

*Please attached separate sheet wherever necessary. Please also provide a complete list of doctors attached with the hospital along with their qualification and timings and also the details of facilities available.*

**APPLICATION FORM FOR EMPANELMENT WITH CPP-IPR**

(For Super specialty Hospital)

1.	Name of the Hospital	
2.	Managed by (Name of the Trust etc. if any)	
3.	Year of establishment	
4.	Location address of the Hospital	
	Address for correspondence (if different than location address)	
5.	Telephone No. (Landline if applicable)	_____ Helpline No. _____
	Email ID (of authorized/contact person)	

**Please give hereunder the details of registration with all statutory bodies etc.**

1.	
2.	
3.	
4.	

We agree to abide the Schedule of Rates (SoR) and Rules & Regulations of IPR including extending credit facility to the beneficiaries.

Name & Signature (of authorized person) with date & Seal: .....