

Private Mobile Health Care Business

1. Applicant's Name _____
2. Citizen's Scrutinizing Card No. _____
3. Name of the Business and Address _____
4. Land Area of the Business (Length x Width x Area) (describe in Feet/Acre) _____

5. Area of the Business (Length x Width) (describe in Feet) _____
6. Detail plan of Businesses to be carried out:
 - (a) Type of Business _____
 - (b) Business Location _____
 - (c) Type of Vehicle _____
 - (d) Insurance for the Vehicle _____
 - (e) Insurance for the individual who will accompany in the Vehicle _____
 - (f) Type of Mobile Health Care (Clinical, Surgery, Educational, Service, Diagnosis, Research, etc.) _____

7. Arrangement for Medical Records (Yes./No.) _____
8. Storage system of Medicines and Medical Appliances _____

9. Challan No. and Date for Payment of License Fee _____

10. Recommendation by the City Development Committee for the Building Yes./No.

(If Yes, attach herewith)

11. Receive Prior Permission Yes./No. _____

12. Previously Operated for the Business Yes./No. (if Yes.) _____

Month/Year of Opening _____

Approved Organization/ Evidence _____

Expiry Date _____

13. Fire Safety System Yes./No. _____

(If Yes, submit the prevention arrangement)

14. Responsible Personnel at the Nursing Home _____

(a) Name of the Responsible Person of the Business _____

(b) Specialists () No.

(c) Medical Officers () No.

(d) Nurses () No.

(e) Nurse Aid () No.

(f) Other Staff () No.

(To fill the personal information at the CV Form for each and every person.)

25. Please describe any additional information _____

Signature of Applicant: _____

Name: _____

Contact Telephone: _____