

## HOSPITAL EMPANELMENT FORM

This form must be filled and submitted for empanelment into Su-Swastha Yojna

### INSTRUCTIONS

Please fill form using Acrobat and digitally sign

Alternatively, take a print and sign, scan and email to [info@suswasthasikkim.com](mailto:info@suswasthasikkim.com)

Mention **"New Empanelment Application"** in subject line

The form can also be sent by courier to **Dr Parbin Moktan, Su Swastha Facilitation Center, 1st Floor, Old STNM Hospital, near MG road, Gangtok Sikkim 737101**

Please call at **98003-47944** for any queries and intimation

### HOSPITAL DETAILS

Hospital Name

Hospital Category  Hospital  Nursing Home  Day Care Center  Single Speciality Hospital  
(Tick whichever is applicable)  Cancer Care Center  IVF Center  Children's Hospital

Ownership  Individual  Partnership  Pvt Ltd  Trust  Armed Forces

Hospital Registration No.

ROHINI ID

PAN No.

#### Address

Line 1

Line 2

Line 3

City

District

State

Pin Code

Total No. of Operational Beds

ER Beds  Ward Beds  Private rooms  Semi-private rooms  OBG Beds

Pediatric beds  ICU beds  ICCU beds  Neonatal ICU beds  Burns beds

HDU beds  Ventilator beds  Isolation beds

Total No. of Doctors

Total No. of Nurses

### HOSPITAL CONTACT DETAILS

Contact Person Name

Phone Number   Email Id

Website  GST No.

Fax Number

### OWNER DETAILS

Owner Name

Owner Qualification  Designation

#### Owner Address

Line 1

Line 2

Line 3

City

District

State

Pin Code

Phone Number   Email Id

