

Hospital On-boarding Form for Online Registration System (ORS)

1	Name of Hospital	
2	Hospital Type	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> District Hospital <input type="checkbox"/> Medical College
3	Government	<input type="checkbox"/> Central <input type="checkbox"/> State <input type="checkbox"/> Autonomous Body <input type="checkbox"/> Society <input type="checkbox"/> Cooperative
4	Address of Hospital	
5	District in which Hospital Located	
6	State in which Hospital Located	
7	Website of Hospital	http://
8	HMIS Solution deployed	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1	If yes, Name of the Product	
8.2	Name of the Organization, who developed HMIS Solution	
9	Average Number of OPD Registrations per day	
10	Number of Doctors in the Hospital	
11	Nodal Officer Details	
11.1	Name	
11.2	Designation	
11.3	Mobile Number	
11.4	Land Line Number	
11.5	E-mail Address	

I hereby, agree to pay SMS charges (approximate 3-4 paisa per SMS) as per the NIC/NICSI rates for SMS being sent to beneficiaries/Patients as and when asked for by NIC/NICSI.

Signature of Hospital Head
Name of Hospital Head

Date

(Seal of Hospital Head)