Health Establishment Registration Form

(for TB Notification) 1

1. Name of Health Establishment			
2.	Sector		□ Private/NGO
3.	Type of Healt Establishment		□Laboratory □ Private Practitioner /clinic (single) □Hospital / Clinic / Nursing Home (multi)
4. MCI/Hospital/Clinical Registration Number			
5. Authorized Contact Person			
6. Designation of Contact Person			
7. Email			
8. Land Line Number (with STD Code)			
9. Mobile Number			
10. Complete Address			
11. PIN Code			