

Checklist for M.T.P. Applications

1. Name of the Nursing Home
2. Type of Pvt./Trustee/Municipal
3. Name of the owners
4. Address
5. Form Modified-A
6. Form-A
7. Nursing Home Registrations- Renewal upto date Yes/No
8. Blood Bank Declaration
9. Name of the Gynecologist
 - A) Declaration of Gynecologist
 - B) Qualification Certificate-Attested Copies
 - C) Post Graduate Degree/ MD / DGO
 - D) Experience Certificate for Lap TL/Self experience
10. Name of the anesthetist
 - A) Declaration of Anesthetist
 - B) Qualification Certificate – Attested Copies
 - a) MBBS Degree
 - b) M.M.C.
 - c) Post Graduation Degree / Diploma
11. Name of Assistant
 - A) Declaration of Assistant
 - B) Qualification Certificate – Attested Copies
 - a) MBBS Degree
 - b) M.M.C.
 - c) Post Graduation Degree / Diploma
12. Marriage Certificate/Govt. Gazette-for change of name-
13. Trust Deed-Charity Commissioner's Certificate for Trust Hospital