

# BIHAR STATE QUALITY CERTIFICATION

## APPLICATION FORM No. 1

(To be filled by hospital & submitted to DHS/DQAC)

**Name of District:**.....

**Name of Hospital:** .....

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

**Name of DS/Medical Officer in Charge:**.....

**Name of Hospital Manager:**.....

**Date of Application:** .....

**Date when hospital/ health facility would prefer to have the 1st assessment**.....



.....  
(Signature of DS / MOIC)

.....**For office Use (By DHS)**.....

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

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

.....  
**Signature of Office Assistant)**

**Note :-** DHS/DQAC to do internal assessment for the readiness of the facility before requesting for 1<sup>st</sup> assessment to RPMU/RQAC