

## आवेदनपत्र कुटुंब कल्याण विमा योजना

प्रति,

अध्यक्ष

जिल्हा गुणवत्ता अभिवचन समिती

तथा, जिल्हा शल्य चिकित्सक, जळगाव.

अर्जदार :- डॉ.श्री. /सौ./श्रीमती.-----

विषय :- केंद्र सरकारच्या कुटुंब कल्याण नियोजन विमा योजनेत सहभागी होणे बाबत.

महोदय,

केंद्र शासनाच्या कुटुंब कल्याण मंत्रालयाने नुकतीच लागू केली आहे. सदर विमा योजने अंतर्गत मला सहभागी करून घ्यावे ही विनंती.

तरी त्यासाठी मी खालील प्रमाणे कागदपत्रे सादर करित आहे.

१) खाजगी वैद्यकीय व्यवसायिकांचे नाव तसेच रुग्णालयाचे नाव

२) पदविका प्रमाणपत्रांच्या छायांकित प्रती

३) रुग्णालयांचे नोंदणी प्रमाणपत्र (नॉटिफिकेशन)

४) दि. १ डिसेंबर २००५ पासून आजतागायत कुटुंब कल्याण शस्त्रक्रियेत गुंतागुंतीबाबत सविस्तर अहवाल.

५) कुटुंब कल्याण शस्त्रक्रियेसाठी आपली संस्था नोंदलेली असल्यास नोंदणी प्रमाणपत्रांची छायांकित प्रत.

६) संस्थेत कुटुंब कल्याण शस्त्रक्रिया करणाऱ्या डॉक्टरांची नावे व त्यांची प्रमाणपत्रे.

आपला नम्र

१) म० गिण्हाडकारेण्य अधिकाारी सो०

गिण्हाड परीषद जळगाव

२) म० प्रमुरव वैद्यकीय अधिकाारी सो०

जलमनषा जळगाव

## Proforma for Accreditation of a Doctor/ health facility for female Sterilization

Sr.No		Subject	Available/Not available
B	Laboratory	Haemoglobinometer and Accessories Microscope Red Blood cells & White Blood cells pipettes Neuber Counting chamber Apparatus to estimate albumin & Sugar in Urine Reagents	
C	Sterilization room	Autoclave Boiler Autoclave Drums Cidex Solution	
D	Cleaning Room	Hand Brushes Heavy Duty Gloves Basins Detergents Chlorine Solutions	
E	Operation Theatre	Operating table capable of trendelenburg's position Step up Stool Spot light in OT Instrument Trolley MiniLapratomy Kit Lapraroscopy kit Blood pressure Instrument Stethoscope Syringe with Needle Emergency Equipment & Drugs Room Heater I V Stand Waste basket storage cabinet buckets, basins for decontamination	
F	Recovery Room	Patient cot B P Instruments Stethoscope Thermometer	

Sr.No		Subject	Available/Not available
	Emergency Equipments & supplies	Blood pressure Instrument Stethoscope Oral Airways Nasal Airways Suction m/c with tubing & two Straps Ambo Bags Face mask & Tubing & Oxygen nipple	
		Oxygen cylinder with reducing valve & flow meter Blanket Gange pieces Kidney Trey Torch Syringe with Needle including butterfly sets IV cannula Intravenous infusion sets & fluids Sterile lanarotomy Instruments	
5	Emergency Drugs	AS Specified in the standards Adrenaline Atropine Sulphate Corticosteroids (Dexamethasone or Hydrocortisone) physostiomine Aminophylline Dizepam Pentazocine Sodium Bicarbonate (7.5 %) Calcium Chloride Frusemide Dopamine Dextrose 5% in water Dextrose 5% in Normal Saline Glucose 25% Ringer lactate solution	

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कमिटी करण  
Undertaking

I / We, Shri/Smt.....(Name of the person/managing trustee) the owner/managing trustee of.....(Name of the hospital/Nursing home Institution) do hereby give following undertaking as under :-

- 1) I / We state that our hospital shall abide the directions given by the Hon' ble Supreme Court in the writ Petition No.209/2003 regarding the sterilization operation. We shall also abide the State Government's directions in this connection mentioned in Government Resolution Public Health Department No.Kushat 2005/CR.130/FW3, dated 29<sup>th</sup> April, 2005 and any further directions in this regard in future.
- 2) I / We state that our hospital/Institutions accepts the liability to pay compensation to the victims or their heirs, for the death, incapacitation, and complications arises after the sterilization operation as prescribed by the Hon'ble Supreme Court of India or State Government, If State Level Quality Assurance Committee found that inadequate facilities/improper management or Doctors/para-medical staff/employees being appointed by us, are responsible for the said event.
- 3) For such cases if State Government pays a part or full amount of the compensation to the victims or heirs of the deceased then we accept to reimburse the same to the Government.

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D	Cleaning Room	Hand Brushes Heavy Duty Gloves Basins Detergents Chlorine Solutions	
E	Operation Theatre	Operating table Step up Stool Spot light in OT Instrument Trolley Conventional Vasectomy Kit No Scalpel Vasectomy Kit. Emergency Equipment & Drugs Room Heater Waste basket storage cabinet buckets, basins for decontamination	
F	Recovery Room	Patient cot B P Instruments Stethoscope Thermometer	
4	Emergency Equipments & supplies	Stethoscope B P Instruments Oral Airways Nasal Airways Suction m/c with tubing & two Straps Ambo Bags Face mask & Tubing & Oxygen nipple Oxygen cylinder with reducing valve & flow meter Blanket Gange pieces Kidney Trey Torch	

Sr.No		Subject	Available/Not available
	Emergency Equipments & supplies	Syringe with Needle including butterfly sets IV cannula Intravenous infusion sets & fluids IV stand	
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Signature With designation of Verifying Officer

*Terms & Conditions for Sterilization Certificate for Sterilization Operation  
(To be taken on Bond of R.S.100/-)*

- 1) The operating Surgeon must be from the approved panel*
- 2) The changes in Manpowers/equipments shall be intimated to certifying authority within 7 days*
- 3) The record shall be maintained as per guidelines given by Govt. from time to time*
- 4) Any Complication /Failure should be intimated Within 24 hours.*
- 5) Monthly Report of Sterilization should be submitted in prescribed format before 3rd of every month to the civil surgeon/District Health Officer.*

*Signature of Applicant*

*President*

*District Quality Assurance*

*Committee*

*District*-----

*Date* -----

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