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GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

RESOLUTION

The 6th May 2016

In exercise of the powers conferred under Section 2(n) of The Odisha Clinical Establishments (Control and Regulation) Act, 1990 (Odisha Act 8 of 1992) and the Rules thereunder, the Collectors & District Magistrates are declared as Supervising Authority of the concerned district under their jurisdiction. As per the provisions of the Odisha Clinical Establishments (Control and Regulation) Act and Rules, the duties, responsibilities and the different procedures to be followed shall be as under :

1. The Collector & District Magistrates shall be the Registering/Renewing Authority for the Clinical Establishments in the district under their jurisdiction.
2. The C.D.M.O. or any officer authorised on his behalf shall be the Inspecting Officer for the Clinical Establishments of the district.
3. As Member of the District Task Force Committee, shall ensure proper implementation of the OCE & (C & R) Act and take prompt & appropriate action for any contravention of the Act or Rules.
4. The existing OCE (C & R) Act and Rules thereunder in force or notified from time to time shall be strictly followed while issuing the Registration of Renewal Certificate of the Clinical Establishments.

A brief abstract of the procedure to be followed is placed at Annexure 'A'.

By order of the Governor

ARTI AHUJA

Principal Secretary to Government

PROCEDURE TO BE FOLLOWED IN BRIEF

1. The Clinical Establishments shall apply to the Inspecting Authority of the concerned district in Form-1 appended to the Rule along with all documents and the fees for registration and/or fine in Treasury Challan. In case of renewal they must apply one month prior to the date of expiry of registration.
2. The Inspecting Authority shall within 45 days of receiving such application make an inspection of the Clinical Establishment and forward the proposal to the Collector & District Magistrate for consideration of issue of Registration or Renewal. The Inspecting Authority shall not receive any application which is incomplete in any respect.
3. The Supervising Authority shall on verification of documents issue Registration / Renewal Certificate within 45 days of receiving the proposal or may reject it.
4. In case of delay in application for renewal fine at a rate of 10% of the fees for registration per month of delay shall be collected.
5. No staff of the Clinical Establishments shall be allowed to work in multiple establishments. Doctors giving consent to work in multiple Clinical Establishments shall be allowed a maximum of two numbers of establishments in that particular area/city not more than 8 kilometres apart.
6. The pending proposals in the office of the DMET, Odisha, shall be sent back to the C.D.M.Os. for re-processing.
7. Record of details of Clinical Establishments of the district shall be maintained both at Collector & D.M. and C.D.M.O. level.
8. The monthly report & return shall be submitted to the D.M.E.T., Odisha, in the following format :—
 - (a) Number of Clinical Establishments in district. (categorywise)
 - (b) Number of new applicants
 - (c) Number of applicants for renewal
 - (d) Number of applications under process
 - (e) Number of Clinical Establishments Registered/ Renewed with period of validity and newly allotted registration number.
 - (f) Establishments who have received Government land shall furnish the detail of free treatments given to BPL category patients.

(g) Particulars of death of any patients

(h) Action taken report against Clinical Establishments contravening the OCE (C & R) Act, 1990 and Rules thereunder.

9. List of documents to be asked along with proposals for Registration/ Renewal.

| Sl.No. | Document |
|--------|--|
| (1) | (2) |
| 1 | Registration/Renewal Fees/Fines in shape of Treasury Challan |
| 2 | Ink signed original consent letters of the Medical and Paramedical persons to work for five years in the establishment. |
| 3 | Copy of self attested Degree or Diploma Certificate of the Medical / Paramedical persons. |
| 4 | Copy of self attested up-to-date Registration Certificates from concerned Councils of Medical and Paramedical staff. |
| 5 | Copy of self attested up-to-date Registration Certificate of Clinical Establishment for renewal. |
| 6 | Deed Agreement (in case of tenant/Govt. land) and any valid proof of residence. |
| 7 | Occupancy Certificate (in case of new buildings of more than 9 Mts. height). |
| 8 | Location Map |
| 9 | Fire Safety Clearance Certificate or fire safety self declaration (as per applicability). |
| 10 | Authorization from State Pollution Control Board (if Applicable) |
| 11 | Trade License (If Applicable) |
| 12 | PCPNDT Certificate for USG (If Applicable) |
| 13 | N.O.C. of A.E.R.B. for imaging/X-Ray clinics |
| 14 | Authorization for MTP from appropriate authority, if applicable |
| 15 | Instrument/equipment list |
| 16 | Rate Chart for different procedures (must be as per CGHS rate chart for Bhubaneswar). |
| 17 | Undertaking to the effect that any of the employees/consultants including the proprietor were not convicted in past for any offence or no criminal case is lying pending before any Court of Law pertaining to the Clinical Establishment. |

10. The Clinical Establishments shall maintain the following of Records/
Registers :—

| Sl.No. | Particulars |
|--------|---|
| (1) | (2) |
| 1 | OPD patient register showing name, address, date, provisional diagnosis and advise given. (Applicable for all types of Clinical Establishments). |
| 2 | IPD register showing, name, age, address, referred from, date & time of admission, provisional diagnosis, treatment plan, date of discharge. |
| 3 | Operation Register showing name, age, address, operation done, name of operating surgeon and team of staff. |
| 4 | Vital statistic ledgers showing all deaths, births |
| 5 | Medico legal case register (name, age, sex, address, time of receive, condition of patient, time of discharge, cause of discharge, time of police information). |
| 6 | Register of staff engaged, deployed on call and consultants |
| 7 | Acquaintance Ledger showing payment to Doctors and Paramedical staff |
| 8 | Register showing the list of Govt. Doctors/staff attending the Clinical Establishment (name, address, designation, place of posting, time of such attendance). |
| 9 | Ledger showing the list of IPD and OPD patients under BPL category given free treatment (name, age, sex, address, disease, treatment given). |
| 10 | Ledgers related to accounts (receipts, expenditures, income tax, etc.) . |