

HOSPITAL REGISTRATION ENABLING FORM

1. Hospital Name: _____

2. Hospital DGHS Registration No. : _____

3. Hospital DGHS Registration Date : _____

4. Type of Hospital (Govt/MCD/Pvt. Etc.): _____

5. Primary Organisation (SDMC/NDMS/EDMC) : _____

6. Hospital Address : _____

7. Hospital Contact Details:

i. Official Email Address: _____

ii. Mobile Number (if any): _____

8. Whether IT Infrastructure Available (YES/NO) : _____