



AHMA HOSPITAL AWARD 2020-2021

APPLICATION PERFORMA FOR AWARD IN VARIOUS CRITERIA FOR
EXCLUSIVE AYURVEDA HOSPITALS IN KERALA

1. Name of the Ayurveda Hospital :
2. Name of promoters with full hospital address :
(With Telephone/Fax/E-mail address and website)
3. Status of the organization :
(Ltd/Private Ltd/Partnership firm/Property concern)
4. Name of the directors/partners/owner :
5. Location of the centre along with full address :
6. Year of incorporation :
7. Details of local body registration :
(please attach the copy of the certificate)
8. Details of the Chief Physician :
(please give details on qualification, service experience,
registration number, TCM/CCIM)
9. Details of other doctors :
10. Specialities if any :
11. Awards recieved (if any) by the doctors in the hospital :
(Please attach details)
12. Awards received (if any) by the doctors in the hospital :
(Please attach details)
13. Number of beds :
14. Number of wards :
15. Number of Non Ac rooms :
16. Number of Ac rooms :
17. Details of medicins used :
(in-house prepaies/out sourced)
18. Details of other systems/departments/diagnostic
facilities, etc :
19. Details of technical Personnel :
 - a) Number of male masseurs :
 - b) Number of female masseures :
 - c) Number of nursing staff :
 - d) Details of other staff :
20. Please give details of any other specify facilty in the
hospital to accomodate international patients :
21. Details of waste management system :
22. Details of recognitions and accreditations if any :
23. Please specify the category of the award applied for :

Note: You are requested to attach the related documents/brochures/photographs/CDs, etc. is the organization presently a member of AHMA

I hereby declare that the above details are true to the best of my knowledge.

Place:

Signature

Date: