

ANNEXTURE - A
**APPLICATION FORM APPROVAL OF PRIVATE MEDICAL PRACTITIONERS
CLINIC /NURSING/HOME FOR CARRYING OUT TUBECTOMIES.**

- 1) Name of the Hospital & Address :-
 - 2) Name of the Hospital owner :-
 - 3) Qualification of Hospital owner :-
 - 4) Registration No Hospital owner :-
 - 5) Name of the surgeon performing Tubectomy :-
 - 6) Qualification of the performing Tubectomy :-
 - 7) Registration No. of the performing Tubectomy :-
 - 8) Experience in the performing Of Tubectomy operations :-
 - 9) Name of the anesthetist :-
 - 10) Qualification of the anesthetist :-
 - 11) Registration No. :-
 - 12) Whether clinic / Nursing Home Maternity Hospital :-
 - 13) State if the following Facilities Are available with him / her :-
 - a) Beds for Gynecological cases :-
 - b) Operation Table :-
 - c) Shadow less Lamp :-
 - d) Oxygen cylinder :-
 - e) Apparatus for resuscitation :-
 - f) Suction apparatus :-
 - g) Instrument sets for carrying Out tubectomies (Give names Of instruments & quantity on Separate paper :-
 - h) Autoclave with drums :-
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- i) Steriliser for instruments :-
- j) Necessary equipment and Instrument for instilling Anaesthesia. :-
- k) Seprate operation room :-
- l) Availability of drugs for Pre and past operstive Medication as well fcr Emergencies. :-
- m) Method of fornication Of operation theatre. :-

Place :-

Date :-

Signature & Seal of the Applicant.

(FOR OFFICE USE ONLY)

Letter No.

CERTIFICATE

I visited the.....
of Dr on and I am fully Satisfied that sterilization operation, can be performed at this institution under safe and hygienic conditions. I recommend the institution for recognition for carrying out sterilization operation.

Place :-

Date :-

**Medical Officer I/C
.....Hospital.**

PERSONNEL REQUIREMENT
Female Sterilization

1. One MBBS Doctor trained to carry out Minilab Tubectomy.

- =====
- Name :-
 - Qualification :-
 - MMC Registration No. :-
 - Experience :-

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Or One Gynecologist with DGO/MD/MS qualification or a Surgeon with M.S. Degree and trained in Laparoscopic sterilization.

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- Name :-
- Qualification :-
- MMC Registration No. :-
- Experience :-

2. One OT Staff Nurses.

- =====
- Name :-
 - Qualification :-
 - Registration No. :-
- =====

3. One OT Assistant.

- =====
- Name :-
 - Qualification :-
 - Registration No. :- :-
- =====

4. One Anesthetist – can be hired if necessary.

- =====
- Name :-
 - Qualification :-
 - Registration No. :-

II INFRASTRUCTURE REQUIREMENT

Sr.No.		Female Sterilisation	Availa ble	Not
1.	Facilities			
		With concrete/tile floor which can be cleaned thoroughly	Yes	
		Running water supply	Yes	
		Electricity supply	Yes	
		Area for reception		
2.	Space required	Waiting Room		
		Counseling area		
		Laboratory for blood & urine examination		
		Clinical Examination room		
		Per-operative preparation room		
		Hand washing area		
		Operation theatre		
		Recovery room		
		Adequate toilets		
		Storage area		

		Office Area		
		Storage area		
3.		Equipment and supplies		
A	Examination	Food stool		
	Room	Blood Pressure apparatus		
	Requirement	Thermometer		
		Examination Light		
		Weighing scale		
		Examination Light		
B	Laboratory	Instrument for pelvic examination		
		Haemoglobinometer		
		Accessories		
		Microscope		
		Red Bolld Cell and White Blood Cell pipettes		
		Neuber counting chamber		
		Apparatus to cstimate albumin and suger in urine		
		Reagents		
C	Sterilization Room			
		Boiler		
		Autoclave drums		

		Cidex Solution		
D	Cleaning Room			
		Heavy duty gloves		
		Basins		
		Detergents		
		Chlorine solution		
E	Operation Theatre			
		Step up stool		
		Spot Light in OT		
		Instrument trolley		
		Mini Laparotomy		
		Laparoscopy Kit		
		Blood Pressure Instrument		
		Stethoscope		
		Syringe with needles		
		Emergency equipment & Drugs		
		Room Heater		

		IV Stand		
		Waste basket, storage cabinet		
		IV Stand		
		Waste basket, Storage cabinet		
F	Recover Room			
		BP Instrument		
		Stethoscoe		
		Thermometers		
4	Emergency equipment & Supplies	Oral Airways		
		Nasal Airways		
		Suction machine with		
		Ambu bag		
	Tubir	Face mask and tubing and Valve and flow meter		
		Blanket		
		Gauge pieces		

		Kidney Tray		
		Syringes and needles including butterfly sets, IV Cannula		
		Intravenous infusion sets and		
		Sterile laparotomy instruments butterfly set, IV Cannula		
		Intravenous infusion sets and		
		Sterile laparotomy instruments fluids		
5	Emergency drugs			
		Adrenaline		
		Atropine Sulphate		
		Corticosteroids (dexamethasone		
		Physostigmine		
		Aminophyline		
		Diazepam		
		Pentazocine		
		Sodium Bicarbonate (7.5 percent)		

		Calcium Chloride		
		Fruzemide		
		Dopamine		
		Dextrose 5 percent in water		
		Dextrose 5 percent in normal saline		
		Glucose Dextrose 25 percent		
		Ringer Lactate solution		

Place :-

(Signature & Seal of the Applicant)

Date :-

UNDERTAKING

I/We ,.....of the owner Managing Director
.....institution do hereby give
following

- 1) I/we state that our hospital shall abide the directions given by the Honble supreme court in the writ petition No.209/2003 regarding the sterilization operation . We shall also abide the state Government's direction in this connection in Government Resolution Public Health Department No Kasha 2005/CR.130/Fw, dated 29th April 2005. And any further directions in this regard in future.

- 2) I/We state that our Hospital/Institutions accept the liability to pay compensation to the victims or their heirs, for the death.
Incapacitation and complications arise after the sterilization operations prescribed by the Honble Supreme Court of State Government, If state Level Quality Assurance Committee found that inadequate facilities / improper Management or Doctor / Para-medical being 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

SIGNATURE

Name of the person and his Designation
Name of the Hospital / Nursing Home /
initiation along with official seal.

UNDERTAKING OF GYNAECOLOGIST/ANEESTHESIA

I will provide anaesthesia/Gynaecologica; and Obstreticat consultations to the OPD and IPD Patients of (Hospitalt Name and address) –

I will also be available 24 hours for any kind of Anaesthesia / Gynaecologica; and Obstreticat and related emergencies and surgeries especially MTP and Tubectomies-

Name and Signature