

# SCHEDULE I - HOSPITAL DETAILS



NS-ENISO9001:2008/ISO9001:2008

**Alankit** Insurance TPA LTD.

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## HOSPITAL INFORMATION SHEET

Name of Hospital: .....

Name of Owner: .....

Whether Ownership: Individual [ ] Partnership [ ] Pvt. Ltd. [ ] Ltd. [ ] Others (Specify) [ ]

Address: .....

City: ....., District: ....., State: ....., Pin Code: .....

STD Code: ....., Ph. No. ...., Fax No. ....

E-mail ID: ..... Rohini Id .....

IRDA ID (9 Digit) .....

Registration Number of Hospital: ..... Gipsa PPN/Non PPN .....

Whether Recognized by: State Govt. [ ] Local Municipal [ ] State Medical Council [ ] CGHS [ ]  
Others [ ] (Specify) .....

Any Accreditation (e.g. ISO, ICRA) if yes Specify .....

Medical Superintendent: ..... Mob. No. ...., Reg. No. ....

Marketing / TPA Head: ....., Mob. No. ....

PAN Number of Hospital: (Mandatory) .....

**Please attach copy of PAN Card.**

GST No : (Mandatory) .....

**Please attach copy of Registration Certificate**

Name of Bank and Branch: ..... A/C No. ....

MICR No. .... RTGS/IFSC Code. ....

**Please attach copy of Cancelled cheque.**

Number of qualified Doctors: Full Time ..... /Visiting Consultant ..... /Nursing Staff .....