



United Private Clinics & Hospitals' Association of Rajasthan

(An Association of Private Clinical Establishments of Rajasthan)

Registration Form

To,
Executive Board
UNITED PRIVATE CLINICS AND HOSPITALS ASSOCIATION OF RAJASTHAN (UPCHAR)

Dear Sir,

I, Dr. _____ hereby apply on behalf of establishment _____
_____ to be affiliated to

UPCHAR Name of Clinic/Hospital _____

Address _____

Contact Details Mobile _____ Landline _____

E-mail _____

Type of Clinical Establishment: *(Please tick whichever is applicable)* Inpatient/ Outpatient/ Laboratory/

Imaging Any other (please specify): _____

Hospital Bed Strength : 1-25 / 26-50 / 51-100 / 101-200 / > 200

beds Total Number of MBBS Doctors in Hospital _____

Name of Applicant Dr. _____

Qualification of Applicant _____

State Medical Council Registration Number _____

(Please attach Photocopy of Registration Certificate)

Designation of the Applicant : *(Please tick whichever is applicable)*

Proprietor / Medical Director / Partner/Medical

Superintendent/MOIC/Trustee/Other Contact Details Mobile _____ Landline _____

E-mail _____

DECLARATION

I, Dr. _____ on behalf of _____
_____ Hospital hereby declare that all information provided
by me is true & I will be abiding by all rules & bylaws of UPCHAR.

Sign & Seal
Name