

आरोग्य विभाग, जिल्हा परिषद सांगली.

महाराष्ट्र शुश्रूषागृह नोंदणी (सुधारित) नियम, २०२१ (मुंबई शुश्रूषागृह नोंदणी अधिनियम, १९४९)

Online Process for Form Filling to Private Hospital

1) Website Link

<https://www.zpsanglimnhrr.com/index.php>

2) Creation of Log In & Password

Click on “नोंदणी करा”

मुख्यपृष्ठ कागदपत्रे नोंदणी करा
(Right Side Corner)

Fill Basic Information
(Name, Contact No, Email,
Gender, Full Address)

ID & Password will get via Email

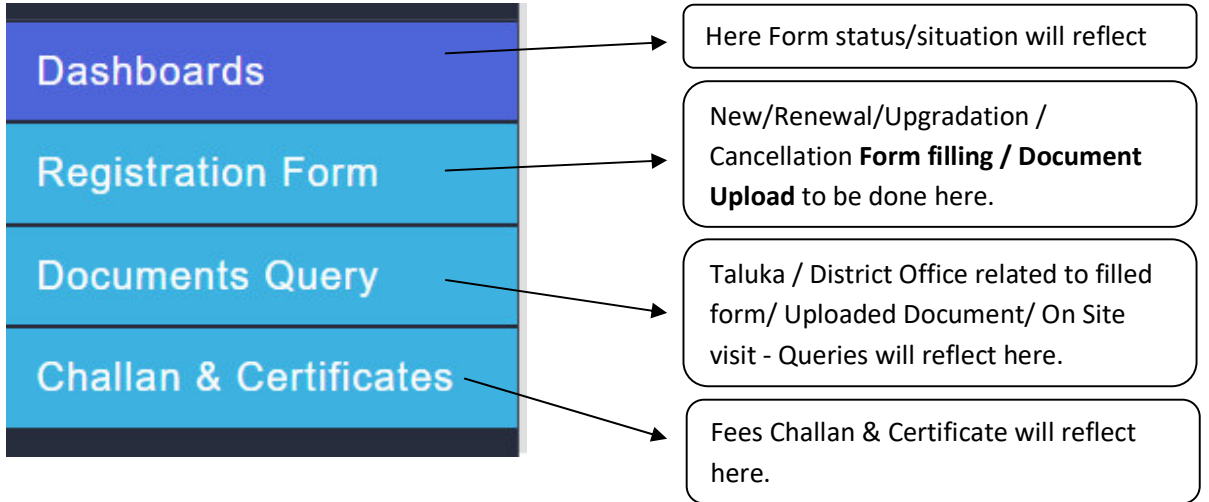
- * i.e. ID will be **email ID** &
Default Password will be **zpsangli123**
- * If ID & Password not received,
Check in spam etc.

3) Filling Online Form & Uploading Documentation.

* After Getting ID & Password - Open Main Page of website.

* Fill the form through “वापरकर्ता लॉगिन”

* After Log In - Left side following 4 Option will Reflect, That's means



4) Form filling process (Registration form)

A) APPLICATION FORM FOR REGISTRATION / RENEWAL

- * Select नोंदणी प्रकार - in this 4 option will reflect 1) New 2) Renewal 3) Cancellation 4) Updation.
- * For New Registration - select **1) New** option & Start filling further form.
- * For old Hospitals, Select **2) Renewal 3) Cancellation 4) Updation** option.
- * After selecting **2) Renewal** or **3) Cancellation** or **4) Updation** option, Old Hospital Data will reflect further via Searching Taluka & Doctors Name.
- * After Selecting Taluka & Doctor Name, Basic Information of hospital will reflect downward. (In Basic Information).
- * Fill all Columns of Basic Information.
- * After filling Basic Information, Save Draft & Click on Next Step to open further page (This Step is in all page of website)

Save Draft

Next Step

B) DOCTOR INFORMATION

- * Fill here basic Information of Doctors & Upload Doctors Document. (Each Doctors Data Should Fill & Upload Separately)

1. Doctor Name	Doctor Name(Marathi)		
<input type="text"/>	<input type="text"/>		
2. Age	3. Gender	4. Address	5. Mobile
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
6. Qualification	<input type="text" value="Select"/>		
6.a Additional Qualification	<input type="text" value="Enter if Any"/>		
6.b Additional Qualification	<input type="text" value="Enter if Any"/>		
6.c Additional Qualification	<input type="text" value="Enter if Any"/>		
6.d Additional Qualification	<input type="text" value="Enter if Any"/>		
7. MMC/MCIM Council No	8. MMC/MCIM Council registration Date		
<input type="text"/>	<input type="text" value="dd-mm-yyyy"/>		
9. MMC/MCIM Council Certificate Expiry Date	10. Post in Hospital		
<input type="text" value="dd-mm-yyyy"/>	<input type="text"/>		
11. Work Nature	Doctor Documents		
<input type="text" value="Select"/>	<input type="button" value="Choose Files"/> <input type="text" value="N..."/>		
	<input type="button" value="Add"/>		

C) NURSING STAFF INFORMATION

* Fill here basic Information of Nurses & Upload Nurses Document. (Each Nurses Data Should Fill & Upload Separately)

1. Name	Name(Marathi)		
<input type="text"/>	<input type="text"/>		
2. Age	3. Gender	4. Address	5. Mobile
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
6. Qualification			
<input type="text" value="Select"/>			
7. MMC/MCIM Council No	8. MNC Council Registration Date		
<input type="text"/>	<input type="text" value="dd-mm-yyyy"/>		
8. MNC Council Certificate Expiry Date	9. Post in Hospital		
<input type="text" value="dd-mm-yyyy"/>	<input type="text" value="Select"/>		
10. Work Nature	Nurse Documents		<input type="button" value="Add"/>
<input type="text" value="Select"/>	<input type="button" value="Choose Files"/> <input type="text" value="N..."/>		

D) OTHER STAFF INFORMATION

* Fill here basic Information of Other Staff & Upload Staffs Document. (Each Other Staff Data Should Fill & Upload Separately)

1. Name	2. Age		
<input type="text"/>	<input type="text"/>		
3. Gender	4. Address	5. Mobile	6. Qualification
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Post in Hospital			
<input type="text" value="Select"/>			
8. Work Nature	Other Staff Documents		<input type="button" value="Add"/>
<input type="text" value="Select"/>	<input type="button" value="Choose Files"/> <input type="text" value="N..."/>		

E) FEES DETAILS

15 Various types of Fees to be mention in columns & if rather than this - as per hospital speciality, other fees should mention downward by selection **Add More** option.

F) खाजगी शुश्रूषागृहामध्ये - आवश्यक साहित्य सामग्री

- अ) शुश्रूषागृह किमान आवश्यक बाबी
- ब) शस्त्रक्रियागृहासाठी किमान आवश्यक बाबी
- क) सुतीकागृहासाठी किमान आवश्यक बाबी
- ड) अतिदक्षता विभागासाठी किमान आवश्यक बाबी

Mention availability Services instruments under this Sections-Sub type in Yes / No, If Yes Mention Quantity of the instruments

G) खाजगी शुश्रूषागृहामधील आवश्यक बाबी

- अ) शुश्रूषागृह किमान आवश्यक बाबी
- B) भौतिक मानकाचा तपशील
- C) वरील सर्व मुद्द्या शिवाय ३० खाटांपेक्षा जास्त खाटांच्या शुश्रूषागृहमध्ये ५ स्वतंत्र क्षेत्र (झोन) असावेत

In this Section (Under Sub type), mention MNHRR 2021 norms fulfilling by PVT hospital (in Yes / No)

H) DOCUMENTS UPLOAD

* Here all Original Document to upload in PDF File.

DOCUMENTS UPLOAD

नर्सिंग होम ची नोंदणी / नुतनीकरण

		Choose Files N...n	Upload Show
19	हॉस्पिटल नोंदणी / नुतनीकरण प्रमाणपत्राची (Original Copy) मूळ प्रत	Choose Files N...n	Upload Show
20	रुग्णालयामध्ये तक्रार निवारण कक्षाची माहिती व दूरध्वनी क्रमांक प्रदर्शित केले आहे	Choose Files N...n	Upload Show
21	रुग्णालयामध्ये दर्शनी भागामध्ये रुग्ण हक्क संहिता माहिती प्रदर्शित केलेला फोटो डॉक्टरांसहित अपलोड करणे	Choose Files N...n	Upload Show
22	रुग्णालयामध्ये दर्शनी भागामध्ये आरोग्य सेवांचे दर प्रदर्शित केलेला फोटो डॉक्टरांसहित अपलोड करणे	Choose Files N...n	Upload Show
23	संस्था अंतर्गत हॉस्पिटल असल्यास मूळ डॉक्टरांची संस्थेकडून नियुक्ती केलेला आदेश, संस्थेचे कागदपत्र, इत्यादी.	Choose Files N...n	Upload Show

टीप: सर्व काकादपात्रांवरती मूळ डॉक्टरांची सही व शिक्का करणेचे आहे (बाँडपेपर वगळून).

Submit Form

* After Uploading All Documents - Click on Submit Form Option.

* After Submission of form - No Any Correction or Document change be done.

5) Documents Query

Please Check Periodically for any Queries from Taluka & District Office. (Submitted Form status can be track from dashboard)

6) Challan & Certificates

* After all above process, Completion of form - Challan will generate from District level.

* Challan fee should be pay in any सांगली जिल्हा मध्यवर्ती सहकारी बँक.

* Paid Challan to be upload in pdf File.

* After Verification of Callan (Fees Paid) - Certificate will issue & Certificate will reflect here.

Highlight Of MNHRR 2021 Online Process

Private Hospital Level Process

- * Form Filling & Document Upload.
- * Rectifying the Queries Received by Taluka & District Office.
- * Paying the Challan Fees.

Taluka Level Process (Taluka Health Officer (Panchayat Samiti))

- * Online Form & Document Verification
- * Visit to Private Hospital
- * If Any Query occurs, Informing to Private Hospital.
- * Otherwise Forwarding to District Office with Visit Report.

District Level Process (District Health Officer (ZP Sangli))

- * Online Form & Document Verification.
- * Visit to Private Hospital (Randomly).
- * If Any Query occurs, Informing to Taluka / Private Hospital.
- * Otherwise Generating Challan, After Confirmation of paid challan issuing Certificate.