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**FORMAT OF THE NURSING HOME/HOSPITAL FOR SERVICE PROVIDER EMPANELMENT**

**NAME OF THE NURSING HOME/HOSPITAL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**NO OF BEDS** \_\_\_\_\_

**NAME OF THE RMO** \_\_\_\_\_

**QUALIFICATION** \_\_\_\_\_

**CONTACT PHONE NO** \_\_\_\_\_

**E-MAIL ID** \_\_\_\_\_

**PAN NO** \_\_\_\_\_

**BANK NAME** \_\_\_\_\_

**BRANCH** \_\_\_\_\_

**ACCOUNT NO** \_\_\_\_\_

**NAME OF THE PROPRIETOR/PARTNER/DIRECTORS**

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT COPY**

**A) COPY OF LICENCE**

**B) COPY OF PAN CARD**

**C) ORIGINAL MOU PRINTED ON THE Rs. 100 STAMP PAPER WITH SEAL AND SIGNATURE**