



GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH & FAMILY WELFARE

THE WEST BENGAL CLINICAL ESTABLISHMENT RULES, 2003

The West Bengal Clinical Establishment Rules, 2003

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Department of Health & Family Welfare

MEDICAL SERVICES

NOTIFICATION

No.- HF/O/MS/252/4C-04/2002 dated, 7th July 2003. In exercise of the power conferred by section 9 of the West Bengal Clinical Establishment Act, 1950(West Ben. Act-LVI of 1950), and in super session of all earlier rules on the subject, the Governor is pleased hereby to make the following rules, namely :

RULES

1. Short title and commencement

- (1) These rules may be called The West Bengal Clinical Establishment Rules, 2003.
- (2) They shall come into force on and from the date of their publication in the Official Gazette.

2. Definitions -

- (1) In these rules, unless there is any thing repugnant in the subject or context,
 - (i) "The Act" means the West Bengal Clinical Establishment Act, 1950.
 - (ii) "Appendix" means appendix to these rules;
 - (iii) "Appropriate authority" means the Council, the Body, the University or Board approved by the State or Central Government granting registration to particular discipline like Allopathic, Homoeopathic, Ayurvedic, Acupuncture or Unani system of medicine for such purpose;
 - (iv) "C.M.O.H." means the Chief Medical Officer of Health of the district within which the local area is comprised;
 - (v) "D.D.H.S. (Administration)" means the Deputy Director of Health Services or any other officer not below the rank of Deputy Director of Health Services as the State Government may, by Notification in the Official Gazette specify;
 - (vi) "D.H.C." means The District Health Committee constituted under section 5B of the Act;
 - (vii) "Kolkata" means the Kolkata as defined in clause (9) of section 2 of the Kolkata Municipal Corporation Act, 1980(West Ben. Act LIX of 1980);
 - (viii) "Package" means a group of facilities towards investigation, treatment or management with clear item wise explanation wrapped under a fixed price to be provided to the beneficiaries.
 - (ix) "R.M.O." means the Residential Medical Officer, who will be engaged for a particular discipline like Allopathic, Homoeopathic and Ayurvedic or Unani system of medicine, with requisite qualifications and registration under Government recognised council, for the particular discipline for which the clinical establishment is set up;
- (2) The words and expressions used in these rules and not defined shall have the meaning respectively arranged to them in the Act.

3. Each page of the Register shall be maintained and verified by the Licensing Authority in Kolkata and by the Chief Medical Officer of Health elsewhere, in FORM I, as specified in the appendix to these rules.
4. The names of the clinical establishments shall be entered in the Register in the order in which the applications of registration and for the grant of license are admitted and sufficient space shall be left for future additions and alterations in respect of the entries made about the establishment.
5. The register shall be verified page wise by the Licensing Authority as prescribed in rule 7.

6. As soon as may be after the 1st day of April each year each Chief Medical Officer of Health shall inform the Deputy Director of Health Services (Administration) and District Health & Family Welfare Samity without delay of all the additions and alterations in the district register.
7. An officer not below the rank of Deputy Director of Health Services shall be the **Prescribed Authority** (hereinafter referred to as the **Licensing Authority**) in Kolkata and the Chief Medical Officer of Health elsewhere, to whom the applications for registration and for the grant of License shall be made.
8. The application for registration and for the grant of License, or for their renewal, or amendment, or for a duplicate of the license, if the original is lost or destroyed, shall be in **FORM II** as specified in the appendix to these rules and shall be accompanied by a fee as hereinafter mentioned for each clinical establishment. The **approved plan** from appropriate authority of the premises where the establishment is proposed to be run or going to be modified shall be attached to the new application or the application for amendment. The **existing license must be surrendered** with the application for every renewal or amendment of the clinical establishment license on proper receipt from the licensing authority.

FEES PAYABLE WITH APPLICATION (in Rupees) :

	For KMA*, Municipal Areas & Dist. H.Qs.	For KMA, Municipal Areas & Dist. H.Qs.	Others	Others
	Registration	Renewal	Registration	Renewal
	Rs.	Rs.	Rs.	Rs.
1. Nursing Home and or Maternity Home, Dispensary with beds, Day Care Centre with beds and Physical Therapy Establishments.				
(a) Upto 10 beds	2000	1000	1500	750
(b) 11-20 beds	3500	1750	2500	1250
(c) 21-30 beds	4500	2250	3500	1750
(d) for each additional bed above 30 beds	150	75	100	50
2. PATHOLOGICAL LABORATORY				
(a) Small	500	250	400	200
(b) Medium	1000	500	800	400
(c) Large	2500	1250	1500	750
(d) Collection Centre for Pathological Labs.	700	350	700	350
3. IMAGING, X-Ray & Others				
(a) USG only	1000	500	800	400
(b) ECHO	1000	500	800	400
(c) Color Doppler	1000	500	800	400
(d) CT Scan	2000	1000	1800	900
(e) MRI	3000	1500	2800	1400
(f) X-Ray	1000	500	800	400
(g) OTHERS : ECG, EEG, EMG, Scopy Procedures, Holter Monitoring & others not specified above	1000 each	500 each	800 each	400 each
(h) Angiography	5000	2500	4000	2000

	For KMA*, Municipal Areas & Dist. H.Qs.	For KMA, Municipal Areas & Dist. H.Qs.	Others	Others
	Registration	Renewal	Registration	Renewal
	Rs.	Rs.	Rs.	Rs.
4. ICCU/ITU/RCU/NCU Dialysis (each)				
(a) upto 10 beds	4500	2250	3000	1500
(b) 10+beds	6000	3000	4000	2000
5. (a) Poly Clinics & other Clinics	500/doctors	250/doctors	400/doctors	200/doctors
(b) Individual Clinic (Modern Medicine and Dental)				
(a) Graduates	300	150	200	100
(b) Post-Graduate diploma and degree holder	1250	625	1000	500
(c) Ayurvedic/Homeo/Unani/ Acupuncture therapist				
(a) Graduates	150	75	100	50
(b) Post-Graduate diploma and degree holder	625	300	500	250
6. Hospitals having Speciality Clinic				
(a) 25-50 beds	1500/specialty	750/specialty	1000/specialty	500/specialty
(b) >50 beds	2500/specialty	1250/specialty	2000/specialty	1000/specialty
7. For diagnostic facilities in hospitals having more than 50 beds (excluding MRI and angiography)	12,000	6000	10,000	5000
8. Amendment fees	500		500	
9. Duplicate Copy of License	250		250	

* KMA : Kolkata Metropolitan Area

Specialty Clinic :

1. Surgery / Eye / ENT / Orthopedics / Cardiothoracic / Plastic Surgery
2. Medicine / Pediatrics (Surgery / Medicine) / Cardiology / Endocrinology
3. Gyne and Obstetrics
4. Neurology / Skin / Dental
5. Any other discipline not included above.

The license for a temporary camp is hereby withdrawn. All operations should be performed in a fixed centre having OT facilities.

If the licensing authority rejects any application, the application fee shall be refunded after deduction of 25% of the fee.

The application for renewal of registration and license shall be submitted at least 30 days before the date of expiry. No application for renewal of registration and license shall be entertained if made after the said period, unless the said application is filed before the date of expiry of such license with a fine which shall be 50% of the amount of renewal fee and, if so submitted the establishment shall be deemed to be duly registered and licensed until such date as the licensing authority renews or refuses the registration and license.

If a licensee submits an application for renewal of license after expiry of the valid date of license, such application shall not be treated as a case of renewal of old license in any circumstances. But

such application shall be treated as an application for new license and shall be accompanied by up to date fee for original registration and license, and if any new license is issued on the basis of such application, the validity of such license shall be for one year or three years, as the case may be, from the date of issue of the license as usual. The intervening period that is from the date of expiry of the previous license up to the date before issue of the new license, shall be treated as an irregular period of running the establishment by the licensee without providing any information to the licensing authority about any closure of the establishment during that period, supposed to be done by the licensee, which is subsequently be regularized by the licensing authority after receiving the full payment towards the fee for original registration and license, unless affected by any other law of the land, under a notice mentioning the irregular period of running incorporated in the body of the license to be issued. If the last date of submitting an application is a Gazetted holiday, the application shall be submitted on the immediate next working day.

9. The registration and the license granted under the Act shall be valid for one year with effect from the date of issue of the license. However fees for three consecutive years may be paid in advance at a time and license will be issued accordingly.

10. The fees shall be paid in cash to the Reserve Bank Of India in Kolkata and to the Treasury elsewhere under the Head- "0210-MEDICAL & P.H. (Excluding P.H.)-OTHER RECEIPTS" under The West Bengal Clinical Establishment Act, 1950, and the refund of portion of application fees shall be given from the subordinate Head-"DEDUCT-REFUND" under the appropriate receipt head. The licensing authority shall keep an account of the fees so deposited in the Reserve Bank Of India in Kolkata or the Treasury, as the case may be, on receipt of the Bank or Treasury Challan to be produced by the applicant. The licensing authority shall also keep an account of the refund of the fees.

11. No license for clinical establishment shall be granted unless the licensing authority is satisfied that the applicant and the Clinical Establishment fulfils the following conditions :

A. GENERAL (For all Clinical Establishments) :

(I) The person or persons associated with the clinical establishment are considered fit and proper person.

(II) Application (FORM II) shall be filled in with the particular name of the applicant and not with the name of Registered firm, Company or Partnership Organization so that responsibility of the clinical establishment shall be fixed upon a particular person. So in case of a Firm, Company or a Partnership Organization, the name of a person from amongst the Directors, Partners or Owners, that may be the Applicant, shall be specified through a resolution of the personnel in the management of such Firm, Company or Partnership Organization.

(III) The premises and equipments are reasonably suitable and adequate with a stock of emergency and lifesaving drugs as notified from time to time.

(IV) The premises where the clinical establishment is actually located, should be separated from any residential quarter of persons not connected with the establishment i.e. there should be no free access.

(V) The plan for construction of new clinical establishment must follow the measurements as laid down in Annexure A. The plan should be duly certified by the Government Approved Engineer/ Architect on the body of the plan and to be submitted with the application for registration.

(VI) A plan of construction of the premises duly approved by the Municipal or Corporation Authority, as the case may be, shall be furnished to show that the construction is exclusively meant for a clinical establishment to run there, and if the construction is approved for residential purpose, it should be converted accordingly with due approval of the respective Municipal or Corporation Authority concerned, as the case may be, before it is submitted with the application for grant of license under the West Bengal Clinical Establishment Act, 1950. Ownership towards the premises must be supported by deed, records or tax documents. In case of lease Deed with Landlord, a no objection certificate must be produced with application. Current Receipt of rent payment to the landlord in case of rented building is required in case of renewal of license.

(VII) In the premises, except Individual Clinic, there should be a Reception counter, an Office with an airproof and waterproof Record room, a Waiting room with proper ventilation, lighting, drinking water supply, cooling arrangement, sanitary arrangement and separate toilets for male and female.

(VIII) Clinical Establishments having identical names in the jurisdiction of a particular licensing authority shall not be allowed to avoid biasness amongst the beneficiaries.

(IX) The word "RESEARCH" can not be used in the nomenclature of a clinical establishment under this act, unless and until, the subject of definite Research proposal is submitted along with the application for registration and if such a proposal is submitted at all, yearly progress in that field with the observation of an expert in that specialty must be submitted to the licensing authority for onward transmission to the Ethical Committee.

(X) The word "HOSPITAL" can only be inserted in nomenclature of a clinical establishment having not less than 25 beds where treatment facilities in all the disciplines or a particular discipline are sufficiently available with necessary infrastructure for any type of emergency management during day and night.

(XI) The naming of a clinical establishment shall conform to its function and the facilities to be made available for treatment or diagnostic observation.

(XII) The general cleanliness of the premises including sanitary arrangements, furniture and equipments must be properly maintained along with 24 hours adequate potable water supply for the beneficiaries with an arrangement for safe and hygienic disposal of clinical waste products as per provisions laid down in the Bio-medical Waste (Management and Handling) Rules, 1998.

(XIII) Every application for clinical establishment must be supported with Certificate of Enlistment from Municipal Corporation / Municipal Authority / Panchayat, as the case may be and Clinical Waste Disposal License (if available) from the respective Corporation /Municipal Authority/ Panchayat, as the case may be.

(XIV) The persons employed to conduct the clinical establishment must be properly qualified, trained, and sufficient in number, as provided in these rules.

(XV) Every application for registration shall contain Appointment and Acceptance letter of the staff proposed to be engaged and Bio-data with documentary evidence of their qualifications (Technical and Non-technical) and particulars of salaries including yearly increment and exgratia for overtime duty, to be drawn by them.

(XVI) All clinical establishments should preserve the Xerox Copy of certificates of Consultants/ Specialists, as the case may be to be, produced to the licensing authority on demand. A list of such consultants/ specialists stating their qualifications is to be provided with Form II during application.

(XVII) If any employee or a consultant of a clinical establishment is attached with or employed in Government Services, details must be submitted to the licensing authority in this regard with no-objection certificate from the Head of the Institution. No Government employee shall be employed as RMO or full time employee of a clinical establishment.

(XVIII) Any examination, treatment or management of female patients must be conducted in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the clinical establishment.

(XIX) An up-to-date register shall be maintained in which Name, Present and Permanent address and qualification of all the employees (both temporary and permanent) of the clinical establishment are to be noted.

(XX) An attendance register of all employees of the establishment shall be maintained.

(XXI) Proper accounts shall be maintained of all receipts and expenditure.

(c) Cabin—a single room to provide complete privacy to a patient with acceptable floor space vide Annexure 'A' of these rules for the patient with an attached toilet exclusively for the patient.

(II) Provision for sanitary fittings : —acceptable norms to be followed as laid down in annexure A' of these rules.

(III) Except for Intensive Therapy Unit and Intensive Cardiac Care Unit with provision of curtains, no male patient is allowed to stay with female patient in side a ward. There shall be separate male or female ward.

(IV) Operation Theatre Complex : —Minimum floor space for an Operation theatre as specified in "Annexure A" of these rules shall be provided apart from area provided for scrubbing, dirty linen, store, Doctor's room, Nurses room, Recovery and Sterilisation. Such a complex must be treated as a sterile zone and asepsis of such complex shall be regularly maintained. All Operation theatres must be equipped with proper instruments like shadow less lamp, anaesthetics apparatus with oxygen cylinder, diathermy etc.

(V) Proper ventilation, lighting and water supply must be provided.

(VI) Fans operated by electricity must be provided with, where electricity is available, or other means of cooling must be adopted.

(VII) Sufficient number of water closets, bathrooms and washbasins must be provided as per acceptable norms laid down in Annexure 'A' of these rules.

(VIII) Adequate number of bedpans and slop sinks with flushing arrangements must be provided.

(IX) Floor and other parts of the rooms must be kept clean and in proper repairs regularly.

(X) The rooms and the buildings are all white washed every year and if washable paint used should be painted once in every three years.

(XI) Adequate and wholesome diet must be provided to the patients as per advice of the attending Doctor and cleanliness is to be maintained in preparation of diet and its service to the patients.

(XII) Proper arrangements for attending the patients and prompt answering to their calls must be made available round the clock.

(XIII) No person, other than those who are directly connected with the running of the establishment or who are members of their family, shall be allowed to reside in the premises except with the special permission of the licensee of the clinical establishment. The licensee of the clinical establishment shall be responsible for the action of any person whom they grant such special permission.

(XIV) No person shall be allowed to sleep on the floor where the patients are accommodated.

(XV) In case of a maternity home the delivery room must be provided as per specification laid down in Annexure A of these rules. The delivery room must be equipped with obstetric table, suction apparatus, and shadow less lamp, weighing machine for the babies and other instruments for the purpose with adequate emergency management facilities.

(XVI) A room with proper sanitary arrangements with provision for drinking water must be provided for Residential Medical Officers, to be called as Residential Medical Officers' room, and with the same arrangements a room must be provided for nursing personnel to be called as Nurses' changing Room, in a new establishment.

(XVII) All clinical establishments having indoor facilities shall maintain proper bed head tickets with the time of admission of the patient, provisional diagnosis and the prescription of the doctor attending the patient during admission with proper date, time and signature. It will be obligatory on the part of such clinical establishments to submit bed head ticket of any patient, whenever required with details, that is, with copy of, all investigations reports done after advice

of attending doctor/s, diet chart, input-output chart, temperature chart, prescriptions, clinical findings, and final diagnosis or cause of death if occurred, of the patient, during the course of treatment in such clinical establishments, by the licensing authority or his nominated person/s. Any refusal or inability or failure to submit the same, by any clinical establishment, if required within a stipulated time as fixed up by the licensing authority, shall be considered as a gross violation of these rules.

(XVIII) All corridors must be adequately spacious and wide to provide safe movements of ambulatory patients with the help of stretchers or wheel chairs and so to the stair cases for movements of stretchers where there is no provision of electrically operated lift.

(XIX) All emergency diagnostic procedures should be done immediately and the report should be signed by the pathologist / radiologist as the case may be with date and time.

C. FOR PHYSICAL THERAPY ESTABLISHMENTS :

(I) A physical therapy establishment provides treatment facilities to patients suffering from crippling diseases and disabilities. The treatment may be classified as physical and electro-therapy, hydrotherapy, occupational therapy and exercise (Gymnasium). Physiotherapy demands complete privacy. Accommodations should, therefore, be provided in the forms of booths. A long room with curtains, which could be drawn, to form cubicles and afford adequate privacy shall be provided. The minimum area that could be provided in such an establishment shall be as per with Annexure A of these rules with adequate equipments for the purpose.

(II) Such establishments shall be under direct supervision of a properly qualified expert on the particular type of treatment to be provided by the establishment.

(III) Save as hereinafter provided, the employees of the establishment and the person/s giving the actual treatment shall have the proper qualifications from institutions approved by the appropriate authority for imparting such treatment.

(IV) Male or female employees providing such therapy under direct supervision of properly qualified person/s shall possess a minimum qualification of Secondary education (10+) or equivalent education from any recognised board of secondary education, and must possess practical experience for a period of at least 5 years as a trainee or work assistant under a qualified Physiotherapist in physiotherapy department of a Government hospital or a hospital recognised for such purpose by the appropriate authority to achieve a satisfactory knowledge on (a) basic anatomy specially of bones, joints and muscle (b) basic physiology with rudimentary knowledge of diseases in which massage is indicated or contraindicated (c) mechanism and use of remedial apparatus (d) physics and application of electrical appliances used in modern physiotherapy.

(V) To provide complete privacy separate arrangements shall be provided for the therapy of male and female patients by the male or female employees respectively under proper supervision of qualified person/s in this respect.

DIAGNOSTIC FACILITIES :

All diagnostic facilities employing consultant/ full time specialist/MBBS as the case may be, in various departments will display in a prominent place the time of the visit of the consultant / full time specialist/MBBS for the interest of the patient. If the consultant/full time specialist / MBBS is not available on 2 successive occasions during the stipulated time, necessary measures will be taken as per rule. The consultant/full time specialist/ MBBS, as the case may be, should put their signature and date in the report issued by the diagnostic unit.

D. FOR CLINICAL LABORATORIES :

(I) It shall be under a properly qualified person to conduct the test, examination or analysis and the preparation of cultures, vaccines, serum or other biological or bacteriological products undertaken by the laboratory.

(II) The clinical laboratory shall be provided with 600mm wide and 900mm high bench of length about 2 metres per technician and to full width of the room for pathologist in charge of the

laboratory. Each laboratory bench shall have laboratory sink with swan neck fittings, reagent shelving, gas and power point and under counter cabinet. Top of the laboratory bench shall be of acid alkali proof.

(III) The room size shall be provided for such purpose shall be as per Annexure 'A' of these rules apart from pathologist room, sample collection room, and room for laboratory waste material for hygienic disposal.

(IV) All clinical laboratories are liable to keep the records properly with the name of the patients, their address and the name of the referral doctor with detail of investigation results. The clinical laboratories will have to inform the licensing authority about the notifiable diseases, if detected, within 24 hours with a copy to Chief Health Officer, Kolkata Metropolitan Urban Health Organization in case of Kolkata and Deputy Chief Medical Officer of Health-II in case of a district.

(A) Laboratory

Supervisory Personnel

- (a) The large and super-specialty laboratory shall be manned by the medical persons with post-graduate qualification in pathology, microbiology and biochemistry / Ph. D. in the respective discipline.
- (b) The small laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine.
- (c) The medium laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine along with M.Sc. : Biochemistry/ Medical Micro-biology provided the laboratory performs the special tests.
- (d) Any laboratory that performs histopathological, cytopathological and special hematological tests must be manned by an MD in pathology and in the specialty.
- (e) Multi-disciplinary laboratories shall identify a group leader, with specific qualification for each.

(B) Technical Personnel

The technical person performing the tests and reporting the results should have one of the following qualifications :

- a) Science graduate with five years experience in an established medium sized laboratory. (to be approved by the Govt. of West Bengal).
- b) Graduate in Medical Laboratory Technology.
- c) Diploma in Medical Laboratory Technology (with a course of at least of one year duration) awarded by a University, State Government, Central Technical Board, or Indian Medical Association with 2 years experience in an established medium-sized laboratory.
- d) A Laboratory may employ upto 25% of the staff without experience but with requisite qualifications or a person with more than ten years of laboratory experience with at least matriculation with science.

The laboratory shall have a system for imparting necessary training to technical staff at various levels. There shall be a system so that a technical person receives adequate training in the operation of a new analytical equipment and performance of a new test before he / she is assigned to such work.

(C) Collection Centre

A blood collection center should be manned by an MBBS. The qualification of technician is as mentioned in (B) above. The collection center should have an adequate waiting space and a room having at least 80 sq. ft. floor area. **No collection center should be operated by any pathological laboratory in any medicine shop.** If any laboratory is found to operate through a medicine shop the authority may cancel the license of such laboratory.

(D) Laboratory Specification :

Small: Routine Clinical Procedures e.g. Hb, TC, DC, ESR, BT, CT, PT, Routine examination of stool, urine, sugar (blood and urine), urea, cholesterol.

Medium: As above + Special tests e.g. LFT, Lipid profile, Renal Function, Cardiac Function, Common Hormone Assay: T3, T4, TSH, Prolactin, 17 ketosteroids, Urine and blood culture, Elisa Test, Use of Semi Auto Analyser & Electrolytes estimation.

Large: As above and others.

Laboratories doing investigations by radio-immunoassay technique need clearance from the BARC.

E. FOR RADIOLOGY AND IMAGING :

(I) The role of radiology department shall be radio diagnostic and radiotherapy; hence it shall be under properly qualified person/s to conduct the radio diagnosis or radiotherapy, as the case may be.

(II) The Radio diagnostic units generally deal with Radiography, Ultrasonography (USG), Nuclear medicine, and Computed Axial Tomography Scanner(CT Scan), Magnetic Resonance Image(MRI) etc.

(III) The Radiotherapy units include treatment with various types of radiations ranging from superficial therapy to mega voltage therapy.

(IV) The size of the department depends on the load, the scope of work and the type of the equipment employed. However the room housing X-ray equipment must be spacious enough to permit installation, use and servicing of the equipment with safety and convenience for the operating personnel, the servicing personnel and the patients. The room size must be provided as per Annexure A of these rules for a general purpose X-Ray machine. Fluroscopy room shall be completely cut off from direct light through provisions of air locks.

(V) The rooms housing diagnostic X-Ray units and related equipments shall be located as far away as feasible from areas of high occupancy and general traffic.

(VI) The radiography units should be operated from separate control room or behind a lead mobile protection screen of 1.5 mm lead equivalent wherever necessary.

(VII) All establishments having X-Ray and imaging facilities MUST fulfill the clauses as laid down in the SAFETY MANUAL prepared by ATOMIC ENERGY REGULATORY BOARD, Government of India.

(VIII) All establishments doing Ultrasonography via a portable machine should have license under the Act and PNDD Act. Ultrasonologists having portable machine, who have no fixed establishments should be registered under PNDD act. No Ultrasonologist should perform USG in an establishment who has no license under CE and or PNDD Act. No ultrasonologist should perform in any establishment without having license under PNDD Act.

F. FOR INDIVIDUAL CLINIC (Doctor's Chamber for any discipline) :

(I) Minimum floor space to be provided for an examination room shall have the specification as specified in Annexure 'A' of these rules.

(II) Adequate waiting space and reception area. Airy, ventilated, comfortable and well lighted. Only fees to be displayed and toilet for patients.

(III) Doctor's chamber of any registered medical practitioner inside a medicine shop is not permitted. However 6 months time, from the date of issuance of Gazette is allowed for withdrawal of such chambers. An owner may apply to the licensing authority, in case of difficulty for consideration, which will be judged on merit. The total period in any case should not exceed 12 months.

12. On receipt of the application the licensing authority shall depute any officer or officers of the State Government duly authorized by him in writing in this behalf to make an enquiry and report

as per FORM III as specified in the appendix to these rules about the eligibility of the establishment for registration and license under the Act.

13. The enquiring officer/s shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make such other enquiries as he/they considered necessary to verify the statements made in the application for registration and grant of license.

14. All persons connected with the running of the establishment shall be bound to supply full and correct information to the enquiring officer/s.

15. (a) The licensing authority may register the applicant and grant a license under the act for the establishment if satisfied on the report of the enquiring officer/s that all the conditions are fulfilled.

All new Clinical Establishment should be inspected normally within 60 days of application. All objections, after inspection of the new establishment, should be communicated in writing to the new applicant and 30 days time will be given to the establishment to correct minor deficiencies and in case of major 180 days. The Clinical Establishment will not function in the meantime. In case of old establishments one year time will be given to correct structural deficiencies, if any on receipt of a declaration from the licensee. In case of failure to meet the deficiencies in old and new establishments the application shall deemed to be rejected and the cause will be written in register as prescribed in the rules.

(b) After receiving application from a new establishment or for installation of a new equipment (except individual clinic) the Clinical Establishment should be inspected within 60 days of application. Meanwhile the clinical establishment or the machinery should not function. The Clinical establishment should not advertise through print or any other media without obtaining a valid license. If the inspection could not be done within 90 days then the clinical establishment or the machinery will automatically get the license if all other criteria are fulfilled.

16. Any applicant aggrieved by the rejection of an application for registration and license may appeal for reconsideration of registration and license to the Secretary, Department of Health and Family Welfare, Government of West Bengal, Writers' Buildings, Kolkata-1 in case of Kolkata and to the Chairman District Health & FW Samity in case of a district, within 30 days from the date of rejection of such application, in the form of a memorandum, setting forth the relevant facts of the case along with the copy of information provided to the applicant by the licensing authority towards correction of the anomalies detected during inspection or processing the case. The appellant may represent his case before the appellate authority either by himself or herself or through a duly authorized agent or legal practitioner. The appellate authority shall inform the appellant of the date when the appeal will be heard and may call for any information or require the production of any document which may deem necessary for the disposal of the appeal.

17. Every license granted under the Act shall be in FORM IV as specified in the appendix of these rules and on the terms indicated on the backside of the license.

18. A keeper of the clinical establishment shall keep the following registers of the patients received or accommodated or both at the clinical establishment as an outdoor or indoor patient namely: -

- (a) Register of admission and discharge/death of the patient.
- (b) Register of expenditure incurred by the patients for treatment in the clinical establishment.
- (c) Records of treatment.

These registers shall be entered fully, chronologically and legibly. The formats of the "Register of admission and discharge/death of the patients" and the "Register of expenditure incurred by the patients for treatment in the clinical establishment" have been shown in FORM V and FORM VI respectively as specified in the appendix to these rules. Copies of which shall be kept in the record

room of the clinical establishment concerned as stated in sub-rule VII of rule 11 under the heading "A. GENERAL (For all Clinical Establishments)" of these rules for three years or in the event of any proceeding till the final disposal of the proceeding. The information in this regard should be supplied to the licensing authority, as and when required.

19. The keeper of the clinical establishment other than a clinical laboratory shall –

(i) Within 24 hours of the death at the establishment of any patient or a child born to a patient, send to the local registrar of births and deaths, in this behalf a notice in writing by registered post or through a messenger stating-

(a) The date and hour of birth;

(b) The date and hour of death and;

(c) If a medical certificate of the cause of death has been signed by a registered medical practitioner– the name and registration number of such medical practitioner, or,

(d) If such certificate has not been given or obtained, the cause of death to the best of knowledge.

(ii) If an inquest is held in respect of any such death, send within 24 hours of the conclusion thereof to such authority or authorities as may be prescribed by the Director of Health Services, West Bengal in this behalf a notice in writing by registered post, or in an equally suitable manner, stating the date of inquest and the cause of death as found by the Coroner or Jury thereat.

20. The keeper of every clinical establishment shall maintain a bound **Inspection book** and a **Complain Register (for the patients and their party)**, which shall be produced before the inspecting officer/s as and when required.

21. The keeper of every clinical establishment shall furnish to the licensing authority a copy of **Compiled Yearly Report** on the working of the establishment on and before 1st April each year in Form: VII, as specified in the appendix of these rules by registered post or through a messenger.

22. Any officer authorised under sub-section (1) of section 6 of the Act may enter any establishment and inspect any document subject to the following Regulations namely :

REGULATIONS :

(i) The officer authorised under sub-section (1) of section 6 of the Act may enter with or without notice, any premises licensed for Physical therapy or Maternity home, or Nursing home admitting general and or maternity cases at any time of the day and night, and, any premises licensed for other kinds of clinical establishments during working hours, and may examine all portions of the said premises and may make such enquiries and require production of such papers or documents as may consider necessary, for the purpose of ascertaining, whether the provisions of the Act and the rules thereunder are being properly complied within the establishment.

(ii) The officer authorised under sub-section (1) of section 6 of the Act, may call upon the **Officer-in-Charge of a police station** for rendering such assistance as may be necessary for proper discharge of his duties.

(iii) It shall be **obligatory** on the part of a licensee of a clinical establishment to inform to the nearest police station about all suspicious cases of injury and medico legal cases treated in the clinical establishment.

(iv) If any licensee desires to close down the clinical establishment, which was running under the West Bengal Clinical Establishments Act, 1950, at any time before expiry of the license, or on the expiry of the license, he shall send a closure notice in writing by registered post or through a messenger to the licensing authority, at least one month before the date of such closure. The licensee shall also surrender the license to the licensing authority immediately after closure of the clinical establishment.

(v) All emergency patients attending a clinical establishment, wherever registered medical practitioner/s are engaged, must be attended primarily without considering the financial capability

of the patient to save the life, and then, may be referred with suitable medical report about the ailments, as early as possible to the nearest Government hospital if necessary. It is also the responsibility of the patient or his party to pay all the dues before being released from the clinical establishment.

(vi) No clinical establishment either Curative or diagnostic shall refuse the treatment or investigation of patient suffering from HIV or AIDS. No clinical establishment shall undertake test to identify the sero-positive status of any person relating to HIV if it does not have a Voluntary Testing and Counseling Centre. Cases which need further investigation should be referred to the nearest VTCC.

(vii) All clinical establishments should report Family Welfare cases i.e. tubectomy, vasectomy, Oral Pill users and other users of contraceptive methods, Immunization Program and Acute Flaccid Paralysis cases monthly to the respective Deputy CMOH III in district and District Family Welfare Officer in case of Kolkata. All malaria cases detected in the laboratory and or treated in clinical establishment to be reported to Deputy CMOH II in case of a district and to Kolkata Metropolitan Urban Health Organization (KMUHO) in case of Kolkata.

(viii) All clinical establishments performing medical termination of pregnancy (MTP) should submit monthly report in proper form under MTP Act to the State Family Welfare Officer : West Bengal with a copy to the Chief Medical Officer of Health in the districts.

(ix) A report in the form of hospital statistics will have to be submitted month-wise to the Director, State Bureau of Health Intelligence as per prescribed Form of that bureau by the licensee of the clinical establishment in case of Kolkata and to the District Inspector of Health Statistics under Deputy Chief Medical Officer of Health - II in case of a district as a part of health intelligence of the state.

(x) Every person keeping or carrying on a clinical establishment, shall submit an immediate report to the Authority for receiving such report, as mentioned below under intimation to the licensing authority, as soon as it comes to the notice, that any person who has been attended as an outdoor patient or been admitted as an indoor patient in the clinical establishment is suffering from any notifiable disease, and the establishment shall be placed under quarantine immediately, and the premises of the establishment shall be disinfected in a proper manner.

AUTHORITY FOR RECEIVING THE REPORTS OF NOTIFIABLE DISEASES FROM THE CLINICAL ESTABLISHMENTS

(a) Within Kolkata— Chief Municipal Health Officer, Kolkata Municipal Corporation.

(b) Outside Kolkata— Where Municipalities exist—Municipal Health Officer, Chairman, Administrator or Executive Officer of the municipality as the case may be.

(c) In other areas— The Chief Medical Officer of Health or The Deputy Chief Medical Officer of Health-II of the district.

23. Every licensee shall

(a) cause any child born therein to be vaccinated within 3 days from the date of birth or before the discharge whichever is earlier unless the medical superintendent, medical officer or the medical authority in-Charge of the clinical establishment is of opine that the child is not in a fit state of health to be vaccinated which shall be mentioned clearly in the discharge certificate;

(b) cause every admitted patient to be vaccinated therein or re-vaccinated, unless such patient has been vaccinated or re-vaccinated as required under the West Bengal Vaccination Act, 1973.

24. The number of acceptable technical and non-technical staff to provide round the clock care to the admitted patients of clinical establishments having indoor facility must be appointed as per table below :

TABLE

**FOR MINIMUM NUMBER OF STAFF TO BE APPOINTED FOR INDOOR
TO PROVIDE ROUND THE CLOCK CARE TO THE ADMITTED PATIENTS**

SL. No.	CATEGORY OF STAFF	FOR HOW MANY PATIENTS	NUMBER TO BE PROVIDED
1.	Residential Medical Officer	20 patients or its part	1
2.	Registered Nurses or Midwives	5 patients or its part	1
3.	General Duty Attendant	5 patients or its part	1
4.	Sweeper	8 patients or its part	1

Explanation : Registered Midwives may be appointed for maternity homes or for maternity cases. Nothing in this rules will be applicable to the establishments having license under the Indian Lunacy Act, 1912 and under the Lepers Act 1898.

ANNEXURE A

**SOME ACCEPTABLE NORMS
(TO BE MAINTAINED BY THE CLINICAL ESTABLISHMENTS)**

TABLE 1

CATEGORIES OF HOSPITALS WHEN DESIGNED

Category A	25 to 50 Beds
Category B	51 to 100 Beds
Category C	101 to 300 Beds
Category D	301 to 500 Beds
Category E	501 to 750 Beds

TABLE 2
ACCEPTABLE NUMBER OF SOME ITEMS TO BE PROVIDED IN INDOORS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)

SL. NO.	ITEMS			NUMBERS TO BE PROVIDED
1	Maximum no of beds in a ward			24 to 36 beds
2	Maximum no of beds in a cubicle			1
3	Maximum no of beds in a cabin			1
4	Separate Toilet (with wash basin, baths, ablution taps and water-closet) with a Cabin or Isolation room			1
5	Indoor and Cubicles	Water-closet (some may be of European style)	For every 8 male beds or part there of	1
			For every 6 female beds or part there of	1
		Ablution taps	For water closet	1
			Water tap with draining arrangements in the vicinity of water closet	1
		Urinals	For every 12 male beds or part there of	1
		Wash basins	For every 12 beds or part there of	1
		Baths	Bath with shower for every 12 beds or part there of	1
		Bed pan washing sinks	In dirty utility and sluice room of the ward or cubicles	1
		Cleaner's sinks and sinks/slab for cleaning mackintosh	In dirty utility and sluice room of the ward or cubicles	1
		Kitchen sinks and dishwashers	In ward pantry or pantry for the cubicles	1

TABLE 3
ACCEPTABLE NUMBER OF SOME SANITARY FITMENTS TO BE PROVIDED ITEMWISE IN OUTDOORS OF CLINICAL ESTABLISHMENTS

SL. NO.	ITEMS			NUMBERS TO BE PROVIDED
1	*Water-closets	For Males	For every 40 persons or part there of	1
		For Females	For every 50 persons or part there of	2
2	Ablution taps	For Males	In each water closet	1
			In the vicinity of water closet & urinals	1
		For Females	In each water closet	1
			In the vicinity of water closet	1
3	Urinals	For Males	For every 25 persons or part there of	1
4 and 5	Wash basins & drinking water fountains	For Males	For every 50 persons or part there of	1
		For Females	For every 50 persons or part there of	1
*Some of the Water closets may be of European style, if desired.				

TABLE 4
SOME ACCEPTABLE MEASUREMENTS TO BE PROVIDED ITEMWISE IN INDOORS, OUTDOORS
AND OTHER DEPARTMENTS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)

	65 sq.ft. in a ward accomodating not less than 4 patients	For new establishments 65 sq.ft. in a ward accomodating not less than 4 patients.
Cabin	114 sq.ft. 87 sq.ft. 5 ft. 7.8" 2.6 ft.	
Minimum area to be provided for a toilet	30 sq.ft. 160 sq.ft.	
Minimum area for operation theatre upto 10 beds or minor OT	140 sq.ft.	
>10 - 30 beds	160 sq.ft.	200 sq.ft.
>30 beds	200 sq.ft.	300 sq.ft.

for scrub up

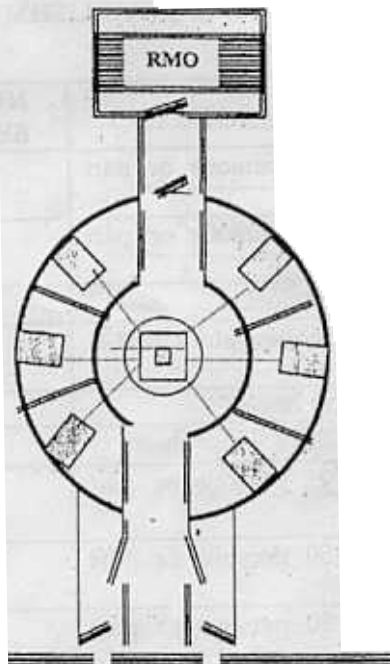
35 sq.ft.	As above for 1 bed in ward	As above for 1 bed in ward
36 sq.ft. (without toilet)	36 sq.ft. (without toilet)	120 sq.ft. (with toilet)
36 sq.ft. (without toilet)	36 sq.ft. (without toilet)	120 sq.ft. (with toilet)

80 sq.ft.
269 sq.ft.
113 sq.ft.
100 sq.ft. + 40 sq.ft.*

: Medium
: Large

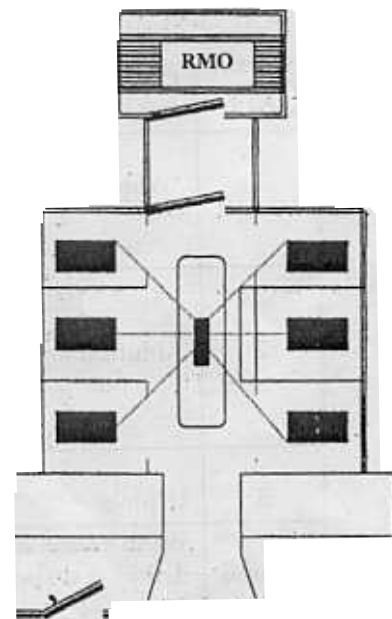
Minimum area for a Physiotherapy unit with equipments 120 sq.ft.

* Waiting Space



Circular pattern with all patients
Equidistant from the nurse

160 sq.ft.



Medical Team			Nursing Team (Registered nurse 1 per 4 patients)		Support groups
Cardiologist/Anaesthesiologist/24 hours RMO (1per 10 patients)			Name in full	Address	1. 24 hours' sweeper 2. Electrician on call 3. Maintenance contract with <input type="checkbox"/> AC repairs <input type="checkbox"/> Medical instruments company 4. Referral facility. 5. ICCU Technician
Name in full	Registration No.	Faculty of Registration	Registration No	Faculty of registration	
Address	Yrs. of ICCU experience	Qualification	Yrs of ICCU experience	Qualification	
GDA	2/bed in each shift.	Name in full	Qualification		

Minimum requirements for 8-bedded ICCU / ITU / ICU

- Floor space : 120 sq. ft. / bed.
- Light : must be adequate.
 - Oxygen supply : Piped oxygen (for new) / one oxygen cylinder per bed + 2 stand by(old)
 - Suction machine : 2 in number
 - Wash basin
 - Exhaust pipe
 - Eight-point electric switchboard
 - Division into cubicles
 - Storage space for equipment / drugs
 - Room temperature 21 deg C (for adult), 24 deg C (for child)
 - Continuous bedside monitoring (ECG, BP, SPO₂)
 - Central monitor.
 - Ventilator : one / Ambu bag with intubation facilities
 - Defibrillator : one
 - Facility for temp pacing (2/Temp pulse generators).
 - GDA (M+F) 2 per bed in each shift. 3 in 6 bedded ICCU
 - Back-up Laboratory facility (electrolyte and blood gas Analyser)
 - Referral facility.
 - Access to toilet directly.
 - Outlet 30" above the floor
 - No separate charges can be taken for oxygen, continuous monitoring, RMO, Nursing Staff, Pulse Oxymeter for treatment facilities in ICCU

**APPENDIX
FORM NO. I**

FORM OF REGISTER OF REGISTERED CLINICAL ESTABLISHMENTS

(Vide rule 3)

Serial No. Name

Applicant	Name		
	Profession		
	Address		
Establishments	Name		
	Category		
	Address		
	No. of Bed		
Employee	Total Number		
	Category	Clinical	
		Nonclinical	
Date of	of first entry into the register		
	Issue of license		
	Renewal of	Registration	
		Licence	
Remarks	Notes		
	Cancellation of	Registration	
		Licence	
Seen and signed by	Kolkata	Health Secretary	
		DDHS (Admin)	
	District	Chairman DHC	
		CMOH	

✓

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

Name of establishment :

Address of establishment with PO & PS :

Phone No :

Whether new or old for renewal :

☐ New

☐ Old

Name of the Applicant :

Person directly responsible for the
management of the clinical establishments)

Address of the Applicant :

Phone No :

Nature of firm : Ownership/ Partnership/ Registered company/ Voluntary
Organisation/ Society / Body (Please tick).

Type of establishment : (Please tick) See form IV for others

Nursing Home	Maternity Home	Pathological Clinic/Lab	X-ray Clinic	E.C.G. Centre
--------------	----------------	-------------------------	--------------	---------------

Small	Medium	Large
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C.T. Scan Centre	U.S.G. Centre	O.P.D. Centre	M.R.I. Centre	Others (Specify)
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Specialist OPD	General OPD
----------------	-------------

Nursing Care Centre	Polyclinic	At Maternity Home	At Nursing Home	As individual establishment	At physiotherapy Centre
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Date of establishment of centre, if already started :

Grade Licence :

Name of Authority :

Licence No. :

Date of Issue :

C.E.Licence : (Applied For New /Renewal)

Challan No. : _____

Date : _____

Rs. : _____

Clearance from Pollution Control Board :

Yes / No/ Applied for

Clinical Waste Disposal Licence : (from Panchayat/Municipality/Municipal Corporation) :

Yes / No /Applied for

- 14/ Premises :
- ☐ Whether construction approved by authority ? Yes / No
 - ☐ Whether owned by the owner : Yes / No (submit a copy of the deed ,if yes)
 - ☐ Whether rented : Yes / No (submit upto-date rent receipt,if yes)
 - ☐ Whether leased : Yes / No (submit Lease-deed with N.O.C)
 - ☐ Reception Counter : Yes / No
 - ☐ Waiting room : Yes / No
 - ☐ Record room : Yes / No
 - ☐ Ventilation : Whether sufficient ?
 - ☐ Lighting : Whether sufficient ?
 - ☐ Drinking Water Supply :
 - ❖ Source : Piped Water Supply / Underground / Others
 - ❖ Quantity : Adequate / Inadequate
 - ❖ Quality : Satisfactory / Unsatisfactory
 - ☐ Cooling arrangement : Provided / Not provided
15. Exemptions granted from :
- ☐ Customs Duty : Yes / No / Applied for (if ' yes' ,then)
 - ❖ Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - ❖ Monthly Report Submitted : Yes / No
 - ☐ Application Fees u/s 4 (i) of the Act : Yes / No / Applied for (if 'yes' , then)
 - ❖ Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - ❖ Monthly Report submitted : Yes / No
16. Registers : (To be maintained)
- ☐ Staff register : Present / Will be provided
(Name/address/qualification of all)
 - ☐ Attendance Register : Present / Will be provided
 - ☐ Stock Register : Present / Will be provided
(including stock of life -saving drugs)
 - ☐ Cash Book Register : Present / Will be provided
 - ☐ Admission Register : Present / Will be provided
 - ☐ Inspection Book : Present / Will be provided
17. Whether Training of Medical
Or Paramedical Courses are / will be given : Yes/No
If 'Yes', whether approved by State Medical Council / Government of WB ? Yes/No
18. Sanitary Arrangement :
- ☐ Drainage system : Covered /Uncovered
 - ☐ Water closets : Number : For Male For Female
 - ☐ Lavatory : Number : For Male For Female
 - ☐ System of garbage disposal : Own arrangement / Others (specify)
19. Electric Supply : Source : Generator / Government Supply /Both
20. In case of Nursing Home / Maternity Centre / Physical Therapy Centre :
- ☐ Total No. of Beds :
 - ☐ Number of Cabins : Space for each patient :
 - ☐ Numbers of Cubicle : Space for each patient :
 - ☐ Numbers of Ward : Space for each patient :
 - ☐ Numbers of beds in : Space for each patient :
- ICCU/ITU/RCU/NCU/
Dialysis unit

DECLARATIONS

- A. Regarding display of Rate Charges : (Strike out whichever is/are not applicable)
- ☐ Doctor's Charges : Present for renewal case / will be provided for new case
 - ☐ Bed Charges : Present for renewal case / will be provided for new case
 - ☐ OT Charges : Present for renewal case / will be provided for new case
 - ☐ Investigation Charges : Present for renewal case / will be provided for new case
 - ☐ Service Charges : Present for renewal case / will be provided for new case
- B. Regarding Operation Theatre :
- ☐ Total O.T.Space : sq.ft.
 - ☐ List of Equipments : Present for renewal case / will be provided for new case
 - ☐ Shadow-less Light : Present for renewal case / will be provided for new case
 - ☐ Boyles' Apparatus : Present for renewal case / will be provided for new case
 - ☐ Anaesthetist List (with Name, Registration No., Qualification.) Present for renewal case / will be provided for new case
 - ☐ Autoclave : Present for renewal case / will be provided for new case
- C. Regarding Maternity Home :
- ☐ Labour room space : sq.ft.
 - ☐ List of Equipments : Present for renewal case / will be provided for new case
 - ☐ Sucker Machine : Present for renewal case / will be provided for new case
- D. Regarding Electrical Installation and Supply :
- ☐ : Present for renewal case / will be provided for new case
- (Submit a copy of recent [6 months] certificate from competent authority regarding installation and safety norms, as per law of the land)
- E. Regarding Accommodation of Residential Staff :
- For Renewal case : Provided as per rule
 - For New Application : Will be provided as per rule
- F. Regarding Cooking , Storing and Distribution of Food for Patients :
- For Renewal case : Provided as per rule
 - For New Application : Will be provided as per rule

I,
 behalf of myself and the company /society/ association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F stated above) in respect of my clinical establishment ,that already exists / proposed to be established

further declare that this clinical establishment is not and will not be used for immoral purpose.

undertake that I shall intimate to the Licensing Authority any change in the particulars given above

Place
 Date :

(Signature of the applicant)
 Office Seal.

FORM NO. III
FORM FOR SUBMISSION OF INSPECTION REPORT AS PER CLINICAL ESTABLISHMENT
ACT 1950 FOR CLINICAL ESTABLISHMENT BY ENQUIRY OFFICER

1. Name of establishment :
2. Phone No :
3. Address of establishment with PO & PS :

4. Whether new or old for renewal :

New

Old

5. Name of the proprietor :
6. Address of the proprietor :
7. Nature of firm : Ownership/Partnership/Registered company/Voluntary Organisation/
Society (Please tick)
8. Type of establishment : (please tick)

Nursing Home	Maternity Home	Pathological Clinic/Lab	X-ray Clinic	E.C.G. Centre
Small			Medium	Large
C.T. Scan Centre	U.S.G. Centre	O.P.D. Centre	M.R.I. Centre	Others (Specify)

9. Date of establishment of centre, if already started :
10. Trade Licence :
 - ☐ Name of Authority :
 - ☐ Licence No. :
 - ☐ Date of Issue :
11. Clinical Establishment Licence : (Applied For New /Renewal)
 - ☐ Challan No. : _____
 - ☐ Date : _____
 - ☐ Rs. : _____
12. Clearance from Pollution Control Board : Yes / No
13. Clinical Waste Disposal Licence : (from Panchayat/Municipality/Municipal Corporation) : Yes/ No
14. Premises :
 - ☐ Whether construction approved by authority ? Yes / No
 - ☐ Whether owned by the owner : Yes / No (submit a copy of the deed ,if yes)
 - ☐ Whether rented : Yes / No (submit upto-date rent receipt,if yes)
 - ☐ Whether leased : Yes / No (submit Lease-deed with N.O.C)
 - ☐ Reception Counter : Yes / No
 - ☐ Waiting room : Yes / No
 - ☐ Record room : Yes / No
 - ☐ Ventilation : Adequate / Inadequate
 - ☐ Lighting : Adequate / Inadequate
 - ☐ Drinking Water Supply : Adequate / Inadequate
 - ☐ Cooling arrangement : Satisfactory / Unsatisfactory
 - ☐ Sanitary Arrangements : Provided / Not provided
 - ☐ Separate toilet for Male & Female : Satisfactory / Unsatisfactory
 - ☐ General Cleanliness : Yes / No
 - ☐ General Cleanliness : Satisfactory / Unsatisfactory
15. Exemptions granted from :
 - ☐ Customs Duty : Yes / No (if 'yes', then)
 - Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - Monthly Report Submitted Yes / No
 - ☐ Application Fees u/s 4 (i) of the Act : Yes / No (if 'yes', then)
 - Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - Monthly Report submitted Yes / No

16. Registers :
- ☐ Staff register : Present / Not Present
 - ☐ Attendance Register : Name/address/qualification of all Yes / No
 - ☐ Stock Register : Present / Not Present
 - ❖ Stock of life-saving drugs : Present / Not Present
 - ☐ Cash Book Register : Present / Not Present
 - ☐ Admission Register : Present / Not Present
 - ☐ Inspection Book : Present / Not Present
17. Whether Training of Medical / Paramedical Courses given : Yes/No
If 'Yes', whether approved by State Medical Council / Government of West Bengal ?
18. Display of Rate Charges : Yes / No
- ☐ Doctor's Charges : Yes / No
 - ☐ Bed Charges : Yes / No
 - ☐ OT Charges : Yes / No
 - ☐ Investigation Charges : Yes / No
 - ☐ Service Charges : Yes / No
19. Operation Theatre :
- ☐ Total O.T.Space : sq.ft.
 - ☐ Equipment : Adequate / Inadequate
 - ☐ Shadow-less Light : Present / Absent
 - ☐ Boyles Apparatus : Working / Non-working
 - ☐ Anaesthetist : Present / Absent
 - ☐ Autoclave : Working / Non-working
20. In case of Maternity Home
- ☐ Labour room space : sq.ft.
 - ☐ Equipments : Adequate / Inadequate
 - ☐ Sucker Machine : Present / Absent
21. Diagnostic Centre :
- (a) Laboratory sq. ft.
 - (b) X-Ray sq.ft.
 - (c) USG sq. ft.
 - (d) CT Scan sq.ft.
 - (e) Pathologist Room : Yes / No
 - (f) Sample Collection Area : Yes No
 - (g) PNDT License : Yes / No
 - (h) BARC Clearance : Yes / No
22. Sanitary Arrangement :
- ☐ Drainage system : Satisfactory / Unsatisfactory
 - ☐ Water closets : Present / Absent
 - ☐ Lavatory : Satisfactory / Unsatisfactory
 - ☐ Lavatory : Number :
Separate for male and female : Yes / No
Clean / Dirty
 - ☐ System of garbage disposal : Satisfactory / Unsatisfactory
 - ☐ Kitchen : Satisfactory / Unsatisfactory / No Diet
23. Electric Supply : Satisfactory / Unsatisfactory
Generator : Present / Absent
24. In case of Nursing Home / Maternity Centre / Physical Therapy Centre :
- ☐ Total No. of Beds :
 - ☐ Number of Cabins : Space for each patient : sq.ft.
 - ☐ Numbers of Cubicle : Space for each patient : sq.ft.
 - ☐ Numbers of Ward : Space for each patient : sq.ft.
 - ☐ Numbers of beds : Space for each patient : sq.ft.
- In ICCU / ITU / RCU/
NRCU / Dialysis

25. In case of Nursing Home /Maternity Home, furnishes the following :

Category of Staff	Name	Qualifications	Registration No.	Name of the faculty	Nature of Service (Temporary/ Permanent)	Appointment letter. (Yes/No)	Joining letters (Y/N).
R.M.O							
Nursing Staff							
Matron							
Female attendant							
Group 'D' staff							
Total No. of staff							

(Separate sheet to be attached along with attested copies of appointment letters and joining letters)

26 A. In case of Physical Therapy Centre, submit the following :

Category	Name	Qualifications.	Registration No.	Faculty	Service Temporary/ Permanent	Appointment letter submitted. (Yes / No)	Joining letter submitted (Yes / No)
M.O							
Physiotherapist							
Female attendant							
No. of staff							

(Separate sheet to be attached with attested copies of appointment letters and joining letters)

B. In case of Pathological Laboratory Centre / X-ray Clinic / ECG Centre / EEG Centre / CT Scan Centre / USG Centre/MRI Centre / Others (tick the centres), submit the following :

Category	Name	Qualifications.	Registration No.	Faculty of registration.	Appointment letter submitted. (Yes / No)	Joining letter submitted. (Yes / No)
M.O						
Lab Technician.						
Female attendant						
Group 'D' Staff.						
No. of staff.						

(Separate sheet to be attached with attested copies of appointment letters and joining letters .Skip the column or columns which is/are not applicable particularly in case of female attendant and group D staff)

28.

RECOMMENDED

NOT RECOMMENDED
(Give reasons)

29. Date of Inspection

Counter-signature of
Licensing Authority.

Signature of the Enquiry Officer,
Official Designation.

FORM NO. IV
LICENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS ACT 1950
(Vide rule 17)

LICENCE NO. :

DATE :

Seal

Last Date of Application for
Renewal :
Valid upto :
Period of Irregular running :

Licence is hereby granted to

of

under the West Bengal Clinical Establishments Acts 1950 to keep or carry on the Clinical Establishments under the heading(s) subject to terms as printed in back-page :

Headings :

Establishment is popularly styled as :

At an address :

Subject to terms as printed in back-page.

Place :

Date :

Signature of the Licensing Authority
Office Seal with designation

A. Headings :

- | | | |
|---|--|--|
| 1. Nursing Home
<input type="checkbox"/> Indoor | 6. Imaging & X-Ray
(a) X-Ray
(b) CAT Scan
(c) MRI
(d) USG
(e) ECHO
(f) Color Doppler | 10. Individual Clinic:
Modern Medicine/ Dental / Ayurvedic /
Hmoeo / Unani / Acupuncture
<input type="checkbox"/> Graduate
<input type="checkbox"/> Post-Graduate |
| 2. Maternity Home
<input type="checkbox"/> Indoor | 7. Others.
(a) ECG (b) EMG
(c) EEG (d) Scopy Procedure
(e) TMT (f) Holter (g) Angiography | 11. Specialty Clinic:
(a) Surgery / Eye / ENT / Orthopedics /
Cardio-thoracic / Plastic surgery
(b) Medicine/Pediatrics (Surgery / Medicine) /
Cardiology / Edocrinology
(c) Gynaecology and Ostetrics
(d) Neurology / Skin / Dental
(e) Other discipline |
| 3. ICCU/ITU/RCU/NCU/Dialysis | 8. Day Care Centre | |
| 4. Physical Therapy Centre
<input type="checkbox"/> Indoor
<input type="checkbox"/> Outdoor | 9. Poly Clinic / OPD Clinics
(a) Specialist, (b) General | |
| 5. Pathological Laboratory
(a) Small
(b) Medium
(c) Large
(d) Collection Centre | | |

B. Terms :

1. The License is not transferable. The Clinical Establishment shall at all times be open for inspection by such officer(s) of the State Government as are duly authorised in this behalf by the Licensing Authority.
2. The Licensee shall confirm such conditions as are prescribed in Rule 11 for this particular type of category of Establishment.
3. The Clinical Establishment shall not be used for immoral purpose or for purpose which are improper or undesirable in the case of such establishment.
4. The Licensee shall maintain proper records of persons received or accommodated or both of births, deaths and miscarriages therein. In case of births and deaths, the Licensee shall give intimation to the local Registrar of births and deaths.
5. The Licensee shall furnish to the Licensing Authority a copy of the yearly reports on the working of the establishments (in the prescribed Form no VII as shown in the rule 21) on or before 1st April each year by Registered Post or in an equally suitable manner.
 It is obligatory on the part of the Licensee to inform the nearest Police Stations about all suspicious cases of injuries and medico-legal cases treated in the establishments.
 If any notifiable disease occurs in the establishments, the Licensee shall immediately notify the matter to the local Health Authority under intimation to the Licensing Authority. The patient should also be isolated and the establishment shall be placed under quarantine immediately.
8. The Licensee shall send intimation to the Licensing Authority about closure of the establishment at least one month before the closing date.
The License must be surrendered to the Licensing Authority immediately after closure of the establishment.

FORM NO. V
REGISTER OF ADMISSION AND DISCHARGE / DEATH OF THE PATIENTS
(Vide rule 18)

Name & Address of Establishment

1. (a) Reference Number of the patient :
 (b) Brought by whom with his address
 (c) Referred by (Name & Address)
 2. (a) Name of the Patient
 (b) Age (c). Sex (d). Religion (e) Nationality.....
 3. Address of the patient (including Police Station, Post Office & Telephone No.)

 4. (a) Date of first attendance for treatment
 (b) Date and Time of admission
 (c) Date and Time of discharge
 (d) Date and Time of Death
 5. In case of delivery of the patients :
 (a) Date & Time of Delivery
 (b) No. of newborn infant
 (c) Weight of baby
 (d) Sex of the baby
 (e) Live or still birth
 (f) Date and Time of miscarriage, if any
 (g) Baby vaccinated (BCG/OPV) ?
 (h) Mother completely immunised?(Yes/No)
 (i) Method of Delivery : Normal / Forceps / Caesarian Section.
 (j) Name(s) of conducting Doctor(s) with Qualification and registration No.

 k) Names of Nurses / Midwives assisting delivery (with Qualification and Registration No.)

6. Particulars of doctor(s) attended the patient :

Name in full	Address	Qualification	Registration No.

7. Clinical Diagnosis :
 [A case records of each patient (and any child born to the patient) where all details of illness and treatment shall be entered.]
 8. In case of Death of a patient or Birth of a child, whether necessary intimation has been sent to appropriate authority or not. (YES / NO)

Signature of the Licensee with date	Signature of the RMO with date	Signature of attending doctor with date

FORM NO. VI

**REGISTER OF EXPENDITURE INCURRED BY A PATIENT FOR TREATMENT IN THE
CLINICAL ESTABLISHMENT**
(Vide rule 18)

Name and address of the Establishment

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- (a). Name of the Patient :
 (b). Address of the Patient :
 (c). Age : (d.) Sex : Religion : Nationality.....

2. (a) Duration of treatment as an out-door patient in the clinical establishment :
 3. Type of Accommodation provided to a patient

Item	Cabin	Cubicle	Paying Bed in ward
Bed No.			
Rate per day			

4. Total Accommodation Charges

Rs.

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5. Charges received from patient

Sl.No	Item	Total Charges received
1.	Registration Charges	
2.	Consultation Charges	
	Investigation Charges	
	OT Charges	
5.	Operation Charges	
	Anaesthesia Charges	
7.	Delivery Charges	
8.	Service Charges	
9.	Dietician Charges	
10.	Diet Charges	
11.		
12.		
13.		
14.	Other Charges, if any (specify)	
	Total Amount	

6. Signature with date

Patient / Party	RMO	Licensee

FORM NO. VII

(To be submitted to the Licensing Authority on and before 1st April of each year.)
(Vide Rule 21)

- 1) Name and address of the establishment :
- 2) Name of Licensee :
- 3) License Number :
- 4) No. of Patients treated in-door (1st April-31st March) :
- 5) No. of Patients treated at OPD (1st April -31st March) :
- 6) No. of patients undergoing investigations :
- 7) No. of patients operated :
- 8) Total Charges received from the patient :
 - a) Registration Charges :
 - b) Consultation Charges :
 - c) Investigation Charges :
 - d) OT Charges :
 - e) Operation Charges :
 - f) Anesthetic Charges :
 - g) Delivery Charges :
 - h) Service Charges :
 - i) Diet Charges :
 - j) Dietician Charges :
 - k) Medicine Cost :
 - l) Special Nursing Charges :
 - m) Special Attendant Charges :
 - n) Other Charges, if any (Specify) :

TOTAL AMOUNT :

PROFORMA FOR APPLICATION FOR PERMISSION TO CARRY OUT BIO-MEDICAL RESEARCHES BY CLINICAL ESTABLISHMENTS.

1. Name of the organizations :
2. Regd. No (if a registered society / limited company) : {copy to be enclosed}.
3. Trade license No : (copy to be attached).
4. Whether up to date clearance from the WB Pollution Control Board regarding disposal of Clinical / Bio-medical waste has been obtained or not? (Copy to be enclosed)
5. Whether licensed under the provision of WB CE Act & Rules?
6. Title of research project?
7. Proposed duration of the project?
8. Objectives and rationale for undertaking the investigation in the light of existing knowledge.
9. PROTOCOL (material and methods) that will be followed for the investigation.
10. Whether facilities of a biochemical / pathological lab / microbiological lab / genetic lab / exist with the investigator(s)? If so, their location to be indicated.
11. Recent curriculum vitae of all the investigators (who will be directly associated with the research work) indicating their qualification and experience.
12. A statement on probable ethical issues and steps to be taken to tackle the same. (to be furnished)
13. Procedure for seeking and obtaining informed consent with sample of patient information sheet and informed consent forms in vernacular languages and in English (to be attached).
14. In case of drug trials, state whether the drug is an approved and licensed drug, and whether the drug / chemical is indigenously made or imported.
15. Plans for statistical analysis of the study.
16. A statement on safety of the proposed intervention or the drug or chemical to be tested including results or relevant laboratory and animal research (to be attached).
17. Progress of the research projects sanctioned earlier, if any.
18. Details of funding agency / sponsors and fund allocation for the proposed work.
19. DECLARATION :

I/We declare that the above information are true to the best of my knowledge and belief. I / We shall be bound to supply any relevant information time to time if so requested by the authority concerned.

I/We agree to comply with national / international GCP Protocols for clinical trials.

I/We shall bring the matter for attention of the authority, if any amendment of the protocol from the originally approved one is made (with proper justification) or if serious / unexpected adverse events and remedial steps are taken to tackle them.

Signature of the Principal Investigator/ or the
Authorized person on behalf of the organization.

Requirements for new application and renewal : (Guidelines)

- 1) Properly filled up Form II.
- 2) Plan of construction approved by Municipal / Corporation Authority (For New) —
- 3) Sketch Map showing detailed position of the establishments with measurements duly certified. (For New)
- 4) Ownership deeds/ Records / Tax documents.
- 5) NOC / Current rent receipts in case of rented buildings.
- 6) Research proposal, if any.
- 7) Xerox copy of certificate of enlistment from Corporation / Municipal Authority / Panchayat or application in case of new. —
- 8) Clinical Waste Disposal licence or Xerox copy of application in a new case.
- 9) Xerox copy of permission of Pollution Control Board, or Xerox copy of application in a new case.
- 10) Appointment and acceptance letter of staff.
- 11) Xerox copy of qualification certificate.
- 12) NOC from the head of the institution in case employment in Govt. Service
- 13) Original Copy of Licence (renewal case)
- 14) Proposed rate chart.
- 15) Registration fees duly deposited in TR form no. 7
- 16) Forwarding letter to the licencing authority.

GUIDELINES FOR AFFIDAVIT(FOR RENEWAL OF LICENSE)

The licensee of the Clinical Establishment must submit an undertaking in the form of an Affidavit sworn by him /her / them / before the licensing authority to the effect that the statements / particulars furnished by him / her / them for renewal of license in Form II has been made correctly and that he / she / them would make himself / herself / themselves liable for appropriate legal action including cancellation of license / licenses in case any of the statements / particulars furnished by him/ her/ them are found false / incorrect thereof subsequently on inspection by the authorized representative of the licensing authority . I / we undertake to correct deficiencies, if any, as per CE Rules .The affidavit should be submitted on requisite stamp paper.

By order of the Governor,

Asim Burman,
Principal Secretary to the Govt. of West Bengal.