

BIHAR STATE QUALITY CERTIFICATION

APPLICATION FORM No. 3 FOR AUDIT REQUEST

(To be filled by RPMU/RQAC & submitted to State Quality Assurance Cell)

Name of Division:

Name of District:

Name of Hospital:

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

Date when 1st assessment was conducted:

Whether recommended for Audit:

OR

Non – recommended (Give reasons):

.....

.....

.....
(Signature of RDD)

.....**For office Use (by SQAC, SHSB)**.....

Receipt no: Date:.....

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

.....
(Signature of Office Assistant)