

Application for External Certification for Quality of Services

From

State Quality Assurance Committee

No.

Date:

To,

Joint Secretary (Policy)
Ministry of Health & Family Welfare
Government of India
Nirman Bhawan, Maulana Azad Road
New Delhi – 110011

REQUEST FOR ASSESSMENT OF HEALTH FACILITY FOR QUALITY CERTIFICATION

Sir,

We are happy to inform that Quality Assurance Programme at following Health facility in the State/UT has made substantial progress and the health facility has scored(percentage of marks obtained in SQAC Assessment)-.....(name of the health facility)

Hence, we request you to issue instructions for assessment of the health facility for the MoHFW GoI Quality Assurance certification. Detail information on the health facility is given in the attached **appendix I.**

Thanking you.

Yours sincerely

Chairperson
SQAC

Hospital Data Sheet
(to be enclosed with the application for External Quality Certification)

1. Name of Health Facility	
2. Full Address	
3. Contact Details	
a. SQAU	i. Nodal Officer- ii. Email – iii. Tel – iv. Score of the facility on SQAU Assessment -
e. DQAU	i. Nodal Officer – ii. Email – iii. Tel – iv. Score of the facility on DQAU Assessment
e. Facility	i. Incharge – ii. Email – iii. Tel – iv. Score of the facility on internal Assessment- v. Score of the facility in state certification-
4. Nearest Railway Station	
5. Nearest Airport	
6. Details of Hospital	
a. Number of Beds	
a. Distribution of Beds	i. Medical – ii. Surgical- iii. Gynae- iv. Maternity- v. Paediatrics- vi. Orthopedics- vii. Ophthalmology- viii. ENT- ix. ICU- x. SNCU- xi. Others (Please add)
7. Maternal Services	a. Number of deliveries in a month- b. Number of Caesarean Section in a month-
8. OPD Services	a. OPD Services available in the hospital - b. Average OPD attendance in a month-
9. Laboratory Services –	Average Number of tests conducted per month -

10. Radiological Services –	a. No. of X-ray machines- b. No. of Ultrasound Machine- c. CT Scan- d. Any other-
11. Name and Number of departments in the hospital -	
12. Name and Number of departments applied for -	