

Instructions for Creating New Account for Registration

1. Choose the Correct Revenue District, District cannot be changed after creating user ID. The User ID will be tagged to the Competent Authority of the Concerned District and the Bank Account for Payment of Registration Fee.
2. Verify the presence of your Taluk name in the dropdown for the chosen district. Refer to attached Government order on Expansion of Chennai District.
3. Enter the Name of the Clinical Establishment correctly. This name will appear in the Registration Certificate as it is entered here.
4. Enter Mobile number
5. Enter Valid EmailID. Link for activation of the Login User ID will be sent to this email. Quote this email ID in all future Correspondences.
6. Enter the Password of your Choice

Instructions for Submitting Application for Registration under TNCEA, 1997

1. Name of the Clinical Establishment: **This is captured from your Account Registration Details. Cannot be edited**
2. Address: **Enter the Exact location of the Clin.Est. District: Captured from Registration data. Cannot be edited**

Taluk :	Choose the Correct Taluk	State :	Tamil Nadu
Pincode :		Telephone No.(with STD code) :	
Mobile :		Fax :	
Email ID :		Website (if any) :	

3. Year of starting : **Year of commencing services**
4. Location : **Choose from the Drop down**
5. Ownership of Services : **Choose Public or Private. For Public category Owners Registration fee is exempted and payment option will not appear in subsequent pages.**

6. Name of the owner of Clinical Establishment			
Name of the owner :		Address :	
Village/Town :		District :	
State :		Pincode :	

Telephone No.(with STD code) :		Mobile :	
Fax :		Email ID :	

7. Name, Designation and Qualification of person-in-charge of the clinical establishment –
The details of the person responsible for technical events. Chief Medical Officer in case of Consultation room, Clinic, Poly Clinic, Hospital. Radiologist for Radiograph Centre. Physiotherapist for Physiotherapy Centre. Medical Doctor or Laboratory Technician for Clinical Labs based on the type of tests carried out (Refer TNCEA Notification for Details).

Name of person-in-charge :		Designation :	
----------------------------	--	---------------	--

Qualification : Address :
Village/Town : District :
State : Pincode :

Telephone No.(with : Mobile :
STD code)

Fax : Email ID :
8. Any Other (Please Specify) :

9. Type of clinical establishment : - Choose the Category and the sub category from dropdown

10. Whether the clinical establishment: Standalone diagnostic centers also have to enter details

(a) is attached with :
Laboratory

(b) is attached with :
Imaging Centre

(c) is attached with Blood Banks :

(B) Based on Facilities :

11. Details of the equipments maintained with :

SYSTEM OF MEDICINE : Choose from Dropdown. If more than one System of Medicine is practised, Separate application has to be submitted for each System of Medicine,

12. Services offered :

13. Area of the establishment (in square metres)

(a) Total area : (b) Constructed Area :

14. Out-Patient Department

Total number of Out Patient Department Clinics :

Sl.No	Speciality	Number Of Rooms
-------	------------	-----------------

15. In-Patient Department

(a) Total number of beds : Donot enter Bed number here. It will be auto calculated from the next line i.e, (15 (b).

(b) Specialty-wise distribution of beds, please specify:

Sl.No	Speciality	Number Of Beds
-------	------------	----------------

16. Biomedical Waste Management :

(a) Method of treatment and/or disposal of bio-medical waste: Choose Common Treatment Facility if

you have an agreement for handing over the waste to an CTF Operator.

(b) Whether authorization from Pollution Control Board/Pollution Control Committee obtained? :

17. Total number of Staff (as on date of application): **Enter details of all Staff Including the details of the Person mentioned in Point No.7.**

18. Payment options for Registration Fees Amount :

I / We hereby declare that the statement stated above are true and correct to the best of my/our knowledge and I/We shall abide by the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Rules made thereunder.

Upload the Signature of the Owner

After successful submission of Application Log out and Log in again. In the home page the acknowledgement and the submitted application can be downloaded.