

FORM-B  
See Rule-3(6)

INSPECTION REPORT FOR REGISTRATION/RENEWAL OF CLINICAL ESTABLISHMENT

Sl No	HEADS	REMARKS
1	NAME OF THE CLINICAL ESTABLISHMENT	COMMUNITY WELFARE SOCIETY HOSPITAL
2	INSPECTION FOR REGISTRATION/RENEWAL	Renewal
3	REGISTRATION NO. OF CLINICAL ESTABLISHMENT(IF SEEKING RENEWAL)	SUN/SNG-38/ 2018
4	ADDRESS AND CONTACT DETAILS OF THE APPLICANT OR CLINICAL ESTABLISHMENT	JAGDA, ROURKELA-769042, SUNDARGARH, ODISHA
5	EMAIL ID & PHONE NO OF THE APPLICANT/ INCHARGE OF CLINICAL ESTABLISHMENT	EMAIL ID-cwshrkl@yahoo.in M.No.9437490468
6	DATE OF INSPECTION	21.02.2024
7	NAME & DESIGNATION OF THE MEMBERS OF INSPECTING AUTHORITY	Dr.KahnuCharanNayak CDM&PHO, Sundargarh
8	NAME/DESIGNATION/QUALIFICATION OF THE APPLICANT/INCHARGE OF CLINICAL ESTABLISHMENT	DEBARANJAN MISHRA
9	CATEGORY OF SERVICES	CATEGORY- A- B,B-I, B-VI
10	VERIFICATION OF MANDATORY CERTIFICATES AS PER SCHUDLE D&G AND UNDERTAKING IN FORM 6	Verified mandatory certificates as per schedule D&G and undertaking in FORM-F
11	REMARKS:- SPECIFIC VIEWS FOR GRANT OF REGISTRATION/RENEWAL OF REGISTRATION/GROUNDS OF REJECTION	Recommended for renewal of registration
12	TIME TAKEN TO SUBMIT THE REPORT AND DATE OF SUBMISSION OF REPORT	63 DAY

Date

Place

*K Gayal*  
12.3.24  
Signature of Inspecting Officer  
Chief District Medical & Public  
Health Officer, Sundargarh