Health Establishment Registration Form

(for TB Notification) 1

1. Name of Health Establishment		
2.	Sector	☐ Private/NGO
3.	Type of Health Establishment	☐Laboratory ☐ Private Practitioner /clinic (single) ☐Hospital / Clinic / Nursing Home (multi)
4. MCI/Hospital/Clinical Registration Number		
5. Authorized Contact Person		
6. Designation of Contact Person		
7. Email		
8. Land Line Number (with STD Code)		
9. Mobile Number		
10. Complete Address		
11. PIN Code		