
14	Authorization for MTP from appropriate authority if applicable.
15	Instrument/Equipment List
16	Rate Chart for different Procedures
17	Undertaking to the effect that any of the employees/consultants including the owner/proprietor/Managing partner/Director as the case may be were not convicted in past for any offense or no criminal case is lying pending before any court of law pertaining to the Clinical Establishment.
18	Undertaking for maintenance of record, for providing free treatment to BPL patients, for treatment of emergency condition patients



**Schedule –IV**  
**(See rule 3(3))**  
**Details of Registration Fees**

**Table- A**

Sl. No.	Facilities available in the Clinical Establishment	Category	Fees for Registration and Renewal for five years(in Rs.)
1	MRI with or without CT Scan/ USG, Endoscopy/, Radiology/ Biochemical/ Pathological investigations	A	50,000
2	CT Scan with or without USG/ Endoscopy/Radiology/ Biochemical/ Pathological investigations	B	40,000
3	USG with or without Endoscopy/ Radiology/Biochemical/ Pathological investigations	C	30,000
4	Endoscopy or Radiology with or without Biochemical/ Pathological investigations with high end equipments.	D	25,000
5	Biochemical/ Pathological investigations without high end equipments	E	15,000

**Table- B**

Sl. No.	Facilities available in the Clinical Establishment	Category	Fees for Registration and Renewal (in Rs.)
1	Clinical Establishment having beds 101 to 200 Rs. 20,000 & thereafter for every additional 100 beds or part there of @ Rs 10, 000/- additional amount	I	1,00,000
2	Clinical Establishment having 30-100 beds	II	50,000
3	Clinical Establishment having 20 to 29 beds .	III	40,000
4	Clinical Establishment having 10 to 19 beds .	IV	30,000
5	Clinical Establishment having 01 to 09 beds .	V	25,000
6	Any other Clinical Establishment like Dental Clinics, Physiotherapy units, Immunization clinics, Poly clinic, Franchise or Collection Centers etc.	VI	15,000

N.B: The applicant is entitled to pay fees as per both Table A and Table B as applicable.





**FORM-A**

[See rule 3(1) and rule 4 (1) ]

**APPLICATION FORM FOR REGISTRATION OR RENEWAL OF CLINICAL ESTABLISHMENT***Under Odisha Clinical Establishments (Control and Regulation) Act. 1990**(The application form may be typed on a separate paper to accommodate the required fields.)*

1. NAME OF THE CLINICAL ESTABLISHMENT: \_\_\_\_\_  
(Attach a photo of the Clinical Establishment)
2. ADDRESS OF THE CLINICAL ESTABLISHMENT (with e-mail and phone No.): \_\_\_\_\_

Photo of the applicant
------------------------------

(in case of shifting of a clinical establishment mention both the existing & proposal new address)

3. NAME AND ADDRESS OF THE APPLICANT AND IN THE CAPACITY OF: \_\_\_\_\_

(owner/proprietor/Managing partner/Director/ other) if the applicant is not the proprietor then name and address of contact person)

4. CONTACT DETAILS OF THE CE(EMAIL& PHONE NO): \_\_\_\_\_
5. NAME, ADDRESS AND REGISTRATION NUMBER, IF ANY OF THE CE IN-CHARGE:  
(Attach a photo)
- \_\_\_\_\_

6. NATURE/SCOPE OF SERVICES APPLIED FOR BY THE CLINICAL ESTABLISHMENT:

CATEGORY AS PER SCHEDULE A (WITH BEDS)	DIAGNOSTIC SERVICES PROVIDED OR PROPOSED TO BE PROVIDED	OTHERS- SERVICES

7. Medical Personnel engaged (Doctors)

Sl. No	Name/ Qualification/ Designation	Nature of appointment Full time/ Part time	Medical Regn. No	Faculty or discipline of the doctor	Attach a passport photo
1.					



## 8. Para Medical Personnel Engaged

Sl. No	Name/ Qualification/ Designation	Nature of appointment Full time/ Part time	Registration no.	Attach a passport photo
1.				

## 9. Other staffs if any:

Sl. No	Name/ Qualification/ Designation	Nature and date of appointment	Attach a passport photo	Remark
1.				

## Declaration

I Sri/Smt/Dr ..... in the capacity of ..... of the clinical establishment named ..... situated at ..... do hereby undertake that the facts above stated in my application for registration / renewal under rule 4 are true to the best of my knowledge and belief. In case any of the information submitted by me is found to be false, incorrect and deliberately misleading or materially suppressed, my registration is liable for cancellation and legal action as deemed proper may be initiated against me.

Enclosures: Documents as per the check list in Schedule – D.

Signature of applicant

Date.....



**Form -B**

[ (See rule-3(6) ]

**INSPECTION REPORT FOR REGISTRATION/RENEWAL OF CLINICAL ESTABLISHMENT**

SL. NO	HEADS	REMARKS
1.	NAME OF THE CLINICAL ESTABLISHMENT	
2.	INSPECTION FOR REGISTRATION/RENEWAL	
3.	REGISTRATION NO. OF THE CLINICAL ESTBLISHMENT (IF SEEKING RENEWAL)	
4.	ADDRESS AND CONTACT DETAILS OF THE APPLICANT OR CLINICAL ESTBLISHMENT	
5.	EMAIL ID & PHONE NO OF THEAPPLICANT/ IN-CHARGE OF CLINICAL ESTBLISHMENT	
6.	DATE OF THE INSPECTION	
7.	NAME & DESIGNATION OF THE MEMBER S OF INSPECTING AUTHORITY	
8.	NAME/ DESIGNATION/QUALIFICATION OF OF THE APPLICANT/ IN-CHARGE OF CLINICAL ESTBLISHMENT	
9.	CATEGORY OF SERVICES  (Any other service not applied)	
10.	VERIFICATION OF MANDATORY CERTIFICATES AS PER SCHEDULE D & G AND UNDETAKING IN FORM 6	
11.	<b>REMARKS:-</b> SPECIFIC VIEWS FOR GRANT OF REGISTRATION/RENEWAL OF REGISTRATION/ GROUNDS OF REJECTION	
12.	<b>TIME TAKEN TO SUBMIT THE REPORT AND DATE OF SUBMISSION OF REPORT</b>	

(attach separate paper if required)

Date:-

Signature of Inspecting Authority

Place:-



**GOVERNMENT OF ODISHA,  
HEALTH & FW DEPARTMENT  
FORM-C**

(See rule-3(6) and rule-4)

**CERTIFICATE OF REGISTRATION/RENEWAL**

*Under Odisha Clinical Establishments (Control & Regulation) Act.1990*

This is to certify that Sri/Smt/Ms./Dr./M/s \_\_\_\_\_  
an applicant for \_\_\_\_\_  
in the capacity of \_\_\_\_\_  
at \_\_\_\_\_ has  
fulfilled the Criteria to run a Clinical Establishment with following services only.


The establishment is registered/ renewed under the provisions of the Act with following particulars and terms & conditions.

**REGISTRATION NUMBER** \_\_\_\_\_ **Date of issue:** \_\_\_\_\_

**PERIOD OF VALIDITY** From: \_\_\_\_\_ To \_\_\_\_\_

**IN-CHARGE** -(If a doctor then the \_\_\_\_\_ Regn..No \_\_\_\_\_)  
(With Qualification)

**Signature of  
Supervising Authority**

Terms & Conditions:

1. That the CE shall Odisha Clinical Establishments (Control and Regulation) abide by the provisions of the Act 1990, rules made there under.
2. That for renewal, application shall be made to the authority not less than six months its before expiry.
3. Any change in the constitution or management of the clinical establishment shall be intimated not later than fifteen days to the supervising authority along with the original certificate for issue of new one.
4. Any change of staff of the Clinical establishment must be reported to the Supervising Authority within one month of such change.
5. All certificates of the establishment including OSPCB, Fire Safety, Trade license, Rate chart, Name of Staff on duty etc., must be displayed in a prominent place for viewing of public information.





**FORM D**

(See rule 7(1))

**Maintenance of Records**

Sl No	Particulars
1	OPD patient register showing Name, address, date, provisional diagnosis and advise given. (applicable for all types of clinical establishments)
2	IPD register showing, Name Age, Address, Referred from, Date & Time of Admission, Provisional diagnosis, Treatment plan, Date of Discharge.
3	Operation Register showing name , age, address, operation done, name of Operating Surgeon and team of staff.
4	Vital statistic ledgers showing all deaths, births
5	Medico legal case register (Name, Age, Sex, Address, time of receive, condition of patient, time of discharge, cause of discharge, time of police information)
6	Register of staff engaged, deployed, on call and consultants.
7	Aquittance Ledger showing payment to Doctors, and paramedical staff.
8	Register showing the list of Govt. doctors/staff attending the Clinical Establishment (Name Address, Designation, Place of Posting, Time of such attendance)
9	Ledger showing the list of IPD and OPD patients under BPL category given free treatment. (Name, Age, Sex, Address, Disease, treatment given)
10	Ledgers related to accounts (Receipts, expenditures, income tax etc)

**Form No. E****[See rule 7(2)]****REGISTER****Part I-Report of treatments of BPL patients**

Sl No.	Month	Total OPD patients	Total BPL patients given free OPD treatment	Total IPD patients	Total BPL patients given free IPD treatment

**Part II-Detail List of BPL patients given free treatment**

Sl No.	OPD/IPD	Name & address of patient	Unique ID (RSBY/BKKY/ADHAR/NAFS)	Disease	Date of Admission	Date of Discharge	Any Amount charged



**Form – F**

**[See rule 10(1) ]**

**Undertaking for managing emergency conditions**

I Sri/Smt/Dr ..... in the capacity of Proprietor / In- charge/Managing Director/owner of the Clinical Establishment named ..... situated at ..... do here By undertake to provide such medical treatment, examination and in order to stabilize the emergency medical condition as may be necessary of the patient during the period of stay in the clinical establishment within the staff and facilities available in my clinical establishment.

Full Signature of the  
Certificate holder of  
the clinical establishment



**Form-G**  
**(See rule 10(2))**

**(Undertaking by the Patient/Attendant for treatment at the time of emergency medical condition)**

I Sri ..... son of /daughter of / wife of .. ...  
At./Po./ PS/District... .. (Specify address)..... .. do here by  
undertake that I am willing of treatment of the patient, Sri.....  
at ..... (Specify the name and address of the clinical  
establishment) within the available staff and facilities.

Full Signature of the Patient/Attendant

**Place-**

**Date-**

3-14



**Form -H**  
**[(See rule -11(1))]**

To

The Principal Secretary to Government,  
 Health & Family Welfare Department,  
 Odisha Secretariat, Bhubaneswar, 751001.

Sub: Appeal against the action of Supervising Authority.

Sir/Madam,

I Sri/Smt. ....

owner/ proprietor/ Managing partner/ Director as the case may be of the  
 Clinical Establishment (name to be given) .....

.....  
 being aggrieved by the action of the Supervising Authority, do hereby make an  
 appeal for reconsideration of my application at an earliest. The fees of Rs.500/-  
 (Rupees five hundred only) in shape of Treasury Challan and related documents  
 are enclosed for reference.

Grounds of Appeal in brief:

(Separate sheets of paper may be used)

- 1.
- 2.

Yours faithfully,

(Name of the applicant  
 (Address

.....Acknowledgement .....

Received an appeal from Sri /Smt .....

In-charge of Clinical Establishment .....

under section 9 of the Odisha Clinical Establishment (Control and Regulation)  
 Act, 1990 and read with rules 14&15 of the Odisha Clinical Establishment  
 (Control and Regulation) Rules, 2017

Signature,  
 Date & Seal of receiving officer





**FORM-I**  
**(See rule 12)**

To

Supervising Authority,  
Clinical Establishments,

District

Sir,

I/We do hereby bring to your kind notice that the holder of certificate or registration Sri... .. of the clinical establishment ... .. unable to function for such reasons.. ... died on... .. due to ... .. (cause of death)...

Registration Number of the Clinical Establishment

Hence the above Clinical Establishment may be registered in my name.

Yours faithfully,

(Signature of the owner/proprietor of Clinical Establishment)

1. Enclose copy of the death certificate.
2. Original Registration certificate
3. Affidavit to the effect that he/she will run the clinical establishment as per the provisions of OCE (CR) Act and Rules there under and the status of the Clinical Establishment is as it is.

Signature of certificate holder/legal representative

\*\*\* strike out which is not applicable.

3-16



FORM-I

(Sec rule 13)

To

Supervising Authority,  
Clinical Establishments,

District

Sir,

I/We do hereby bring to your kind notice that death(s) has occurred in our establishment .....

The details of the deceased are as follows:

Name..... Age..... Sex.....

Name of father/husband.....

Address.....

Date and time of admission

Date and time of death

Diagnosis

Treatment given

Cause of death

Yours faithfully,

(Signature of the owner/proprietor of Clinical Establishment)

**By order of the Governor**

3-17

*[Handwritten Signature]*  
25/06/2017

**Commissioner-cum-Secretary to Government**

Memo No. 16443 /H., Dtd: 22-6-17

Copy forwarded to All Departments of Government /All Heads of the Department/All Collectors/ All CDMOs for information & necessary action.

  
Additional Secretary to Government

Memo No. 16443 / H Dated the 22-6-17

Copy along with soft copy forwarded to the Secretariat Gazette Cell (Odisha Secretariat), Commerce & Transport Department, Bhubaneswar for information and necessary action.

They are requested to publish the above Notification in the next issue of the Extraordinary Gazette for general information and to furnish 20 (twenty) copies of the Gazette Notification to this Department for reference.

  
Additional Secretary to Government

Memo No. 16444 / H Dated the 22-6-17

Copy forwarded to the I.T.Cell of Health and Family Welfare, Department for information.

They are requested to take immediate necessary action for hosting the notification in the official website of Health and Family Welfare, Department.

  
Additional Secretary to Government