



TELANGANA HOSPITALS & NURSING HOMES ASSOCIATION (THANA)

Regd.No.24/2015

4-5-357/A, II Floor, IMA BUIDLING, KOTI, HYDERABAD-500027, TEL,FAX :24657105, 8096055588, E-Mail: thanatstate@gmail.com

MEMBERSHIP APPLICATION FORM FOR NEW / RE-REGISTRATION

To,
The Hon. Secretary, THANA, Koti, Hyderabad.

Sir,

Photograph

Please enroll our Nursing Home/Hospitals as a Life Member of the THANA as a New Member/Re-Registration

I am enclosing the subscription fess of Rs. for Life Membership.

By Cash/D.D/Cheque No Bank Date

Details of the Nursing Home / Hospital:

- I. Name of the Hospital / Nursing Home :
- II. Address :
- III. Represented by : Sex: Age: PAN No.
Qualification : State Medical Council Registration No.
Speciality :
Address :
- Telephone Number of the Hospital: Doctor:
Mobile : Email ID:
- IV No. of Beds :
- V Ownership Status of Hospital: Owned by Doctor/Corporate/Partnership/Trust/Other:
- VI Specialities offered : General/Medical/Surgical/Gyn-Obstetrics/ENT/Ophthalmology/Paediatic /Orthopaedic/
Multi Specilaity/Super Speciality/Other
- VII Support facilities: Laboratory / Ultrasound/Radiology/Pharmacy/Other
- VIII Hospital Registration with the DM&HO?: Yes No
If yes, Registration No.: (Please attach a copy)
- IX Garbage disposal facilitated: General Waste: Yes/No Biomedical Waste: Yes/No

Signature of Secretary
District branch of THANA
Date:

Signature of Owner/Medical Director

Signature of State Secretary

Approved/Rejected

Instructions:

- Hospital/Nursing Home should be represented by a doctor with qualifications recognised by MCI and registered with the State Medical Council. Please attach a copy of **State Medical Registration certificate**. He/she should be an owner or full time medical superintendent or medical director of the Hospital.
- Please attach a copy of **registration certificate from District Registration Authority**. If not yet registered, please get with the DM&HO and send the Registration Certificate as soon as possible.
- If the Hospital is owned by Corporate/Partnership/Trust/other please attach a **copy of registration or deed**.
- Please attach **2 photographs** in addition to the photo pasted on the application form.
- Please attach a **DD/Cheque** favour of "**TELANGANA HOSPITALS & NURSING HOMES ASSOCIATION**" for the required registration fee Rs. for new membership and Rs. for re- registration.
- Misrepresentation of facts would entail rejection/deletion from membership.
- Send the completed application form to the office address given above.