

# **BIHAR STATE QUALITY CERTIFICATION**

## **COMPILED APPLICATION FORM NO. 4 FOR AUDIT REQUEST**

(To be filled by SQAC, SHSB & submitted to State Quality Certification-cum-Audit Body)

To,

.....  
Chairperson,

State Quality Certification-cum-Audit Body, Bihar.

Sir/Madam,

The following hospital / health facilities have been assessed by the divisional unit and the report is as follows:-

Name of Division	Name of District	Name of Hospital	Level of hospital- (L 1/ L 2/ L 3)	Date when 1 <sup>st</sup> assessment was conducted by RPMU/RQAC	Whether recommended/ non-recommended by RQAC for Audit

Hence, State Health Society, Bihar requests State Quality Certification-cum-Audit Body to conduct certification audit of the recommended hospitals.

.....  
(Signature of Executive Director, SHSB)

.....*For office Use (by State Quality Certification-cum-Audit Body)*.....

Receipt no: ..... Date: .....

Received application form for FFHI certification from..... hospital. Date when State Quality Certification-cum-Audit Body would conduct Audit of the hospital/ health facility: .....

.....  
(Signature of Office Assistant)

**Note:-** SQAC,SHSB would quarterly submit the compiled request form to certification-cum-audit body.