

BIHAR STATE QUALITY CERTIFICATION

APPLICATION FORM No. 2 FOR 1st ASSESSMENT REQUEST

(To be filled by DHS/DQAC & submitted to RPMU/RQAC)

Name of RPMU applying to:.....

Name of Hospital for which 1st assessment is to be conducted :.....

Level of the hospital : Level 1 / Level 2 / Level 3 (Please tick)

Name of the District:

Name of Civil Surgeon:

Date when hospital had applied to DHS/DQAC for certification:.....



.....
(Signature of Civil Surgeon)

.....**For office Use (by RPMU/RQAC)**.....

Receipt no: Date:.....

Received application form for FFHI certification from.....hospital.

Date when RPMU/RQAC would conduct 1st assessment of the hospital/ health facility:

.....
(Signature of Office Assistant)

Note :- RPMU/ RQAC to conduct 1st assessment using the Audit Toolkit and based on the outcome submit report along with the form for recommendation/ non-recommendation with reasons to State Quality Assurance Cell, SHSB Bihar.