HOSPITAL APPLICATION FORM

Empanelment under Chief Minister's Special Initiative for Cancer Program – Punjab

(To be completed and submitted by the applying hospital – self-declaration)

(More sheets can be added if required)

SECTION 1: GENERAL INFORMATION

Item	Details (to be filled by Hospital)
Name of Hospital	
Complete Address	
District	
Province	
Ownership	☐ Private ☐ Trust ☐ Autonomous ☐ Public ☐ Atomic Energy Commission ☐ Other _____
Year of Establishment	

Item	Details (to be filled by Hospital)
PHC License No.	
PHC License Validity Date	
PHC Registration No.	
PHC Registration Issue Date	
PNRA License No. (if applicable)	
PNRA License Validity Date	
NTN	
PRA (if applicable)	
Bank Name & Account No.	
Medical Superintendent/CEO/COO/MD/In-Charge	
Name	
Designation	

Item	Details (to be filled by Hospital)
Mobile No.	
E-Mail	
Focal Person	
Name	
Designation	
Mobile No.	
Email Address	

SECTION 2: ELIGIBILITY DECLARATION (MANDATORY)

☐ Hospital is located within Punjab Province

☐ Hospital is located within _____ Province

☐ Hospital is not blacklisted or under suspension by any regulatory authority

Declaration: ☐ Yes ☐ No

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SECTION 3: GENERAL INFRASTRUCTURE & FACILITIES

Facility	Minimum Requirement	Available (Yes/No)	Quantity / Remarks
Inpatient Beds	≥ 20		
Dedicated Oncology Department / Unit	Required		
Emergency Services (24/7)	Required		
Pharmacy	Functional		
Blood Bank	In-house / Tie-up		
ICU / HDU Access	Required		
Infection Control System	Functional		
Backup Power (Generator / UPS)	Required		

SECTION 4: ONCOLOGY SERVICES OFFERED

4.1 Medical Oncology

☐ Chemotherapy (IV / Oral / Targeted Therapy)

☐ Day-care Chemotherapy Facility

☐ Immunotherapy Administration

☐ Embolization for Cancer

☐ Supportive Oncology Care

☐ Other : _____

4.2 Surgical Oncology

☐ Major Cancer Surgeries

☐ Minor Cancer Surgeries

☐ Excision Biopsy

☐ Operation Theatre Equipped for Oncology

☐ Post-operative Oncology Care

☐ Other : _____

4.3 Radiation Oncology (if applicable)

☐ Linear Accelerator / Cobalt Unit

☐ Brachytherapy

☐ Radiation Planning System

☐ Cyber Knife / Gamma Knife

☐ Other : _____

4.4 Any Other , please specify

_____

_____

_____

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SECTION 5: HUMAN RESOURCES

5.1 Mandatory Specialists

Specialist	Name	Qualification	Experience	PMDC Reg. No.	Full-time / Contract
Medical / Clinical Oncologist					
Surgical Oncologist					
Radiation Oncologist (if applicable)					
Radiologist (In-house / Tie-up)					

☐ Copies of valid PMDC registrations attached

☐ Complete CVs are attached with credentials

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5.2 Nursing/Paramedical Supporting Staff

Staff Category	Available (Yes/No)	Number of Personnel
Trained Oncology Nurses		
Chemotherapy-Certified Nurses		
Medical Physicist (for Radiation Units)		
Pharmacist		
Pathologist (In-house / Tie-up)		
Radiologist Technician (In-house / Tie-up)		

☐ Copies of valid PMDC/relevant body registrations is attached

☐ Complete CVs are attached with credentials

☐ Duty Roaster is attached

SECTION 6: DIAGNOSTIC & LABORATORY SERVICES

Service	Available (Yes/No)	Details	In-house / Contracted
Histopathology			
Hematology & Biochemistry			
CT Scan			
MRI			
PET SCAN			
Ultrasound			
Biopsy & FNAC Services			
NABL / PNAC Accreditation (if any)			

SECTION 7: EQUIPMENT & TECHNOLOGY (DECLARATION)

☐ Chemotherapy Safety Cabinets Number : _____

☐ Infusion Pumps Number : _____

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☐ Radiation Safety Equipment (if applicable) Number : _____

☐ Cold Chain Facility for Oncology Drugs

SECTION 8: QUALITY & SAFETY SYSTEMS

☐ Compliance with PHC Minimum Service Delivery Standards

☐ Patient Safety Protocols documented

☐ Infection Prevention & Control Policies in place

☐ Biomedical Waste Management System functional

☐ Incident Reporting Mechanism available

☐ Drug Storage & Handling SOPs available

Please provide documentary proof for all of the above

SECTION 9: DOCUMENTS ATTACHED (CHECKLIST)

☐ PHC Registration

☐ Hospital Ownership Documents

☐ Hospital Regular License Documents

☐ List of Oncology Services Offered

☐ Consultants' Credentials & PMDC Registrations

☐ Infrastructure & Equipment List

☐ Bank Account Details

☐ MoUs (if applicable)

☐ Duty Roaster

☐ CVs of all staff with educational credentials

Please ensure that copies of certificates of licensing/accreditation/ registrations bodies are attached

SECTION 10: UNDERTAKING & SELF-DECLARATION

I, the undersigned, hereby declare that the information provided in this application is **true, accurate, and complete** to the best of my knowledge. I understand that any **false declaration, concealment, or misrepresentation** may result in rejection of this application or cancellation of empanelment at any stage.

Name of Authorized Signatory	
Designation	
CNIC	
Signature & Official Stamp	
Date	

Note : Submission of an EOI application does not guarantee empanelment. PHIMC reserves the absolute right, at its sole discretion, to accept or reject any or all EOIs,

wholly or partially, without assigning any reason. The empanelment of any hospital shall be undertaken strictly on the basis of program needs, service demand, geographical coverage, population requirements, public sector institutional capacity, and any other parameters as determined by PHIMC.

PHIMC further reserves the right to amend, modify, or withdraw this EOI at any stage without incurring any liability.

Signature & Stamp

PUNJAB HEALTH INITIATIVE MANAGEMENT COMPANY PHIMC