



(Constituent Board of Quality Council of India)

NABH/Notification/2021/9266

December 01, 2021

NOTIFICATION

Start of NABH - CGHS / ECHS Portal for acceptance of online applications for Central Government Health Scheme (CGHS) & Ex-Servicemen Contributory Health Scheme (ECHS)

National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of Quality Council of India (QCI) is pleased to announce that the process of QCI inspections for ECHS & CGHS empanelment has now been digitised.

The Health care organisations will now be able to apply for and pay fee for empanelment through this online portal; guidelines for which are available on the NABH website at "**Steps to Apply for ECHS & CGHS Empanelment**" document.

Applicants desirous of getting their facilities assessed for CGHS / ECHS Empanelment are encouraged to apply online for prompt processing.

In case, the HCOs have any difficulty in applying, they may contact NABH Secretariat at E-mail: nabh@nabh.co Phone: 42600600

Thanking you,

Sincerely yours,

In muller

(Dr. Atul Mohan Kochhar) CEO-NABH

Enclosed: Steps to Apply for ECHS & CGHS Empanelment

1 ECE Portal - ECHS & CGHS Empanelment Portal procedure

1.1 Registration steps on the web portal

Step 1: Go to <u>www.ece.nabh.co</u> for ECHS & CGHS Empanelment Portal. Click on the 'Register' button.

← → C ① S https://ece.nabh.co/account/login	
Go to www.ecce.nabh.co	2
ECHS & CGHS Empanelment	
User ID	
Enter Email	
Password	
Enter Password	-
2 Click on 'Register' button	-
B Forgot Password	
Register Register	
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Step 2: Fill in all the details. Then click the 'Register' button.

	Organisation Name as registered with regi	ulatory agencies			
Fill in all the details	State	District		Metro/Non-Metro	
	Select State 👻	Select District	*	Select Metro/Non-Metro	
• • •	EMPANELMENT COORDINATOR				
	Name		Designation		100 2 -
18	Email ID 🚺		Mobile Number		10-
2) Click on 'Register' button		Re	gister		mel
		← Bacl	k to Login		125.18

Step 3: Enter the OTP received on the registered E-mail and Mobile Number. Applicants can edit the mail id or contact number in case the wrong input is put on the registration form by clicking the 'Edit' button.

	Verify Email ID and Mobile Numbe	it i	×	
	An OTP has been sent on the Entered I	Email ID and Mobile Number		
	Email: Verify OTP:	abcd@hospital.com	Edit	-
		Resend OTP		1 .
	Note:In case y	ou have not received the OTP, please check Junk	/Spam folder	State of the second second
	Mobile Number: Verify OTP:	9899651421	Edit	
		Resend OTP		m.1
		Register		
		← Back to Login		
2000		– шті мұрт ді підть т-алулі.		a state of the second

*Kindly check the Spam/Junk Folders of the registered email id. Users can also request a new OTP if OTP is not received within 10 minutes by clicking on the 'Resend OTP' Button.

Step 4: After OTP verification, a message will pop up asking for confirmation to submit the form, click 'Yes' if details filled are correct, or Click 'No' to edit details



Note: Details cannot be changed once the form is submitted.

Step 5: Applicant will receive User ID and Password for Log-in on the registered E-mail ID.



1.2 Scheme Selection Steps

Step 1: Go to www.ece.nabh.co enter the credentials received on E-mail and click on the 'Log In' button.

ECHS & CGHS Empanelment × +		
← → C ☆ ③ https://ece.nabh.co/account/login		G 🐂 🖬 🖓 📨 🖼 🌲 🌒 🗄
К	· · ·	
0.0	ECHS & CGHS Empanelment	
	User ID	🥢 🕕 Enter Credentials here
	Enter Email	
	Password	
	Enter Password	Carl Carl Carl Carl
	Log in 🔶	2 Click 'Login'
	Forgot Password	
	Register	
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and the second s		



Step 2: The applicant has to change the password after they log in to the portal for the 1st time. Enter and confirm the desired password as per the password policy mentioned and click on the 'Submit' button.

	After first login, th ask to set a new	e portal will password	
	New Password		
A fat desired recoverd	Enter Password	0	
Set desired password	Confirm Password		
	Confirm Password	۲	
	PASSWORD POLICY		
	 Password should contain atleast one Up Special Character 	per-case letter,Number and	
	 Password length should be greater than Password length should be Maximum 15 	5 character character	
Click 'Submit' to continue	Submit		
•			
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Step 3: After changing the password, the page for Scheme selection page will be displayed.

Select the Type of Organization (Hospital/Dental/Eye/Diagnostic) and fill in all the mandatory details.

😨 ECHS & CGHS Emp	panelment		💽 testv 🗸
CHS & CGHS Emp	Yanelment Total Bed Strength 56 Select scheme you want to apply for Select Scheme Have you been debared by NABH/ECHS/CGHS Select V Wath and the select of	Organisation Type Hospital -Select Organisation Type- Hospital Dental care centre Eye care centre Diagnostic centre	lestv -



Total I	Bed Strength			Organisation Type			
56				Hospital		~	
Select	Select scheme you want to apply for 10			Have you previously appl	lied for any of the said scheme		
CG	GHS		~	Yes		~	
■ Ac	td Type of Application	Application Number	Recomm	nended by NABH/QCI	Recommendation Number	Action	
1	CGHS	ABC/654	Yes		RECOM123	Û	
Have No	you been debared by NABH/	ECH\$/CGH\$	~				
			Sı	ıbmit			
		© 20	21 NABH AIL	Rights Reserved			

Step 4: After filling in all the required information, click on the 'Submit' button to continue.

Step 5: At the Screen pop-up, click the 'Proceed' tab to continue or 'Cancel' to edit the details in the 'Scheme Selection form'. Please note that the Post Submission of the form, editing of details could not be done.

← → C 🔒 ecetest.nabh.co/accoun	it/basicCert			🕶 ९ 🖈 🗭 :
ECHS & CGHS Empanelment				weddw ~
	Total Bed Strength 76 Select scheme you want to app ECHS	Organisation Type Hospital	said scheme	
	Type of Application CGHS Have you been debared by NAE No	You have selected to apply for ECHS Hospital . After clicking on Proceed, you will be redirected to fill the Application Form. The details once submitted will not be editable.	dation Number Action	
		Summt		

Note: Details cannot be changed once the form is submitted.

1.3 Application Form Steps

After submitting the Scheme Selection form, the Applicant will be re-directed to the Dashboard. Where Progress/History of the Applicant can be seen. Applicants must follow the instructions displayed in the message box to proceed further.

🔊 ECHS & C	GHS Empan	elment										
֎ Dashboard	Application	Form 🛱 Rer	narks ① Guide	lines 🗎 Gi	uide Book	1	Follow the message b	instru ox to j	ctions procee	displaye d further	d in the	
Kindly fill and subn	nit the applicatior	n form within the s	tipulated timeline to a	avoid deactivati	on of your application	n. Please refer to	the guidelines an	id guideboo	ok carefully	before filling t	he application fo	rm.
Registration	Scheme Selection	C Application	₹ Fee Submission	Desktop Assessment	CANC Reply and Review	OA Schedule	Onsite Assessment	OA Fee	dback	Committee Verification	Recommende	ed
Organisation Info	rmation				2			-	Applicatio	on Stage His	story	
Organisation type		Hospital	-0015	Organi stage	sation detai history will	ls and App be displaye	lication 🦯 ed here			Stage		Date
Reference Number	r								Applica	tion In Progres	is (08-Sep-2021
scheme applied fo	r	ECHS							Sche	eme Selection	(08-Sep-2021
Bed Strength Organisation Nam	P	weddw								agistration	,	19 San 2021
State	~	Andhra P	adesh						к	egistration	(10-3ep-2021
Application Numb	ег	HOS/202	1/E0015					Ľ				
Application Type		New										

Step 1: Click on the 'Application Form' Tab in Menu Bar or the 'Application' icon on Progress Bar to fill the application form.

Application T	orm 🛱 Remarks 🛈 Guid	elines 🗎 G	uide Book					
			Click on th the 'Prog	e 'Applicat 'ess bar' b	ion form' k elow to ge	button eithe t started wi	er from nav ith filling o	igaton bar or from ut the application
Registration Scheme Selection	Application Fee Submission	Desktop Assessment	DA NC Reply and Review	OA Schedule	Onsite Assessment	OA Feedback	Committee Verification	Recommended
ganisation Information						Applica	ntion Stage His	tory
Reference ID	ECE-2021-0018						Stage	Date
Organisation Name	DENTAL NITIN					App	ication In Progress	s 08-Sep-2021
	Andhra Pradesh							
State						S	cheme Selection	08-Sep-2021
State Application Number	DEN/2021/B0012							

Step 2: Fill in the details for all sections.

- Users can select responses and fill in the details from the Radio button/dropdowns.
- Questions may be of the following type:
- **Radio button:** Applicant can select a single option from the options as per the applicability of the requirement of the question while filling the Application Form.
- **Document Upload:** Attach all the relevant documents by clicking on the 'Upload Document' Icon

ECHS & CGHS Empanelment					
	arks 🛈 Guidelines 🗎 Guide Book				
Application Number - DEN/2021/B0012		Progress:	5%		
Basic Information Physical Infrastructure Statutory	Compliances Scope Selection Facilities Availab	ble			
Constal Information					_
General mormation					
			Eor	auestions having "	Radio button' as
Name of the Centre	Do you have NABH D	Dental accreditation ?	- 🚺 For an	r questions having " option, choose one	Radio button' as and continue
Name of the Centre DENTAL NITIN	Do you have NABH [Yes O No	Dental accreditation ?	- 1 For an filli	r questions having " option, choose one ing in the information	Radio button' as and continue on.
Name of the Centre DENTAL NITIN Select Level of Accreditation*	Do you have NABH [Dental accreditation ?	- 1 For an filli	r questions having " option, choose one ing in the information Valid Till	Radio button' as and continue on.
Name of the Centre DENTAL NITIN Select Level of Accreditation* O Entry Level Certified () NABH Accredited	Do you have NABH E Yes No Certificate Number Abcd/123/edfg	Valid From 02/09/2020	1 For an filli	r questions having " option, choose one ing in the information Valid Till 01/09/2023	Radio button' as and continue on.
Name of the Centre DENTAL NITIN Select Level of Accreditation* Centry Level Certified © NABH Accredited Upload NABH Certificate DUpload State	Certificate Number Abcd/123/edfg 2 To upload a document, 'Upload' icon.	Valid From 02/09/2020 click on the	For an filli	r questions having " option, choose one ing in the information Valid Till 01/09/2023	Radio button' as and continue on.
Name of the Centre DENTAL NITIN Select Level of Accreditation* C Entry Level Certified NABH Accredited Upload NABH Certificate Upload SE DETAILS Street Address	Do you have NABH [Yes No Certificate Number Abcd/123/edfg To upload a document, 'Upload' icon.	Valid From 02/09/2020 click on the	City/Town	r questions having " option, choose one ing in the information Valid Till 01/09/2023	Radio button' as and continue on.

• Click on the 'Choose File' button and select the document to be uploaded.

Dashboard Application Form C Dam	Upload Document		×		
		- 1 Click 'Choose Fil	e'		
pplication Number - DEN/2021/B0012 sic Information Physical Infrastructure Statutory	Compliances	n are accepted: PDF, JPG, JPEG, PNG. The	maximum		
General Information			Upload		-
Name of the Centre	00 you naver	MDH DEMM OCCOMBON :			
DENTAL NITIN	Yes	⊖ No			
Select Level of Accreditation*	Certificate Number	Valid From		Valid Till	
O Entry Level Certified NABH Accredited	Abcd/123/edfg	02/09/2020		01/09/2023	
Upload NABH Certificate					
1 B					
ADDRESS DETAILS					
ADDRESS DETAILS Street Address			City/Town		



	🧑 Open			×	DENTAL NITIN V
🙆 Dashboard 🙆 Application Form 🗖 Rema	$\leftarrow \rightarrow \sim \uparrow$	> This PC > Downloads ~	C 🔎 Search Do	wnloads	
	Organize 🔻 New folde	er -		🗏 - 🔳 😗	
Application Number - DEN/2021/B0012	> 🌰 OneDrive	Name www.tecnografica.net	Date modified 30-08-2021 14:41	Type File folder	
Basic Information Physical Infrastructure Statutory (🗸 💻 This PC	CorelDRAW 2018 by Apexreview.in	04-08-2021 10:52	File folder	
	> 🧾 Desktop	Earlier this year (105)			
General Information	> 📔 Documents	🧰 certificate	30-07-2021 23:12	Microsoft Ed	
	> 🛓 Downloads	1627461929510SDflLlVgFBLxedeE	28-07-2021 14:15	Microsoft Ed	Select the required the
Name of the Centre	> 🕖 Music	DATPK2353C-2021	28-07-2021 14:00	Microsoft Ed	/
DENTAL NITIN	> 🔀 Pictures	👼 sample	28-07-2021 13:36	Microsoft Ed	
Select Level of Accreditation*	> 🔝 Videos	VisitingConsultant_dwnld	28-07-2021 12:10	Microsoft Exe	rail
Entry Level Certified NABH Accredited	File na	ame: sample	~ All Files	~ /0	9/2023
Upload NABH Certificate			Open) - Canad	— 2 Click 'Open'
ADDRESS DETAILS					
Street Address			C	ity/Town	
Noida sector-27				Noida	

o Click on Open after selecting the file.

• The selected file name will be displayed, click on 'Upload'

ECHS & CGHS Empanelment						
Dashboard 🙆 Application Form 🗭 Rem	Upload Document		×			
pplication Number - DEN/2021/B0012 sic Information Physical Infrastructure Statutory	Choose File sample pdf Note: The following formats are file size allowed in 20 MB.	accepted: PDF, JPG, JPEG, PNG. The	maximum	1	Uploaded file will a	pear here
General Information			Upload	-2	Click 'Upload' to o	- continue
DENTAL NITIN	Yes	No				
Select Level of Accreditation*	Certificate Number	Valid From			Valid Till	
O Entry Level Certified NABH Accredited	Abcd/123/edfg	02/09/2020	t		01/09/2023	
Upload NABH Certificate						
Street Address			City/Town	1		

- A message will be displayed on the successful upload of the file. In Case, the file is not uploaded, check the size and type of file as per the criteria required
- Applicants can also view or delete the uploaded document by clicking on the 'View Document' Icon.

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pplication Number - DEN/2021/B0012	1 A successful mes once file is uploa	sage will appear ded.		File uploaded
Sic Information Physical Infrastructure Statutory General Information	Compliances Scope Selection Facilities Ava	lable		-
Name of the Centre	Do you have NAE	H Dental accreditation ?		
DENTAL NITIN	● Yes ◯ I	No		
Select Level of Accreditation*	Certificate Number	Valid From		Valid Till
O Entry Level Certified NABH Accredited	Abcd/123/edfg	02/09/2020		01/09/2023
Upload NABH Certificate	cument view icon will chang s' showing that the document	e its color from 'Green' i is been uploaded. 		
Street Address			City/Town	

- Check Box Type: Applicant can choose multiple options against the various requirement
 - Click on the checkboxes to select the options.

entre registered under/with which of the State Health	Authorities Select multiple option if registered with more than one authority	
Municipality		
CMO of District		
Nursing Homes Registration Act		
Clinical Establishments Act		
Shops and Establishment Act		
Registration with any other authority		
Registration with any other authority		
Registration with any other authority		
Registration with any other authority Other ype of Ownership		
Registration with any other authority Other ype of Ownership Unit of a Public Limited Company	 Proprietary (Doctor owned) 	 Section 25 Company
Registration with any other authority Other ype of Ownership Unit of a Public Limited Company Private - Corporate	 Proprietary (Doctor owned) Proprietary (Non-Medical) 	 Section 25 Company Government
Registration with any other authority Other Pee of Ownership Unit of a Public Limited Company Private - Corporate Patnership between Doctors	 Proprietary (Doctor owned) Proprietary (Non-Medical) Charitable Trust 	 Section 25 Company Government Armed Forces



• **Table type:** The applicant can either download the templates to fill in the details and upload the same file on the respective question or they can add details on the portal itself, the same will be displayed in Table.

😰 ECHS & CGHS Empanelment	💿 dental nitin ~
 ② Dashboard 립 Application Form	ide Book
16. Availability of specialists or consultants for Dental care centre?	● Yes ◯ No
17. Number of Oral & Maxillo facial surgeon available Including Visiting	1
	★ Download Template
# Name Qualification Name of Council Registration Number Availibility /	adhar NUMBER PAN NUMBER OPD Days OPD Timings(From) OPD Timings(To) Years of Experience Act ons
	Minimum One Record Required
18. Number of Periodontist available Including Visiting	1 One can either
19. Number of Prosthodontist available Including Visiting	download the Excel Templete by clicking (2) One can click on
20. Number of Endodontist available Including Visiting	on the Download 'Add' button to fill Template' button & OR in the information
21. Number of Orthodontist available including Visiting	downloaded file and only.
22. Number of Paedodontist available Including Visiting	clicking on 'Upload Excel' button.

A. Through Excel upload

Step a): Click on the 'Download Excel' Button







Step b): Fill in all the details in Excel

Step c): Click on 'Upload Excel' Button





 Dashboard d A 9. Whether records 10. Availability of a Organs Act 199 	pplication Form are kept in comp pproval from com	Upload Choose only .xlsx file to upload Hosy Note: Only valid .xlsx file (file which is as per	bital Staffing										
 Whether records Availability of a Organs Act 199 	are kept in comp	Choose only .xlsx file to upload Hosp Note: Only valid .xlsx file (file which is as per	pital Staffing										
10. Availability of a Organs Act 199	oproval from com	Note: Only valid .xisx file (file which is as per	novided temps	4-3	and the second						±		
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11. Availability of fa	cilities for proces		ok on iCh	ooso File							ىك	Ð	
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# Doctor's Gradu Name	ation Post- Graduation	Super- specialization/Fellowship/Certification	Name of medical council registration	Registration number	PAN number	Aadhar number	Types of services provided by the consultant	UHIDs of patient #1 in last 6 months	UHIDs of patient #2 in last 6 months	UHIDs of patient #3 in last 6 months	UHIDs of patient #4 in last 6 months	UHIDs of patient #5 In last 6 months	Actions
			Mir	iimum One Re	cord Requ	ired		10 - A					

Step d): Pop-up will appear, click on 'choose File' Button and choose the correct file





ECHS & CGHS Empanelmer	Upload Click OK	.68.134 says (button to start u ou upload, you ca	uploading dat n not revert b	a. ack chang	es !!		1		×	(D ABC E	EYE Hospital 🗸
9. Whether records are kept in comp 10. Availability of approval from com Organs Act 1995 ?*	Choose only .xlsx file to u Note: Only valid .xlsx file (file when severe Choose File Consultant_dwnid (3).xlsx	i).xlsx	ај ит ве орго о	1	ok A Po confi	Cancel pointing data of p up will irmation,	appear click 'C	¹⁹ asking)k' to	for	t		
11. Availability of facilities for proces PROVIDE DETAILS OF CONSULTAN	2 The selected file be visible here	to upload	will		conti	inue or 'C	Cancel' 1	to go ba	load Ioad	plate 🕑 U	bload Excel	+ Add
# Doctor's Graduation Post- Name Graduation	Super- specialization/Fellowship/Certification	Name of medical council registration	Registration number	PAN number	Aadhar number	Types of services provided by the consultant	UHIDs of patient #1 in last 6 months	UHIDs of patient #2 in last 6 months	UHIDs of patient #3 in last 6 months	UHIDs of patient #4 in last 6 months	UHIDs of patient #5 in last 6 months	Actions
		Mini	mum One Re	cord Requ	ired							
										Sav	re Subi	mit Application

Step e): Click on 'Upload' Button

Step f): Successful or error message will come, if there are some error than reupload the file after correcting such error Click on 'Upload Excel' Button

) E Das	CHS &	CGHS Em	panelmer" tion Form	Upload							×		e	Abc	
/. 8.	Availabili Availabili	ty of Culture/S	itorage Me	Choose only .xlsx file to upload Hos Note: Only valid .xlsx file (file which is as p	spital Staffing er provided tem) plate) will be upload	l into the system	n for importing da	nta of Hospital	Staffing					
9.	Whether	records are k	ept in comp	Choose File Consultant_dwnld (3) Consultant_dwnld (3).xlsx).xlsx								± (1	
	Organs	Act 1995 ?*			if the	ere are no	errors i	n the uple	oaded e	xcel	Upload				
11. PR(Availabi OVIDE DE	TAILS OF CC	for proces da	ta uploaded successfully S) FOR THE SERVICE							Downld	pad Template	t [ad Excel	+ Add
11. PR(Availabi OVIDE DE Doctor's Name	Graduation	Post- Graduation	ta uploaded successfully S) FOR THE SERVICE Super- specialization/Fellowship/Certificath	Name of Tro filled council registration	Registration (Informati) (Informati) (Information	PAN on can b Illancou	Aadhar 19 Seen fin Isly	Types of theces provided by the consultant	UHIDs of patient #1 in last 6 months	UHIDs of patient #2 in last 6 months	uHIDs of patient #3 in last 6 months	UHIDs of patient #4 in last 6 months	UHIDs of patient #5 in last 6 months	+ Add Actions



(Please check the respective filled details of the excel template or data added fields in the respective column of the Table. Applicant can Update the details by uploading/adding a new file of the same template).

ECHS & CGHS Empanelme	a l				ABC EYE Hospital ~
Dashboard Application Form	Upload			×	
 Whether records are kept in comp Availability of approval from com 	Choose only .xlsx file to uplo Note: Only valid .xlsx file (file which	ad Hospital Staffing is as per provided template) will be uplo	ad into the system for importing data of Hospital Staffing		<u>ث</u> ال
Organs Act 1995 ?*	Choose File Consultant_de Consultant_dwnld (3).xlsx	wnld (3).xlsx			
11. Availability of facilities for proces					۵ 🗎
PROVIDE DETAILS OF CONSULTAN			Upload		
	missing fields are Row No.	Error		Temp	plate Dipload Excel
# Doctor's Graduation Post- Name Graduatic	2	PAN Number value is missing		of #3	UHIDs of UHIDs of Actions patient #4 patient #5 in last 6 in last 6
		registration	the months months r consultant	nonths	months months
		Minimum One R	ecord Required	Ċ	
					Save Submit Application
		© 2021 NABH. All	Rights Reserved.		

B. Add details Type: Click on the 'Add' button to fill in the details manually. Use this option to add less data only

2	ECHS & CGHS Empanelment				
ê (Dashboard 🖞 Application Form 🛱 Remarks 🛈 Guidelines 🗎 Guide E	Book			
16.	Availability of specialists or consultants for Dental care centre?	Yes 🔿 No			
17.	Number of Oral & Maxillo facial surgeon available Including Visiting	1			
Γ				🛓 Download Temp	plate Dipload Excel + Add
	# Name Qualification Name of Council Registration Number Availibility Aadha	ar NUMBER PAN NUMBE	ER OPD Days OPD Timings(From)	OPD Tim ngs(To)	Years of Experience Actions
	N	Vinimum One Record Requ	ired		
18.	Number of Periodontist available Including Visiting		1 One can either	/	
19.	Number of Prosthodontist available Including Visiting		download the Ex Templete by click	cel king	2 One can click on
20.	Number of Endodontist available Including Visiting		on the 'Download Template' button	I & OR	'Add' button to fil in the informatio
21.	Number of Orthodontist available Including Visiting		downloaded file	and by	on the web porta only.
22	Number of Developerate available at a size of the second s		clicking on 'Uplo Excel' button.	ad	
	Number of Faeuouomust available including Visiting				



ECHS & CGHS Empanelme Dashboard Application Form	Oral & Maxillo facial surgeon		×	
16. Availability of specialists or consulta	Name	Qualification	Name of Council	
17. Number of Oral & Maxillo facial surg	Registration Number	Availibility Select	Aadhar Number	emplate 🕅 Unicad Eyrel + Add
# Name Qualification Name o	PAN Number	OPD Days Select	Years of Experience	o) Years of Experience Actions
 Number of Periodontist available and Number of Prosthodontist available 	OPD Timings From To -: O	If the 2nd option is choosen then details must be filled on the		
20. Number of Endodontist available Inc		portal only in the pop-up options	Save	2 Click 'Save' once the information is filled
21. Number of Orthodontist available in	oluding Visiting			
22. Number of Paedodontist available	ncluding Visiting			

• Pop-up will appear, fill in all the required fields and click on the 'Save' button.

• Once details are filled it will be visible under table, use edit or delete icon for editing the data.

	ECHS	& CGI	IS Em	npanelment										NITIN
D)ashboa	rd 🖪	Applica	ation Form	PRemarks ① Guid	lelines 🛙	Guide Book							
6.	Availat	oility of sp	ecialists	or consultants f	r Dental care centre?		● Yes 🔾	No						
7.	Numbe	er of Oral a	& Maxillo	o facial surgeon	available Including Visiting		1							
			(The ent	ered informatio	on will b	e automatic	ally get fil	led in th	1e table.	La Download	Template 🛛 Uplo	ad Excel + Add	
	# Nar	ne Qual	ification	Name of Cour	cil Registration Number	Availibility	Aadhar NUMBER	PAN NUMBER	OPD Days	OPD Timings(From)	OPD Timings(To)	Years of Experier	nce Actions	
	1 A	м	BBS	XYZ	4547ABH	Full Time	541416845858	SJSNB5645J		03:00	20:00	5		
	Numbe	er of Perio	dontist a	available Including	Visiting					2	One may us	se the 'Edit'	icon to	
	Numbe	er of Prost	hodontis	st available Inclu	ing Visiting						change val delete the e	ues or 'Dele entry	te' icon to	
	Numbe	er of Endo	dontist a	available Including	Visiting									
	Numbe	er of Ortho	odontist a	available Includin	Visiting									
).	Numbe	r of Paed	odontist	t available Includi	g Visiting									



Step 3: Applicants have to save their progress while filling in response by clicking on the save button from time to time to avoid data loss.

Does the centre have split location(s)	● Yes ◯ No	
Address of other location	Distance from main location (Kms)	
XYZ	42	
Type of Transport available to reach the centre	✓ Railways □ Bus □ Flight	
Name of the nearest Railway Station	Distance from the nearest Railway station (in kms)	Time of travel from Railway Station to Centre(in Minutes)
ABC	10	8
What is the most convenient mode of transport to your centre	? 🖲 Railways 🔿 Bus 🔿 Flight	
Distance from nearest ECHS Polyclinic (in Kms)	Name of Military Hospital nearest to centre	Distance from nearest Military Hospital (in Kms)
2	4	5

- **Note:** We Recommend organization to keep clicking save button after some time in order to minimize the data loss issue
- **Step 4:** Once all the details for all sections are filled, click on the 'Check' box of the declaration statement at the last of the application form and then the applicant can submit the details by clicking on the 'Submit Application' button.

ECHS & CGHS Empanelment		Dental nitin ~
🕲 Dashboard 🙆 Application Form 🛱 Remarks 🛈 Guidelines 🖹 Gu	iide Book	
18. Number of Periodontist available Including Visiting	0	
19. Number of Prosthodontist available Including Visiting	0	
20. Number of Endodontist available Including Visiting	0	
21. Number of Orthodontist available Including Visiting	0	
22. Number of Paedodontist available Including Visiting	0	
23. Total Number of specialists or consultants available Including Visiting	1	
DECLARATION		
I hereby declare that the information furnished above is true, complete and corre incorrect at any stage, the application shall be rejected without notice.	ct to the best of my knowledge and b	elief. I understand that in the event of my information being found false or
After filling the 'Application form' completly, read the Declaration thoroughly and click		Save Submit Application
the checkmark.	© 2021 NABH. All Rights Reserve	2 Click 'Submit Application' to complete the Application process



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🕲 Dashboard 🛛 Application Form 🛱	Remarks O Guidelines 🖹 Guide Book	
Application Number - HOS/2021/B00	14 Progress: 95	
Basic Information	Statutory Compaince Scope of Services Professional Services Radiology & Imaging Laboratory Blood Bank Manpow	er
General Information	Please fill all required field	+
Background Information		+
		Save Submit Application
	Suzi wada wi kigais Reserved.	

Step 5: An error messages will pop up if there are any missing fields left in the application form.

Step 6: Look out for the '!' symbol(s), they signify unfilled mandatory fields of the particular section. Complete those missing point and click again on submit application

Dashboard 🛛 🕺 Application Form 🖓 Rer	marks 🛈 Guidelines 🗎 Gui	ide Book			
		Lookout for these exclamation (!))		
		symbols on the section. they den	otes		
plication Number - HOS/2021/B0014		that these sections have some of	the		
		fields missing			
ic Information Hospital Information Statu	tory Complaince Scope of Services	Professional Services Radiology & Imaging	Laboratory	Blood Bank Manpower	
General Information					-
Name of the Hospital as written in Registration	1 Certificate	Do you have NABH accred	litation ?		
अस्पताल		● Yes 🔿 No			
Select Level of Accreditation	Certificate Number	Valid From		Valid Till	
Select Level of Accreditation	Certificate Number	Valid From			
Select Level of Accreditation O Entry Level Certified NABH Accredited	Certificate Number	Valid From DD/MM/YYYY Required		Valid Till DD/MM/YYYY Required	5
Select Level of Accreditation O Entry Level Certified NABH Accredited	Certificate Number Required	Valid From DD/MM/YYYY Required		Valid Till DD/MM/YYYY Required	٦
Select Level of Accreditation O Entry Level Certified NABH Accredited Upload NABH Certificate with scope of Accred	Certificate Number Required	Valid From DD/MM/YYYY Required		Valid Till DD/MM/YYYY Required	٦
Select Level of Accreditation C Entry Level Certified NABH Accredited Upload NABH Certificate with scope of Accred	Certificate Number Required	Valid From DD/MM/YYYY Required		Valid Till DD/MM/YYYY Required	3



1.4 Fee Submission Steps

Step 1: After successful submission of the Application form. Applicants can make payment by clicking on the 'Fee Submission' Tab in the Progress icon at 'Progress Bar'.

			05 0 00	UC DOOK						
dly pay the certification fees by	clicking on the Fee Su	bmission in the pro	gress bar.							
Registration Scheme Selection	Application Fé	R Bee Submission	Desktop Assessment	DA NC Reply and Review	CA Schedule	0 Onsite Assessment	OA Feedback	Committee Verification	Recommended	
ganisation Information							Applicat	ion Stage His	tory	
Reference ID	ECE-2021-0	1011						Stage	Date	
Organisation Name	diagootesty(@mail.com					Fe	e Submission	23-Apr-2021	
State	Andhra Prad	lesh								
Application Number	LAB/2021/E	8000					Applic	ation In Progres	s 23-Apr-2021	
Application Type	New						Scl	neme Selection	23-Apr-2021	

Step 2: Fill in the Information on the payment page.

shboard 🙆 Application Form 🗭 Remarks 🔘	Guidelines 🗎 Guide Book	
	sected by the sector of the se	
O The application form has been submitted successfully.	Kindly enter the details and pay the certification fees.	
Payment		
BILLING INFORMATION		
Organisation Name: diagootesty@mail.com	Country: India	State: Andhra Pradesh
District: Chittoor	Email: diagotesto@mail.com	Mobile Number: 3734834834
Pincode: 373487	Address: rgjgr	
PAN*	TAN	Trade Name as displayed on GSTIN/PAN/TAN
CSTIN*		
Gann		
	~	
SHIPPING INFORMATION (OPTIONAL)		
Is Shipping address same as billing address?		
Select	~	



Applicant can also upload GST Certificate if the Organization is Registered with GSTIN by selecting 'Registered' at field 'GSTIN'

should a Application on Section	ks 🛈 Guidelines 🗎 Guide Book		
PAN*	TAN	Trade Name as displayed on GSTIN/PAN/TAN	
GATPK3636D	PDES03028F	abcd	
GSTIN*	GST Number	GST Certificate	
Registered	~ AAAAA0000A	± 🗈	
SHIPPING INFORMATION (OPTIONAL)			
Is Shipping address same as billing address?			
Von			
Tes	•		
DAVARENT CURRENT DV			
PAYMENT SUMMARY			
No. Description			Amount
PAYMENT SUMMARY No. Description 01 Application Fees			Amount Rs 25000
No. Description 01 Application Fees		Sub Total:	Amount Rs 25000 Rs.25000
No. Description 01 Application Fees		Sub Total: IGST(18%):	Amount Rs 25000 Rs 25000 Rs 4500

Step 3: After filling in all the required details, click the 'Pay' button

Step 4: Applicant will be redirected at Payment Gateway Page, select the type of payment to be used and pay the applicable certification fee

					English 🗸
Billing Information				ORDER DETAILS	
diagootestymail.com	diagootestymail.com			Order #:	0000000062
rgjgr	rgjgr			Order Amount Convenience Fee	23000.00
373487		ek		Tax(18%)	4500.00
Andhra Pradesh		India	~	Total Amount	INR 29500.00
3734834834		diagotesto@mail.com			
Notes (Optional)					
My Pilling and Shippin					
Payment Information	g address are different				
Payment Information Net Banking	g address are different				
Payment Information Net Banking	g address are different All Other Banks Select Bank		*		
Payment Information	All Other Banks Select Bank Note: We will redirect you t	to the bank you have chosen above. Once the ban redentials, we will proceed with your payment.	× k		
Payment Information	All Other Banks Select Bank Note: We will redirect you verifies your net banking or I agree with the Privacy F	to the bank you have chosen above. Once the bank redentials, we will proceed with your payment. Policy by proceeding with this payment.	v K		
Payment Information	All Other Banks Select Bank Note: We will redired you I agree with the Privacy F INR 29500.00 (Tot	to the bank you have chosen above. Once the bar redentials, we will proceed with your payment. Policy by proceeding with this payment. tal Amount Payable)	v		

Step 5: After successful fee payment, Applicant can download the 'Receipt' and 'Invoice' from the 'Payment Details' tab on Menu Bar. Applicants can also download Receipt and Invoice post fee submission at this section.

\leftarrow \rightarrow C \square ecetest.nabh.c	co /hospital/paymentdetail					ବ୍ୟ ପ୍ 🕁) 🛊 🕑 🗄
😨 ECHS & CGHS Empane	elment						👤 pymttest ~
🙆 Dashboard 🛛 Application F	Form ₹ Payment Details 🛱 Re	emarks ① Guidelines	Guide Book				
	Payment Details PAN AAAAA1234A	TAN		Trade Name as displayed on G	STINIPANTAN		
	GSTIN* Not Registered	~					
	Application Type	Amount	Transaction Number	Payment Mode	Payment Date		
				Download Receipt	Download Invoice		
			© 2024 MARINA BUILDED Descourd				
			© 2021 NABH. AII RIGNIS Reserved.				

*Note: In the case of NEFT/RTGS challan will be generated which can be used to pay the payment via the respective bank. (Application's stage will only change when payment is received to NABH, it generally takes 2-3 business days to reflect the status of payment)



1.5 Desktop Assessment NC Reply Steps

The Application form will be scrutinized by the NABH Assessor for Quality check and Non-Compliances (NCs), if any, may be raised. The applicant will be notified via mail after the NCs are raised by the NABH Assessor.

Step 1: In case of NCs are raised, Applicant can check them by clicking on 'Application Form'.

							<u></u>
Dashboard 🛛 Application Fo	orm ₹ Payment Details	Remarks ① Guidelines	Guide Book				
e Non-Compliances (NCs) has be	en raised against certain document	ts on the Desktop Assessment. Kin	dly reply to the NCs rai	ised in the appli	cation.		
			<u></u>				
0 0	O O			_	0	-	
Registration Scheme	Application Fee Submission	Desktop DA NC Reply a	nd OA Schedule	Onsite	OA Feedback	Committee	Recommended
Selection		Assessment Review		Assessment		Verification	
ganisation Information					Applica	tion Stage Hi	story
rganisation Information Reference ID	ECE-2021-0018				Applica	tion Stage Hi Stage	story Date
rganisation Information Reference ID Organisation Name	ECE-2021-0018 HOSPITAL KARAN				Applica	tion Stage Hi Stage	story Date 19. Sep. 2021
rganisation Information Reference ID Organisation Name State	ECE-2021-0018 HOSPITAL KARAN Uttar Pradesh				Applica	tion Stage Hi Stage DA NC Reply-1	story Date 19-Sep-2021
rganisation Information Reference ID Organisation Name State Application Number	ECE-2021-0018 HOSPITAL KARAN Uttar Pradesh HOS/2021/B0012				Applica 	tion Stage Hi Stage DA NC Reply-1 DA In Progress	story Date 19-Sep-2021 06-Sep-2021
rganisation Information Reference ID Organisation Name State Application Number Application Type	ECE-2021-0018 HOSPITAL KARAN Uttar Pradesh HOS/2021/B0012 New				Applica C	tion Stage Hi Stage DA NC Reply-1 DA In Progress DA Allocated	story Date 19-Sep-2021 06-Sep-2021 06-Sep-2021
rganisation Information Reference ID Organisation Name State Application Number Application Type	ECE-2021-0018 HOSPITAL KARAN Uttar Pradesh HOS/2021/B0012 New				Applica C	tion Stage Hi Stage DA NC Reply-1 DA In Progress DA Allocated	story Date 19-Sep-2021 06-Sep-2021 06-Sep-2021

Step 2: The Red Text signifies the number of NCs raised under the particular section

100% ower
100% Dwer
ower —
ower _
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021
20



Step 3: The Red color of the NC Button shows that there might be an NC waiting for a reply. Click on the NC Button to reply against the NC raised.

ECHS & CGHS Empanelment	HOSPITAL KARAN -
	① Guidelines 🗎 Guide Book
Application Number - HOS/2021/B0012	Progress: 100%
Basic Information Hospital Information Statutory Complaince Scope of Services	Professional Services 1 Radiology & Imaging 1 Laboratory Blood Bank 1 Manpower
1. Blood Bank Services Offered	In-House Outsourced (with-in premises) Outsourced (Outside premises) Not available
2. Registration Number/License Number	123 United The 'Red' NC1 will show up against the the transformation for which NC has been raised
Upload Document of authority	± 🗎
3. Availability of Blood Component preparation facility	● Yes ○ No
4. Blood testing facility	Available O Not Available
5. WORKLOAD	
Issues per day	Collections per day
24	30
6. Emergency Services	Available Not Available

*Button Text as 'NC 1' denotes the NCs raised at the first round of Desktop Assessment.

Step 4: Mention the remark/reason against the raised NC at the 'NC Reply' Text box and upload the evident document by clicking on the 'Choose File' button.

C ECHS & CGHS Empanelm	1284		HOSPITAL KARAN ~			
🙆 Dashboard 🛛 🚦 Application For	Non-Compliance					
	Q. Registration Number/License Number NC Reply					
Application Number - HOS/202	2 Zype in your a	100%				
Basic Information Hospital Information	Required Document Choose support	orting document	r			
1. Blood Bank Services Offered	Choose File No file chosen		O Not available			
2. Registration Number/License Numb	NOTE: The following formats are accepted PDF , JPEG , PNG.The maximu Required	NOTE: The following formats are accepted PDF, JPEG, PNG.The maximum file size allowed is 20 MB. Required				
Upload Document of authority	Read the rema	± 🗎				
3. Availability of Blood Component pre						
4. Blood testing facility	Assessor Date 19/Sep/2021, 3:44 PM	Organisation				
5. WORKLOAD	Remark The uploaded document is not clear. Upload it again	Reply				
Issues per day	Status Open	Document				
24						
6. Emergency Services		Submit NC				



Step 5: When all the required documents are uploaded and the required reasons are provided, click on the 'Submit' button to successfully submit the response for the respective NC.

ECHS & CGHS Empanelm			
	Non-Compliance A succe mess	essful file upload	
	Q. Registration Number/License Number NC Reply		\sim
Application Number - HOS/202	Uploaded clear image	Fil	e uploaded
Basic Information Hospital Information	Document		r
1. Blood Bank Services Offered	Choose File sample.pdf NOTE: The following formats are accepted PDF , JPEG , PNG.The maxim	um file size allowed is 20 MB.	🔿 Not available
2. Registration Number/License Numb	sample.pdf 🗙		HC 1
Upload Document of authority	NC LOG		۵ ۵
3. Availability of Blood Component pre	Assessor	Organisation	
4. Blood testing facility	Date 19/Sep/2021, 3:44 PM	Date	
5. WORKLOAD	Remark The uploaded document is not clear. Upload it again	Reply	
	Status Open	Document	
nsues per uny			
		1 Click on 'Submit NC' to	
6. Emergency Services		continue	J

Step 6: Applicant can view the log of NC remarks and response for every round at the 'NC Log' section.

ECHS & CGHS Empanelm	Non-Compliance		
B Dashboard B Application Form	Q. State Pollution Control Board (SPCB) Consent to ge NC Reply		
Application Number - HOS/202	Answered		
Basic Information Hospital Information	Document Choose File No file chosen		Manpower
Licenses	NOTE: The following formats are accepted PDF , JPEG , PNG.The	naximum file size allowed is 20 MB.	-
1. State Pollution Control Board (S	dummy.pdf ×		NC/L
2. MoU with BMW collecting Agenc	NC LOG		NC (
3. Pollution Control Board License	Assessor	Organisation	NC (
	Date 14/Sep/2021, 10:55 AM	Date 20/Sep/2021, 3:05 AM	
4. Pollution Control Board License	Remark sdvsa	Reply Answered	NC 1
5. Fire NOC from respective compa	Status Open	Document (dummy.pdf)	NC 1
6. Registration under PC-PNDT Ac		Submit NC	NC1
7. Registration under MTP Act		G 100 G 100	NCI



Step 7: The NC Button will change to a 'Yellow' color upon successful response upload.

C ECHS & CGHS Empanelment	
	D Guidelines 🖹 Guide Book
Application Number - HOS/2021/B0012	Ibmiting the NC reply, 'NC Iccessfully' message will Progree NC reply successfully
Basic Information Hospital Information Statutory Complaince Scope of Services Pro-	ofessional Services 1 Radiology & Imaging 1 Laboratory Blood Bank 1 Manpower
1. Blood Bank Services Offered	In-House Outsourced (with-in premises) Outsourced (Outside premises) Not available
2. Registration Number/License Number	123 2 The replied NC button will change it's color from 'Red'
Upload Document of authority	to 'Vellow' indicating that the Lagrandian Control International C
3. Availability of Blood Component preparation facility	● Yes ○ No
4. Blood testing facility	Available O Not Available
5. WORKLOAD	U Do this for all raised NCs in the application form
Issues per day	Collections per day
24	30
6. Emergency Services	Available Not Available

Step 8: Click on 'Submit NC Reply' to submit your responses against NCs

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٢	😨 ECHS & CGHS Empanelment 💿 Dental Test vishal ~								shal ~				
한 Dashboard 🖞 Application Form ₹ Payment Details 🋱 Remarks : O Guidelines 🗈 Guide Book													
18. Number of Periodontist available including Visiting 5													
	Lowrricad Template]			
	# Name	Qualification	Name of Council	Registration Number	Availibility	Aadhar NUMBER	PAN NUMBER	OPD Days	OPD Timings(From)	OPD Timings(To)	Years of Experience	Actions	
	1 bbib	igb	yb	iyb	Yes	545454	buibiybiybi	2021-W15			df5757	2 🔋	
19.	19. Number of Prosthodontist available Including Visiting 0								_				
20.	20. Number of Endodontist available Including Visiting				0								
21.	21. Number of Orthodontist available Including Visiting				0								
22.	22. Number of Paedodontist available Including Visiting				0								
23.	Total Num	ber of specialists	or consultants availab	le Including Visiting		11							
												Submit NC R	eply
						© 2021 NAB	H. All Rights Reser	ved.					

*The Replies will be scrutinized by the NABH Assessor. Check the NC status post-NC Review at the Dashboard.

