**THE NUMBER OF PRIVATE HOSPITALS RECOGNIZED BY GOVERNMENT**

**14/18/152 (14) Sh. NEERAJ SHARMA (Faridabad Nit):**

**Will the Health Minister be pleased to state: -**

1. the number of private hospitals in the state recognized by the Government in which the patients got treated under Ayushman Bharat and CGHS together with the district wise details thereof;
2. the number of such hospitals having occupation certificate/structure certificate/neat and clean certificate/fire no-objection certificate and parking arrangement together with the district-wise details thereof; and
3. the number of such hospital not having the abovesaid certificates and parking arrangement together with the district-wise details thereof and the action taken or being taken by the Government in this regard?

**ANIL VIJ, HEALTH MINISTER**

**Sir,**

1. The total number of private hospitals empanelled in Haryana under Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) as on 16.02.2024 are 662. The district wise list is annexed herewith as **Annexure A**. The detailed list is available at [https://ayushmanbharat.haryana.gov.in/](https://ayushmanbharat.haryana.gov.in/%20hospital-empanelment/) [hospital-empanelment/](https://ayushmanbharat.haryana.gov.in/%20hospital-empanelment/). The CGHS is a centrally sponsored scheme, which is not under the purview of State Health Authority, Haryana.
2. Under Pradhan Mantri-Jan Arogya Yojna, all hospitals are empanelled by State Empanelment Committee, on the basis of applications received on the designated portal (Hospital Empanelment Module Portal of National Health Authority) and recommendation of the concerned District Empanelment Committee. All applicant hospitals have to upload a set of mandatory documents (as per check-list Annexed as **Annexure B**), which also includes Occupation Certificate, Building Map, Biomedical Waste Certificate and Fire NOC.
3. As per procedure, no hospital should be empanelled without such documents. Whenever any complaint regarding invalid or expired documents is received against any empanelled hospital in this regard, then, an investigation is carried out, and the hospital is de-empanelled, if documents are found lacking.

|  |  |
| --- | --- |
| **List of Private Empanelled Hospitals As on 16-02-2024** | |
| **Districts** | **Private** |
| AMBALA | 43 |
| BHIWANI | 31 |
| CHARKI DADRI | 21 |
| FARIDABAD | 20 |
| FATEHABAD | 19 |
| GURUGRAM | 27 |
| HISAR | 77 |
| JHAJJAR | 28 |
| JIND | 18 |
| KAITHAL | 16 |
| KARNAL | 45 |
| KURUKSHETRA | 32 |
| MAHENDRAGARH | 26 |
| MEWAT | 2 |
| PALWAL | 12 |
| PANCHKULA | 13 |
| PANIPAT | 54 |
| REWARI | 22 |
| ROHTAK | 36 |
| SIRSA | 52 |
| SONIPAT | 35 |
| Yamuna Nagar | 33 |
| **Grand Total** | **662** |

**Checklist for the Hospital Empanelment under Ayushman Bharat Haryana**

**Name of Hospital:**

**District:**  **Hospital ID:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Licenses and certificate** | | | **Issuing Authority** | **Certificate number** | | **Date of Issue** | **Validity Period from- To** | **Date of Renewal**  **If Any** | **Verified and Checked** |
| 1 | Application Form | | |  |  | |  |  |  |  |
| 2 | Approval of DEC | | |  |  | |  |  |  |  |
| 3 | 1. Building Plan Approval 2. Occupancy Certificate 3. CLU | | |  |  | |  |  |  |  |
| 4 | Fire Department Clearance Certificate/Latest Fire Inspection Certificate | | |  |  | |  |  |  |  |
| 5 | Hospital Registration Certificate | | |  |  | |  |  |  |  |
| 6 | Specialties applied | | |  |  | |  |  |  |  |
| 7 | NABH/NQAS Accreditation Certificate | | |  |  | |  |  |  |  |
| 8 | No. of Beds | | |  |  | |  |  |  |  |
| 9 | Clinical Establishment act Registration | | |  |  | |  |  |  |  |
| 10 | Pollution Control Board Certificate | | |  |  | |  |  |  |  |
| 11 | Bio-Medical  Waste | Authorization | |  |  | |  |  |  |  |
| Agreement | |  |  | |  |  |  |  |
| 12 | Radio diagnostic Tie up | | |  |  | |  |  |  |  |
| PCPNDT Act Registration | | |  |  | |  |  |  |  |
| 13 | Lift License | | |  |  | |  |  |  |  |
| 14 | AERB | | |  |  | |  |  |  |  |
| 15 | TLD Badge | | |  |  | |  |  |  |  |
| 16 | Pharmacy | | MOU |  |  |  | |  |  |  |
| Drug Lic. |  |  | |  |  |  |  |
| Reg. no. |  |  | |  |  |  |  |
| 17 | Blood Bank | | MOU |  |  | |  |  |  |  |
| Lic. No. |  |  | |  |  |  |  |
| 18 | Ambulance MoU | | |  |  | |  |  |  |  |
| RC | | |  |  | |  |  |  |  |
| self - declaration | | |  |  | |  |  |  |  |
| 19 | Opium License | | |  |  | |  |  |  |  |
| 20 | Morphine License | | |  |  | |  |  |  |  |
| 21 | Surgical Spirit License | | |  |  | |  |  |  |  |

DUTY DOCTORS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.N.** | **DOCTOR NAME** | **QUALIFICATION** | **REGISTERATION** | **DECLARATION** | **Verified and Checked** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

SPECIALIST DOCTORS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **BRANCH** | **DOCTOR NAME** | **REGISTERATION**  **OF SPECIALITY** | **DECLARATION TO WORK FOR HOSPITAL** | **STATUS** | **Verified and Checked** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

I hereby certify that the required documents pertaining to the points mentioned above have been duly verified as per procedure established and found to be correct to the best of my knowledge.

Dated: Signature of Chairperson (DEC) Civil Surgeon

**ljdkj }kjk ekU;rk izkIr futh vLirkyksa dh la[;k**

**vrkjkafdr iz-la0- 14@18@152 ¼14½ Jh uhjt “kekZ] ¼Qjhnkckn ,u-vkbZ-Vh½**%

D;k LokLF; ea=h crkus dh d`ik djsaxsa fd%&

d½ jkT; esa ljdkj }kjk ekU;rk izkIr futh vLirkyksa dh la[;k fdruh gS ftuesa vk;q’eku Hkkjr rFkk dsUnzh; ljdkj LokLF; ;kstuk ds vUrxZr ejhtksa dk bZykt gqvk rFkk mudk ftysokj C;kSjk D;k gS]

[k½ ,sls vLirkyksa dh la[;k fdruh gS ftuds ikl O;olk; izek.k i=@lajpuk izek.k i=@uhV ,UM Dyhu izek.k i=@Qk;j vukifr izek.k i= rFkk ikfdZx O;OkLFkk gS rFkk rFkk mudk ftysokj C;kSjk D;k gS]

x½ ,sls vLirkyksa dh la[;k fdruh gS ftuds ikl mijksDr izek.k i= rFkk ikfdZx O;OkLFkk ugha gS rFkk mldk ftysokj C;kSjk D;k gS rFkk bl laca/k esa ljdkj }kjk D;k dkjZokbZ dh xbZ gS ;k dh tk jgh gS\

**vfuy fot] LokLF; ea=h] gfj;k.kk**

**Jheku~ th]**

d½ fnukad 16-02-2024 rd vk;q’eku Hkkjr&iz/kkuea=h tu vkjksX; ;kstuk ¼,s-ch-& ih-,e-ts-,s-okbZ-½ ds rgr gfj;k.kk esa lwphcö futh vLirkyksa dh dqy la[;k 662 gSA ftysokj lwph **vuqyxzd&,** ds :i esa layXu gSA foLr`r lwph https://ayushmanbharat.haryana.gov.in/ hospital-empanelment/ ij miyC/k gSA lh-th-,p-,l- ,d dsanz izk;ksftr ;kstuk gS] tks jkT; LokLF; izkf/kdj.k gfj;k.kk ds nk;js esa ugha gSA

[k½ iz/kkuea=h tu vkjksX; ;kstuk ds rgr lHkh vLirky ukfer iksVZy ¼jk’Vªh; LokLF; izkf/kdj.k ds vLirky ,EiSuyesaV ekikad iksVZy½ ij izkIr vkosnuksa vkSj lacaf/kr ftyk ,EiSuyesaV lfefr dh flQkfj”k ds vk/kkj ij jkT; ,EiSuyesaV lfefr }kjk lwphcö fd;k tkrk gSA lHkh vkosnd vLirkyksa dks vfuok;Z nLrkostkss dk ,d lsV ¼psd lwph **vuqyxzd&ch** ds :i esa layXu gS½ viyksM djuk gksxk] ftuesa vkf/kiR; izek.k i=] Hkou ekufp=] ck;ksesfMdy vif”k’V izek.k i= vkSj Qk;j ,u-vks-lh- Hkh “kkfey gSA

x½ izfdz;k ds vuqlkj] fdlh Hkh vLirky dks ,sls nLrkostksa ds fcuk lwphcö ugh fd;k tkuk pkfg,A tc Hkh fdlh lwphcö vLirky ds f[kykQ vekU; ;k lekIr gks pqds nLrkostksa ds laca/k esa dksbZ f”kdk;r izkIr gksrh gS] rc] ,d tkap dh tkrh gS] vkSj ;fn nLrkostksa esa deh ikbZ tkrh gS] rks vLirky dks iSuy ls gVk fn;k tkrk gSA

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| **निजी अस्पतालों की सूची 16-02-2024 तक** | |
| **ज़िला** | **निजी** |
| अंबाला | 43 |
| भिवानी | 31 |
| चरखी दादरी | 21 |
| फरीदाबाद | 20 |
| फतेहाबाद | 19 |
| गुरुग्राम | 27 |
| हिसार | 77 |
| झज्जर | 28 |
| जींद | 18 |
| कैथल | 16 |
| करनाल | 45 |
| कुरुक्षेत्र | 32 |
| महेंद्रगढ़ | 26 |
| मेवात | 2 |
| पलवल | 12 |
| पंचकुला | 13 |
| पानीपत | 54 |
| रेवाड़ी | 22 |
| रोहतक | 36 |
| सिरसा | 52 |
| सोनीपत | 35 |
| यमुना नगर | 33 |
| **कुल योग** | **662** |

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| आयुष्मान भारत हरियाणा मे हॉस्पिटल एम्पेनलमेंट के लिए चेकलिस्ट | | | | | | | | | | | |
| अस्पताल का नाम : | |  |  |  |  | अस्पताल की आईडी : | | | |  | |
| ज़िला: | |  |  |  |  |  |  | |  | |  | |
| क्रमांक | लाइसेंस और प्रमाणपत्र | | जारी करने वाला प्राधिकरण | सर्टिफिकेट नंबर | जारी करने की तिथि | वैधता अवधि  से - तक | | नवीकरण की तारीख, यदि कोई हो | | सत्यापित और जाँच | |
|
| 1 | आवेदन फार्म | |  |  |  |  | |  | |  | |
| 2 | डी ई सी की स्वीकृति | |  |  |  |  | |  | |  | |
| 3 | क. भवन निर्माण अनुमोदन | |  |  |  |  | |  | |  | |
|  | ख. आधिपत्य प्रमाणपत्र | |  |  |  |  | |  | |  | |
|  | ग. सी एल यू | |  |  |  |  | |  | |  | |
| 4 | अग्निशमन विभाग मंजूरी प्रमाणपत्र/ नवीनतम अग्नि निरीक्षण प्रमाणपत्र | |  |  |  |  | |  | |  | |
| 5 | अस्पताल पंजीकरण प्रमाणपत्र | |  |  |  |  | |  | |  | |
| 6 | विशेषताओं का अनुरोध | |  |  |  |  | |  | |  | |
| 7 | ऐन ऐ बी एच् / ऐन क्यू ए एस मान्यता प्रमाणपत्र | |  |  |  |  | |  | |  | |
| 8 | बेड की संख्या | |  |  |  |  | |  | |  | |
| 9 | नैदानिक ​​प्रतिष्ठान अधिनियम पंजीकरण | |  |  |  |  | |  | |  | |
| 10 | प्रदूषण नियंत्रण बोर्ड प्रमाणपत्र | |  |  |  |  | |  | |  | |
| 11 | बायो मेडिकल वेस्ट | प्राधिकार |  |  |  |  | |  | |  | |
| समझौता |  |  |  |  | |  | |  | |
| 12 | रेडियो डायग्नोस्टिक टाई अप/ पी सी पी ऍन डी टी अधिनियम पंजीकरण | |  |  |  |  | |  | |  | |
| 13 | लिफ्ट लाइसेंस | |  |  |  |  | |  | |  | |
| 14 | ऐ ई आर बी | |  |  |  |  | |  | |  | |
| 15 | टी एल डी बैज | |  |  |  |  | |  | |  | |
| 16 | फार्मेसी | एम ओ यू |  |  |  |  | |  | |  | |
| दवा लाइसेंस |  |  |  |  | |  | |  | |
| पंजीकरण संख्या |  |  |  |  | |  | |  | |
|  |  |  |  | |  | |  | |
| 17 | रक्त बैंक | एम ओ यू |  |  |  |  | |  | |  | |
| अधिकार पत्र संख्या |  |  |  |  | |  | |  | |
| 18 | एम्बुलेंस एम ओ यू आर सी/ स्व घोषणा | |  |  |  |  | |  | |  | |
| 19 | ओपियम लाइसेंस | |  |  |  |  | |  | |  | |
| 20 | मॉर्फिन लाइसेंस | |  |  |  |  | |  | |  | |
| 21 | सर्जिकल स्पिरिट लाइसेंस | |  |  |  |  | |  | |  | |

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| ड्यूटी डॉक्टर्स |  |  |  |  |  |  |
|  |  |  |  |  |  |
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| क्रमांक | डॉक्टर का नाम | योग्यता | पंजीकरण | घोषणा | सत्यापित और जाँच | |
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| 1 |  |  |  |  |  | |  |
| 2 |  |  |  |  |  | |  |
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| विशेषज्ञ चिकित्सक |  |  |  |  |  |  |  |
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| क्रमांक | शाखा | डॉक्टर का नाम | विशेषता पंजीकरण | अस्पताल के लिए काम करने की घोषणा | स्थिति | सत्यापित और जाँच |  |
|  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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| मैं यह प्रमाणित करता हूं कि उपरोक्त बिंदुओं से संबंधित आवश्यक दस्तावेजों को स्थापित प्रक्रिया के अनुसार विधिवत सत्यापित किया गया है और मेरे ज्ञान के अनुसार सही पाया गया है। | | | | | | |  |
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| दिनांक |  |  |  | अधयक्ष के हस्ताक्षर (डी ई सी) | | |  |
|  |  |  |  | सिविल सर्जन |  |  |  |