

User Operational Guide

Clinical Establishment (CE)

Prepared for the Health & Family Welfare Department, Government of West Bengal

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1 Introduction

1.1 Purpose of this manual

This manual is designed to provide you with an understanding of the Clinical Establishment System Software. The manual lists the various features and functions that are available whilst assisting you in carrying out each task with step by step instructions and guidance. Visual screens are captured to improve clarity and understanding of a function.

1.2 Who should use this manual

This manual is intended for Users (Applicant).

1.3 Prerequisites

Users should some cases, more than one web page may be open; User should have knowledge of using and navigating to a different 'Tab' when required. Many of the terms and functions however are common across the Software including buttons such as 'Submit', 'Edit', 'Update' and 'View'. Users must have a basic understanding of using a computer, keyboard and mouse. In addition, being able to understand basic functions of a web browser will be beneficial as well as elements such as pop-up windows. In

1.4 Structure of this manual

This manual will be organized in line with the Software menu screen and in the same hierarchical structure. Chapters within this manual are sequenced in the same order as the main menu headings and have the precise title names as the headings.

2 About

2.1 About this Document

This document provides details on the screen specification for the Clinical Establishment. Each screenshot represents a screen that can be viewed by the User, which aligns with the functional requirements of this software.

2.2 Actors

User (Applicant)

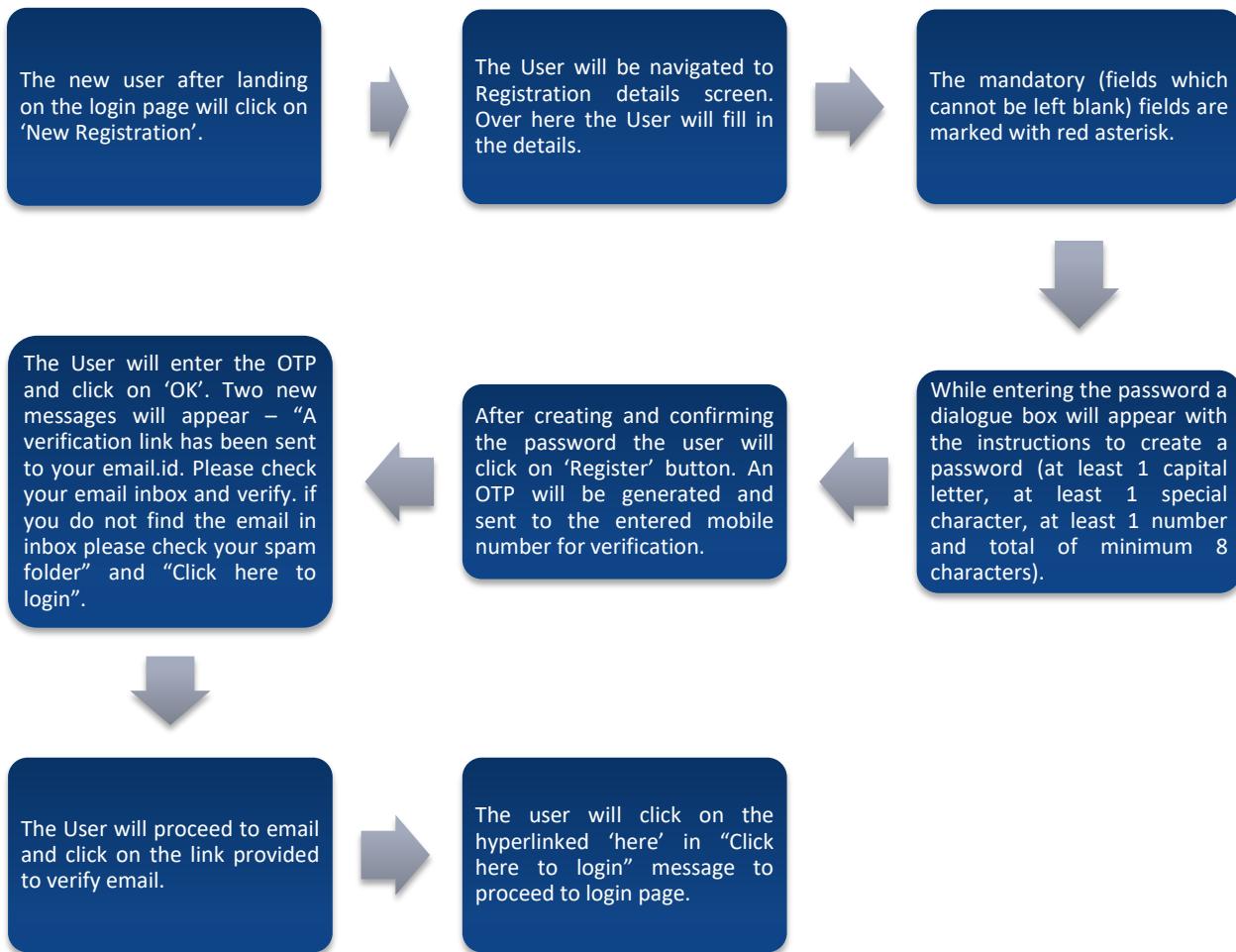
2.3 Instruction for all User

Users (Applicant) are suggested to use one browser at a time for each application.

3 New Registration or Signup

In case of a new User the first thing required is to sign up to get access to the application. In order to do the new user after landing on the login page will click on 'New Registration'. The User will be navigated to Registration details screen. Over here the User will fill in the details. The mandatory (fields which cannot be left blank) fields are marked with red asterisk. While entering the password a dialogue box will appear with the instructions to create a password (at least 1 capital letter, at least 1 special character, at least 1 number and total of minimum 8 characters). After creating and confirming the password the user will click on 'Register' button. An OTP will be generated and sent to the entered mobile number for verification. The User will enter the OTP and click on 'OK'. Two new messages will appear – "A verification link has been sent to your email.id. Please check your email inbox and verify. if you do not find the email in inbox please check your spam folder" and "Click here to login". The User will proceed to email and click on the link provided to verify email. The user will click on the hyperlinked 'here' in "Click here to login" message to proceed to login page.

3.1 Process Flow



3.2 Detailed Steps

- ❖ The new user after landing on the login page will click on ‘New Registration’.
- ❖ The User will be navigated to Registration details screen. Over here the User will fill in the details.
- ❖ The mandatory (fields which cannot be left blank) fields are marked with red asterisk.
- ❖ While entering the password a dialogue box will appear with the instructions to create a password (at least 1 capital letter, at least 1 special character, at least 1 number and total of minimum 8 characters).
- ❖ After creating and confirming the password the user will click on ‘Register’ button. An OTP will be generated and sent to the entered mobile number for verification.
- ❖ The User will enter the OTP and click on ‘OK’. Two new messages will appear – “A verification link has been sent to your email.id. Please check your email inbox and verify. if you do not find the email in inbox please check your spam folder” and “Click here to login”.
- ❖ The User will proceed to email and click on the link provided to verify email.
- ❖ The user will click on the hyperlinked ‘here’ in “Click here to login” message to proceed to login page.

3.3 Screen Shots

The new user after landing on the login page will click on ‘New Registration’.

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

The User will be navigated to Registration details screen. Over here the User will fill in the details. The mandatory (fields which cannot be left blank) fields are marked with red asterisk.

Applicant Registration

* marked fields are mandatory

Applicant Name: *

Land Line No.

Email ID: *

Building No.: * *This will be your login ID*

Post Office * Police Station: *

City/ Village * Pin Code.: *

Password: * Confirm Password: *

Captcha: *

[Click Here If You Are Already Registered](#)

REGISTER

While entering the password a dialogue box will appear with the instructions to create a password (at least 1 capital letter, at least 1 special character, at least 1 number and total of minimum 8 characters).

Applicant Registration

Password must meet the following requirements:

- At least **one capital letter**
- At least **one special character**
- At least **one number**
- Be at least **8 characters**

OK

viruphbk@gmail.com

9830346739

viruphbk@gmail.com *This will be your ID*

B 216 Salt Lake, Sector 1, Kolkata 700016 Street: *

idhannagar CC Block Police Station: *

After creating and confirming the password the user will click on ‘Register’ button. An OTP will be generated and sent to the entered mobile number for verification.

Applicant Name: * aviruphbk@gmail.com

Land Line No. 09830346739 Mobile No.: * 9830346739

Email ID: * aviruphbk@gmail.com
This will be your login ID

Building No.: * AB 216 Salt Lake, Sector 5

Post Office * Bidhannagar CC Bldg

City/ Village * Kolkata

Password: *
.....

Captcha: * 145E43
145E43

Click Here If You Are Already Registered

REGISTER

The User will enter the OTP and click on ‘OK’. Two new messages will appear – “A verification link has been sent to your email.id. Please check your email inbox and verify, if you do not find the email in inbox please check your spam folder” and “Click here to login”.

A verification link has been sent to your email id. Please check your email inbox and verify. If you do not find the email in your inbox, please check your spam email folder.

[Click here to login.](#)

The User will proceed to email and click on the link provided to verify email.

Clinical Establishment: Email Registration

ce@wbhealth.gov.in 12:51 (33 minutes ago)

to me

Dear User
Thank you for registration. Your mail (aviruphbk@gmail.com) is under verification
Please click https://ce.wbhealth.gov.in/VBDHFW/VerifyRegisteredEmailHash?scope=activation&userEmail=aviruphbk@gmail.com&hash=euzmbmhm_arst75rx2s9arvuk65cwn here or open the link in browser.

Your Registration Credentials for login after verification will be
UserName: aviruphbk@gmail.com
Password: Aliavi@24011989

Thanks.

The user will click on the “Click here to login”.

A verification link has been sent to your email id. Please check your email inbox and verify. If you do not find the email in your inbox, please check your spam email folder.

Click [here](#) to login.

The page will be redirected to the CE login page.

Online Application For License Of Clinical Establishments
Health & Family Welfare Department
Government of West Bengal

All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017.
Please login to this portal for payment. Do not use GRIPS portal externally for payment.

Clinical Establishment

Enter Email ID
Enter Password
M 1 7 1 3 D
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Online Single Window System
- Silpa Sathi
Online Inspection Report
Rate Chart

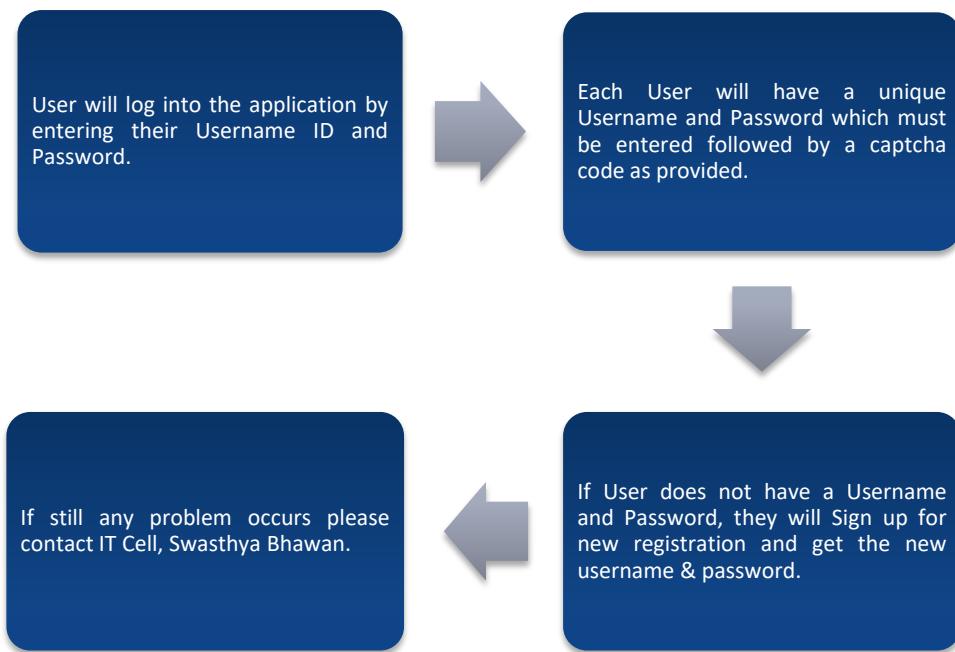
Documents Required to Apply
How To Apply?
Track Your Application

VBD Case Report Submit Manual
CMOH Contact details
View Your License

4 Logging In

User will log into the application by entering their Username ID and Password. Each User will have a unique Username and Password which must be entered followed by a captcha code as provided. If User does not have a Username and Password, they will Sign up for new registration and get the new username & password. If still any problem occurs please contact IT Cell, Swasthya Bhawan.

4.1 Process Flow



4.2 Detailed Steps

- ❖ User will log into the application by entering their Username ID and Password.
- ❖ Each User will have a unique Username and Password which must be entered followed by a captcha code as provided.
- ❖ If User does not have a Username and Password, they will Sign up for new registration and get the new username & password.
- ❖ If still any problem occurs please contact IT Cell, Swasthya Bhawan.

4.3 Screen Shots

User will log into the application by entering their Username ID and Password. Each User will have a unique Username and Password which must be entered followed by a captcha code as provided.

All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017.
Please login to this portal for payment. Do not use GRIPS portal externally for payment.

As on date 25/10/2021								
Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

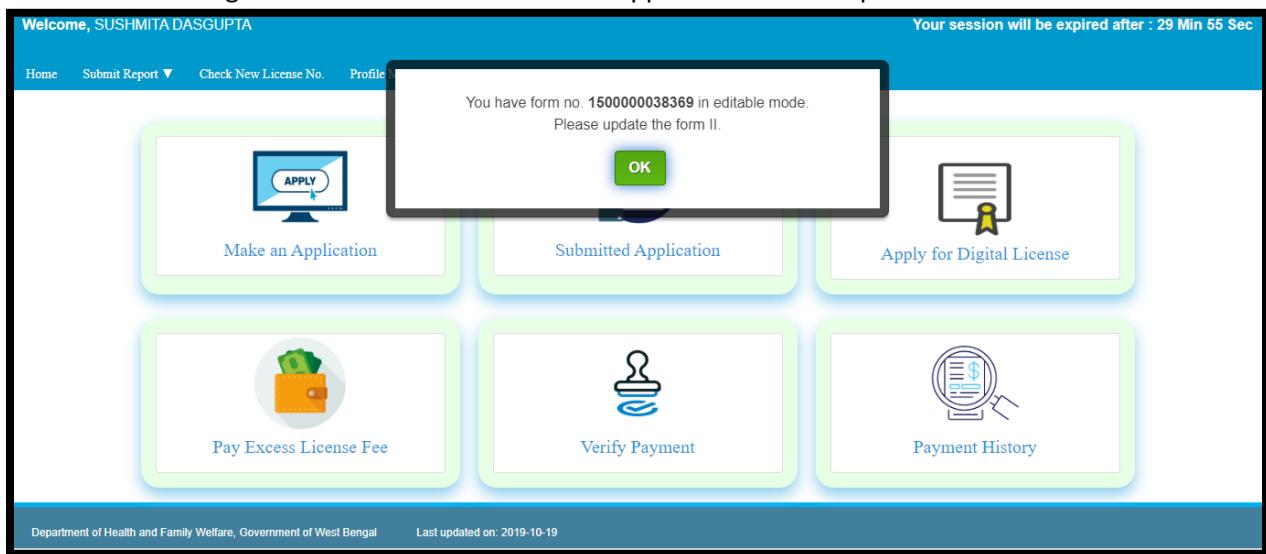
Online Single Window System - Silpa Sathi
Online Inspection Report
Rate Chart

Documents Required to Apply
How To Apply?
Track Your Application

VBD Case Report Submit Manual
CMOH Contact details
View Your License

After successful login user will view the home page as shown below.

Also old user will get a reminder that their some application is incomplete as shown in below screen.



5 Some Important links on the login page

5.1 VBD Case Report Submit Manual

It will show a manual with all the steps with a screenshot. It will help a new user to submit a VBD case Report.

The screenshot displays the official website for the 'Online Application For License Of Clinical Establishments' under the 'Health & Family Welfare Department, Government of West Bengal'. The header features the Indian National Emblem and the text 'Online Application For License Of Clinical Establishments' and 'Health & Family Welfare Department, Government of West Bengal'. A photograph of a building is visible on the right.

A note at the top states: "All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment."

The main area contains two sections: a 'Clinical Establishment' login form on the left and a summary table on the right.

Clinical Establishment Login Form:

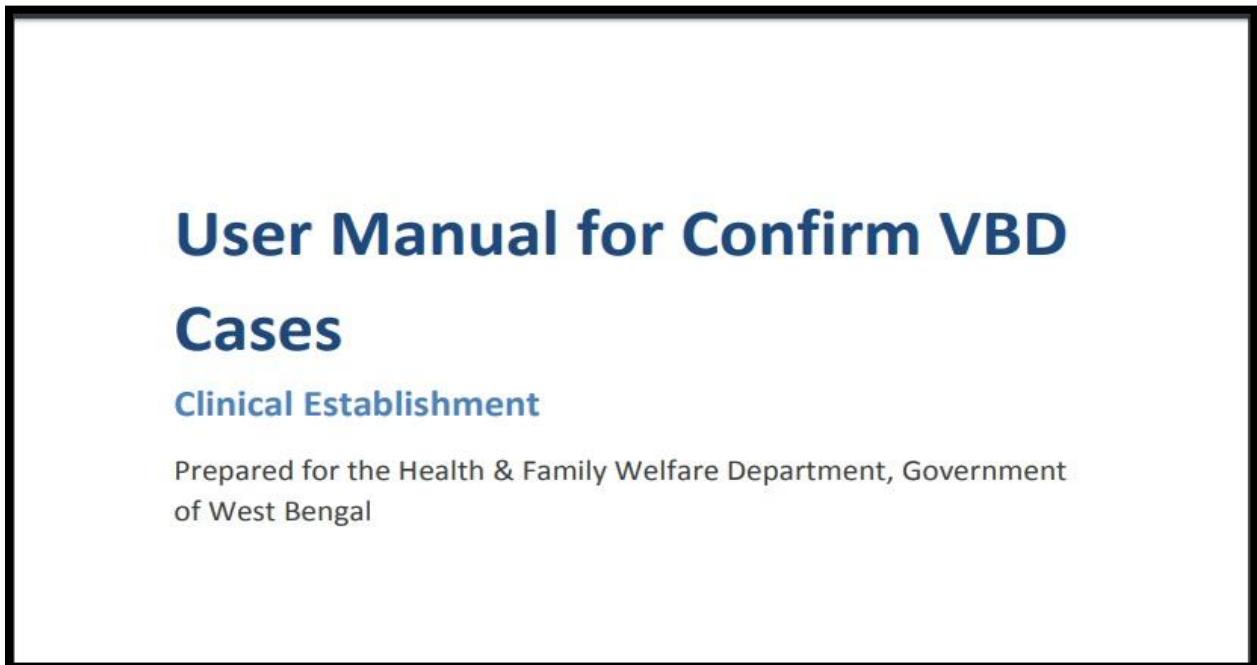
- Enter Email ID
- Enter Password
- Captcha: 1 4 E B 3 2 (with a refresh icon)
- Login button
- Links: New Registration | Forgot Password? | Forgot Login?
- ADMIN LOGIN button

Summary Table (As on date 25/10/2021):

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Links at the bottom:

- Online Single Window System - Silpa Sathi
- Online Inspection Report
- Rate Chart
- Documents Required to Apply
- How To Apply?
- Track Your Application
- VBD Case Report Submit Manual
- CMOH Contact details
- View Your License



5.2 How to Apply

It will show a manual with all the steps with a screenshot. It will help a new user to apply the form.

The screenshot shows the homepage of the 'Online Application For License Of Clinical Establishments' portal. At the top, there is a header with the Indian National Emblem, the text 'Online Application For License Of Clinical Establishments', 'Health & Family Welfare Department', and 'Government of West Bengal'. Below the header, there is a notice about payment through GRIPS. On the left, there is a 'Clinical Establishment' login form with fields for 'Enter Email ID', 'Enter Password', and 'Enter Captcha'. On the right, there is a table titled 'As on date 25/10/2021' showing statistics for different license types. At the bottom, there are links for 'ADMIN LOGIN', 'Online Single Window System - Silpa Sathi', 'Online Inspection Report Rate Chart', 'Documents Required to Apply', 'How To Apply?', 'Track Your Application', 'VBD Case Report Submit Manual', 'CMOH Contact details', and 'View Your License'.

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

User Operational Guide

Clinical Establishment (CE)

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Government of West Bengal

5.3 CMOH Contact details

For contacting CMOH of their area User will press the “CMOH contact details” button.

The screenshot shows the login interface for clinical establishments. On the right, a table titled "As on date 25/10/2021" displays statistics for license applications. Below the table are links for "Online Single Window System", "Documents Required to Apply", "VBD Case Report Submit Manual", "Silpa Sathi", "How To Apply?", "Track Your Application", "Online Inspection Report", and "Rate Chart".

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

A popup will arise, which will show all the District wise CMOH contact details.

The modal displays a table of district-wise contact information. It includes columns for District, Email Id, and Mobile No. The table lists 19 districts from North Dinajpur to Jhargram, each with its corresponding email ID and mobile number.

District	Email Id	Mobile No.
North Dinajpur	cmoh_ud@wbhealth.gov.in	9830402292
Birbhum	cmoh_birb@wbhealth.gov.in	9434386481
Paschim Medinipur	cmoh_mdpw@wbhealth.gov.in	9126504161
Kalimpong	cmoh_kalimpong@wbhealth.gov.in	null
Hooghly	cmoh_hugh@wbhealth.gov.in	9836232832
South Dinajpur	cmoh_dd@wbhealth.gov.in	9434055272
Murshidabad	cmoh_msd@wbhealth.gov.in	9836146948
Maldah	cmoh_mld@wbhealth.gov.in	8910066336
East Midnapore	cmoh_mdpe@wbhealth.gov.in	9635799228
Purba Bardhaman	cmoh_bwn@wbhealth.gov.in	9531640518
South 24 Parganas	cmoh_s24@wbhealth.gov.in	8479911282
Bankura	cmoh_ban@wbhealth.gov.in	7076794433
Alipurduar	cmoh_apd@wbhealth.gov.in	9434134956
Jalpaiguri	cmoh_jal@wbhealth.gov.in	8250555352
Howrah	cmoh_hwh@wbhealth.gov.in	9475073303
Darjeeling	cmoh_darj@wbhealth.gov.in	9433277468
North 24 Parganas	cmoh_n24@wbhealth.gov.in	9883146775
Jhargram	cmoh_jrgm@wbhealth.gov.in	9830402292

5.4 Documents Required to Apply

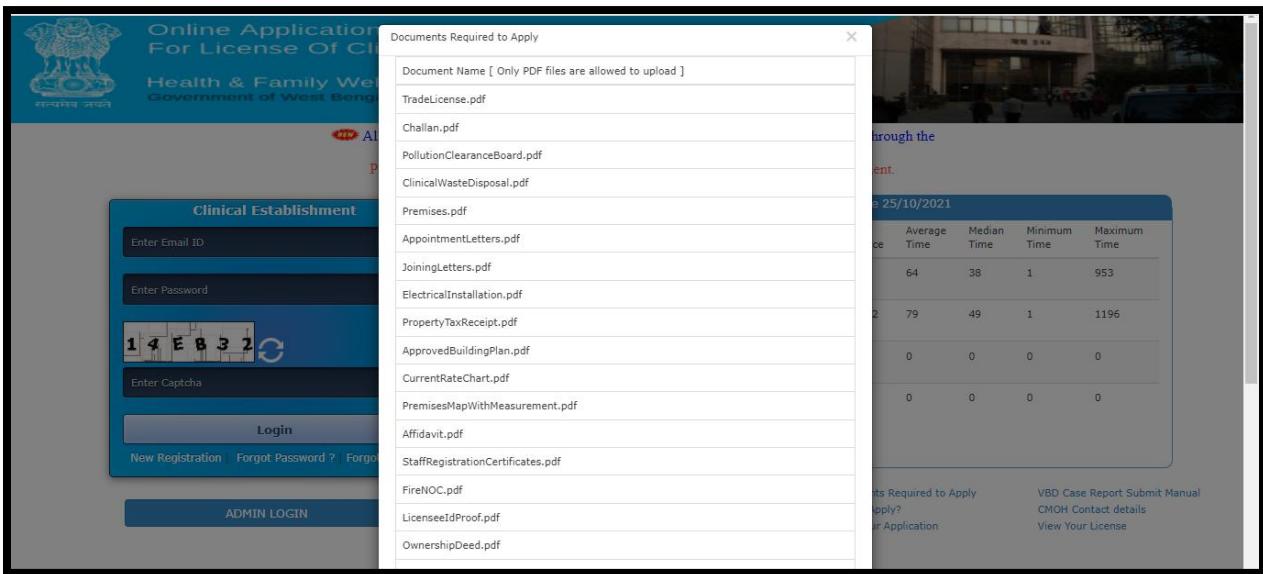
If User needs to know the required document to applying CE license, they have to click on “Document Required to Apply”.

The screenshot shows the homepage of the 'Online Application For License Of Clinical Establishments' portal. On the left, there is a logo of the Government of West Bengal and the text 'Online Application For License Of Clinical Establishments' and 'Health & Family Welfare Department, Government of West Bengal'. A banner at the top right says 'All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment.' Below this, there is a 'Clinical Establishment' login form with fields for 'Enter Email ID', 'Enter Password', 'Enter Captcha' (containing '1 4 E B 3 2'), and a 'Login' button. To the right of the login form is a table titled 'As on date 25/10/2021' showing processing times for various license types:

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

At the bottom of the page, there are links for 'Online Single Window System - Silpa Sathi', 'How To Apply?', 'Online Inspection Report', 'Rate Chart', 'Documents Required to Apply' (which is highlighted with a red box), 'VBD Case Report Submit Manual', 'CMOH Contact details', and 'View Your License'.

A popup will arise, which will show all the required document for applying CE License.



5.5 Track Your Application

It will help us User to track an application status with date. First user has to use application form number which he wants to track. After that it will show the entire status of the application as per the below screenshot.

The screenshot displays the homepage of the 'Online Application For License Of Clinical Establishments' portal. The header includes the Government of West Bengal logo, the title 'Online Application For License Of Clinical Establishments', and the subtitle 'Health & Family Welfare Department, Government of West Bengal'. A banner at the top right shows a photograph of a building. Below the header, a message states: 'All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment.' On the left, there is a 'Clinical Establishment' login form with fields for 'Enter Email ID', 'Enter Password', 'Enter Captcha' (containing '14EB32'), and a 'Login' button. Below the login form are links for 'New Registration', 'Forgot Password?', and 'Forgot Login?'. A blue 'ADMIN LOGIN' button is also present. To the right of the login form is a table titled 'As on date 25/10/2021' showing application statistics:

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Below the table are links for 'Online Single Window System', 'Documents Required to Apply', 'How To Apply?', 'VBD Case Report Submit Manual', 'CMOH Contact details', 'Track Your Application' (which is highlighted with a red box), and 'View Your License'. At the bottom of the page is a footer with the text 'Department of Health and Family Welfare, Government of West Bengal' and a 'Get Details' button.

Track Your Application

Get Details

Form Number:

Application Info

Application Date: 07-02-2017 Establishment name: GB_test_07
District: Kokata Address: 12 GB_test_07GB_test_07qwe
Application Type: New

Process Details

DA Appointed On: 07-02-2017 License Number: 34220375
DA Submitted Report On: 07-02-2017 License Issued On: 07-02-2017
Inspection Scheduled On: 07-02-2017 License Valid Upto: 04-03-2017
Inspection Report Submitted On: 07-02-2017

5.6 View your license through SMS

User can view his license details through sms also. SMS syntax will be

WB CE <8 digit_License_No> (eg. **WB CE 34201059**)

Sent SMS to **9223166166**

User will receive a return SMS of the enquired license by the following

1. Establishment Name
2. Applicant Name
3. License Date
4. Valid UPTO
5. Last Date of Renewal

Kindly check the example below

Get License information through SMS

Send SMS to:- 9223166166

WB CE <8 digit_License_No>

(ex. WB CE 34201059)

Reply:- Establishment Name: NORTH CITY HOSPITAL & NEURO
INSTITUTE PVT. LTD. Applicant Name: Amit Poddar.
License Date: 19-01-2017. Valid Upto: 2018-01-18. Last
date of Renewal:18-12-2017

5.7 View Your License

Instead of SMS, you can check it in CE web portal also. It will help you to check the status of license with date of license, last date of license renewal and date for validity of the license. User has to use License number to view the details. After that it will show the entire status of the license as per the below screenshot.

The screenshot shows the homepage of the 'Online Application For License Of Clinical Establishments' portal. At the top, there is a logo of the Government of West Bengal and the text 'Online Application For License Of Clinical Establishments' and 'Health & Family Welfare Department, Government of West Bengal'. Below this is a photograph of a building. A notice at the top right states: 'All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment.' On the left, there is a 'Clinical Establishment' login form with fields for 'Enter Email ID', 'Enter Password', 'Enter Captcha' (containing '14EB32'), and a 'Login' button. Below the login form are links for 'New Registration', 'Forgot Password?', and 'Forgot Login?'. A blue 'ADMIN LOGIN' button is located at the bottom of this section. To the right, a table titled 'As on date 25/10/2021' shows the following data:

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Below the table are several links: 'Online Single Window System', 'Slips Sathi', 'Online Inspection Report', 'Rate Chart', 'Documents Required to Apply', 'How To Apply?', 'Track Your Application', 'VBD Case Report Submit Manual', 'CMOH Contact details', and a link 'View Your License' which is highlighted with a red box.

The screenshot shows the 'View Your License' page. At the top, there is a 'Get Details' button and a search bar containing the license number '34215094'. Below the search bar is a 'Try Again' button. A message from the 'Department of Health and Family Welfare, Government of West Bengal' is displayed: 'We are sorry for any inconvenience caused due to system maintenance. We apologize for any inconvenience caused. Thank you for your understanding.'

The screenshot shows the detailed license information for 'ALOK LABORATORY'. The 'Get Details' button is highlighted with a red box. The page displays the following details:

Establishment Name:	ALOK LABORATORY
Applicant Name:	ALOK SHARMA
License Date:	22-11-2018
Valid Upto:	03-11-2021
Last Date of Renewal:	03-10-2021

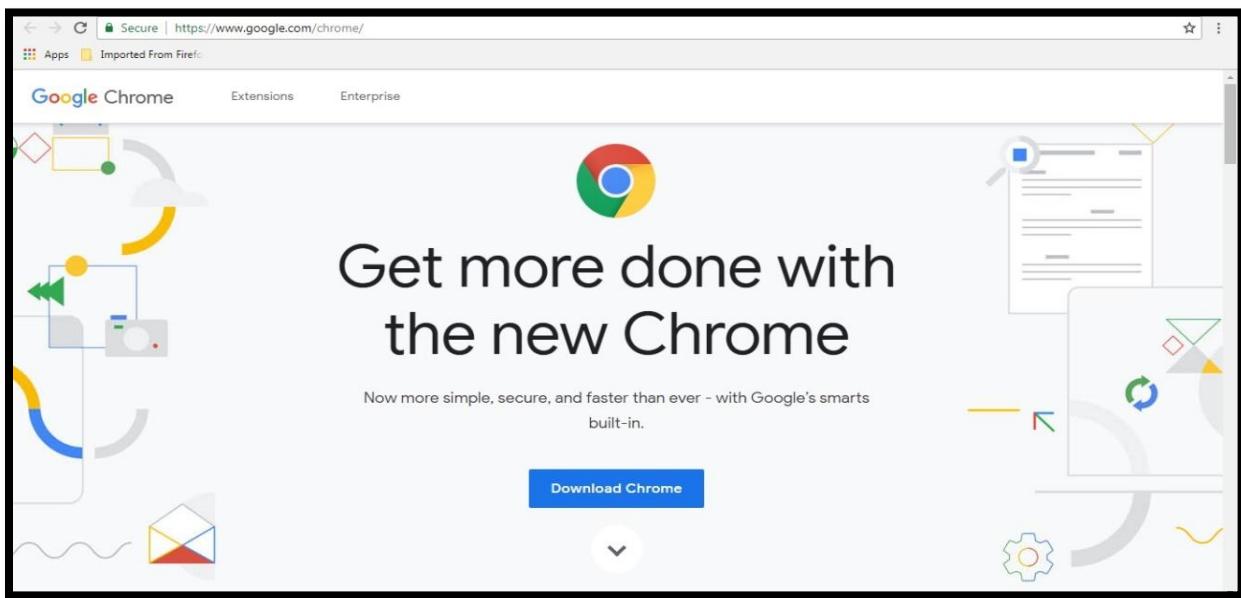
5.8 Browser Problem

It will show user to download compatible browser to download if user faces problem with his browser.

The screenshot shows the official website for the Government of West Bengal's Health & Family Welfare Department, specifically for Clinical Establishments. The header includes the state emblem and the text "FOR LICENSE OF CLINICAL ESTABLISHMENTS" and "Health & Family Welfare Department, Government of West Bengal". A banner at the top right shows a photograph of a building. Below the banner, a message states: "All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment." To the left, there is a "Clinical Establishment" login form with fields for Email ID, Password, and Captcha, along with links for New Registration, Forgot Password, and Forgot Login. To the right, there is a table titled "As on date 25/10/2021" showing statistical data for license applications:

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Below the table are links for "Online Single Window System", "Silpa Sathi", "Online Inspection Report", "Rate Chart", "Documents Required to Apply", "How To Apply?", "Track Your Application", and "VBD Case Report Submit Manual", "CMOH Contact details", and "View Your License". At the bottom, a red-bordered box contains the message: "Please use Google Chrome for better performance. Click here to download".



5.9 Clinical Dashboard

User can view a consolidated report about clinical establishment as on current date.

The screenshot displays the 'Online Application For License Of Clinical Establishments' portal. At the top, there is a header with the Government of West Bengal logo, the text 'Online Application For License Of Clinical Establishments', 'Health & Family Welfare Department', and 'Government of West Bengal'. Below the header, a notice states: 'All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment.' On the left, there is a 'Clinical Establishment' login form with fields for 'Enter Email ID', 'Enter Password', 'Enter Captcha' (containing 'M 1 7 1 3 D'), and a 'Login' button. Below the login form are links for 'New Registration', 'Forgot Password?', and 'Forgot Login?'. At the bottom of this section is an 'ADMIN LOGIN' button. On the right, a summary table titled 'As on date 25/10/2021' provides statistical data for clinical establishment applications. The table has columns for Sl No, Service, Time Limit, Total Application, Total Licence, Average Time, Median Time, Minimum Time, and Maximum Time. The data is as follows:

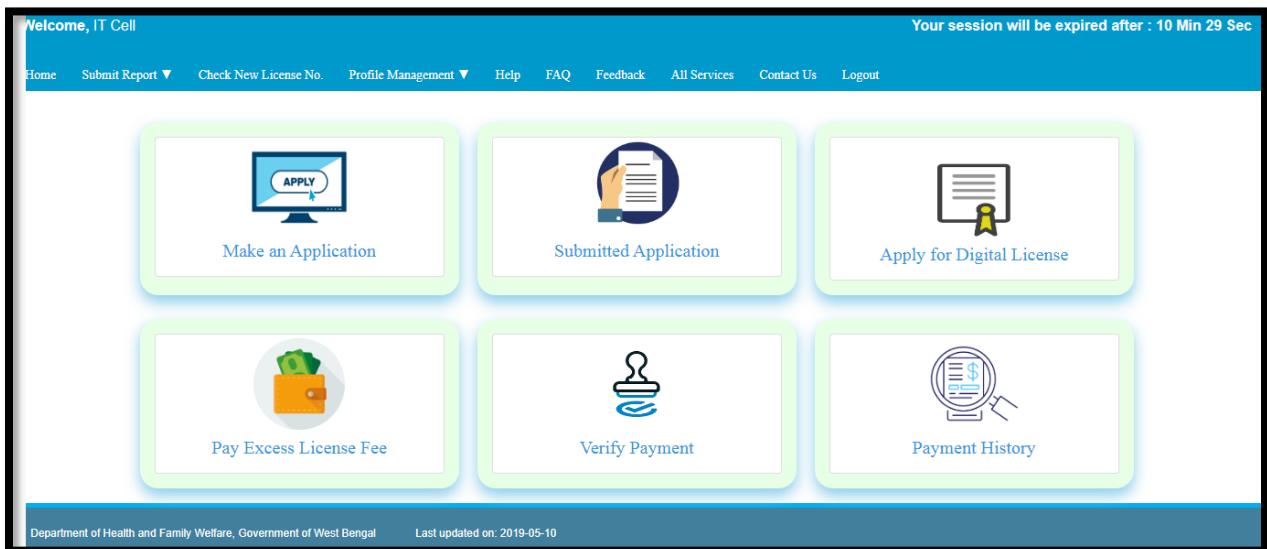
Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
1	New License	90 Days	13218	8153	64	38	1	953
2	Renewal License	90 Days	34517	24142	79	49	1	1196
3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

Below the table, there are links for 'Online Single Window System - Silpa Sathi', 'Documents Required to Apply How To Apply?', 'VBD Case Report Submit Manual CMOH Contact details View Your License', 'Online Inspection Report', 'Track Your Application', and 'Rate Chart'.

6 Home

After Login User will redirect to the home page of Clinical Establishment with the following options:

- Make An Application
- Submitted Application
- Apply for digital License
- Pay Excess License Fees
- Verify Payment
- Payment History



These sections are discussed in details below:-

6.1 Make an application

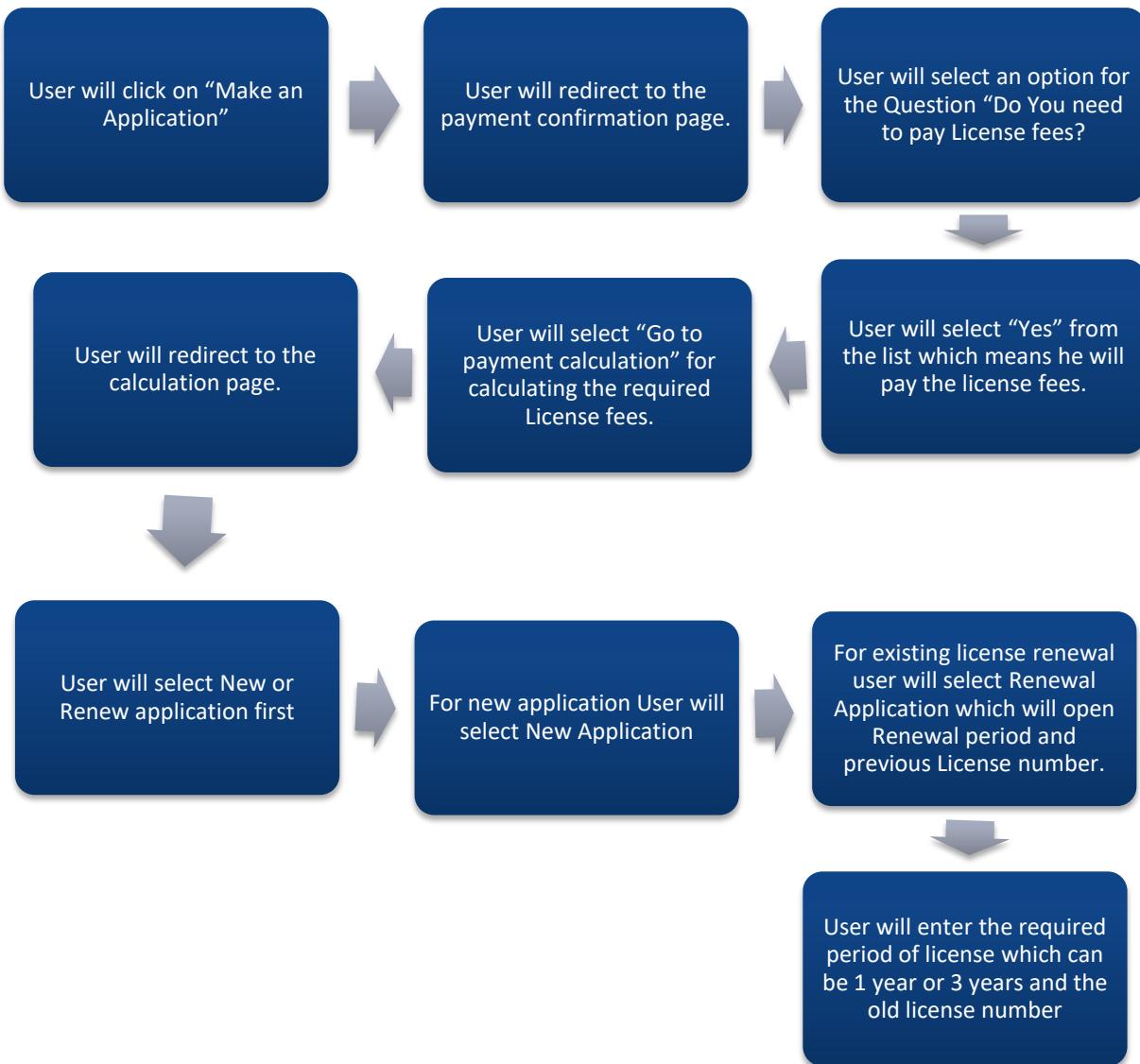
User will click on “Make an application” while they required to apply for a license for their Clinical establishment or applying renewal for the existing CE license.

6.1.1 If you need to pay license fees

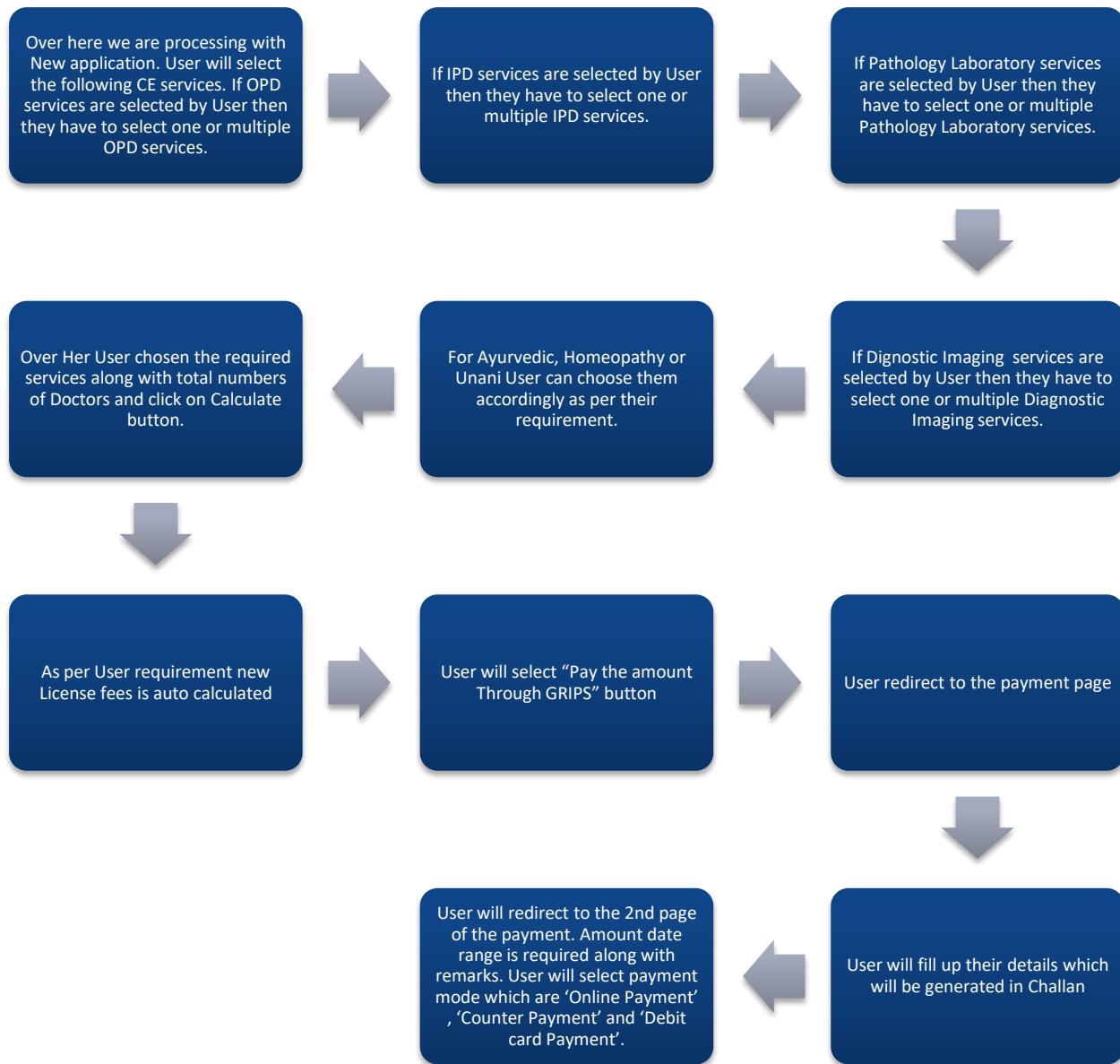
User will select yes if they need to pay the license fees for new and renew application

6.1.1.1 Process Flow

Normal Procedure before CE application



User selection of required CE services



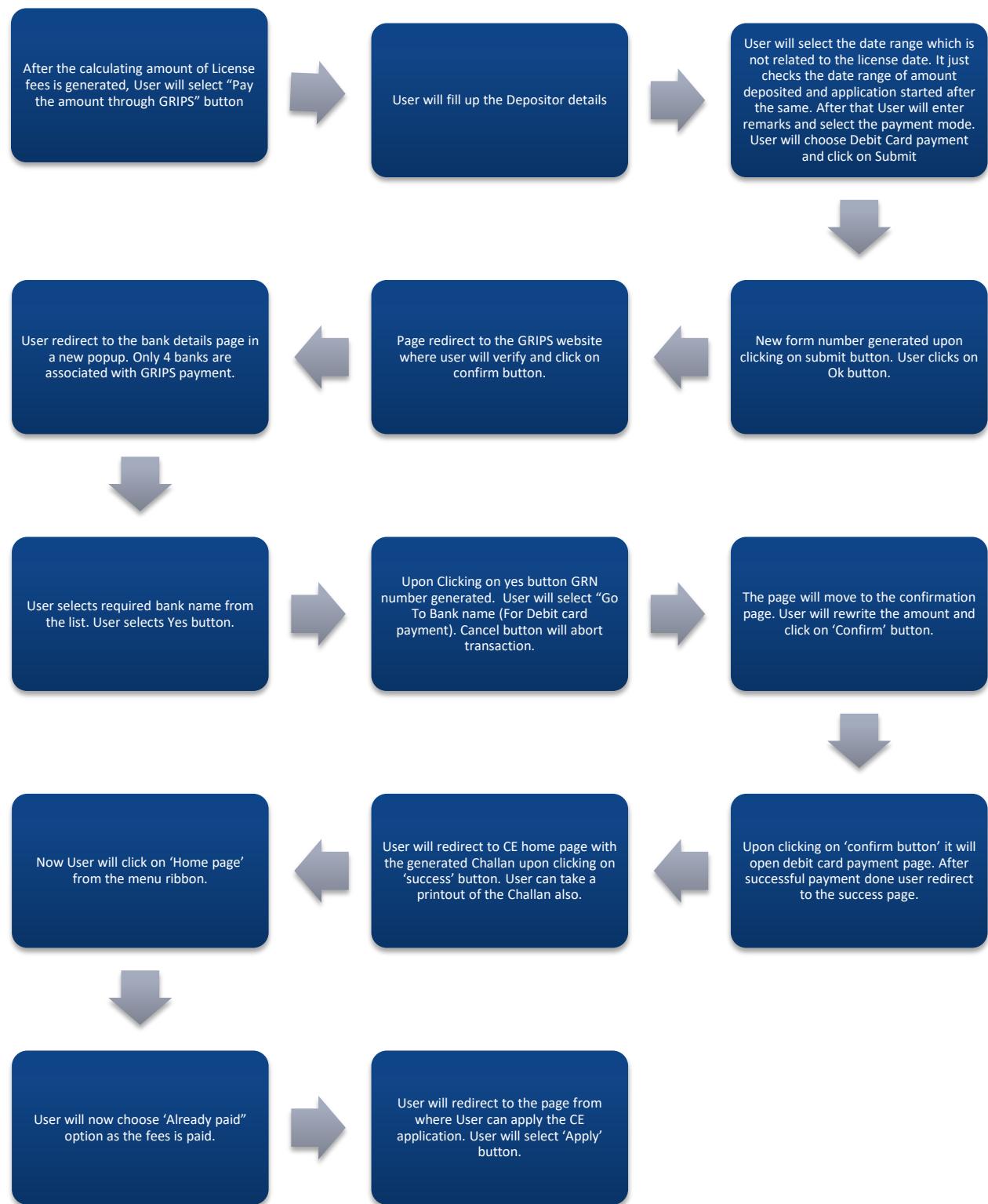
Payment method: Online payment



Other payment method: Counter Payment



Other payment method: Debit Card Payment



6.1.1.2 *Detailed Steps*

- ❖ User will click on “Make an Application”
- ❖ User will redirect to the payment confirmation page.
- ❖ User will select an option for the Question “Do You need to pay License fees?
- ❖ User will select “Yes” from the list which means he will pay the license fees.
- ❖ User will select “Go to payment calculation” for calculating the required License fees.
- ❖ User will redirect to the calculation page.
- ❖ User will select New or Renew application first
- ❖ For new application User will select New Application
- ❖ For existing license renewal user will select Renewal Application which will open Renewal period and previous License number.
- ❖ User will enter the required period of license which can be 1 year or 3 years and the old license number
- ❖ Over here we are processing with New application. User will select the following CE services. If OPD services are selected by User then they have to select one or multiple OPD services.
- ❖ If IPD services are selected by User then they have to select one or multiple IPD services.
- ❖ If Pathology Laboratory services are selected by User then they have to select one or multiple Pathology Laboratory services.
- ❖ If Diagnostic Imaging services are selected by User then they have to select one or multiple Diagnostic Imaging services.
- ❖ For Ayurvedic, Homeopathy or Unani User can choose them accordingly as per their requirement.
- ❖ Over Her User chosen the required services along with total numbers of Doctors and click on Calculate button.
- ❖ As per User requirement new License fees is auto calculated
- ❖ User will select “Pay the amount Through GRIPS” button
- ❖ User redirect to the payment page
- ❖ User will fill up their details which will be generated in Challan
- ❖ User will redirect to the 2nd page of the payment. Amount date range is required along with remarks. User will select payment mode which are ‘Online Payment’, ‘Counter Payment’ and ‘Debit card Payment’.
- ❖ User selects online payment which means NEFT through bank and click on Submit button.
- ❖ New form number generated upon clicking on submit button. User clicks on Ok button.
- ❖ Page redirect to the GRIPS website where user will verify and click on conform button.
- ❖ User redirect to the bank details page in a new popup.
- ❖ User selects required bank name from the list.
- ❖ User selects Yes button.

- ❖ Upon Clicking on yes button GRN number generated.
- ❖ User will select “Go To Bank name (For online payment). Cancel button will abort transaction.
- ❖ The page will move to the confirmation page
- ❖ User will rewrite the amount and click on ‘Confirm’ button.
- ❖ It redirects to the bank login page. After successful payment user redirect to the success page.
- ❖ User will redirect to CE home page with the generated Challan upon clicking on ‘success’ button. User can take a printout of the Challan also.
- ❖ Now User will click on ‘Home page’ from the menu ribbon.
- ❖ User will now choose ‘Already paid” option as the fees is paid.
- ❖ User will redirect to the page from where User can apply the CE application. User will select ‘Apply’ button.

Other payment option

Counter Payment

- ❖ After the calculating amount of License fees is generated, User will select “Pay the amount through GRIPS” button
- ❖ User will fill up the Depositor details
- ❖ User will select the date range which is not related to the license date. It just checks the date range of amount deposited and application started after the same. After that User will enter remarks and select the payment mode. User will choose counter payment. It will generate a not paid challan which User has to deposit to the selected bank counter. It might take time as it will do by bank. After transaction is done from bank User can apply the application. User has to wait until the transaction is completed by bank. User will submit the amount details after that
- ❖ New form number generated upon clicking on submit button. User clicks on Ok button.
- ❖ Page redirect to the GRIPS website where user will verify and click on confirm button.
- ❖ User redirect to the bank details page in a new popup.
- ❖ User selects required bank name from the list. User selects Yes button.
- ❖ Upon Clicking on yes button GRN number generated. User will select “Go To Bank name (For Counter payment). Cancel button will abort transaction.
- ❖ The page will move to the confirmation page. User will rewrite the amount and click on ‘Confirm’ button.
- ❖ It redirects to a new page, where User will click on ‘Go to Grips’ link
- ❖ The page redirect to the print not paid challan page
- ❖ User selects ‘Click to Complete the process’ page
- ❖ A popup will arise that ‘Please print the Challan’ where user will click on ‘OK’ button
- ❖ User will click on ‘Print’ button
- ❖ Upon clicking on print Non Paid challan will be downloaded

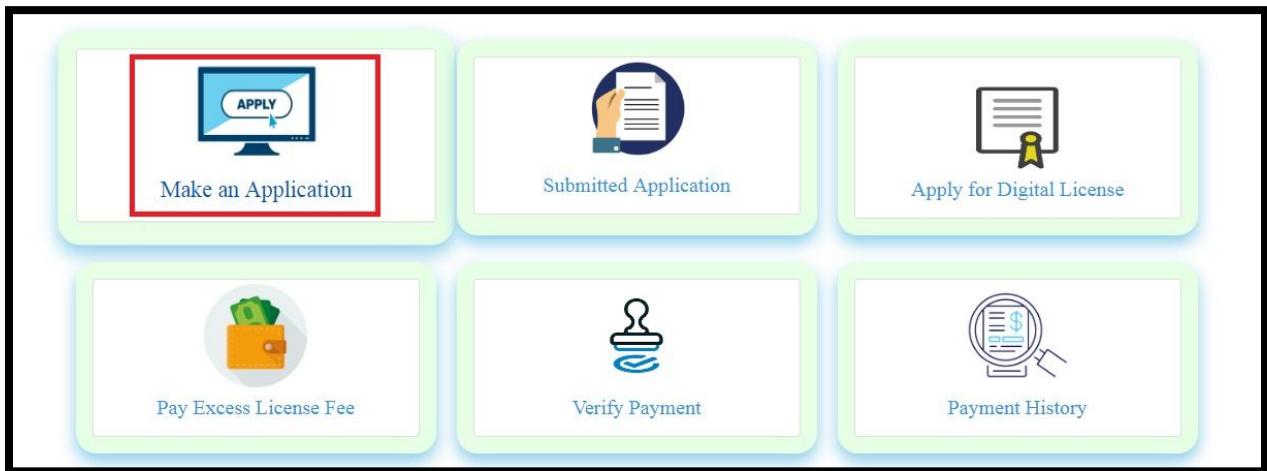
- ❖ Over here below is the non paid challan, which need to submitted in bank counter with the amount in cheque. After the amount is initiated to GRIPS by bank. User can apply for application
- ❖ User will login again after bank work completed
- ❖ User will redirect to the home page and click on ‘Verify Payment’ option
- ❖ User will redirect to the verify payment page
- ❖ User will click on verify payment button
- ❖ If the payment is not initiated with bank it will show the pending message as shown in below screen.
- ❖ If the payment is initiated successful it will generated the challan
- ❖ Now User will select home page and click on ‘Make an application’
- ❖ User will select ‘Already Paid’ option
- ❖ User will redirect to the already paid page and select apply button for CE application

Debit Card

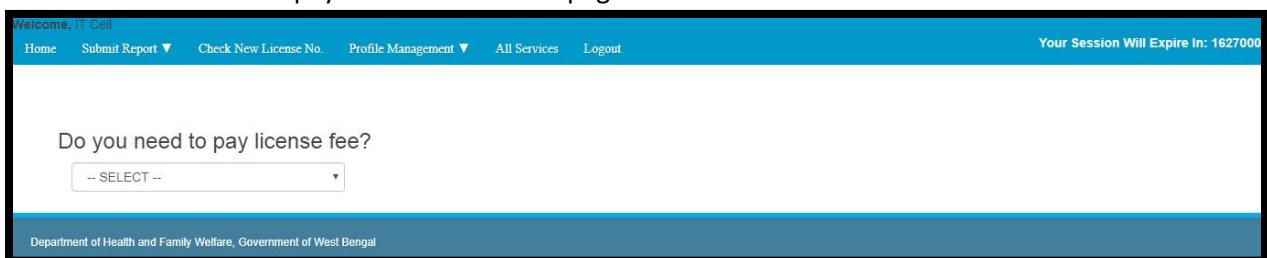
- ❖ After the calculating amount of License fees is generated, User will select “Pay the amount through GRIPS” button
- ❖ User will fill up the Depositor details
- ❖ User will select the date range which is not related to the license date. It just checks the date range of amount deposited and application started after the same. After that User will enter remarks and select the payment mode. User will choose Debit Card payment and click on Submit
- ❖ New form number generated upon clicking on submit button. User clicks on Ok button.
- ❖ Page redirect to the GRIPS website where user will verify and click on confirm button.
- ❖ User redirect to the bank details page in a new popup. Only 4 banks are associated with GRIPS payment.
- ❖ User selects required bank name from the list. User selects Yes button.
- ❖ Upon Clicking on yes button GRN number generated. User will select “Go To Bank name (For Debit card payment). Cancel button will abort transaction.
- ❖ The page will move to the confirmation page. User will rewrite the amount and click on ‘Confirm’ button.
- ❖ Upon clicking on ‘confirm button’ it will open debit card payment page. After successful payment done user redirect to the success page.
- ❖ User will redirect to CE home page with the generated Challan upon clicking on ‘success’ button. User can take a printout of the Challan also.
- ❖ Now User will click on ‘Home page’ from the menu ribbon.
- ❖ User will now choose ‘Already paid’ option as the fees is paid.
- ❖ User will redirect to the page from where User can apply the CE application. User will select ‘Apply’ button

6.1.1.3 Screen Shots

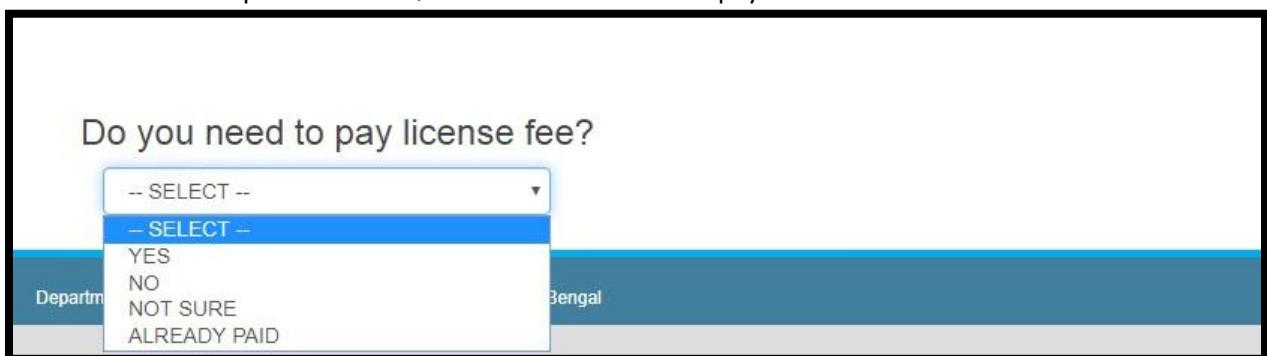
User will click on “Make an Application”



User will redirect to the payment confirmation page.



User will select an option for the Question “Do You need to pay License fees?”



User will select “Yes” from the list which means he will pay the license fees.

Do you need to pay license fee?

-- SELECT --

-- SELECT --

YES

NO

NOT SURE

ALREADY PAID

“User will

select “Go to payment calculation” for calculating the required License fees.

Do you need to pay license fee?

YES

Department of Health and Family Welfare, Government of West Bengal

WBDHFW

You have to select your services to calculate the fees

Go To Payment Calculation CANCEL

User will redirect to the calculation page.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

Select

NEXT TRY AGAIN

User will select Application type which can be New Application, Manual renewal Application, Addition of Services/ Beds Application or Auto Renewal Application.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

Select

New Application

Manual Renewal Application

Addition of Services/Beds Application

Auto Renewal Application

6.1.1.3.1 New Application Procedure

For new application User will select New Application.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

New Application

NEXT **TRY AGAIN**

Over here we are processing with New application. User will select the following CE services. If OPD services are selected by User then they have to select one or multiple OPD services.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

New Application

NEXT **TRY AGAIN**

User have to select required OPD (One or multiple) from the list

Select Your CE Services

▼ OPD Services

- Solo clinic/ Mono Clinic - Run By PG Doctors and Above (only for consultation and advice by a registered medical practitioner)
- Counseling Centre [Registration Fee: 10000 Renewal Fee: 7000]
- Solo clinic/ Mono Clinic - Run By MBBS Doctors and Above (only for consultation and advice by a registered medical practitioner)
- Solo clinic/ Mono Clinic - Run By PG Doctors and Above (used for medical practice and treatment by a registered medical practitioner) [Registration Fee: 5000 Renewal Fee: 3000]
- Solo clinic/ Mono Clinic - Run By MBBS Doctors and Above (used for medical practice and treatment by a registered medical practitioner) [Registration Fee: 5000 Renewal Fee: 3000]
- Polyclinic [Registration Fee: 5000 Renewal Fee: 3000]
- Dental Clinic [Registration Fee: 10000 Renewal Fee: 7000]
- Occupational therapy Clinic [Registration Fee: 10000 Renewal Fee: 7000]
- Wellness/Fitness centre/clinic [Registration Fee: 15000 Renewal Fee: 10000]
- Other Medical Clinic with facilities for procedure [Registration Fee: 10000 Renewal Fee: 7000]
- Refraction Clinic [Registration Fee: 10000 Renewal Fee: 7000]
- Acupuncture Clinic [Registration Fee: 10000 Renewal Fee: 7000]
- Physiotherapy Clinic [Registration Fee: 10000 Renewal Fee: 7000]
- Other OPD Service

► IPD Services (excluding special care/therapy beds)

If IPD services are selected by User then they have to select one or multiple IPD services.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

New Application

▼

Select Your CE Services

- ▶ OPD Services
- ▼ IPD Services (excluding special care/therapy beds)
 - Day care Centre : Infertility Clinic
 - Hospital
 - Nursing Home
 - Maternity Home
 - Physiotherapy Center
 - Day care Centre : Dialysis Centre
 - Day care Centre : MTP Clinic
 - Any other Day care Centre
- ▶ Pathology laboratory service
- ▶ Diagnostic Imaging service
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

User will select required IPD services from the List

Total Doctor (Including Polyclinic) 0

If Pathology Laboratory services are selected by User then they have to select one or multiple Pathology Laboratory services.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

New Application

▼

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▼ Pathology laboratory service
 - Small Laboratory
 - Medium Laboratory
 - Large Laboratory
 - Collection Centre
 - Genetic Laboratory
 - Any other Pathology laboratory
- ▶ Diagnostic Imaging service
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

User Selects Pathology Laboratory Services from the list

Total Doctor (Including Polyclinic) 0

CALCULATE

If Diagnostic Imaging services are selected by User then they have to select one or multiple Diagnostic Imaging services.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
New Application ▾

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
- ▶ Diagnostic Imaging service
 - X-Ray lab (Conventional)
 - X-Ray lab (Digital)
 - Mamography lab
 - Bone Densitometry lab
 - Ultrasonography lab
 - Colour Doppler Imaging lab
 - CT Scan lab
 - Magnetic Resonance Imaging (MRI) lab
 - Positron Emission Tomography (PET) Scan lab
 - Echo-cardiography lab
 - Electro-cardiography lab
 - Electro-encephalography lab
 - Electromyography lab
 - Audiometry lab
 - Other Clinical Physiology
 - Angiography
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

User will select required Diagnostic Imaging service from the list

For Ayurvedic, Homeopathy or Unani User can choose them accordingly as per their requirement.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
New Application ▾

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
- ▶ Diagnostic Imaging service
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

User can also select any or all of the following Ayurvedic, Homeopathy or Unani

Total Doctor (Including Polyclinic)

Over Her User chosen the required services along with total numbers of Doctors and click on Calculate button.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
New Application ▾

NEXT TRY AGAIN

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
- ▼ Diagnostic Imaging service
 - X-Ray lab (Conventional) [Registration Fee: 10000 Renewal Fee: 7000]
 - X-Ray lab (Digital) [Registration Fee: 15000 Renewal Fee: 10000]
 - Mamography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Bone Densitometry lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Ultrasonography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Colour Doppler Imaging lab [Registration Fee: 10000 Renewal Fee: 7000]
 - CT Scan lab [Registration Fee: 20000 Renewal Fee: 15000]
 - Magnetic Resonance Imaging (MRI) lab [Registration Fee: 30000 Renewal Fee: 20000]
 - Positron Emission Tomography (PET) Scan lab [Registration Fee: 35000 Renewal Fee: 30000]
 - Echo-cardiography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electro-cardiography lab [Registration Fee: 5000 Renewal Fee: 3000]
 - Electro-encephalography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electromyography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Audiometry lab [Registration Fee: 5000 Renewal Fee: 3000]
 - Other Clinical Physiology [Registration Fee: 10000 Renewal Fee: 7000]
 - Angiography [Registration Fee: 25000 Renewal Fee: 20000]
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

Total Doctor (Including Polyclinic) 4

CALCULATE

As per User requirement new License fees auto calculated. User will select “Pay the amount Through GRIPS” button

You have to pay ₹ **35000** as New License fee.

Fee Breakup		
Sl. No.	Service Name	Amount (Rs.)
1	Diagnostic Imaging service:X-Ray lab (Conventional)	10000
2	Diagnostic Imaging service:X-Ray lab (Digital)	15000
3	:Homeopathy	5000
4	:Unani	5000
5	Gross Total:	35000
6	Penalty Fees (if any):	0
7	Net Total:	35000

PAY THE AMOUNT THROUGH GRIPS

User redirect to the payment page

Payment

Depositor's Details

Depositor's Name:*	Deposited By
Mobile No.:*	Mobile Number
Email Id:*	Email ID
Address:*	

Department of Health and Family Welfare, Government of West Bengal

User will fill up their details which will be generated in Challan.

Payment

Depositor's Details

Depositor's Name:*	Kabir Kar
Mobile No.:*	9830436559
Email Id:*	t@t.com
Address:*	33, R S Mitra Street

Save and Continue

Department of Health and Family Welfare, Government of West Bengal

User will redirect to the 2nd page of the payment. Amount date range is required along with remarks. User will select payment mode which are 'Online Payment', 'Counter Payment' and 'Debit card Payment'.

Payment

Amount Details

From Date *	29-04-2019	To Date *	29-04-2019
Remarks *	Payment for CE License		
Payment Mode *	-- SELECT -- -- SELECT -- Online Payment Counter Payment Debit Card Payment		

Payment Details

SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	35000

SUBMIT

User selects online payment which means NEFT through bank and click on Submit button.

Payment

Amount Details

From Date *	29-04-2019	To Date *	29-04-2019
Remarks *	Payment for CE License		
Payment Mode *	Online Payment		

Payment Details

SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	35000

SUBMIT

New form number generated upon clicking on submit button. User clicks on Ok button.

The screenshot shows a 'Payment' interface with 'Amount Details' fields: From Date (29-04-2019), To Date (29-04-2019), Remarks (Payment for CE License), and Payment Mode (Online Payment). A modal dialog box titled 'WBDHFW' displays the message: 'Please note the below no as your future reference of Form No. 1500000024690'. An 'OK' button is highlighted with a red box. Below the modal is a table with columns: SERVICE TYPE, HEAD OF ACCOUNT DESCRIPTION, HEAD OF ACCOUNT, and AMOUNT[Rs.]. The data is: License Fee, CLINICAL ESTABLISHMENT LICENSE FEE, 0210-01-800-001-14, 35000. At the bottom right is a green 'SUBMIT' button.

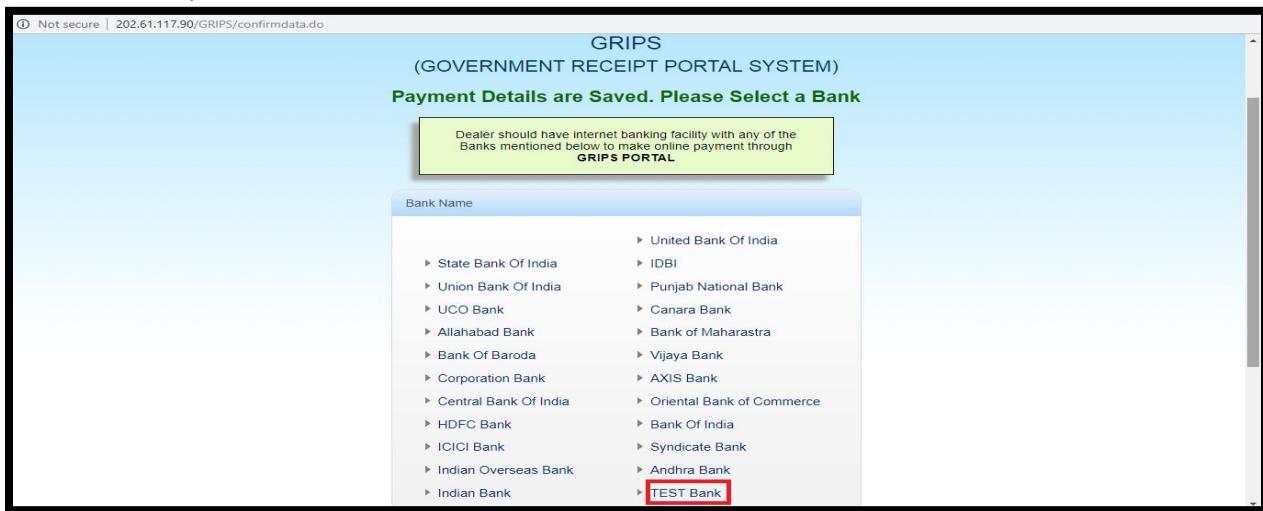
Page redirect to the GRIPS website where user will verify and click on conform button.

The screenshot shows the GRIPS portal with the IFMS West Bengal logo and the GRIPS logo. The page title is 'Payments through GRIPS portal' under 'Health & Family Welfare' and 'DRUG'. It displays 'CONFIRM FOLLOWING INFORMATION' with fields: Department Ref No (0332019000019596), Depositor/Owner name (Kabir Kar), E mail of owner (t@t.com), Mobile number (9830436559), Office Name (Health), Payment_Mode (Online Payment), Period_from (29042019), Period_to (29042019), Remarks (Payment for CE License), and Transaction Id (1500000024690). Below this is 'CONFIRM PAYMENT DETAILS' with a table: HEAD OF ACCOUNT DESCRIPTION e (Collection from Miscellaneous Service Fees-Service Fees), HEAD OF ACCOUNT (0210-01-800-001-14), and AMOUNT[R] (35000). The total amount is also shown as 35000. At the bottom are 'CONFIRM' and 'CANCEL' buttons, with the 'CONFIRM' button highlighted with a red box.

User redirect to the bank details page in a new popup.



User selects required bank name from the list.



User selects Yes button.



Upon Clicking on yes button GRN number generated.

The screenshot shows the GRIPS portal interface for a payment transaction. At the top, it displays the IFMS West Bengal logo, the Integrated Financial Management System, and the GRIPS logo. The page title is "Payments through GRIPS portal" under "Health & Family Welfare" and "DRUG". A note at the top says "(*)For online payment click on 'GO TO BANK', to pay challan through selected bank's site". Below this, a yellow bar shows "Govt. Reference No.(GRN) : 192019200230472331 (Please NOTE this GRN for future reference)". The payment details table includes:

Department Ref No	0332019000019596	Depositor/Owner name	Kabir Kar
E mail of owner	t@t.com	Mobile number	9830436559
Office Name	Health	Payment_Mode	Online Payment
Period_from	29042019	Period_to	29042019
Remarks	Payment for CE License	Transaction Id	1500000024690

A "CONFIRM PAYMENT DETAILS" section follows, containing a "PAYMENT DETAILS" table:

HEAD OF ACCOUNT DESCRIPTION 2	HEAD OF ACCOUNT	AMOUNT[₹]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	35000
		Total Amount: 35000

At the bottom, there are buttons for "GO TO Test Bank (For Online Payment)" (highlighted with a red box), "CANCEL" (highlighted with a red box), "Do Not Refresh The Page", and "Do not Click on The Back Button".

User will select “Go To Bank name (For online payment). Cancel button will abort transaction.

This screenshot is identical to the one above, showing the GRIPS portal interface for a payment transaction. The "GO TO Test Bank (For Online Payment)" button is highlighted with a red box. The other buttons ("CANCEL", "Do Not Refresh The Page", "Do not Click on The Back Button") are also highlighted with red boxes.

The page will move to the confirmation page

Please Don't Close The Browser and Confirm The Below Details

Govt. Reference No (GRN):	192019200230472331
Depositor Name:	Kabir Kar
Total Amount:	Rs. 35000
Bank Name:	Test Bank
Payment Mode:	Online Banking
Department Name:	Health & Family Welfare
Service Name:	DRUG

Please re-confirm the Total Payable Amount:

Note: Depositors are requested to verify the 'Amount','GRN' details, 'Bank' details, 'Service' details very carefully at the time of final confirmation of the payment. Press 'Confirm' button if all details displayed are correct as per your input given or 'Cancel' the transaction and make a fresh transaction

User will rewrite the amount and click on 'Confirm' button.

Please Don't Close The Browser and Confirm The Below Details

Govt. Reference No (GRN):	192019200230472331
Depositor Name:	Kabir Kar
Total Amount:	Rs. 35000
Bank Name:	Test Bank
Payment Mode:	Online Banking
Department Name:	Health & Family Welfare
Service Name:	DRUG

Please re-confirm the Total Payable Amount:

Note: Depositors are requested to verify the 'Amount','GRN' details, 'Bank' details, 'Service' details very carefully at the time of final confirmation of the payment. Press 'Confirm' button if all details displayed are correct as per your input given or 'Cancel' the transaction and make a fresh transaction

It redirects to the bank login page. After successful payment, user redirect to the success page.

Not secure | 202.61.117.90/GRIPS/paymentDemo.do

This page is for Test Bank:
35000 | 192019200230472331 | **Success**

GRIPS

Finance Department
Government of West Bengal

Payment of Taxes & Non-taxes Revenue | Reprint of Challan | GRN Status | Search your Challan | Departmental Activities

Site Maintained by Tata Consultancy Services Ltd.

User will redirect to CE home page with the generated Challan upon clicking on 'success' button. User can take a printout of the Challan also.

Govt. of West Bengal
Health & Family Welfare
e-Challan

GRN: 19291929023047231
GRN Date: 2019-04-29 00:00:00.0
BRN: testbank

DEPOSITOR'S DETAILS

Name: Kabir Kar
Id No.: 1500000024690
E-mail: i@t.com
Mobile No.: +91 983043059
User Type: Depositor
From Date: 2019-04-29
To Date: 2019-04-29
Address: 33, R S Mitra Street
Remarks: Payment for CE License

PAYMENT DETAILS

Sl. No.	Identification No.	Head of A/C Description	Head Of A/C	Amount
1	1500000024690	Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)	0210-01-800-001-14	35000

Total Amount: 35000

Print

Department of Health and Family Welfare, Government of West Bengal

Now User will click on 'Home page' from the menu ribbon.

Welcome, IT Cell Your session will be expired after : 10 Min 29 Sec

Home Submit Report ▾ Check New License No. Profile Management ▾ Help FAQ Feedback All Services Contact Us Logout

Make an Application Submitted Application Apply for Digital License

Pay Excess License Fee Verify Payment Payment History

Department of Health and Family Welfare, Government of West Bengal Last updated on: 2019-05-10

User will now choose 'Already paid" option as the fees is paid.

Do you need to pay license fee?

-- SELECT --
-- SELECT --
YES
NO
NOT SURE
ALREADY PAID

Department of Health and Family Welfare, Government of West Bengal Last updated on: 2019-05-10

User will redirect to the page from where User can apply the CE application. User will select 'Apply' button.

List of Forms to be Applied								
							Search:	
Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action	
1500000024690	New	9830436559	35000	Online Payment	192019200230472331	Success	<button>APPLY</button>	
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	<button>APPLY</button>	
1500000013017	Renew	8902305623	999	Debit Card Payment	192017180152566385	Success	<button>APPLY</button>	

6.1.1.3.2 Manual Renewal Application Procedure

For existing license renewal user will select Manual Renewal Application which will open Renewal period and previous License number.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Manual Renewal Application

Select Renewal Period
--SELECT--

License No.

NEXT **TRY AGAIN**

User will enter the required period of license which can be 1 year or 3 years and the old license number

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Manual Renewal Application

Select Renewal Period
1 year

License No.
34XXXXXX

NEXT **TRY AGAIN**

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
- ▶ Diagnostic Imaging service
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

Total Doctor (Including Polyclinic)

CALCULATE

6.1.1.3.3 Addition of Services/Beds Application Procedure

For Addition of services or Beds application of the existing Clinical Establishment license, user will select "Addition of services / Beds application" which will open existing License number.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Addition of Services/Beds Application

License No.

NEXT **TRY AGAIN**

After entering the existing license number User will click next button, which will open an alert popup with a message "Please provide the additional services and beds which will be added in existing license. User will press ok to confirm the same.

The screenshot shows a software application window with a blue header bar containing various menu items like 'Check New License No.', 'Profile Management', 'Help', 'FAQ', 'Feedback', 'All Services', 'Contact Us', and 'Logout'. A message in the top right corner says 'Your session will be expired'. Below the header, there's a section titled 'Select Your Application Type' with a dropdown menu showing 'Addition of Services/Beds Application'. A 'License No.' field contains the value '34129745'. At the bottom left are two buttons: 'NEXT' and 'TRY AGAIN'. In the center, there's a modal dialog box with a black border. Inside the dialog, the text reads 'Please provide the details of the services/beds to be added to your existing licence' and there is a green 'OK' button at the bottom right. The main body of the page below the dialog contains instructions for selecting CE services and a 'CALCULATE' button.

Please provide the details of the services/beds to be added to your existing licence

OK

Select Your Application Type

Addition of Services/Beds Application

License No.

34129745

NEXT TRY AGAIN

Select Your CE Services

* Only select the new services / no of beds to be added to your existing licence. Do not select existing services.

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
- ▶ Diagnostic Imaging service
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

Total Doctor (Including Polyclinic) 0

CALCULATE

User will now add the additional services and bed as per their requirement. After addition it will auto calculate the license fees for the additional service for at least one year for each service. If the license period is more than 1 year then for the first year it will charge the new registration fees and rest of the year they will charge the renewal fees.

Note: Only select the new services / no of beds to be added to your existing license for additional services. Do not select existing services for additional service.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Addition of Services/Beds Application

License No.
34129745

NEXT **TRY AGAIN**

Select Your CE Services
*** Only select the new services / no of beds to be added to your existing licence. Do not select existing services.**

‣ OPD Services

‣ IPD Services (excluding special care/therapy beds)

‣ Pathology laboratory service

‣ Diagnostic Imaging service

‣ Ayurvedic

‣ Homeopathy

‣ Unani

Total Doctor (Including Polyclinic)

CALCULATE

6.1.1.3.4 Auto renewal Application Procedure

For existing license auto renewal user will select **Auto Renewal** Application which will open Renewal period and previous License number.

For auto renewal User have to maintain below condition:

- License must be active
- License must be renewed by the owner only (same login credential)
- Existing License must calculate automatically as manual fees calculations are not allowed.
- Applicant can directly download the renewal license
- Applicant is not allowed to add new service or edit any existing service.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Auto Renewal Application

Select Renewal Period
-SELECT-

License No.

NEXT **TRY AGAIN**

User will enter the required period of license which can be 1 year or 3 years and the old license number.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Auto Renewal Application

Select Renewal Period
1 year

License No.
 34xxxxxx

NEXT **TRY AGAIN**

A popup will arise to alert user that they cannot be allowed to change any existing license if they choose auto renewal process. User will press ok button for accepting the same.

Home Submit Report ▼ Check New License No. Profile Management Help FAQ Feedback All Services Contact Us Logout

Call Center

As you have chosen for auto renewal, you will not be allowed to change any existing services.

Cancel **OK**

Select Your Application Type
Auto Renewal Application

Select Renewal Period
1 year

License No.
 33729797

NEXT **TRY AGAIN**

User will view their existing services, next user will click on calculate fees button.

Services to be Auto-Renewed

Select Renewal Period
1 year

License No.
33729797

Select Your CE Services

- › OPD Services
- › IPD Services (excluding special care/therapy beds)
- › Pathology laboratory service
 - Small Laboratory [Registration Fee: 5000 Renewal Fee: 3000]
 - Medium Laboratory [Registration Fee: 10000 Renewal Fee: 7000]
 - Large Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Collection Centre [Registration Fee: 3000 Renewal Fee: 2000]
 - Genetic Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Any other Pathology laboratory [Registration Fee: 30000 Renewal Fee: 20000]
- › Diagnostic Imaging service
- › Ayurvedic
- › Homeopathy
- › Unani

Total Doctor (Including Polyclinic) 0

Calculate Fees

The page will be redirected to the payment breakup page.

You have to pay ₹ 2000 as License Alteration fee.

FEE BREAKUP	
License Fee	2000
Penalty Fee	0
Total Payable Fee	2000 <small>(Two Thousand Hundred and Only)</small>

Fee Breakup

Sl. No.	Service Name	Amount (Rs.)
1	Pathology laboratory service:Collection Centre	2000
2	Gross Total:	2000
3	Penalty Fees (if any):	0
4	Net Total:	2000

PAY THE AMOUNT THROUGH GRIPS

User will click on pay the amount through GRIPS button.

You have to pay ₹ **2000** as License Alteration fee.

FEE BREAKUP	
License Fee	2000
Penalty Fee	0
Total Payable Fee	2000 (Two Thousand Hundred and Only)

Fee Breakup

Sl. No.	Service Name	Amount (Rs.)
1	Pathology laboratory service:Collection Centre	2000
2	Gross Total:	2000
3	Penalty Fees (if any):	0
4	Net Total:	2000

PAY THE AMOUNT THROUGH GRIPS

The page will be redirect to the payment page where user has to fill up the depositor's details and clicks on save and continue button.

Payment

Depositor's Details

Depositor's Name:*	Test Name
Mobile No.:*	9874561230
Email Id:*	test@test.com
Address:*	12, Test Road

Save and Continue

After entering depositor's details they will fill the amount details and press submit button.

Payment

Amount Details

From Date *	25-10-2021	To Date *	25-10-2021
Remarks :	CE Payment		
Payment Mode :*	Online Payment		

Payment Details

SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	2000

SUBMIT

A popup will arise where the form number is generated for the applicant. User will press ok for further step.

The screenshot shows a 'Payment' interface. At the top, there are fields for 'From Date' (25-10-2021) and 'To Date' (25-10-2021). Below these are 'Remarks' (CE Payment) and 'Payment Mode' (Online Payment). A modal dialog box titled 'WBDHFW' contains the text: 'Please note the below no as your future reference of Form No. 1500000062300'. In the bottom right corner of this dialog, there is an 'OK' button with a red border. Below the modal, there are sections for 'SERVICE TYPE' (License Fee), 'HEAD' (CLINICAL ESTABLISHMENT LICENSE FEE), 'AMOUNT[Rs.]' (2000), and a 'SUBMIT' button.

User will be redirected to the GRIPS portal. User will press confirm for next step. User will pay the required amount accordingly.

The screenshot shows the GRIPS portal. At the top, it displays the 'Integrated Financial Management System' logo and the 'GRIPS' logo. On the right, it shows the 'Finance Department Government of West Bengal' logo. The main area has sections for 'DEPOSITOR'S DETAILS' and 'CHALLAN DETAILS'. Under 'DEPOSITOR'S DETAILS', there is a table titled 'Details of Payment' with the following data:

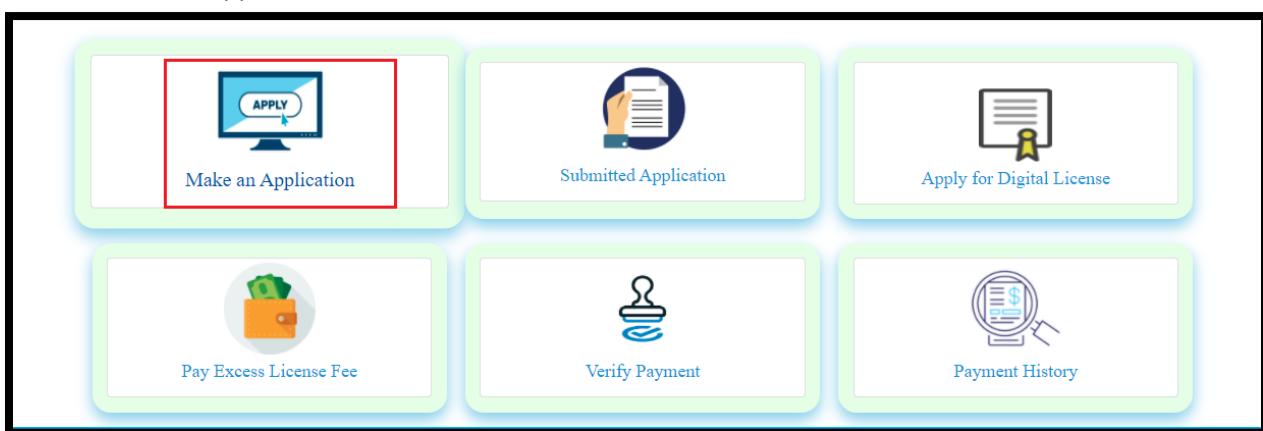
Department:	Health & Family Welfare	No. Of Head:	1
Depositor Name:	Test Name	Address:	
Mobile No:	9874561230	E-Mail:	test@test.com
Identification No:	1500000062300	Payment Ref. No.:	033202100059335
In favour of:	Health	Payment Mode:	Online Payment
Period From:	25/10/2021	Period To:	25/10/2021
Total Amount[₹]:	2000	Remarks:	CE Payment

Under 'CHALLAN DETAILS', there is a table with the following data:

SUB SERVICE	IDENTIFICATION NO	HEAD OF ACCOUNT	HEAD DESCRIPTION	AMOUNT[₹]
Service Fees	1500000062300	0210-01-800-001-14	Collection from Miscellaneous Service Fees-Service Fees	2000

At the bottom, there are 'CONFIRM' and 'CANCEL' buttons. Above the 'CONFIRM' button, the total amount is listed as 'Total Amount: 2000 IN WORDS: TWO THOUSAND ONLY.'

After successful payment User will be redirect to the CE portal with the challan number. User will again click on make an application icon.



The page will be redirect to a new page. User will select the option ‘Already Paid’ for the Question “Do You need to pay License fees?

Do you need to pay license fee?

-- SELECT --

-- SELECT --

YES

NO

NOT SURE

ALREADY PAID

Last updated on: 2019-10-19

Selecting ‘already paid’ the page will be redirect to the already page. User will click on ‘Auto Renewal Apply’ button.

List of Forms to be Applied

Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action
1500000062300	Auto Renewal	9874561230	2000	Online Payment	192119210032123489	Success	Auto Renew Apply

Showing 1 to 1 of 1 entries

A pop will arise for alerting User that their license has been generated, kindly upload the required document. User will press ok for confirming the same.

List of Forms to be Applied

Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action
5000000062300	Auto Renewal	9874561		WBDHFW	119210032123489	Success	Auto Renew Apply

Showing 1 to 1 of 1 entries

WBDHFW

Your application has been created successfully but license has not generated yet. Please upload your necessary documents to complete the application.

OK

Department of Health and Family Welfare, Government of West Bengal Last updated on: 2019-10-19

The page will be redirected to the upload document page.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENSE
(Vide rule 8)

Upload Your Documents for Auto Renewal (PDF Format Only)

Trade License

Trade License No file chosen
Upload scanned copy of trade license

Challan

Challan No file chosen
Upload scanned copy of challan

Clearance from pollution control board

Clearance No file chosen
Upload scanned copy of clearance

User will upload all the document.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENSE
(Vide rule 8)

Upload Your Documents for Auto Renewal (PDF Format Only)

Trade License

Trade License Order_ID_2855793201.pdf
Upload scanned copy of trade license

Challan

Challan Order_ID_3882336464.pdf
Upload scanned copy of challan

Clearance from pollution control board

Clearance Order_ID_3882336464.pdf
Upload scanned copy of clearance

Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)

Licence Order_ID_3882336464.pdf
Upload scanned copy of licence

Current Property Tax Receipt Order_ID_3882336464.pdf

Rent Receipt Order_ID_3882336464.pdf

Previous Original Licence Order_ID_3882336464.pdf

NOC from fire department Order_ID_3882336464.pdf

Declaration *

I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

User will select either "This is my final submit" or "This is my not my final submit". For selecting "This is my not my final submit" they can modify the upload document if required. Selecting "This is my final submit" user will not modify the uploaded document and will proceed for next step.

Declaration *

This is my final submit. I don't have anything pending to upload
This is not my final submit. I have to upload and edit
declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

User will click on submit button.

Declaration *

I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

The page will be redirected to a new page. A popup will arise that the auto renewal application pending please complete the process to generate license for the same. User will press ok for confirming the same.

Welcome, Md Zabihullah Ansary Your session will be expired after : 29 Min 54 Sec

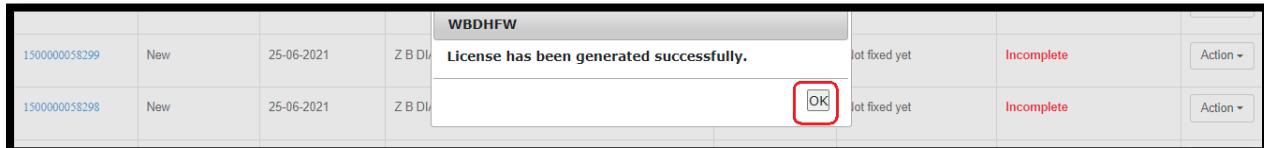
Home Submit Report ▾ Check New License No. Profile Management Help FAQ Feedback All Services Contact Us Logout

Licence generation of your auto renewal application(s) 1500000062300 is pending. Please complete the process to generate the licence.						
<input type="button" value="OK"/> Search: <input type="text"/>						
Form number	Form Type	Application Date (dd-mm-yyyy)	Est. Date (dd-mm-yyyy)	Selection Date (dd-mm-yyyy)	Status	Action
1500000062300	Auto Renew	25-10-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not Applicable	<input type="button" value="Action ▾"/>
1500000058300	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	<input type="button" value="Incomplete"/>

User will click on Generate license option from the action button.

Your Submitted Applications								
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date (dd-mm-yyyy)	Status	Action	Search: <input type="text"/>
1500000062300	Auto Renew	25-10-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not Applicable	Licence Generation Pending	Action ▾	
1500000058300	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Generate Licence	

A popup will arise that the license has been generated successfully. . User will press ok for confirming the same.



User will click on copy of license option from the action button.

Form number	Form Type	Application Date	Establishment Name	District	Inspection Date	Status	Action	Copy Of License
1500000062300	Auto Renew	25-10-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not Applicable	Licence Generated	Action ▾	
1500000058300	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Action ▾	
1500000058299	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Action ▾	

The CE license will be displayed automatically. User can take a printout for the same.



Other Payment Method

Counter payment

After the calculating amount of License fees is generated, User will select “Pay the amount through GRIPS” button.

You have to pay ₹ 10000 as New License fee.

PAY THE AMOUNT THROUGH GRIPS

Department of Health and Family Welfare, Government of West Bengal

User will fill up the Depositor details

Payment

Depositor's Details

Depositor's Name: * Samar Ray

Mobile No.: * 9830436559

Email Id: * surajit.roy.debu@gmail.com

Address: * 2, ST Road

Save and Continue

Department of Health and Family Welfare, Government of West Bengal

User will select the date range which is not related to the license date. It just checks the date range of amount deposited and application started after the same. After that User will enter remarks and select the payment mode. User will choose counter payment. It will generate a not paid challan which User has to deposit to the selected bank counter. It might take time as it will do by bank. After transaction is done from bank User can apply the application. User has to wait until the transaction is completed by bank. User will submit the amount details after that.

Payment

Amount Details

From Date * 29-04-2019 To Date * 29-04-2019

Remarks : * License Fees

Payment Mode : * Counter Payment

Payment Details

SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	10000

SUBMIT

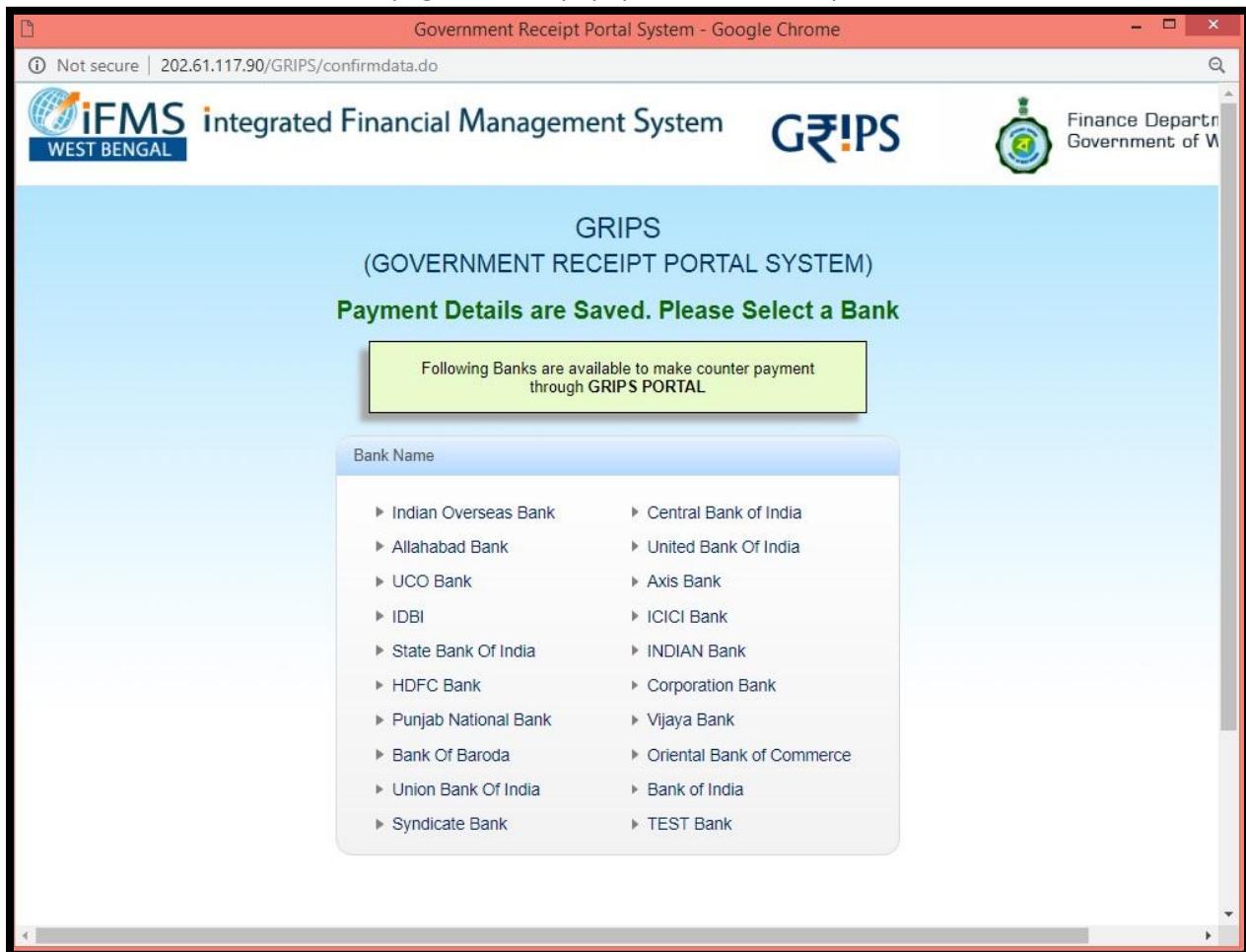
New form number generated upon clicking on submit button. User clicks on Ok button.

The screenshot shows a 'Payment' interface with 'Amount Details' fields: From Date (29-04-2019), To Date (29-04-2019), Remarks (License Fees), and Payment Mode (Counter Payment). A modal dialog titled 'WBDHFW' displays the message: 'Please note the below no as your future reference of Form No. 1500000024691'. An 'OK' button is highlighted with a red box. Below the modal, there are service type and head selection fields (License Fee, CLINICAL ESTABLISHMENT LICENSE FEE), a transaction ID (0210-01-800-001-14), an amount field (10000), and a 'SUBMIT' button.

Page redirect to the GRIPS website where user will verify and click on confirm button.

The screenshot shows the GRIPS portal with the IFMS logo and the GRIPS logo. It displays payment details through the GRIPS portal, including the Health & Family Welfare DRUG section. A 'CONFIRM FOLLOWING INFORMATION' table lists details: Department Ref No (0332019000019597), Depositor/Owner name (Samar Ray), E mail of owner (surajit.rey.debu@gmail.com), Mobile number (9830436559), Office Name (Health), Payment_Mode (Counter Payment), Period_from (29042019), Period_to (29042019), Remarks (License Fees), and Transaction Id (1500000024691). Below this is a 'CONFIRM PAYMENT DETAILS' section with a 'PAYMENT DETAILS' table. The table has columns for HEAD OF ACCOUNT DESCRIPTION e (Collection from Miscellaneous Service Fees-Service Fees), HEAD OF ACCOUNT (0210-01-800-001-14), and AMOUNT[R] (10000). A total amount of 10000 is also shown. At the bottom are 'CONFIRM' and 'CANCEL' buttons, with the 'CONFIRM' button highlighted with a red box.

User redirect to the bank details page in a new popup. User selects required bank name from the list



User selects Yes button



Upon Clicking on yes button GRN number generated. User will select "Go To Bank name (For online payment). Cancel button will abort transaction

iIFMS Integrated Financial Management System **GRIPS**

Finance Department
Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

(*)Please carry this receipt to bank for counter payment

Govt. Reference No(GRN) : 192019200230472342		(Please NOTE this GRN for future reference)	
Department Ref No	0332019000019597	Depositor/Owner name	Samar Ray
E mail of owner	surajit.roy.debu@gmail.com	Mobile number	9830436659
Office Name	Health	Payment_Mode	Counter Payment
Period_from	29042019	Period_to	29042019
Remarks	License Fees		
	Transaction Id 1500000024691		

CONFIRM PAYMENT DETAILS

PAYMENT DETAILS		
HEAD OF ACCOUNT DESCRIPTION 2	HEAD OF ACCOUNT	AMOUNT[R]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	10000
		Total Amount: 10000

[GO TO Test Bank \(For Counter Payment\)](#) [CANCEL](#)

Do Not Refresh The Page
Do not Click on The Back Button

The page will move to the confirmation page. User will rewrite the amount and click on 'Confirm' button

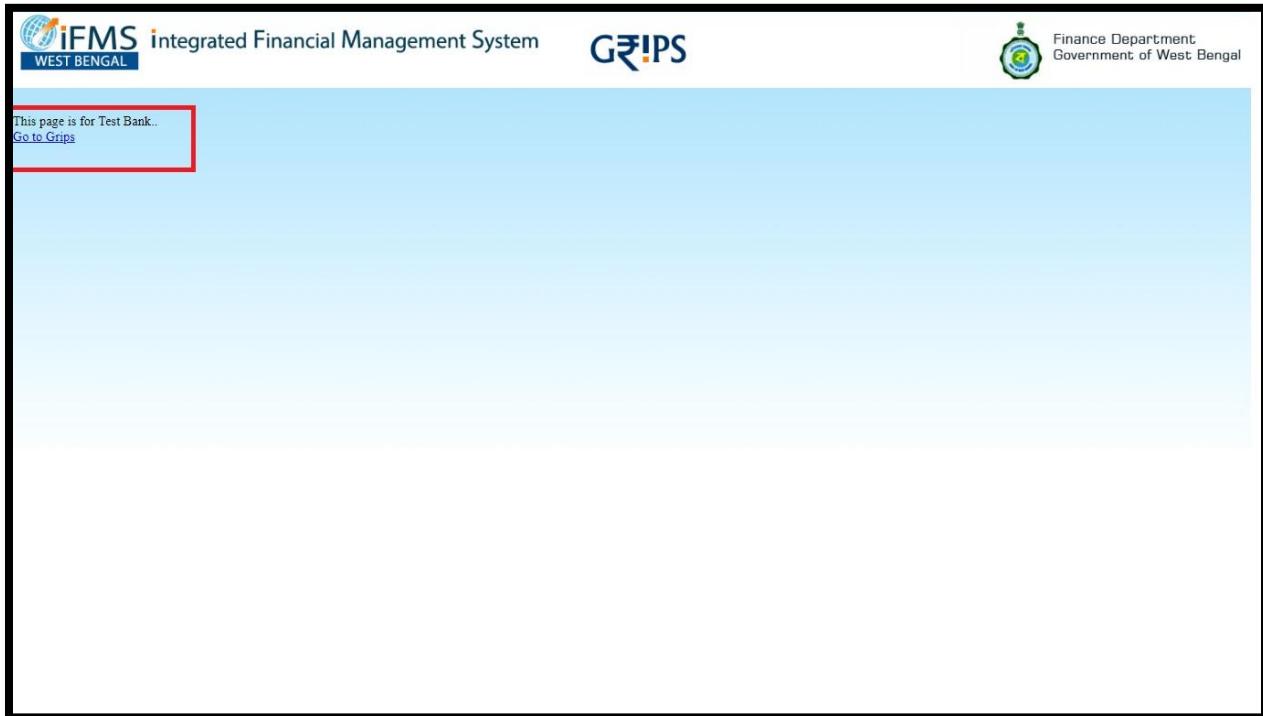
iIFMS Integrated Financial Management System, West Bengal

GRN Details

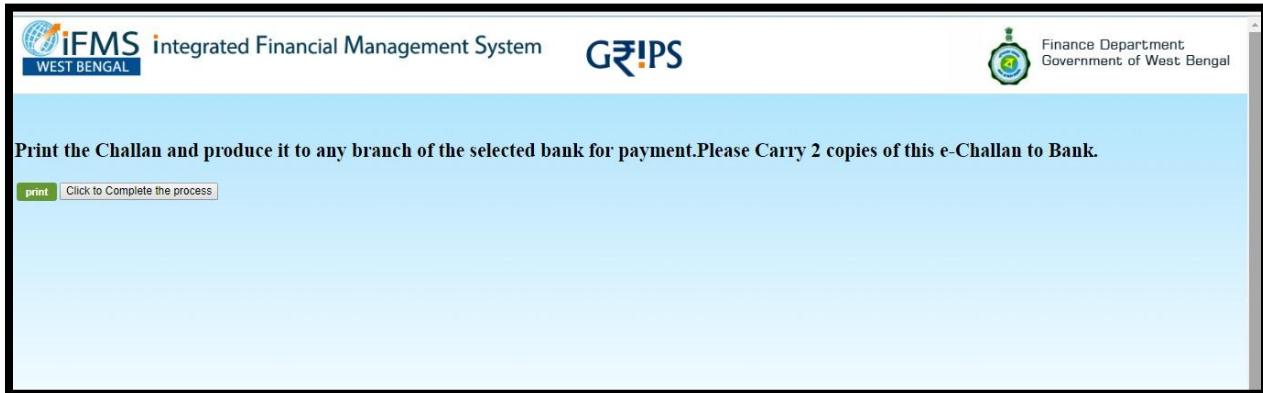
Please Don't Close The Browser and Confirm The Below Details	
Govt. Reference No (GRN):	192019200230472342
Depositor Name:	Samar Ray
Total Amount:	Rs. 10000
Bank Name:	Test Bank
Payment Mode:	Counter payment
Department Name:	Health & Family Welfare
Service Name:	DRUG
Please re-confirm the Total Payable Amount: <input type="text" value="10000"/>	
<input style="border: 2px solid red;" type="button" value="Confirm"/> <input type="button" value="cancel"/>	

Note: Depositors are requested to verify the 'Amount', 'GRN' details, 'Bank' details, 'Service' details very carefully at the time of final confirmation of the payment. Press 'Confirm' button if all details displayed are correct as per your input given or 'Cancel' the transaction and make a fresh transaction

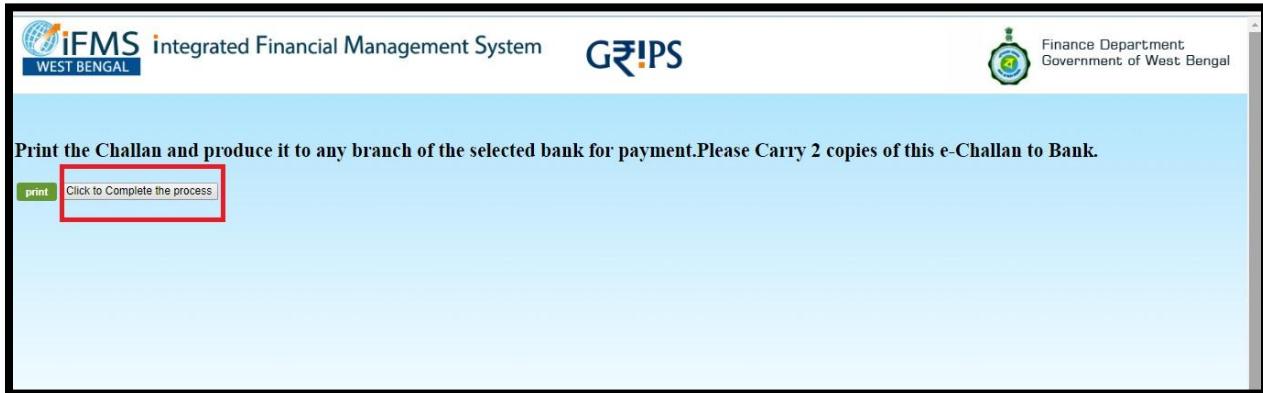
It redirects to a new page, where User will click on 'Go to Grips' link



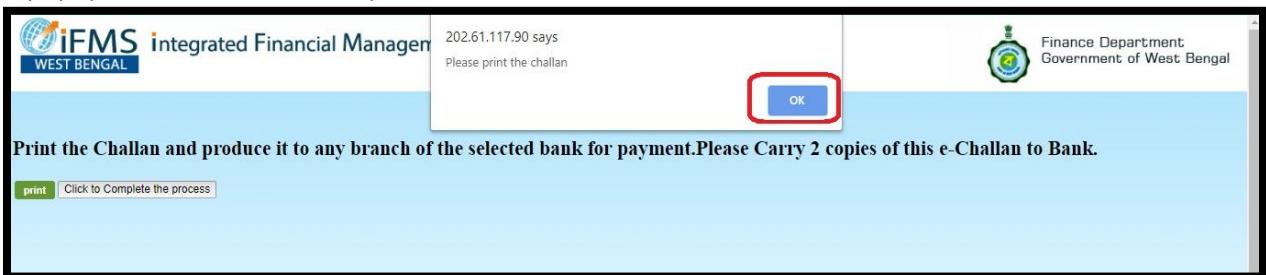
The page redirect to the print not paid challan page



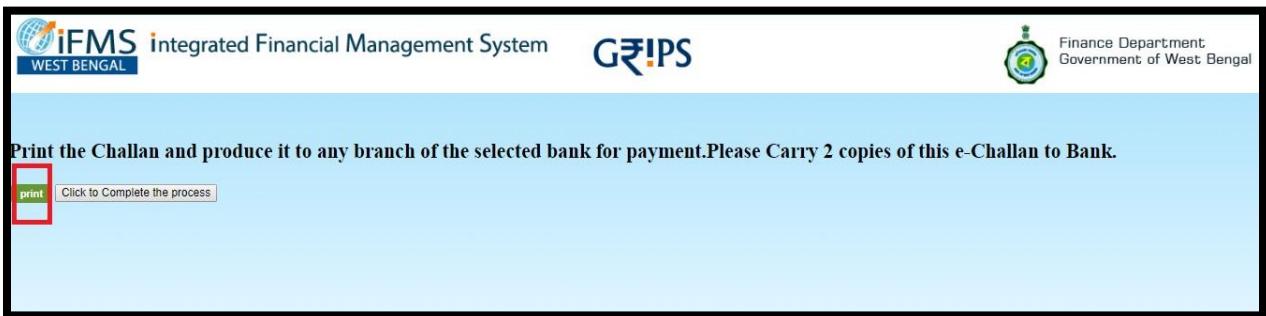
User selects 'Click to Complete the process' page



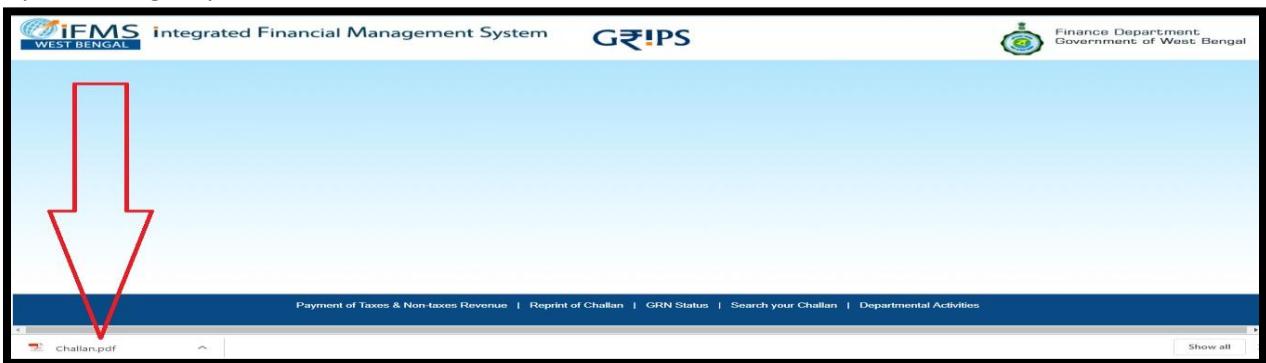
A popup will arise that 'Please print the Challan' where user will click on 'OK' button



User will click on 'Print' button



Upon clicking on print Non Paid challan will be downloaded



Over here below is the non paid challan, which need to submitted in bank counter with the amount in cheque. After the amount is initiated to GRIPS by bank. User can apply for application.

Govt. of West Bengal
Health & Family Welfare
e-Challan Form

GRN: 19-201920-023047234-2 Payment Mode : Counter Payment
GRN Date: 29/04/2019 15:52:34 Bank : Test Bank

DEPOSITOR'S DETAILS

Name :	Samar Ray	Id No. :	1500000024691
Contact No.		[It. Number]	
E-mail :	surajit.roy.debu@gmail.com	Mobile No.	+91 9830436559
Address :	Regional Language		
User Type :			
Applicant Name:	Health		
null			
From Date :	29/04/2019	To Date :	29/04/2019
Site Address			
Remarks :	License Fees		
null			
null			

PAYMENT DETAILS

Sl. No.	Identification No.	Head of A/C Description	Head of A/C	Amount[₹]
1	1500000024691	Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	10000
Total Amount				10000

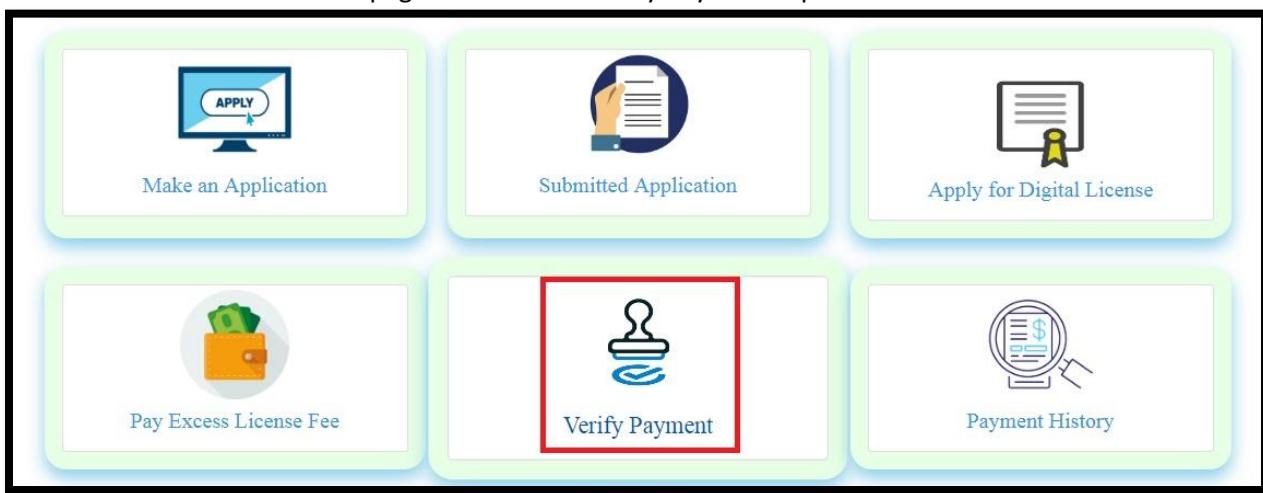
In Words : Rupees Ten Thousand only

Note: Produce this challan to any branch Test Bank. Please ensure, to make

User will login again after bank work completed

The screenshot shows the login page for the Clinical Establishment section of the portal. The header includes the Government of West Bengal logo and the text "Health & Family Welfare Department". A notice at the top states: "All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. Please login to this portal for payment. Do not use GRIPS portal externally for payment." The main form has fields for "Email ID" (banerjee1.gourab08@gmail.com) and "Password". Below the password field is a CAPTCHA box containing "3 Q B 3 M D" with a refresh icon. A red box highlights the "Login" button. To the right of the form are links for "VBD Case Report Submit Manual", "How To Apply?", "CMOH Contact details", "Documents Required to Apply", "Track Your Application", "View Your License", and "Rate Chart". At the bottom left is a link to download Google Chrome, and at the bottom right is an "ADMIN LOGIN" button.

User will redirect to the home page and click on 'Verify Payment' option



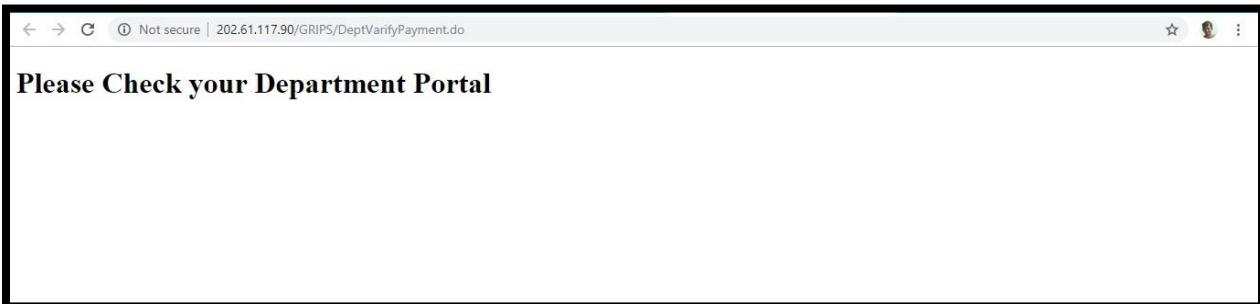
User will redirect to the verify payment page

Verify Payment Details							
Form No	Deposited By	Mobile No	Amount	GRN No	Transaction Date	Action	
1500000024683	zxdc z	8902315624	5000		16-04-2019 05:27 PM	<button>Verify Payment</button>	
1500000024682	TEST	9830436559	20000		16-04-2019 05:19 PM	<button>Verify Payment</button>	
1500000024681	Test Test	9876543210	30000		16-04-2019 05:17 PM	<button>Verify Payment</button>	
1500000024679	zxdc z	8902315624	5000		11-04-2019 07:36 PM	<button>Verify Payment</button>	
1500000024678	zxdc z	8902315624	5000		11-04-2019 07:29 PM	<button>Verify Payment</button>	
1500000024677	zxdc z	8902315624	5000		11-04-2019 07:25 PM	<button>Verify Payment</button>	
1500000024676	Subrata Das	8902305623	10000		11-04-2019 07:20 PM	<button>Verify Payment</button>	
1500000024675	zxdc z	8902315624	5000		11-04-2019 07:08 PM	<button>Verify Payment</button>	

User will click on verify payment button

Verify Payment Details							
Form No	Deposited By	Mobile No	Amount	GRN No	Transaction Date	Action	
1500000024683	zxdc z	8902315624	5000		16-04-2019 05:27 PM	<button>Verify Payment</button>	
1500000024682	TEST	9830436559	20000		16-04-2019 05:19 PM	<button>Verify Payment</button>	
1500000024681	Test Test	9876543210	30000		16-04-2019 05:17 PM	<button>Verify Payment</button>	
1500000024679	zxdc z	8902315624	5000		11-04-2019 07:36 PM	<button>Verify Payment</button>	
1500000024678	zxdc z	8902315624	5000		11-04-2019 07:29 PM	<button>Verify Payment</button>	
1500000024677	zxdc z	8902315624	5000		11-04-2019 07:25 PM	<button>Verify Payment</button>	
1500000024676	Subrata Das	8902305623	10000		11-04-2019 07:20 PM	<button>Verify Payment</button>	
1500000024675	zxdc z	8902315624	5000		11-04-2019 07:08 PM	<button>Verify Payment</button>	

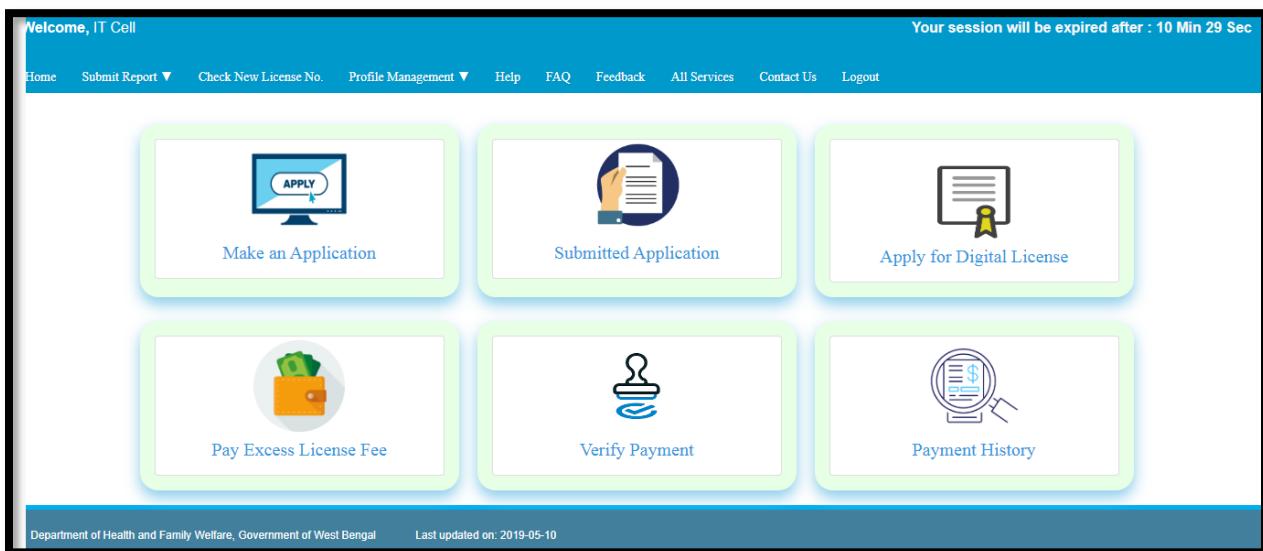
If the payment is not initiated with bank it will show the pending message as shown in below screen.



If the payment is initiated successful it will generated the challan

<p style="text-align: center;">Govt. of West Bengal Health & Family Welfare e-Challan</p> <p>GRN: 192019200230470121 Payment Mode: Online Payment GRN Date: 2019-04-17 00:00:00.0 Bank: TestBank01 BRN: testbank BRN Date: 2019-05-11 01:01:05.0</p> <p>DEPOSITOR'S DETAILS</p> <p>Name: Clinic Poly Id No.: 1500000024688 E-mail: surajit.roy.debu@gmail.com Mobile No.: +91 9999999999 User Type: Depositor From Date: 2019-04-17 To Date: 2019-04-17 Address: 47/2B Selimpur Road, Dhakuria, Kolkata-700032 Remarks: Test</p> <hr/> <p>PAYMENT DETAILS</p> <table border="1"><thead><tr><th>Sl. No.</th><th>Identification No.</th><th>Head of A/C Description</th><th>Head Of A/C</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>1500000024688</td><td>Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)</td><td>0210-01-800-001-14</td><td>25000</td></tr></tbody></table> <p style="text-align: right;">Total Amount: 25000</p>					Sl. No.	Identification No.	Head of A/C Description	Head Of A/C	Amount	1	1500000024688	Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)	0210-01-800-001-14	25000
Sl. No.	Identification No.	Head of A/C Description	Head Of A/C	Amount										
1	1500000024688	Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)	0210-01-800-001-14	25000										
Print														

Now User will select home page and click on 'Make an application'



User will select 'Already Paid' option



User will redirect to the already paid page and select apply button for CE application

List of Forms to be Applied										
<input type="button" value="Search:"/> <input type="text"/>										
Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action			
1500000024690	New	9830436559	35000	Online Payment	192019200230472331	Success	<input type="button" value="APPLY"/>			
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	<input type="button" value="APPLY"/>			
1500000013017	Renew	8902305623	999	Debit Card Payment	192017180152566385	Success	<input type="button" value="APPLY"/>			

Showing 1 to 3 of 3 entries

Debit Card payment

After the calculating amount of License fees is generated, User will select “Pay the amount through GRIPS” button

You have to pay ₹ 10000 as New License fee.

PAY THE AMOUNT THROUGH GRIPS

Department of Health and Family Welfare, Government of West Bengal

User will fill up the Depositor details

Payment

Depositor's Details

Depositor's Name: * K Maitra

Mobile No.: * 9830436559

Email Id: * t@t.com

Address: * 1, Church Road

Save and Continue

User will select the date range which is not related to the license date. It just checks the date range of amount deposited and application started after the same. After that User will enter remarks and select the payment mode. User will choose Debit Card payment and click on Submit

Payment

Amount Details

From Date * 29-04-2019 To Date * 29-04-2019

Remarks : * License Fees for CE

Payment Mode : * Debit Card Payment

Payment Details			
SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	10000

Submit

New form number generated upon clicking on submit button. User clicks on Ok button.

The screenshot shows a 'Payment' application interface. At the top, there are fields for 'From Date *' (29-04-2019) and 'To Date *' (29-04-2019). Below these are 'Remarks *' (License Fees for CE) and 'Payment Mode *' (Debit Card Payment). A modal dialog box titled 'WBDHFW' contains the message: 'Please note the below no as your future reference of Form No. 1500000024692'. In the bottom right corner of this dialog, there is an 'OK' button with a red square border around it. The main table below has columns: SERVICE TYPE, HEAD OF ACCOUNT DESCRIPTION, HEAD OF ACCOUNT, and AMOUNT[Rs.]. A row shows License Fee under SERVICE TYPE, CLINICAL ESTABLISHMENT LICENSE FEE under HEAD OF ACCOUNT DESCRIPTION, 0210-01-800-001-14 under HEAD OF ACCOUNT, and 10000 under AMOUNT[Rs.]. A green 'SUBMIT' button is located at the bottom right of the main form.

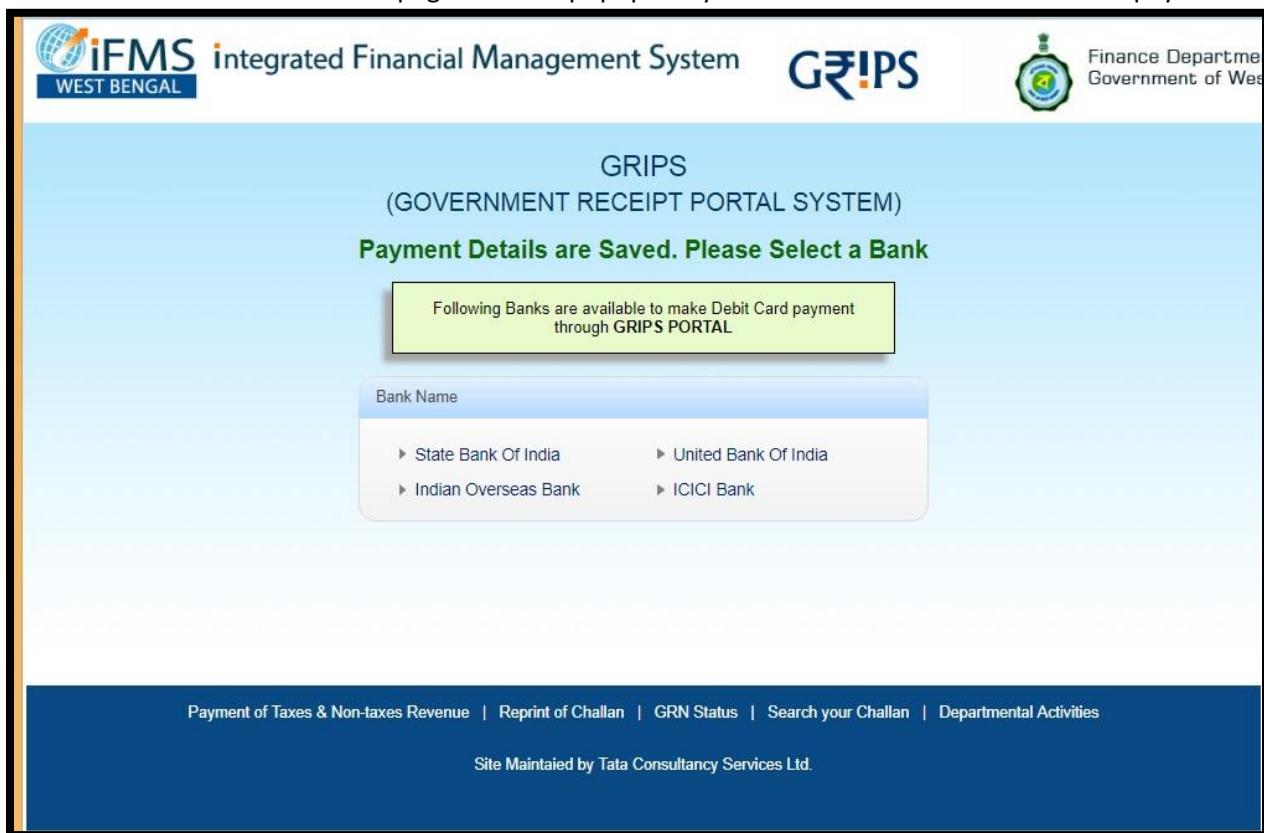
New form number generated upon clicking on submit button. User clicks on Ok button.

The screenshot shows the 'GRIPS' portal for the Integrated Financial Management System of West Bengal. At the top, it displays the IFMS logo, the GRIPS logo, and the Finance Department logo of the Government of West Bengal. The main section is titled 'Payments through GRIPS portal' under 'Health & Family Welfare' and 'DRUG'. It includes a 'CONFIRM FOLLOWING INFORMATION' section with fields for Department Ref No (0332019000019598), Depositor/Owner name (K Maitra), E mail of owner (t@t.com), Mobile number (9830436559), Office Name (Health), Payment_Mode (Debit Card Payment), Period_from (29042019), Period_to (29042019), Remarks (License Fees for CE), and Transaction Id (1500000024692). Below this is a 'CONFIRM PAYMENT DETAILS' section with a table:

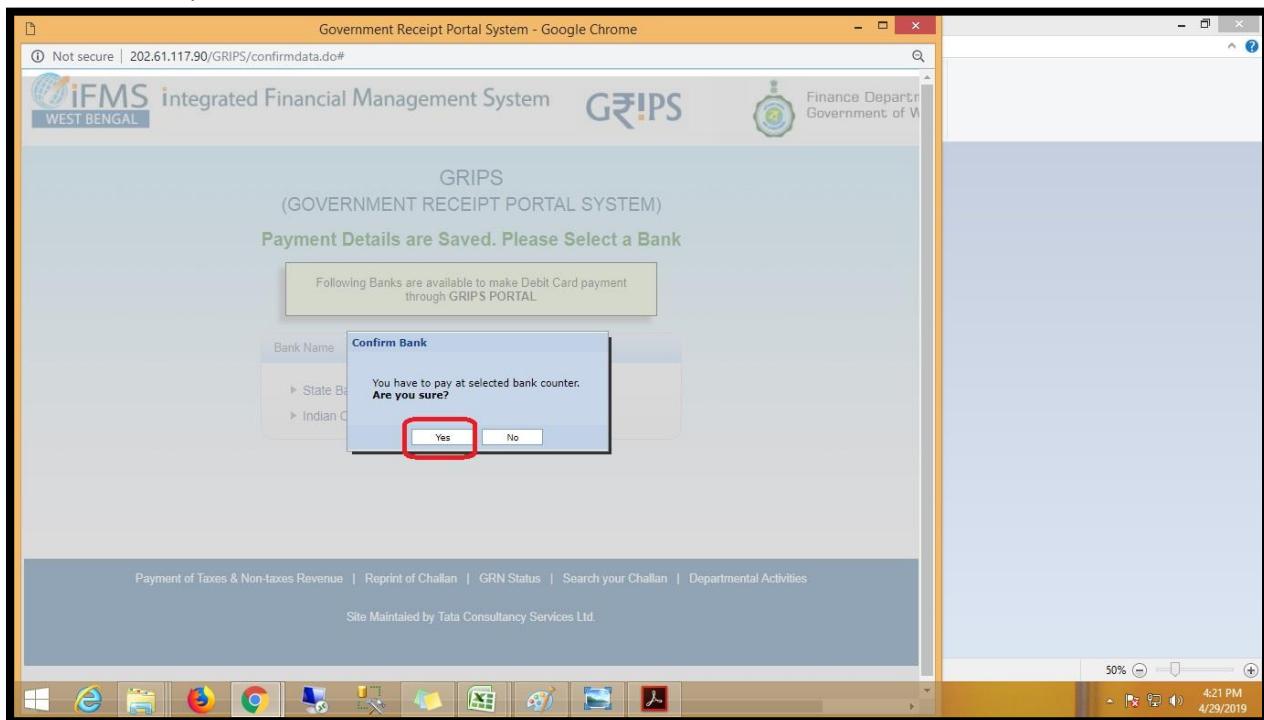
PAYMENT DETAILS		
HEAD OF ACCOUNT DESCRIPTION e	HEAD OF ACCOUNT	AMOUNT[R]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	10000
		Total Amount: 10000

At the bottom of this section are 'CONFIRM' and 'CANCEL' buttons.

User redirect to the bank details page in a new popup. Only 4 banks are associated with GRIPS payment.



User selects required bank name from the list. User selects Yes button.



Upon Clicking on yes button GRN number generated. User will select “Go To Bank name (For Debit card payment). Cancel button will abort transaction.



Integrated Financial Management System




Finance Department
Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

(*)Please carry this receipt to bank for counter payment

Govt. Reference No(GRN) : 192019200230472355		(Please NOTE this GRN for future reference)	
Department Ref No	033201900019598	Depositor/Owner name	K Maitra
E mail of owner	t@t.com	Mobile number	9830436559
Office Name	Health	Payment_Mode	Debit Card Payment
Period_from	29042019	Period_to	29042019
Remarks	License Fees for CE	Transaction Id	1500000024692

CONFIRM PAYMENT DETAILS

PAYMENT DETAILS		
HEAD OF ACCOUNT DESCRIPTION 2	HEAD OF ACCOUNT	AMOUNT [₹]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	10000
		Total Amount: 10000

[GO TO State Bank of India \(For Debit Card Payment\)](#) [CANCEL](#)

Do Not Refresh The Page
Do not Click on The Back Button

The page will move to the confirmation page. User will rewrite the amount and click on ‘Confirm’ button.



Integrated Financial Management System, West Bengal

GRN Details

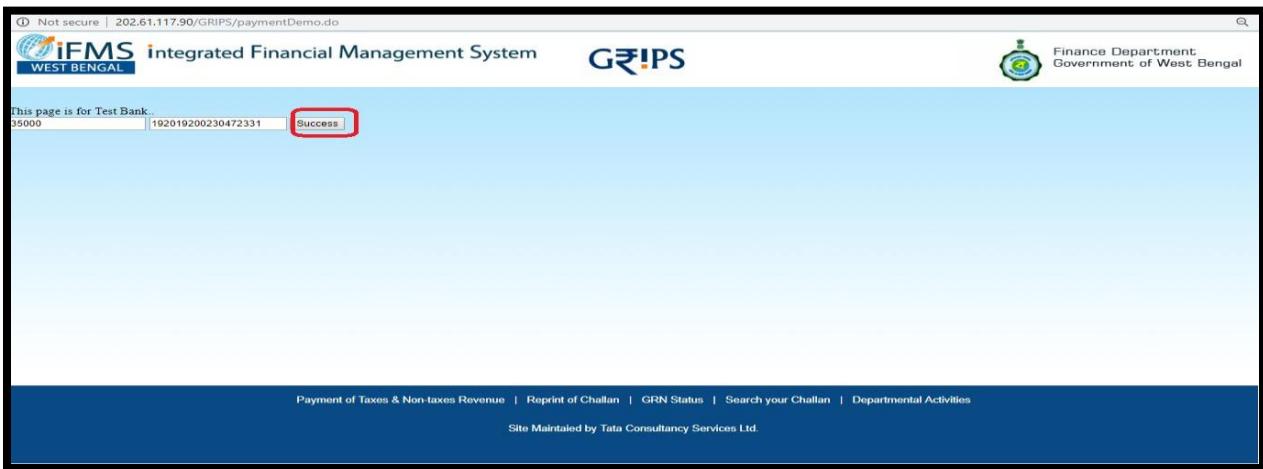
Please Don't Close The Browser and Confirm The Below Details	
Govt. Reference No (GRN):	192019200230472355
Depositor Name:	K Maitra
Total Amount:	Rs. 10000
Bank Name:	State Bank of India
Payment Mode:	Debit card
Department Name:	Health & Family Welfare
Service Name:	DRUG

Please re-confirm the Total Payable Amount:

[Confirm](#) [cancel](#)

Note: Depositors are requested to verify the 'Amount', 'GRN' details, 'Bank' details, 'Service' details very carefully at the time of final confirmation of the payment. Press 'Confirm' button if all details displayed are correct as per your input given or 'Cancel' the transaction and make a fresh transaction

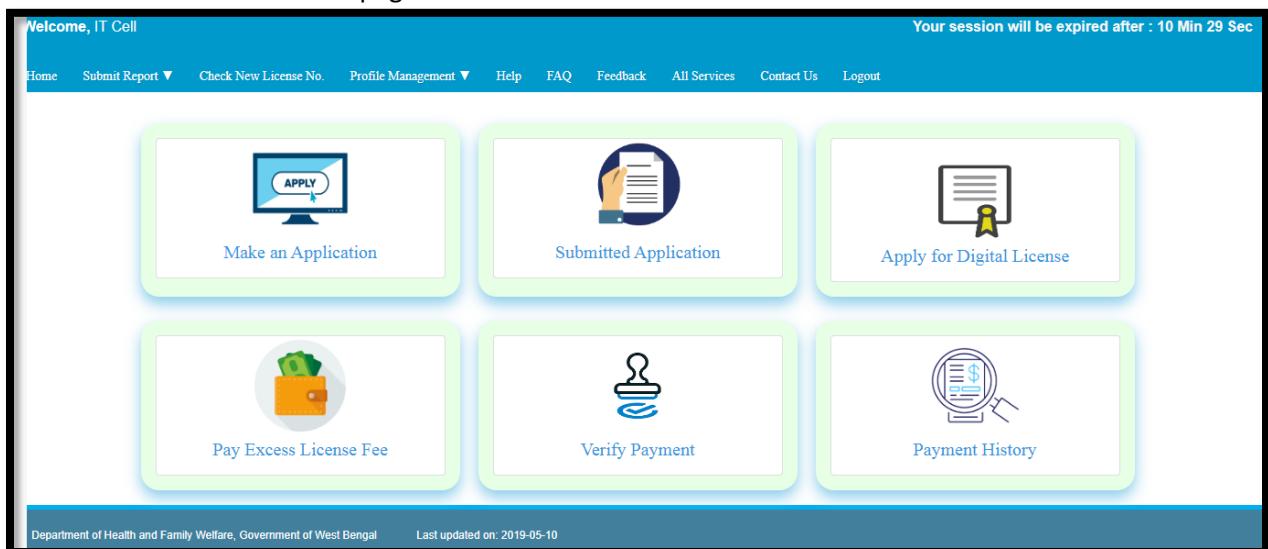
Upon clicking on ‘confirm button’ it will open debit card payment page. After successful payment done user redirect to the success page.



User will redirect to CE home page with the generated Challan upon clicking on ‘success’ button. User can take a printout of the Challan also.



Now User will click on 'Home page' from the menu ribbon.



User will now choose 'Already paid" option as the fees is paid.



User will redirect to the page from where User can apply the CE application. User will select 'Apply' button.

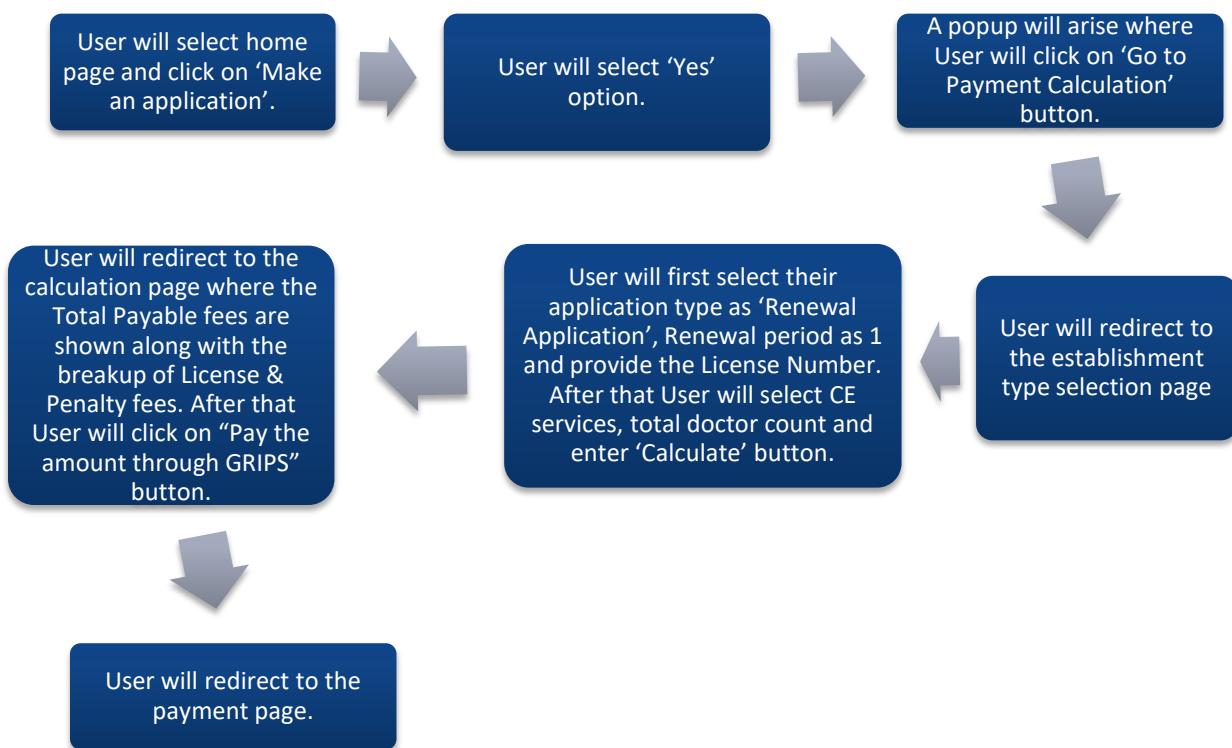
List of Forms to be Applied									
<input type="button" value="Search:"/> <input type="text"/>									
Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action		
1500000024690	New	9830436559	35000	Online Payment	192019200230472331	Success	<input type="button" value="APPLY"/>		
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	<input type="button" value="APPLY"/>		
1500000013017	Renew	8902305623	999	Debit Card Payment	192017180152566385	Success	<input type="button" value="APPLY"/>		

Showing 1 to 3 of 3 entries

6.1.2 If you need to pay license fees for existing license along with Penalty

User will select yes if they need to pay the license fees for new and renew application

6.1.2.1 Process Flow

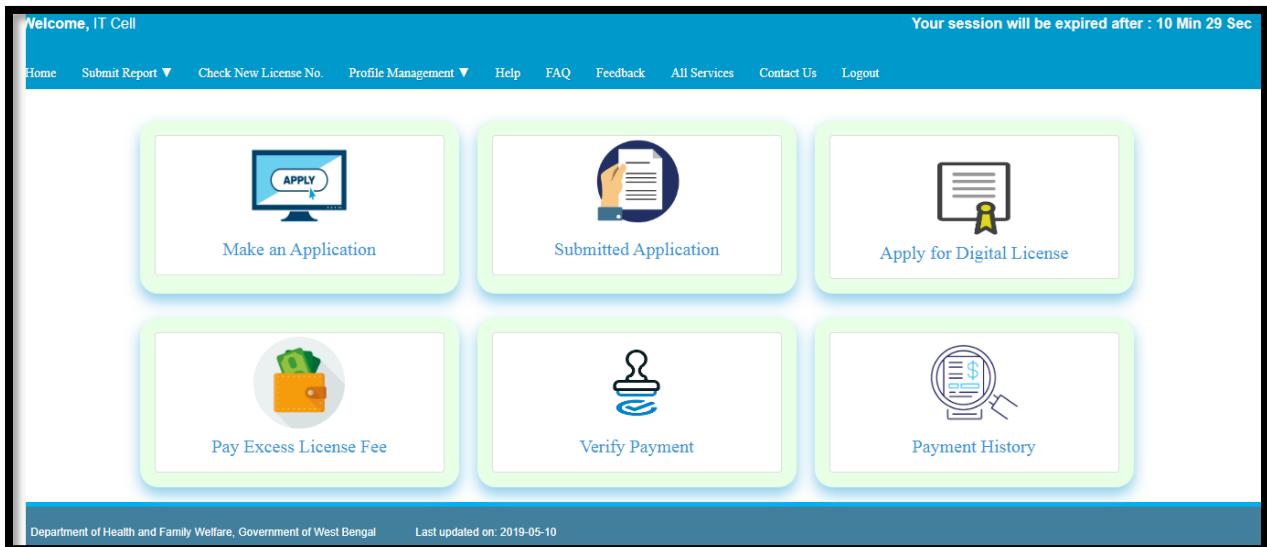


6.1.2.2 Detailed Steps

- User will select home page and click on 'Make an application'.
- User will select 'Yes' option.
- A popup will arise where User will click on 'Go to Payment Calculation' button.
- User will redirect to the establishment type selection page
- User will first select their application type as 'Renewal Application', Renewal period as 1 and provide the License Number. After that User will select CE services, total doctor count and enter 'Calculate' button.
- User will redirect to the calculation page where the Total Payable fees are shown along with the breakup of License & Penalty fees. After that User will click on "Pay the amount through GRIPS" button.
- User will redirect to the payment page.

6.1.2.3 Screen Shots

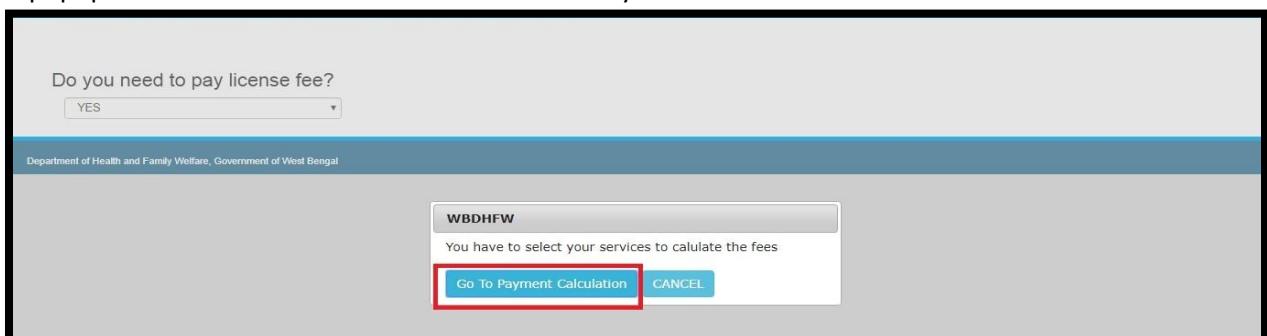
User will select home page and click on 'Make an application'.



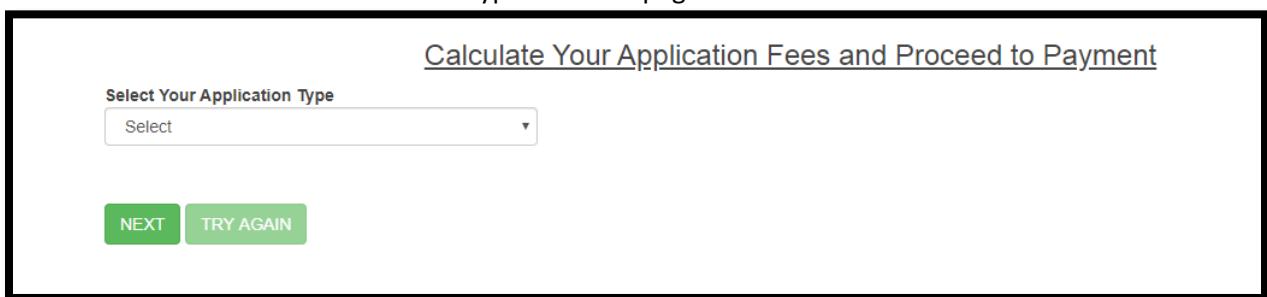
User will select 'Yes' option.



A popup will arise where User will click on 'Go to Payment Calculation' button.



User will redirect to the establishment type selection page.



User will first select their application type as ‘Renewal Application’, Renewal period as 1 and provide the License Number. After that User will select CE services, total doctor count and enter ‘Calculate’ button.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

Select Renewal Period

License No.

Select Your CE Services
 OPD Services
 IPD Services (excluding special care/therapy beds)
 Pathology laboratory service
 Diagnostic Imaging service
 Ayurvedic
 Homeopathy
 Unani

Total Doctor (Including Polyclinic)

CALCULATE

User will redirect to the calculation page where the Total Payable fees are shown along with the breakup of License & Penalty fees. After that User will click on “Pay the amount through GRIPS” button.

Your License has been expired for 30 days as on 07-05-2019

You have to pay ₹ **24000** as License Renewal fee.

FEE BREAKUP	
License Fee	6000
Penalty Fee	18000
Total Payable Fee	24000 <small>(Twenty Four Thousand Only)</small>

PAY THE AMOUNT THROUGH GRIPS

User will redirect to the payment page.

Payment

Depositor's Details

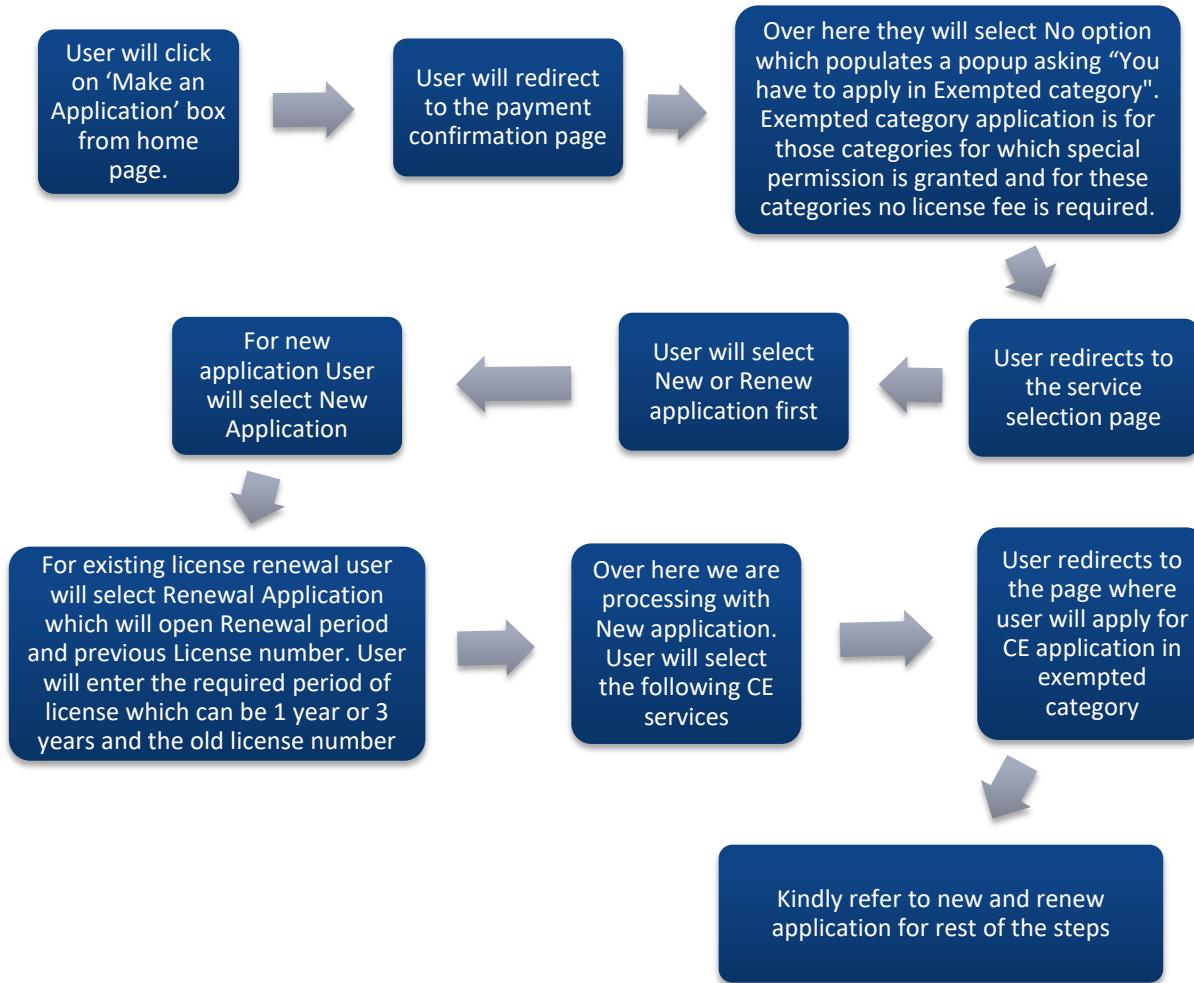
Depositor's Name:*	<input type="text" value="Deposited By"/>
Mobile No.:*	<input type="text" value="Mobile Number"/>
Email Id:*	<input type="text" value="Email ID"/>
Address:*	<input type="text"/>

Save and Continue

6.1.3 If you do not need to pay license fees

User will apply for Exempted category application. This is for those categories for which special permission is granted and for these categories no license fee is required.

6.1.3.1 Process Flow



6.1.3.2 Detailed Steps

- ❖ User will click on ‘Make an Application’ box from home page.
- ❖ User will redirect to the payment confirmation page
- ❖ Over here they will select No option which populates a popup asking “You have to apply in Exempted category”. Exempted category application is for those categories for which special permission is granted and for these categories no license fee is required.
- ❖ User redirects to the service selection page
- ❖ User will select New or Renew application first
- ❖ For new application User will select New Application
- ❖ For existing license renewal user will select Renewal Application which will open Renewal period and previous License number. User will enter the required period of license which can be 1 year or 3 years and the old license number
- ❖ Over here we are processing with New application. User will select the following CE services
- ❖ User redirects to the page where user will apply for CE application in exempted category
- ❖ Kindly refer to new and renew application for rest of the steps

6.1.3.3 Screen Shots

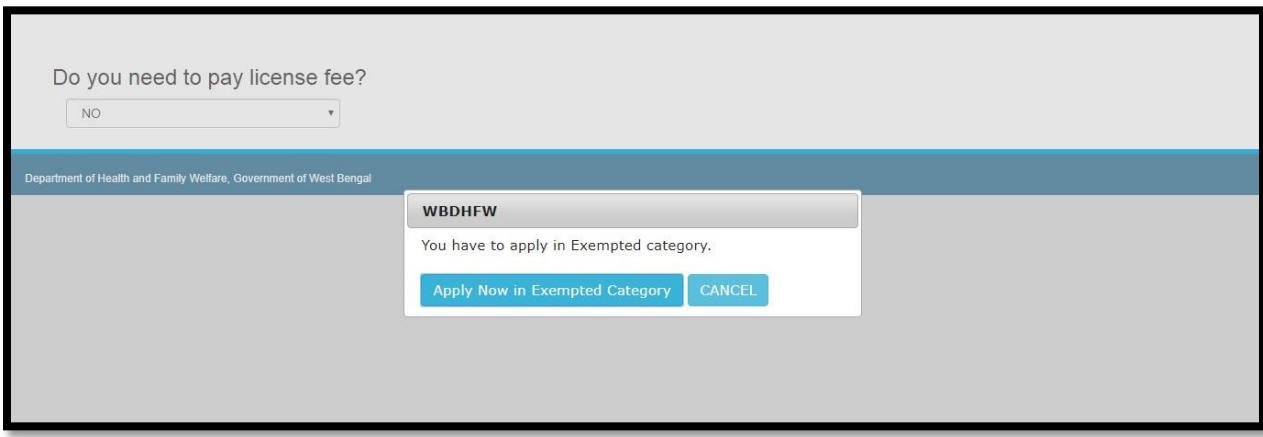
User will click on 'Make an Application' box from home page



User will redirect to the payment confirmation page.



Over here they will select No option which populates a popup asking "You have to apply in Exempted category". Exempted category application is for those categories for which special permission is granted and for these categories no license fee is required.



User redirects to the service selection page

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type

Select

NEXT **TRY AGAIN**

User will select New or Renew application first

Select Services Of Your Clinical Establishment

Select Your Application Type

New Application

Select
New Application
Renewal Application

► OPD Services
► IPD Services (excluding special care/therapy beds)
► Pathology laboratory service
► Diagnostic Imaging service
► Ayurvedic
► Homeopathy
► Unani

Total Doctor (Including Polyclinic) 0

For new application User will select New Application

Select Services Of Your Clinical Establishment

Select Your Application Type

New Application

Select Your CE Services

► OPD Services
► IPD Services (excluding special care/therapy beds)
► Pathology laboratory service
► Diagnostic Imaging service
► Ayurvedic
► Homeopathy
► Unani

Total Doctor (Including Polyclinic) 2

For existing license renewal user will select Renewal Application which will open Renewal period and previous License number. User will enter the required period of license which can be 1 year or 3 years and the old license number

Select Services Of Your Clinical Establishment

Select Your Application Type

Renewal Application

Select Renewal Period

License No.

Select Your CE Services

- OPD Services
- IPD Services (excluding special care/therapy beds)
- Pathology laboratory service
- Diagnostic Imaging service
- Ayurvedic
- Homeopathy
- Unani

Total Doctor (Including Polyclinic)

APPLY

Over here we are processing with new application. User will select the following CE services

Select Services Of Your Clinical Establishment

Select Your Application Type

New Application

Select Your CE Services

- OPD Services
- IPD Services (excluding special care/therapy beds)
- Pathology laboratory service
- Diagnostic Imaging service
 - X-Ray lab (Conventional)
 - X-Ray lab (Digital)
 - Mamography lab
 - Bone Densitometry lab
 - Ultrasonography lab
 - Colour Doppler Imaging lab
 - CT Scan lab
 - Magnetic Resonance Imaging (MRI) lab
 - Positron Emission Tomography (PET) Scan lab
 - Echo-cardiography lab
 - Electro-cardiography lab
 - Electro-encephalography lab
 - Electromyography lab
 - Audiometry lab
 - Other Clinical Physiology
 - Angiography
- Ayurvedic
- Homeopathy
- Unani

Total Doctor (Including Polyclinic)

APPLY

User redirects to the page where user will apply for CE application in exempted category.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Details

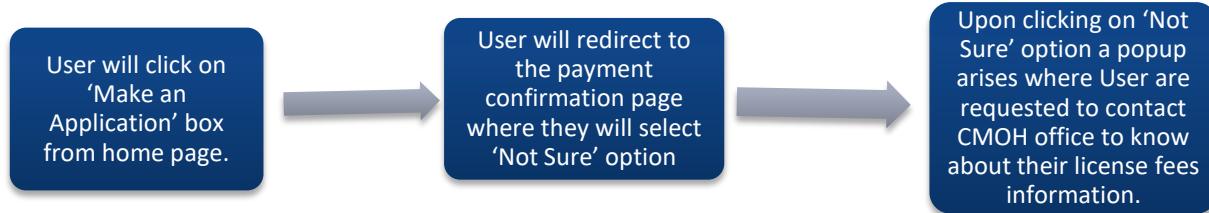
Establishment Name * i NAME OF ESTABLISHMENT	Street Name * i Street Name	Address i Address
Building Number * i Building Number	Post Office * i Post Office	Police Station * i Police Station
District * i -- SELECT --	PIN Code * i PIN Code	Local Authority * i -- SELECT --
City/Village * i City/Village		
*		

Kindly refer to new and renew application for rest of the steps.

6.1.4 If you do not know that you need to pay license fees or not

If User is not known about their license fees, they are requested to visit their CMOH office for the same

6.1.4.1 Process Flow

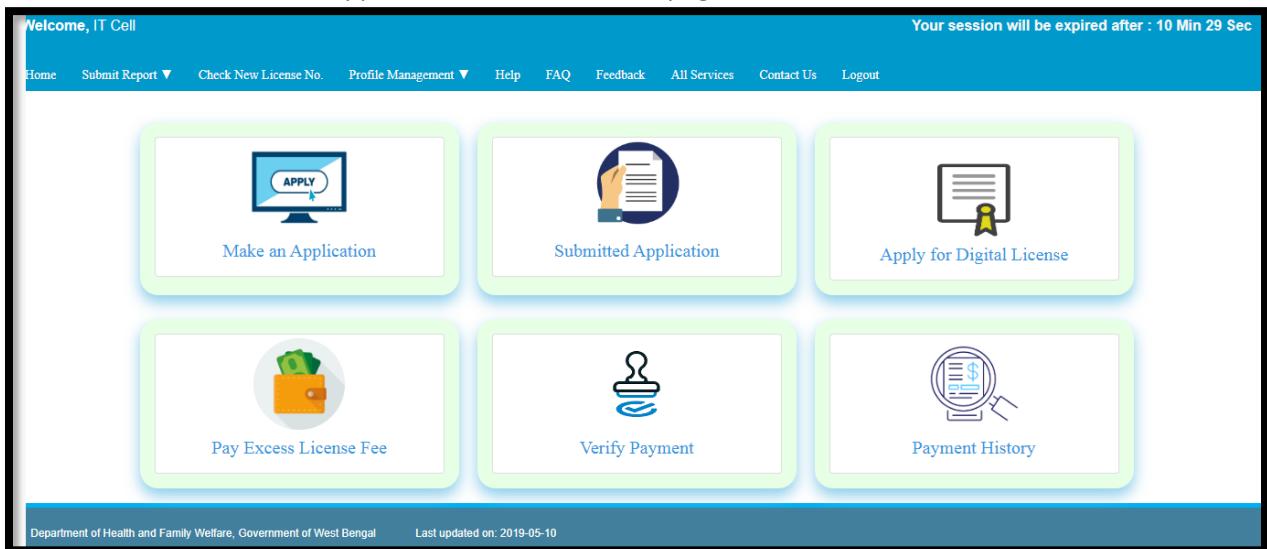


6.1.4.2 Detailed Steps

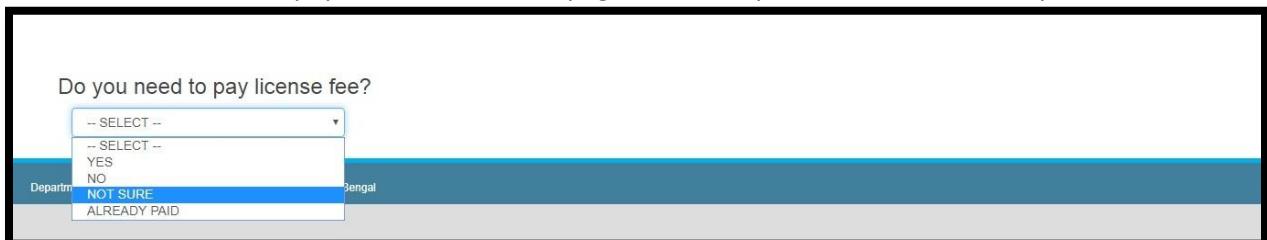
- ❖ User will click on 'Make an Application' box from home page.
- ❖ User will redirect to the payment confirmation page where they will select 'Not Sure' option
- ❖ Upon clicking on 'Not Sure' option a popup arises where User are requested to contact CMOH office to know about their license fees information.

6.1.4.3 Screen Shots

User will click on 'Make an Application' box from home page.



User will redirect to the payment confirmation page where they will select 'Not Sure' option



Upon clicking on 'Not Sure' option a popup arises where User are requested to contact CMOH office to know about their license fees information.

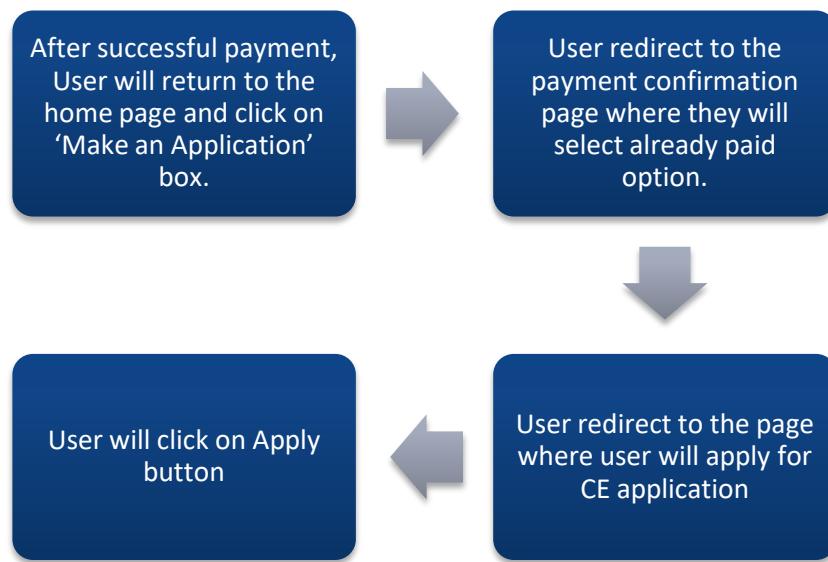


6.1.5 Already Paid for New License Application

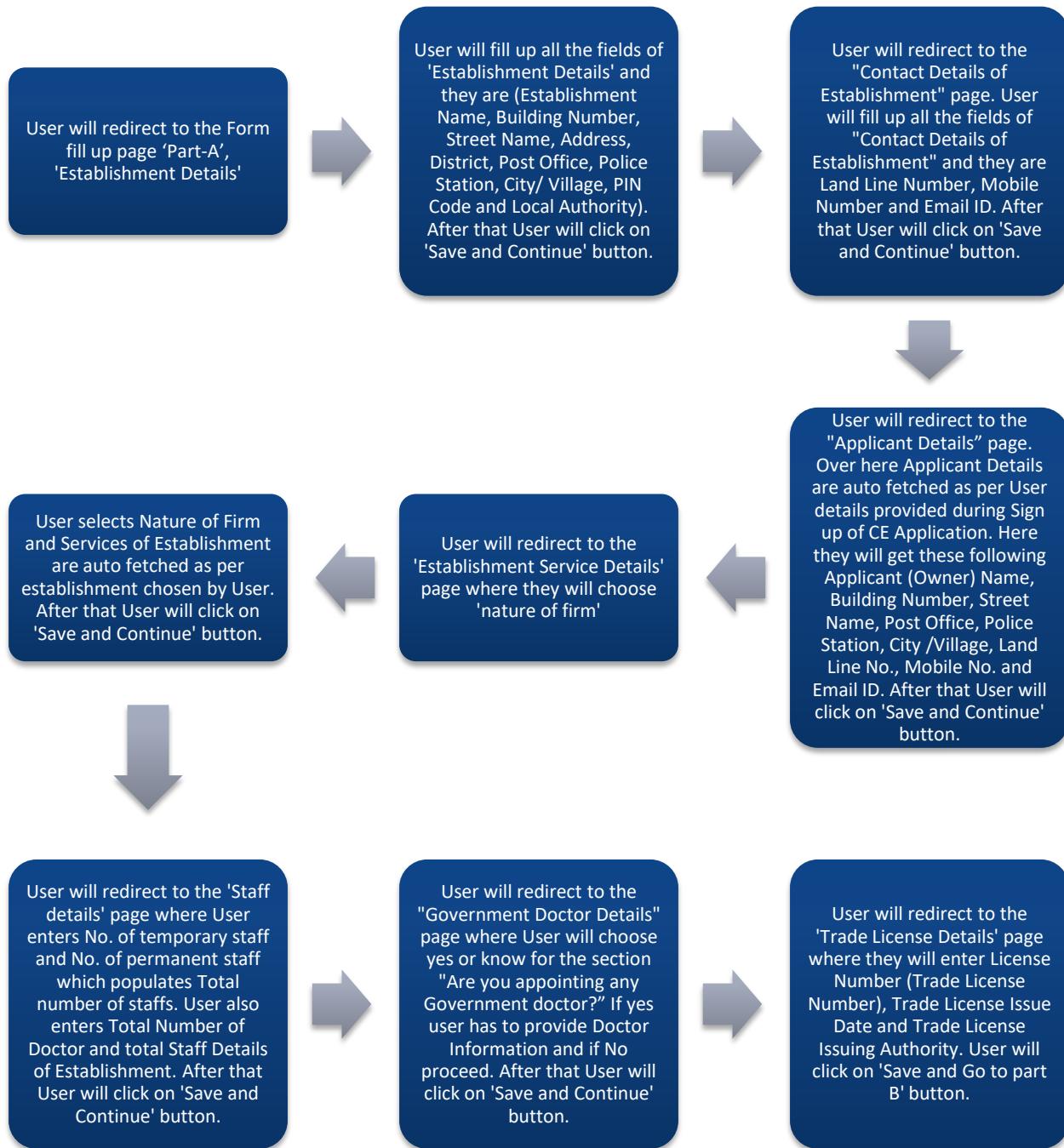
After payment is completed through GRIPS the user will select ‘Already Paid’ to proceed to new license application. Detailed steps are discussed in section 6.1.4.2

6.1.5.1 Process Flow

Already Paid for New License Application



Form fill up page 'Part-A'



Form fill up page 'Part-B'



Submitted Application



6.1.5.2 *Detailed Steps*

Already Paid for New License Application

- ❖ After successful payment, User will return to the home page and click on 'Make an Application' box.
- ❖ User redirect to the payment confirmation page where they will select already paid option.
- ❖ User redirect to the page where user will apply for CE application
- ❖ User will click on Apply button

Form fill up page 'Part-A'

- ❖ User will redirect to the Form fill up page 'Part-A', 'Establishment Details'
- ❖ User will fill up all the fields of 'Establishment Details' and they are (Establishment Name, Building Number, Street Name, Address, District, Post Office, Police Station, City/ Village, PIN Code and Local Authority). After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the "Contact Details of Establishment" page. User will fill up all the fields of "Contact Details of Establishment" and they are Land Line Number, Mobile Number and Email ID. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the "Applicant Details" page. Over here Applicant Details are auto fetched as per User details provided during Sign up of CE Application. Here they will get these following Applicant (Owner) Name, Building Number, Street Name, Post Office, Police Station, City /Village, Land Line No., Mobile No. and Email ID. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the 'Establishment Service Details' page where they will choose 'nature of firm'
- ❖ User selects Nature of Firm and Services of Establishment are auto fetched as per establishment chosen by User. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the 'Staff details' page where User enters No. of temporary staff and No. of permanent staff which populates Total number of staffs. User also enters Total Number of Doctor and total Staff Details of Establishment. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the "Government Doctor Details" page where User will choose yes or know for the section "Are you appointing any Government doctor?" If yes user has to provide Doctor Information and if No proceed. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the 'Trade License Details' page where they will enter License Number (Trade License Number), Trade License Issue Date and Trade License Issuing Authority. User will click on 'Save and Go to part B' button.

Form fill up page 'Part-B'

- ❖ User will redirect to the Form fill up page 'Part-B', 'Payment Details'. Over here User will view Payment details. User will click on 'Next' button.
- ❖ User will redirect to the 'Pollution & Waste Disposal'. Here users will fill up with the following Clearance from pollution control board and Clinical Waste disposal license (From Panchayat/Municipality/Municipal Corporation). User can fill either Yes or No or Applied for. After that User will click on 'Save and Continue' button
- ❖ User will redirect to the 'Premises Details' Page where user will fill up Construction approved by authority?, Premises Type, Reception Counter, Waiting Room, Record Room, Ventilation Sufficient?, Lighting Sufficient ? And Drinking Water. User will also fill up Supply (Source, Quantity, Quality, Cooling Arrangement) and click on 'Save and Continue' button
- ❖ User will redirect to the 'Exemption Granted' Page where they will enter the permission of Customs Department and H&FW Dept. Over here for both of the cases, If Yes User will select Whether free treatment facilities @40% in OPD and @10% in IPD and Monthly report submitted or not. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Register To Be Maintained/span>' page where they will enter the Staff Register Available, Attendance Register, Stock Register, Cashbook Register, Admission Register, Inspection Book and Whether training of medical or paramedical courses are present ?. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Sanitary Arrangement' page where they will enter Drainage System, Water Closets (Number of Male & Number of Female) Lavatory (Number of Male & Number of Female), and System of garbage disposal and Electric Supply. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Declaration' section where User will first fill up with the following Regarding display of Rate Charges (Doctor's Charges, Bed Charges, OT Charges, Investigation Charges, Service Charges), Regarding Operation Theater (Total OT Space, Yes, Shadow-less Light, Boyle's Apparatus, Anesthetist List, Auto Clave), Regarding Maternity Home (Labour Room Space, List of Equipments, Sucker Machine), Regarding Installation (Regarding Electrical Installation and Supply, Regarding Cooking, Storing and Distribution of Food for Patients AND Regarding Accommodation (Accommodation of Residential Staff). Next they will select the check box of the following (The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license). and (I will inform to Licensing Authority, if I am appointing any government doctor in future). Finally User will click on 'Save Application' button.
- ❖ Upon clicking on 'Save Application' button, a popup arises, "Your application form has been saved as incomplete. Please upload documents and staff details (If required) and do final submit to complete your application". User will click on 'OK' button of the popup.
- ❖ User will redirect to the "Upload Your Documents (PDF Format Only)" page.
- ❖ User will upload the required documents from the following (Trade License Copy, Payment Challan, Clearance from pollution control board, Upload scanned copy of clearance, Clinical

Waste disposal license (From Panchayat/Municipality/Municipal Corporation), Premises Map, Submit a copy of the deed, Staff appointment letters (Staff joining letters Upload scanned copy of joining letters of staffs), Regarding Electrical Installation and Supply, Approved Building Plan, Current Property Tax Receipt, Ownership Deed, Partnership Deed, Resolution Papers, Memorandum and articles of association, Society registration papers, Rent Agreement, Rent Receipt, Previous Original License, Copy of PNNDT license (if USG machine is present), TR Form 7, Present Rate Chart, Sketch map of premises showing measurement, Affidavit, Registration certificate of doctor and nurses, NOC from fire department, AERB approval for running X-ray and CT scan, ID proof of licensee, Form-VII, Agreement Copy with Mother Lab, Valid License of Mother Lab(for collection center))

- ❖ After uploading all the document User will read the Declaration (I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established. I further declare that this clinical establishment is not and will not be used for immoral purpose. I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.) and choose Final Submit and not My final Submit. Choosing not my final submit the applications will stay incomplete and User can further modify it. Also choosing Final submits the application process to Dealing Assistant and block further application modification.
- ❖ After choosing Final Submit or not My final Submit user click on Submit button
- ❖ User will redirect to the submitted application page. Here a pop will arise if any incomplete applications are stored in the list. User will click on OK

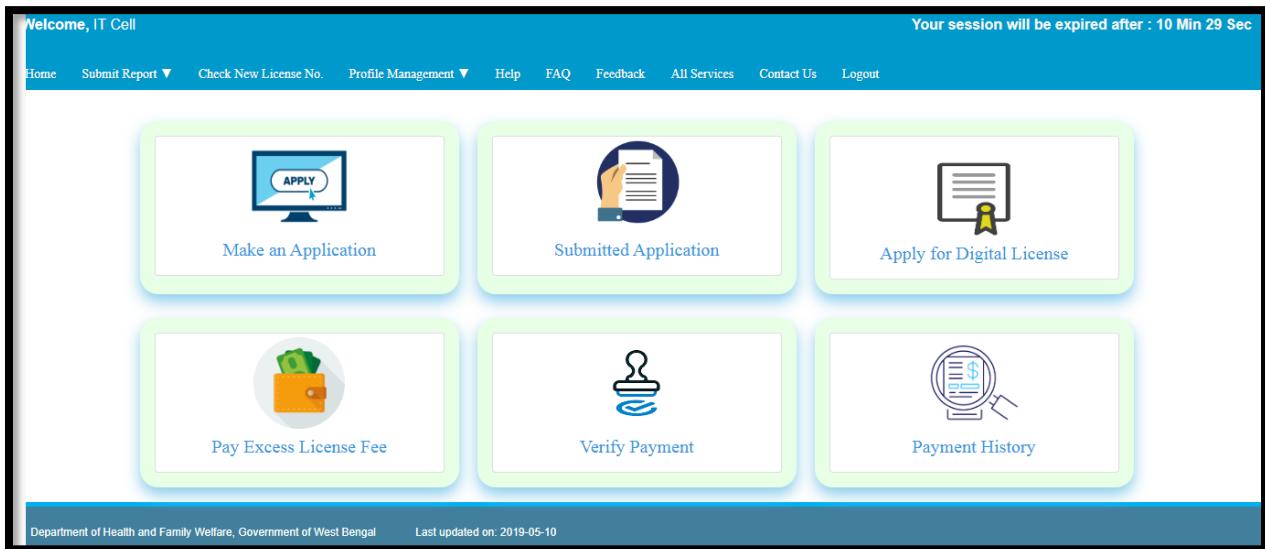
Submitted Application

- ❖ User will view the entire list of submitted application along with issued license application.
- ❖ If the application is incomplete User can modify the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed by clicking on action button
- ❖ User selects an incomplete application and choose Upload document from action button.
- ❖ User redirect to the document upload page
- ❖ After uploading the required document User will choose Final Submit or not My final Submit and click on Submit button
- ❖ User can select an incomplete application and choose 'Staff Management' from action button.
- ❖ User redirect to the 'Staff Management' page
- ❖ User will click on Add new staff button or they can edit the existing staffs.
- ❖ Upon clicking on add new staff button a popup will arise with information of adding staff in 2 methods. For adding new staffs 2 procedures are users can add one by one as shown in the screen or user can download the excel doc and add the staff details without modifying its fields. After completing the staff addition they will upload the same. User will click on ok button to close the popup.

- ❖ User will click on 'Click Here' link to download the staff details excel.
- ❖ The excel doc where user can add staff details but without editing any main fields.
- ❖ After filling the staff details User will again choose the Final Submit or not My final Submit and click on Submit button
- ❖ User can update the Government Doctor of their establishment by clicking on 'Government Doctor list' button
- ❖ It will redirect to the "Government Doctor List" page where User add doctor details
- ❖ After entering Doctor Details user will click on Submit button
- ❖ User can update the modify the application by clicking on Edit application
- ❖ User will edit the application from here and after completing the modification he will choose the Final Submit or not My final Submit and click on Submit button
- ❖ User can update the services and bed on Edit services and bed
- ❖ User redirects to the Edit services and bed page where User can modify the services and bed as per their requirement. Finally User will click on 'Update' button.
- ❖ After all modification done user will select 'This is my final submit' and selects submit button
- ❖ User redirects to the 'Your Submitted Application' page
- ❖ Now if User try to edit any of the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed from clicking on action button
- ❖ A popup will arise that 'Permission not granted'. User will click on ok button. This means final submit done User cannot modify it further.

6.1.5.3 Screen Shots

After successful payment, User will return to the home page and click on 'Make an Application' box.



User redirect to the payment confirmation page where they will select already paid option.



User redirect to the page where user will apply for CE application where User will click on Apply button

List of Forms to be Applied									
<input type="button" value="Search:"/> <input type="text"/>									
Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action		
1500000024690	New	9830436559	35000	Online Payment	192019200230472331	Success	<input type="button" value="APPLY"/>		
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	<input type="button" value="APPLY"/>		
1500000013017	Renew	8902305623	999	Debit Card Payment	192017160152566385	Success	<input type="button" value="APPLY"/>		

Showing 1 to 3 of 3 entries

User will redirect to the Form fill up page 'Part-A', 'Establishment Details'

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Details

Establishment Name * !	Street Name * !	Address !
Building Number * !	Street Name	Address
District * !	Post Office * !	Police Station * !
-- SELECT --	Post Office	Police Station
City/ Village * !	PIN Code * !	Local Authority * !
City/Village	PIN Code	-- SELECT --
*		

Save and continue

User will fill up all the fields of 'Establishment Details' and they are (Establishment Name, Building Number, Street Name, Address, District, Post Office, Police Station, City/ Village, PIN Code and Local Authority). After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Details

Establishment Name * !	Street Name * !	Address !
SB POLYCLINIC	Taltala	Address
Building Number * !	Post Office * !	Police Station * !
35	Taltala	Taltala
District * !	PIN Code * !	Local Authority * !
Kolkata	700001	KMA
City/ Village * !		
Kolkata		
*		

Save and continue

User will redirect to the "Contact Details of Establishment" page. User will fill up all the fields of "Contact Details of Establishment" and they are Land Line Number, Mobile Number and Email ID. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Contact Details of establishment

Land Line Number * 03324454545

Mobile Number * 9874561230

Email ID * t@t.com

Save and continue

User will redirect to the "Applicant Details" page. Over here Applicant Details are auto fetched as per User details provided during Sign Up of CE Application. Here they will get these following Applicant (Owner) Name, Building Number, Street Name, Post Office, Police Station, City /Village, Land Line No., Mobile No. and Email ID. After that User will click on 'Save and Continue' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Applicant Details

Applicant (Owner) Name * IT Cell

Post Office * 70006

Land Line No. * 98744810649

Building Number * IT Cell

Police Station * BidhanNagar

Mobile No. * 98744810649

Street Name * G-29, Swasthya Bhavan

City /Village * Kolkata

Email ID * t@t.com

Save and continue

User will redirect to the 'Establishment Service Details' page where they will choose 'nature of firm'

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Service Details

Nature of Firm * -- SELECT --
-- SELECT --
Ownership
Partnership
Registered Company
Voluntary Organisation
Society
Body
Government

Save and continue

User selects Nature of Firm and Services of Establishment are auto fetched as per establishment chosen by User. After that User will click on 'Save and Continue' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Service Details

Nature of Firm * ⓘ
Ownership

Services of Establishment * ⓘ
X-RAY, Homeopathy, Unani

Previous **Save and continue**

User will redirect to the 'Staff details' page where User enters No. of temporary staff and No. of permanent staff which populates Total number of staffs. User also enters Total Number of Doctor and total Staff Details of Establishment. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Staff Details

No. of temporary staff * ⓘ 10 No. of permanent staff * ⓘ 8 Total number of staffs * ⓘ 18

Total Number of Doctor * ⓘ 4

Staff Details of Establishment

Category of Staff	Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appo Lettere
Office Staff	Tarun Sen	HS	REG23456	Ratan Sen	Temporary	<input checked="" type="radio"/> Yes <input type="radio"/> No
Female Attendant	Kajal Sen	Graduate	REG56432	Tapas Halder	Temporary	<input checked="" type="radio"/> Yes <input type="radio"/> No

► You can enter staff record later. Please download the formatted excel. [Click to Download!](#)

Previous **Save and continue**

User will redirect to the "Government Doctor Details" page where User will choose Yes or No for the section "Are you appointing any Government doctor?"

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Government Doctor Details

Are you appointing any Government doctor? *

-- SELECT --
Yes
No

Previous Save and continue

If yes user has to provide Doctor Information and if No proceed. After that User will click on 'Save and Continue' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Government Doctor Details

Are you appointing any Government doctor? *

Yes

Working Government Doctor Details

Name of Doctor	Registration Number	Govt. NOC No.	Govt. NOC Date	NPP Certificate Available	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of NOC <input type="text"/>	<input type="checkbox"/> No	ADD

Previous Save and continue

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Government Doctor Details

Are you appointing any Government doctor? *

No

Previous **Save and continue**

User will redirect to the 'Trade License Details' page where they will enter License Number (Trade License Number), Trade License Issue Date and Trade License Issuing Authority. User will click on 'Save and Go to part B' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Trade License Details

Licence Number * i	Trade License Issue Date * i	Trade License Issuing Authority * i
TRD2342134	21-01-2019	Test Authority

[Previous](#) [Save and Go To Part-B](#)

User will redirect to the Form fill up page 'Part-B', 'Payment Details'. Over here User will view Payment details. User will click on 'Next' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Payment Details

You Payment Details are as below

Challan Number	Date	Amount (Rs.)
192019200230472331	2019-04-29 03:04:54	35000

[NEXT](#)

User will redirect to the 'Pollution & Waste Disposal'. Here users will fill up with the following Clearance from pollution control board and Clinical Waste disposal license (From Panchayat/ Municipality/ Municipal Corporation). User can fill either Yes or No or Applied for. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Pollution & Waste Disposal

Clearance from pollution control board YES NO APPLIED FOR *
 Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation) YES NO APPLIED FOR *

Previous Save and continue

User will redirect to the 'Premises Details' Page where user will fill up Construction approved by authority?, Premises Type, Reception Counter, Waiting Room, Record Room, Ventilation Sufficient?, Lighting Sufficient and Drinking Water. User will also fill up Supply (Source, Quantity, Quality, Cooling Arrangement) and click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Premises Details

Construction approved by authority? YES NO

Premises Type * Owned by Owner

Reception Counter <input checked="" type="radio"/> YES <input type="radio"/> NO	Waiting Room <input checked="" type="radio"/> YES <input type="radio"/> NO	Record Room <input checked="" type="radio"/> YES <input type="radio"/> NO
Ventilation Sufficient? <input checked="" type="radio"/> YES <input type="radio"/> NO	Lighting Sufficient? <input checked="" type="radio"/> YES <input type="radio"/> NO	

Drinking Water Supply

Source <input checked="" type="radio"/> Piped water supply <input type="radio"/> Underground <input type="radio"/> Others	Quantity <input checked="" type="radio"/> Adequate <input type="radio"/> Inadequate
Quality <input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	Cooling Arrangement <input checked="" type="radio"/> Provided <input type="radio"/> Not Provided

Previous Save and continue

User will redirect to the 'Exemption Granted' Page where they will enter the permission of Customs Department and H&FW Dept. Over here for both of the cases, If Yes User will select Whether free treatment facilities @40% in OPD and @10% in IPD and Monthly report submitted or not. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Exemption Granted

Customs Department ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Applied for	H&FW Dept ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Applied for
Customs Dept Exemption		Monthly report submitted <input checked="" type="radio"/> Yes <input type="radio"/> No	
Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No
Health & Welfare Department Dept Exemption			
Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No

Previous Save and continue

User redirected to the 'Register To Be Maintained' page where they will enter the Staff Register Available, Attendance Register, Stock Register, Cashbook Register, Admission Register, Inspection Book and Whether training of medical or paramedical courses are present ?. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Register To Be Maintained

Staff Register Available ?	<input checked="" type="radio"/> Present <input type="radio"/> Absent	Attendance Register ?	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Cashbook Register ?	<input checked="" type="radio"/> Present <input type="radio"/> Absent	Admission Register ?	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Stock Register ? Inspection Book ?			
Whether training of medical or paramedical courses are present ? <input checked="" type="radio"/> Yes <input type="radio"/> No			

Previous Save and continue

User redirected to the 'Sanitary Arrangement' page where they will enter Drainage System, Water Closets (Number of Male & Number of Female) Lavatory (Number of Male & Number of Female), and System of garbage disposal and Electric Supply. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Sanitary Arrangement

Drainage System Covered Uncovered

Water Closets

Number of Male *

Number of Female *

Lavatory

Number of Male *

Number of Female *

System of garbage disposal Own arrangement Other

Electric Supply Generator Govt. Supply Both

[Previous](#) Save and Next

User redirected to the 'Declaration' section where User will first fill up with the following Regarding display of Rate Charges (Doctor's Charges, Bed Charges, OT Charges, Investigation Charges, Service Charges), Regarding Operation Theater (Total OT Space, Yes, Shadow-less Light, Boyle's Apparatus, Anesthetist List, Auto Clave), Regarding Maternity Home (Labour Room Space, List of Equipments, Sucker Machine), Regarding Installation (Regarding Electrical Installation and Supply, Regarding Cooking, Storing and Distribution of Food for Patients AND Regarding Accommodation (Accommodation of Residential Staff). Next they will select the check box of the following (The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license). and (I will inform to Licensing Authority, if I am appointing any government doctor in future). Finally User will click on 'Save Application' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)



PART-B

Declaration

<p>Regarding display of Rate Charges</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Doctor's Charges</td> <td style="width: 50%;"><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Bed Charges</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>OT Charges</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Investigation Charges</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Service Charges</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> </table>	Doctor's Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Bed Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided	OT Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Investigation Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Service Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided	<p>Regarding Operation Theater</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Total OT Space</td> <td style="width: 50%;"><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Yes</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Shadow-less Light</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Boyle's Apparatus</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Anaesthetist List</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Auto Clave</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> </table>	Total OT Space	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Yes	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Shadow-less Light	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Boyle's Apparatus	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Anaesthetist List	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Auto Clave	<input type="radio"/> Present <input type="radio"/> Will Be Provided
Doctor's Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Bed Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
OT Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Investigation Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Service Charges	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Total OT Space	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Yes	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Shadow-less Light	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Boyle's Apparatus	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Anaesthetist List	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Auto Clave	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
<p>Regarding Maternity Home</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Labour Room Space</td> <td style="width: 50%; text-align: center;">123 SQFT</td> </tr> <tr> <td>List of Equipments</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Sucker Machine</td> <td><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> </table>		Labour Room Space	123 SQFT	List of Equipments	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Sucker Machine	<input type="radio"/> Present <input type="radio"/> Will Be Provided																
Labour Room Space	123 SQFT																						
List of Equipments	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Sucker Machine	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
<p>Regarding Installation</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Regarding Electrical Installation and Supply</td> <td style="width: 50%;"><input type="radio"/> Present <input type="radio"/> Will Be Provided</td> </tr> <tr> <td>Regarding Cooking, Storing and Distribution of Food for Patients</td> <td><input type="radio"/> Provided <input type="radio"/> Not Provided</td> </tr> </table>		Regarding Electrical Installation and Supply	<input type="radio"/> Present <input type="radio"/> Will Be Provided	Regarding Cooking, Storing and Distribution of Food for Patients	<input type="radio"/> Provided <input type="radio"/> Not Provided																		
Regarding Electrical Installation and Supply	<input type="radio"/> Present <input type="radio"/> Will Be Provided																						
Regarding Cooking, Storing and Distribution of Food for Patients	<input type="radio"/> Provided <input type="radio"/> Not Provided																						
<p><input checked="" type="checkbox"/> The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license.</p> <p><input checked="" type="checkbox"/> I will inform to Licensing Authority, if I am appointing any government doctor in future.</p>																							
<input style="border: 1px solid red; border-radius: 5px; padding: 5px; width: fit-content; margin-right: 10px;" type="button" value="SAVE APPLICATION"/>																							

Upon clicking on 'Save Application' button, a popup arises, "Your application form has been saved as incomplete. Please upload documents and staff details (If required) and do final submit to complete your application". User will click on 'OK' button of the popup.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Declaration

<p>Regarding display of Rate Charges</p> <p>Doctor's Charges Bed Charges OT Charges Investigation Charges Service Charges</p>	<p>Regarding Operation Theater</p> <p>Total OT Space</p> <p>WBDHFW</p> <p>Your application form has been saved as incomplete. Please upload documents and staff details(if required) and do final submit to complete your application.</p>
<p>Regarding Maternity Home</p> <p>Labour Room Space List of Equipments Sucker Machine</p>	<p>Regarding Electrical Installation and Supply Regarding Cooking, Storing and Distribution of Food for Patients</p>
<p>Regarding Accommodation</p> <p>Accommodation of Residential Staff</p>	<p>Present <input type="radio"/> Will Be Provided Present <input checked="" type="radio"/> Will Be Provided Present <input type="radio"/> Will Be Provided</p>
<input type="checkbox"/> The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license. <input type="checkbox"/> I will inform to Licensing Authority, if I am appointing any government doctor in future.	

SAVE APPLICATION

User will redirect to the "Upload Your Documents (PDF Format Only)" page.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

Upload Your Documents (PDF Format Only)

<p>Trade License Copy</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of trade licence</p>	<p>Payment Challan</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of challan</p>	<p>Clearance from pollution control board</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of clearance</p>
<p>Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of licence</p>	<p>Premises Map</p> <p><input type="button" value="Choose File"/> No file chosen Submit a copy of the deed</p>	<p>Staff appointment letters</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of appointment letters of staffs.</p>
		<p>Staff joining letters</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of joining letters of staffs.</p>
<p>Regarding Electrical Installation and Supply</p> <p><input type="button" value="Choose File"/> No file chosen Upload scanned copy of certificate from competent authority regarding installation and safety norms as per law of the land.</p>		
<p>Approved Building Plan</p> <p><input type="button" value="Choose File"/> No file chosen</p>		

User will upload the required documents from the following (Trade License Copy, Payment Challan, Clearance from pollution control board, Upload scanned copy of clearance, Clinical Waste disposal license (From Panchayat/Municipality/Municipal Corporation), Premises Map, Submit a copy of the deed, Staff appointment letters (Staff joining letters Upload scanned copy of joining letters of staffs), Regarding Electrical Installation and Supply, Approved Building Plan, Current Property Tax Receipt, Ownership Deed, Partnership Deed, Resolution Papers, Memorandum and articles of association, Society registration papers, Rent Agreement, Rent Receipt, Previous Original License, Copy of PNDT license (if USG machine is present), TR Form 7, Present Rate Chart, Sketch map of premises showing measurement, Affidavit, Registration certificate of doctor and nurses, NOC from fire department, AERB approval for running X-ray and CT scan, ID proof of licensee, Form-VII, Agreement Copy with Mother Lab, Valid License of Mother Lab(for collection center))

FORM NO. II FORM OF APPLICATION FOR REGISTRATION AND LICENCE (Vide rule 8)	
Upload Your Documents (PDF Format Only)	
Trade License Copy	<input type="file"/> demo.pdf Upload scanned copy of trade licence
Payment Challan	<input type="file"/> Challan-No-ITNS-280.pdf Upload scanned copy of challan
Clearance from pollution control board	<input type="file"/> No file chosen Upload scanned copy of clearance
Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)	<input type="file"/> No file chosen Upload scanned copy of licence
Premises Map	<input type="file"/> No file chosen Submit a copy of the deed
Staff appointment letters	<input type="file"/> No file chosen Upload scanned copy of appointment letters of staffs.
Regarding Electrical Installation and Supply	<input type="file"/> No file chosen Upload scanned copy of certificate from competent authority regarding installation and safety norms as per law of the land.
Approved Building Plan	<input type="file"/> No file chosen
Staff joining letters	<input type="file"/> No file chosen Upload scanned copy of joining letters of staffs.

After uploading all the document User will read the Declaration (I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established. I further declare that this clinical establishment is not and will not be used for immoral purpose. I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.) And choose Final Submit and not my final Submit. Choosing not my final submit the applications will stays incomplete and User can further modify it. Also choosing Final submits the application process to Dealing Assistant and block further application modification.

The screenshot shows a web form with multiple file upload fields and declaration checkboxes. The fields include:

- Rent Receipt
- Previous Original Licence
- Copy of PNDT licence (if USG machine is present)
- TR Form 7
- Present Rate Chart
- Sketch map of premises showing measurement
- Affidavit
- Registration certificate of doctor and nurses
- NOC from fire department
- AERB approval for running X-ray and CT scan
- ID proof of licensee
- Form-VII
- Agreement Copy with Mother Lab
- Valid License of Mother Lab (for collection center)

Below these fields are three declaration checkboxes:

- I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.
- I further declare that this clinical establishment is not and will not be used for immoral purpose.
- I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

At the bottom left is a dropdown menu labeled "Declaration *". The options are:

- SELECT --
- SELECT**
- This is my final submit. I don't have anything pending to upload
- This is not my final submit. I have to upload and edit

On the right side of the form is a green "Submit" button.

After choosing Final Submit or not My final Submit user will click on Submit button

The screenshot shows the same web form as above, but with a different selection in the "Declaration *" dropdown. The selected option is "This is not my final submit. I have to upload and edit". The "Submit" button on the right side of the form is highlighted with a red box.

User will redirect to the submitted application page. Here a pop will arise if any incomplete application are stored in the list. User will click on OK.

Your Submitted Applications							
Show 10 ▾ entries							
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024689	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	28-04-2019	abc	Alipunduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

User will view the entire list of submitted application along with issued license application.

Your Submitted Applications							
Show 10 ▾ entries							
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024689	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	28-04-2019	abc	Alipunduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

User will view the entire list of submitted application along with issued license application. If the application is incomplete User can modify the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed by clicking on action button

Your Submitted Applications							
Show 10 ▾ entries							
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024689	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	28-04-2019	abc	Alipunduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

User selects an incomplete application and choose Upload document from action button.

Your Submitted Applications							
Show 10 ▾ entries							
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024689	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	28-04-2019	abc	Alipunduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

User redirect to the document upload page

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENSE
(Visit rule 5)

Upload Your Documents (PDF Format Only)

Trade License

Trade License No file chosen
Upload scanned copy of trade license

Challan

Challan No file chosen
Upload scanned copy of challan

Clearance from pollution control board

Clearance No file chosen
Upload scanned copy of clearance

Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)

Licence No file chosen
Upload scanned copy of licence

Premises:

File input No file chosen
Submit a copy of the deed

After uploading the required document User will choose Final Submit or not My final Submit and click on Submit button

Society registration papers No file chosen

Rent Agreement No file chosen

Rent Receipt No file chosen

Previous Original Licence No file chosen

Copy of PNDT licence (If USG machine is present) No file chosen

TR Form 7 No file chosen

Present Rate Chart No file chosen

Sketch map of premises showing measurement No file chosen

Affidavit No file chosen

Registration certificate of doctor and nurses No file chosen

NOC from fire department No file chosen

AERB approval for running X-ray and CT scan No file chosen

ID proof of licensee No file chosen

Other Document No file chosen

Declaration *
 This is my final submit. I don't have anything pending to upload.
 This is not my final submit. I have to upload and edit.

I abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

User can select an incomplete application and choose 'Staff Management' from action button.

Show 10 ▾ entries

Your Submitted Applications

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
150000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	<input type="button" value="Action"/>
150000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action"/>
150000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action"/>
150000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	<input type="button" value="Action"/>

Showing 1 to 4 of 4 entries

Upload Documents
Staff Management
Government Doctor List
Edit Application
Edit Services & Beds

User redirect to the 'Staff Management' page

The screenshot shows a table with no data available. The columns are labeled: Category, Staff Name, Qualification, Registration Number, Name of Faculty, Nature of Service, Appointment Letter, Joining Letter, and Action. A green 'Add New Staff' button is located in the top right corner.

User will click on Add new staff button or they can edit the existing staffs.

The screenshot shows a table with no data available. The columns are labeled: Category, Staff Name, Qualification, Registration Number, Name of Faculty, Nature of Service, Appointment Letter, Joining Letter, and Action. A green 'Add New Staff' button is located in the top right corner.

Upon clicking on add new staff button a popup will arise with information of adding staff in 2 methods. For adding new staffs 2 procedures are users can add one by one as shown in the screen or user can download the excel doc and add the staff details without modifying its fields. After completing the staff addition they will upload the same. User will click on ok button to close the popup.

The screenshot shows a form for adding staff. The fields include: Type of Establishment (dropdown), Name (text input), Qualification (text input), Registration Number (text input), Appointment Letter (radio buttons Yes/No), Joining Letter (radio buttons Yes/No), Name of Faculty (text input), Nature of Service (dropdown), Declaration (dropdown), and an ADD button. A central modal window displays the following text:

You have two way to add new staff details
 1) Add one by one
 2) Add through pre-defined excel upload

Please don't change the excel format by adding any extra column, if you are adding staff by uploading excel

OR

You can insert staff record using excel. [Click here](#) to download the excel file.
 Please use the same excel while uploading. Otherwise data will not be saved.
 Upload the excel file and submit
 No file chosen

Declaration *

User will click on 'Click Here' link to download the staff details excel.

Add New Staff Details

Type of Establishment*:

Name:

Qualification:

Registration Number:

Appointment Letter: Yes No

Joining Letter: Yes No

Name of Faculty:

Nature of Service

Declaration *

OR

You can insert staff record using excel. [Click here](#) to download the excel file.
Please use the same excel while uploading. Otherwise data will not be saved.

Upload the excel file and submit
 No file chosen

Declaration *

 [CE Staff Record.xls](#) [Show all](#)

This is the excel doc where user can add staff details but without editing any main fields.

After filling the staff details User will again choose the Final Submit or not My final Submit and click on Submit button

Add New Staff Details

Type of Establishment*:

Name:

Qualification:

Registration Number:

Appointment Letter: Yes No

Joining Letter: Yes No

Name of Faculty:

Nature of Service:

Declaration *:

OR

You can insert staff record using excel. [Click here](#) to download the excel file.

Please use the same excel while uploading. Otherwise data will not be saved.

Upload the excel file and submit

No file chosen

This is my final submit. I don't have anything pending to upload
This is not my final submit. I have to upload and edit

User can update the Government Doctor of their establishment by clicking on 'Government Doctor list' button

Your Submitted Applications

Show 10 ▾ entries

Search:

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	<input type="button" value="Action"/>
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action"/>
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action"/>
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	<input type="button" value="Action"/>

Showing 1 to 4 of 4 entries

It will redirect to the "Government Doctor List" page where User add doctor details

Welcome, IT Cell

Home Submit Report ▾ Check New License No. Profile Management ▾ All Services Logout Your Session Will Expire In: 1751000

You have not appointed any government doctor at your establishment.

Have you appointed any new Government doctor ?

Yes
 No

You have not appointed any government doctor at your establishment.

Have you appointed any new Government doctor ?

- Yes
 No

[Click here to add doctor](#) [Add Doctor](#)

List Of Government Doctor

[Click here to upload doctor list via excel](#)

Name of Doctor	Qualification	Registration Number	Govt. NOC No.	Govt. NOC Date	NPP Certificate Available	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of NOC <input type="button" value="..."/>	No <input type="button" value="▼"/>	<input type="button" value="ADD"/>

[SUBMIT](#)

After entering Doctor Details user will click on Submit button.

You have not appointed any government doctor at your establishment.

Have you appointed any new Government doctor ?

- Yes
 No

[Submit](#)

User can update the modify the application by clicking on Edit application

Your Submitted Applications							
Show 10 ▾ entries		Search: <input type="text"/>					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	<input type="button" value="Action ▾"/>
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action ▾"/>
1500000024689	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	<input type="button" value="Action ▾"/>
1500000024688	New	28-04-2019	abc	Alipurduar	Not fixed yet	Processing	<input type="button" value="Edit Application"/> <input type="button" value="Upload Documents"/> <input type="button" value="Staff Management"/> <input type="button" value="Government Doctor List"/> <input type="button" value="Edit Services & Beds"/>

User will edit the application from here and after completing the modification he will choose the Final Submit or not My final Submit and click on Submit button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Details

Establishment Name * i	TEST E TREAT		
Building Number * i	Street Name * i	Address i	
AK-61	Street No 12	AK-61, Street No 12	
District * i	Post Office * i	Police Station * i	
North 24 Parganas	Newtown	Newtown	
City/ Village * i	PIN Code * i	Local Authority * i	
Kolkata	700156	Municipality	
Municipality *	BIDHAN NAGAR		

Save and continue

User can update the services and bed on Edit services and bed

Your Submitted Applications

Show 10 ▾ 1 entries

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Upload Documents
1500000024683	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Staff Management
							Government Doctor List
							Edit Application
							Edit Services & Beds

Showing 1 to 4 of 4 entries

User redirects to the Edit services and bed page where User can modify the services and bed as per their requirement. Finally User will click on 'Update' button.

Update Your CE Services and Bed Details

Select Your CE Services

- ▶ OPD Services
- ▼ IPD Services (excluding special care/therapy beds)
 - Day care Centre : Infertility Clinic
 - Hospital
 - Nursing Home
 - Maternity Home
 - Physiotherapy Center
 - Day care Centre : Dialysis Centre
 - Day care Centre : MTP Clinic
 - Any other Day care Centre
- ▶ Pathology laboratory service
- ▼ Diagnostic Imaging service
 - X-Ray lab (Conventional)
 - X-Ray lab (Digital)
 - Mamography lab
 - Bone Densitometry lab
 - Ultrasonography lab
 - Colour Doppler Imaging lab
 - CT Scan lab
 - Magnetic Resonance Imaging (MRI) lab
 - Positron Emission Tomography (PET) Scan lab
 - Echo-cardiography lab
 - Electro-cardiography lab
 - Electro-encephalography lab
 - Electromyography lab
 - Audiometry lab
 - Other Clinical Physiology
 - Angiography
- ▶ Ayurvedic
- ▶ Homeopathy

▶ Unani

Total Doctor (Including Polyclinic)

Bed Details for Hospital

ITU	ICCU	NCU	RCU	HDU	PICU	Other	Total
1	2	3	4	5	6	7	28

Bed Details for Nursing Home

ITU	ICCU	NCU	RCU	HDU	PICU	Other	Total
3	2	1	4	5	8	9	32

Other Services

CE-Other-Physiology, Ayurvedic, Homeopathy
--

After all modification done user will select 'This is my final submit' and selects submit button.

User redirects to the 'Your Submitted Application' page

Your Submitted Applications							
Show 10 ▾ entries		Search: <input type="text"/>					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Processing	Action ▾
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

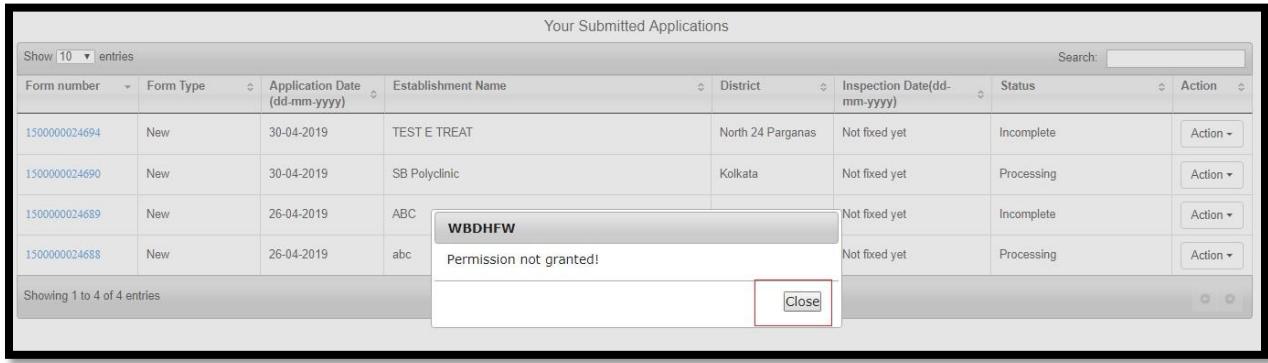
Now if User try to edit any of the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed from clicking on action button

Your Submitted Applications							
Show 10 ▾ entries		Search: <input type="text"/>					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Processing	Action ▾
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Action ▾

Showing 1 to 4 of 4 entries

[Upload Documents](#)
[Staff Management](#)
[Government Doctor List](#)
[Edit Application](#)
[Edit Services & Beds](#)

A popup will arise that 'Permission not Granted'. User will click on ok button. This means final submit done User cannot modify it further.

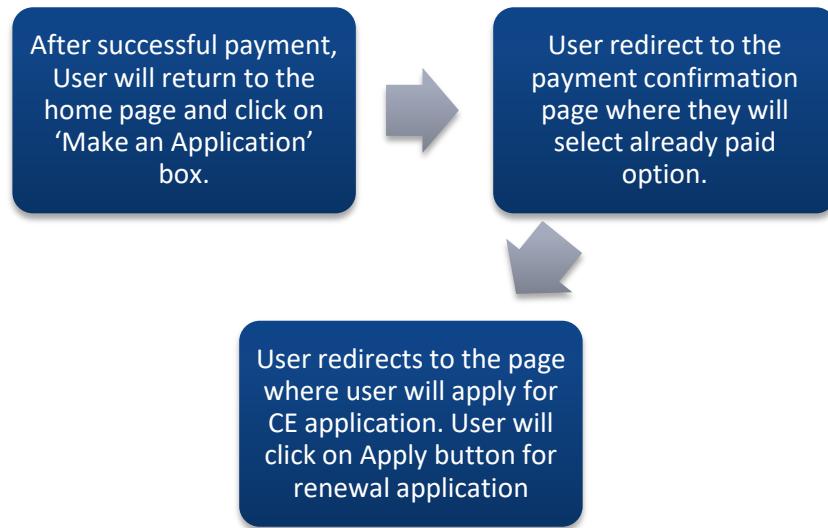


6.1.6 Already Paid for Renew License Application

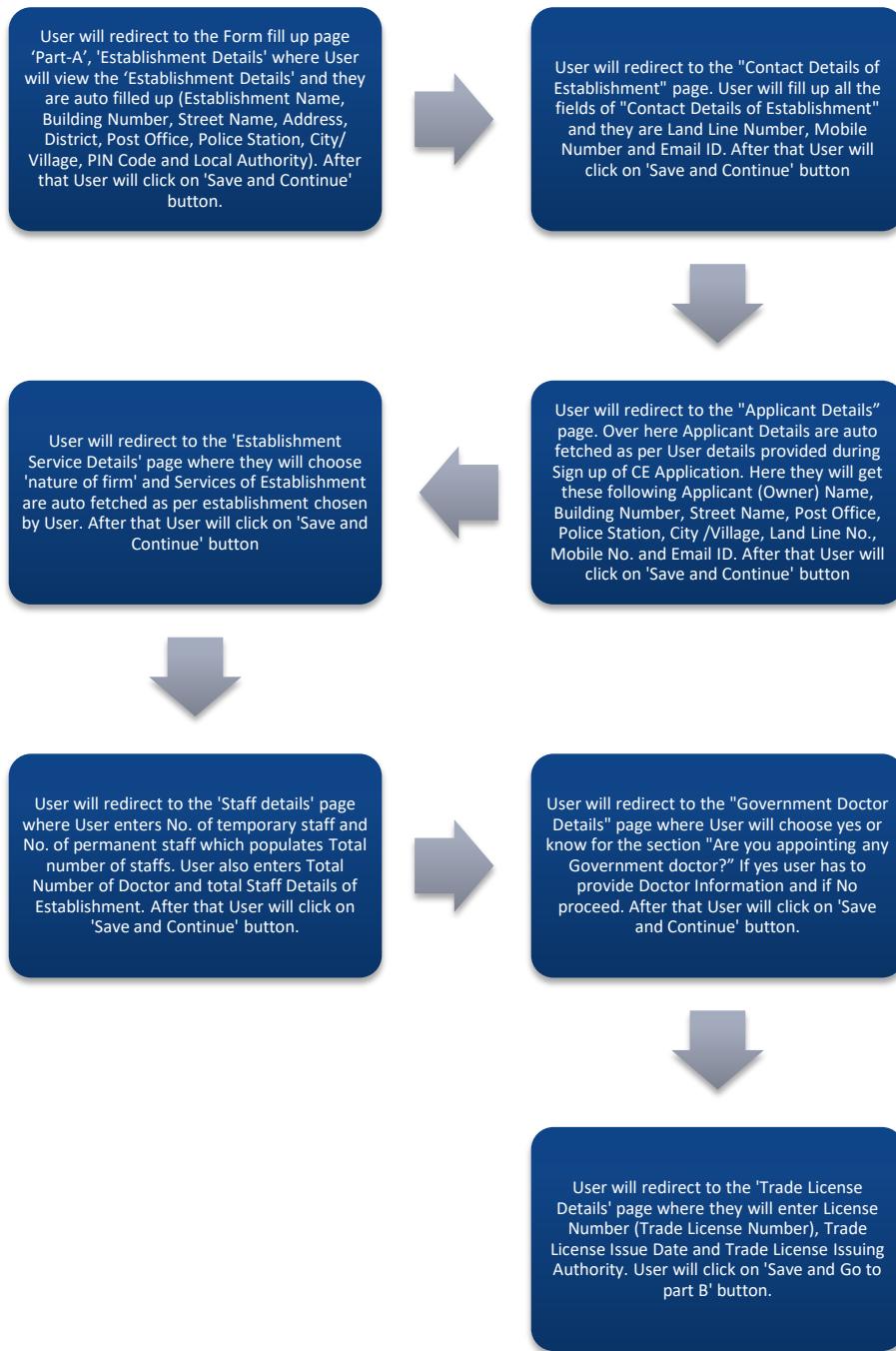
After payment is completed through GRIPS the user will select 'Already Paid' to proceed to renew license application. Detailed steps are discussed in section 6.1.5.2

6.1.6.1 Process Flow

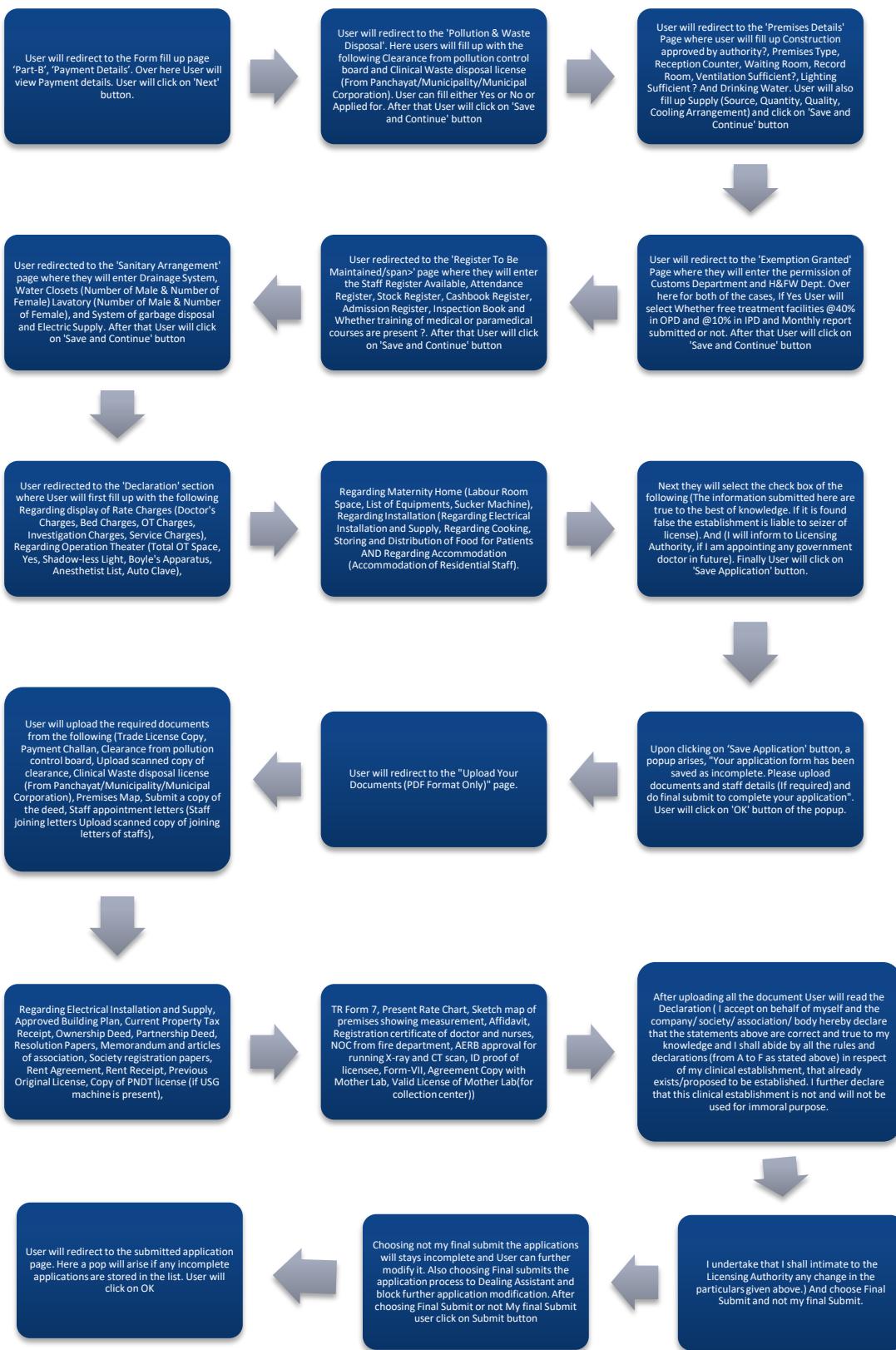
Already Paid for New License Application



Form fill up page 'Part-A'



Form fill up page 'Part-B'



6.1.6.2 *Detailed Steps*

Already Paid for New License Application

- ❖ After successful payment, User will return to the home page and click on 'Make an Application' box.
- ❖ User redirect to the payment confirmation page where they will select already paid option.
- ❖ User redirects to the page where user will apply for CE application. User will click on Apply button for renewal application

Form fill up page 'Part-A'

- ❖ User will redirect to the Form fill up page 'Part-A', 'Establishment Details' where User will view the 'Establishment Details' and they are auto filled up (Establishment Name, Building Number, Street Name, Address, District, Post Office, Police Station, City/ Village, PIN Code and Local Authority). After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the "Contact Details of Establishment" page. User will fill up all the fields of "Contact Details of Establishment" and they are Land Line Number, Mobile Number and Email ID. After that User will click on 'Save and Continue' button
- ❖ User will redirect to the "Applicant Details" page. Over here Applicant Details are auto fetched as per User details provided during Sign up of CE Application. Here they will get these following Applicant (Owner) Name, Building Number, Street Name, Post Office, Police Station, City /Village, Land Line No., Mobile No. and Email ID. After that User will click on 'Save and Continue' button
- ❖ User will redirect to the 'Establishment Service Details' page where they will choose 'nature of firm' and Services of Establishment are auto fetched as per establishment chosen by User. After that User will click on 'Save and Continue' button
- ❖ User will redirect to the 'Staff details' page where User enters No. of temporary staff and No. of permanent staff which populates Total number of staffs. User also enters Total Number of Doctor and total Staff Details of Establishment. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the "Government Doctor Details" page where User will choose yes or know for the section "Are you appointing any Government doctor?" If yes user has to provide Doctor Information and if No proceed. After that User will click on 'Save and Continue' button.
- ❖ User will redirect to the 'Trade License Details' page where they will enter License Number (Trade License Number), Trade License Issue Date and Trade License Issuing Authority. User will click on 'Save and Go to part B' button.

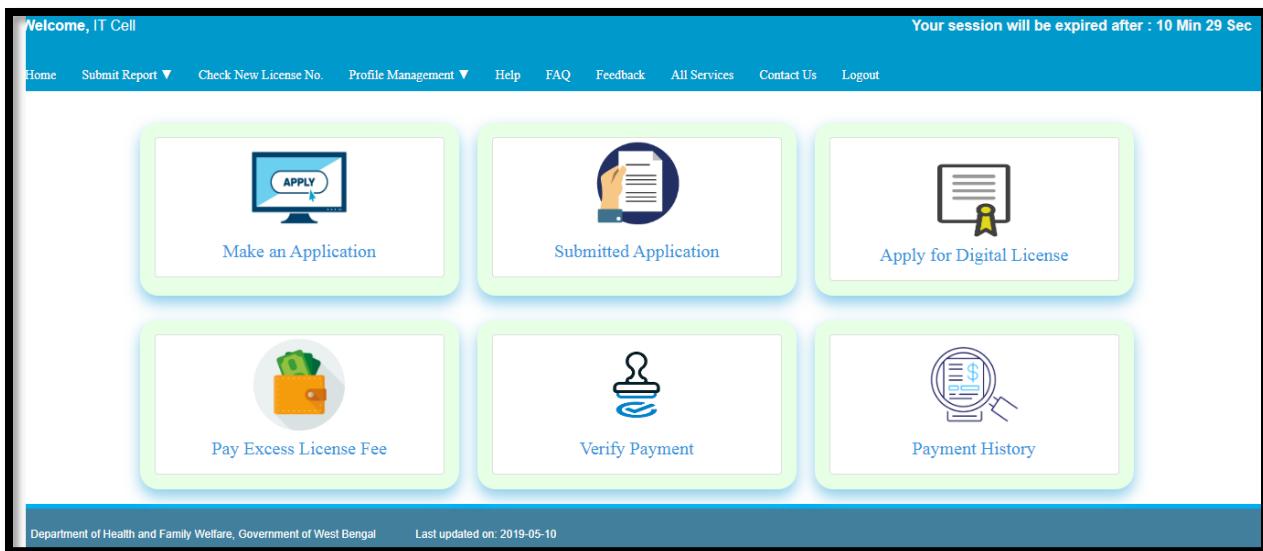
Form fill up page 'Part-B'

- ❖ User will redirect to the Form fill up page 'Part-B', 'Payment Details'. Over here User will view Payment details. User will click on 'Next' button.
- ❖ User will redirect to the 'Pollution & Waste Disposal'. Here users will fill up with the following Clearance from pollution control board and Clinical Waste disposal license (From Panchayat/Municipality/Municipal Corporation). User can fill either Yes or No or Applied for. After that User will click on 'Save and Continue' button
- ❖ User will redirect to the 'Premises Details' Page where user will fill up Construction approved by authority?, Premises Type, Reception Counter, Waiting Room, Record Room, Ventilation Sufficient?, Lighting Sufficient ? And Drinking Water. User will also fill up Supply (Source, Quantity, Quality, Cooling Arrangement) and click on 'Save and Continue' button
- ❖ User will redirect to the 'Exemption Granted' Page where they will enter the permission of Customs Department and H&FW Dept. Over here for both of the cases, If Yes User will select Whether free treatment facilities @40% in OPD and @10% in IPD and Monthly report submitted or not. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Register To Be Maintained/span>' page where they will enter the Staff Register Available, Attendance Register, Stock Register, Cashbook Register, Admission Register, Inspection Book and Whether training of medical or paramedical courses are present ?. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Sanitary Arrangement' page where they will enter Drainage System, Water Closets (Number of Male & Number of Female) Lavatory (Number of Male & Number of Female), and System of garbage disposal and Electric Supply. After that User will click on 'Save and Continue' button
- ❖ User redirected to the 'Declaration' section where User will first fill up with the following Regarding display of Rate Charges (Doctor's Charges, Bed Charges, OT Charges, Investigation Charges, Service Charges), Regarding Operation Theater (Total OT Space, Yes, Shadow-less Light, Boyle's Apparatus, Anesthetist List, Auto Clave),
- ❖ Regarding Maternity Home (Labour Room Space, List of Equipments, Sucker Machine), Regarding Installation (Regarding Electrical Installation and Supply, Regarding Cooking, Storing and Distribution of Food for Patients AND Regarding Accommodation (Accommodation of Residential Staff).
- ❖ Next they will select the check box of the following (The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license). And (I will inform to Licensing Authority, if I am appointing any government doctor in future). Finally User will click on 'Save Application' button.
- ❖ Upon clicking on 'Save Application' button, a popup arises, "Your application form has been saved as incomplete. Please upload documents and staff details (If required) and do final submit to complete your application". User will click on 'OK' button of the popup.
- ❖ User will redirect to the "Upload Your Documents (PDF Format Only)" page.

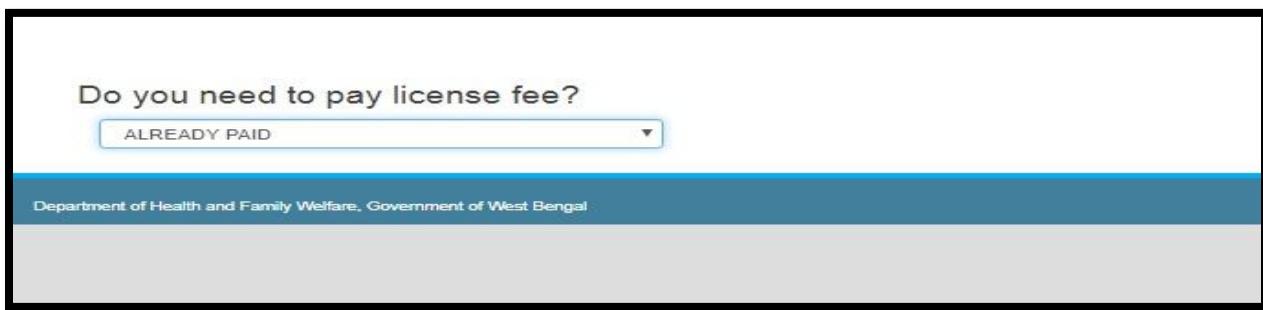
- ❖ User will upload the required documents from the following (Trade License Copy, Payment Challan, Clearance from pollution control board, Upload scanned copy of clearance, Clinical Waste disposal license (From Panchayat/Municipality/Municipal Corporation), Premises Map, Submit a copy of the deed, Staff appointment letters (Staff joining letters Upload scanned copy of joining letters of staffs),
- ❖ Regarding Electrical Installation and Supply, Approved Building Plan, Current Property Tax Receipt, Ownership Deed, Partnership Deed, Resolution Papers, Memorandum and articles of association, Society registration papers, Rent Agreement, Rent Receipt, Previous Original License, Copy of PNDT license (if USG machine is present),
- ❖ TR Form 7, Present Rate Chart, Sketch map of premises showing measurement, Affidavit, Registration certificate of doctor and nurses, NOC from fire department, AERB approval for running X-ray and CT scan, ID proof of licensee, Form-VII, Agreement Copy with Mother Lab, Valid License of Mother Lab(for collection center))
- ❖ After uploading all the document User will read the Declaration (I accept on behalf of myself and the company/ society/ association/ body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established. I further declare that this clinical establishment is not and will not be used for immoral purpose.
- ❖ I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.) And choose Final Submit and not my final Submit.
- ❖ Choosing not my final submit the applications will stays incomplete and User can further modify it. Also choosing Final submits the application process to Dealing Assistant and block further application modification. After choosing Final Submit or not My final Submit user click on Submit button
- ❖ User will redirect to the submitted application page. Here a pop will arise if any incomplete applications are stored in the list. User will click on OK

6.1.6.3 Screen Details

After successful payment, User will return to the home page and click on ‘Make an Application’ box.



User redirect to the payment confirmation page where they will select already paid option



User redirects to the page where user will apply for CE application. User will click on Apply button for renewal application

List of Forms to be Applied								
Show: 10 ▾ entries		Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action
1500000024695	Renew	9830436559	9000	Online Payment	192019200230472541	Success	<button>APPLY</button>	
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	<button>APPLY</button>	
1500000013017	Renew	8902305623	999	Debit Card Payment	192017180152566385	Success	<button>APPLY</button>	

User will redirect to the Form fill up page 'Part-A', 'Establishment Details' where User will view the 'Establishment Details' and they are auto filled up (Establishment Name, Building Number, Street Name, Address, District, Post Office, Police Station, City/ Village, PIN Code and Local Authority). After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Establishment Details

Previous License No. *	Date of establishment of Center * *	Renewal for *
34215094	Date of Establishment	1 year
PT Verification No *	Professional Tax Verification No	
Establishment Name * *	SB POLYCLINIC	
Building Number * *	Street Name * *	Address *
35	Taltala	35, Taltala
District * *	Post Office * *	Police Station * *
Kolkata	Taltala	Taltala
City/ Village * *	PIN Code * *	Local Authority * *
Kolkata	700001	KMA
*		

Save and continue

User will redirect to the "Contact Details of Establishment" page. User will fill up all the fields of "Contact Details of Establishment" and they are Land Line Number, Mobile Number and Email ID. After that User will click on 'Save and Continue' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Contact Details of establishment

Land Line Number *	Mobile Number * *	Email ID * *
24454545	9874561230	t@t.com

Save and continue

User will redirect to the "Applicant Details" page. Over here Applicant Details are auto fetched as per User details provided during Sign up of CE Application. Here they will get these following Applicant (Owner) Name, Building Number, Street Name, Post Office, Police Station, City /Village, Land Line No., Mobile No. and Email ID. After that User will click on 'Save and Continue' button.

User will redirect to the 'Establishment Service Details' page where they will choose 'nature of firm' and Services of Establishment are auto fetched as per establishment chosen by User. After that User will click on 'Save and Continue' button

User will redirect to the 'Staff details' page where User enters No. of temporary staff and No. of permanent staff which populates Total number of staffs. User also enters Total Number of Doctor and total Staff Details of Establishment. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Staff Details						
No. of temporary staff * ?	No. of permanent staff * ?	Total number of staffs * ?				
<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="8"/>				
Total Number of Doctor * ?						
<input type="text" value="5"/>						
Staff Details of Establishment						
Category of Staff	Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appo Letter
--Select--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select--	<input checked="" type="radio"/> Yes <input type="radio"/> No
▶ You can enter staff record later. Please download the formatted excel. Click to Download!						

[Previous](#)
Save and continue

User will redirect to the "Government Doctor Details" page where User will choose yes or know for the section "Are you appointing any Government doctor?" If yes user has to provide Doctor Information and if No proceed. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Government Doctor Details						
Are you appointing any Government doctor ? * ?						
<input type="text" value="No"/>						
Previous Save and continue						

User will redirect to the 'Trade License Details' page where they will enter License Number (Trade License Number), Trade License Issue Date and Trade License Issuing Authority. User will click on 'Save and Go to part B' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-A

Trade License Details
Licence Number * i
TRD23456
Trade License Issue Date * i
04-02-2019
Trade License Issuing Authority * i
Test

Previous Save and Go To Part-B

User will redirect to the Form fill up page 'Part-B', 'Payment Details'. Over here User will view Payment details. User will click on 'Next' button.

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Payment Details

You Payment Details are as below

Challan Number	Date	Amount (Rs.)
192019200230472541	2019-04-30 02:04:38	9000

NEXT

User will redirect to the 'Pollution & Waste Disposal'. Here users will fill up with the following Clearance from pollution control board and Clinical Waste disposal license (From Panchayat/ Municipality/ Municipal Corporation). User can fill either Yes or No or Applied for. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Pollution & Waste Disposal

Clearance from pollution control board YES NO APPLIED FOR *
 Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation) YES NO APPLIED FOR *

[Previous](#) [Save and continue](#)

User will redirect to the 'Premises Details' Page where user will fill up Construction approved by authority?, Premises Type, Reception Counter, Waiting Room, Record Room, Ventilation Sufficient?, Lighting Sufficient ? For Drinking Water, User will also fill up Supply (Source, Quantity, Quality, Cooling Arrangement) and click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Premises Details

Construction approved by authority? <input type="radio"/> YES <input checked="" type="radio"/> NO	Premises Type * <input type="radio"/> Owned by Owner	
Reception Counter <input type="radio"/> YES <input checked="" type="radio"/> NO	Waiting Room <input type="radio"/> YES <input checked="" type="radio"/> NO	Record Room <input type="radio"/> YES <input checked="" type="radio"/> NO
Ventilation Sufficient? <input type="radio"/> YES <input checked="" type="radio"/> NO	Lighting Sufficient <input type="radio"/> YES <input checked="" type="radio"/> NO	

Drinking Water Supply

Source <input type="radio"/> Piped water supply <input type="radio"/> Underground <input type="radio"/> Others	Quantity <input type="radio"/> Adequate <input checked="" type="radio"/> Inadequate
Quality <input type="radio"/> Satisfactory <input checked="" type="radio"/> Unsatisfactory	Cooling Arrangement <input type="radio"/> Provided <input checked="" type="radio"/> Not Provided

[Previous](#) [Save and continue](#)

User will redirect to the 'Exemption Granted' Page where they will enter the permission of Customs Department and H&FW Dept. Over here for both of the cases, If Yes User will select Whether free treatment facilities @40% in OPD and @10% in IPD and Monthly report submitted or not. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Exemption Granted

Customs Department <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Applied for	H&FW Dept <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Applied for				
Customs Dept Exemption <table border="0"> <tr> <td>Whether free treatment facilities @40% in OPD and @10% in IPD</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td>Monthly report submitted</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>		Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No
Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Health & Welfare Department Dept Exemption <table border="0"> <tr> <td>Whether free treatment facilities @40% in OPD and @10% in IPD</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td>Monthly report submitted</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>		Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No
Whether free treatment facilities @40% in OPD and @10% in IPD	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monthly report submitted	<input checked="" type="radio"/> Yes <input type="radio"/> No		

[Previous](#) [Save and continue](#)

User redirected to the 'Register To Be Maintained' page where they will enter the Staff Register Available, Attendance Register, Stock Register, Cashbook Register, Admission Register, Inspection Book and Whether training of medical or paramedical courses are present ?. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Register To Be Maintained

Staff Register Available <input checked="" type="radio"/> Present <input type="radio"/> Absent	Attendance Register <input checked="" type="radio"/> Present <input type="radio"/> Absent	Stock Register <input checked="" type="radio"/> Present <input type="radio"/> Absent
Cashbook Register <input checked="" type="radio"/> Present <input type="radio"/> Absent	Admission Register <input checked="" type="radio"/> Present <input type="radio"/> Absent	Inspection Book <input checked="" type="radio"/> Present <input type="radio"/> Absent

Whether training of medical or paramedical courses are present ? Yes No

Whether approved by State medical council/Govt. of west bengal ? Yes No

[Previous](#) [Save and continue](#)

User redirected to the 'Sanitary Arrangement' page where they will enter Drainage System, Water Closets (Number of Male & Number of Female) Lavatory (Number of Male & Number of Female), and System of garbage disposal and Electric Supply. After that User will click on 'Save and Continue' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)

PART-B

Sanitary Arrangement

Drainage System Covered Uncovered

Water Closets

Number of Male *

Number of Female *

Lavatory

Number of Male *

Number of Female *

System of garbage disposal Own arrangement Other

Electric Supply Generator Govt. Supply Both

[Previous](#) [Save and Next](#)

User redirected to the 'Declaration' section where User will first fill up with the following Regarding display of Rate Charges (Doctor's Charges, Bed Charges, OT Charges, Investigation Charges, Service Charges), Regarding Operation Theater (Total OT Space, Yes, Shadow-less Light, Boyle's Apparatus, Anesthetist List, Auto Clave),

Regarding Maternity Home (Labour Room Space, List of Equipments, Sucker Machine), Regarding Installation (Regarding Electrical Installation and Supply, Regarding Cooking, Storing and Distribution of Food for Patients AND Regarding Accommodation (Accommodation of Residential Staff).

Next they will select the check box of the following (The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license). And (I will inform to Licensing Authority, if I am appointing any government doctor in future). Finally User will click on 'Save Application' button

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 8)



PART-B

Declaration

Regarding display of Rate Charges

Doctor's Charges	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Bed Charges	<input checked="" type="radio"/> Present <input type="radio"/> Absent
OT Charges	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Investigation Charges	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Service Charges	<input checked="" type="radio"/> Present <input type="radio"/> Absent

Regarding Operation Theater

Total OT Space	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Yes	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Shadow-less Light	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Boyle's Apparatus	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Anaesthetist List	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Auto Clave	<input checked="" type="radio"/> Present <input type="radio"/> Absent

Regarding Maternity Home

Labour Room Space	1234	SQFT
List of Equipments	<input checked="" type="radio"/> Present <input type="radio"/> Absent	
Sucker Machine	<input checked="" type="radio"/> Present <input type="radio"/> Absent	

Regarding Installation

Regarding Electrical Installation and Supply	<input checked="" type="radio"/> Present <input type="radio"/> Absent
Regarding Cooking, Storing and Distribution of Food for Patients	<input checked="" type="radio"/> Provided <input type="radio"/> Not Provided

Regarding Accommodation

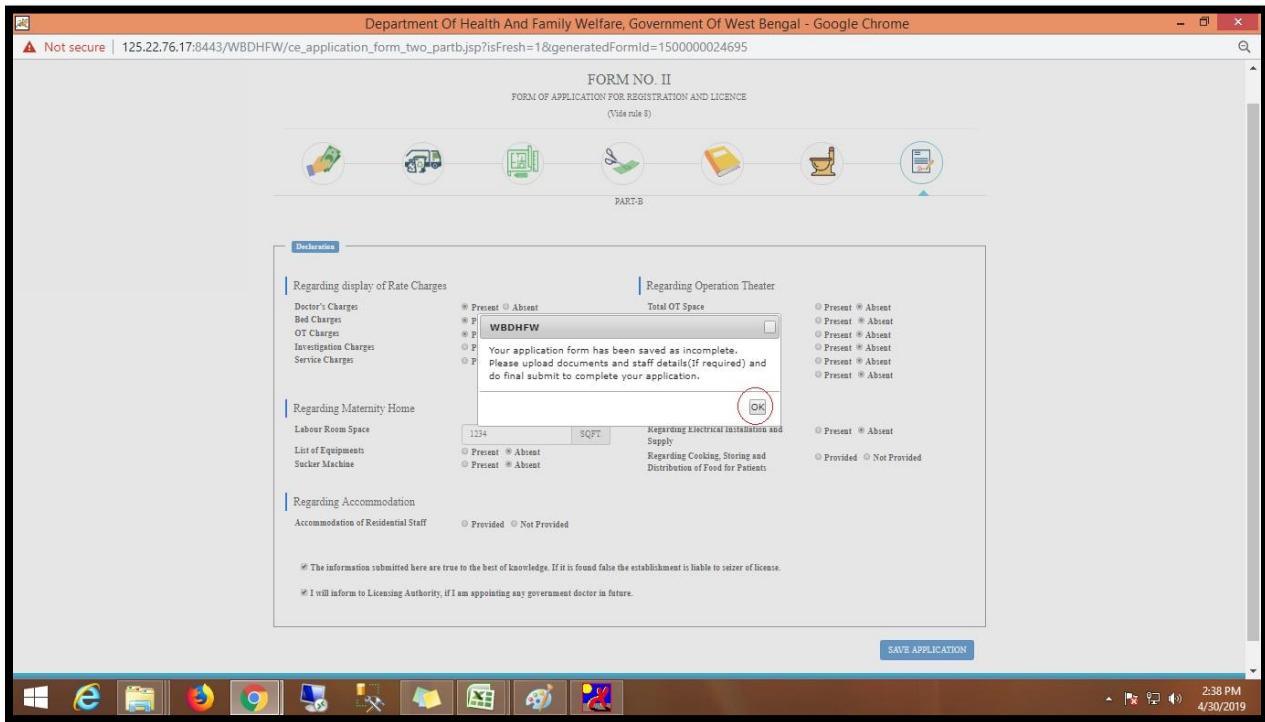
Accommodation of Residential Staff	<input checked="" type="radio"/> Provided <input type="radio"/> Not Provided
------------------------------------	--

The information submitted here are true to the best of knowledge. If it is found false the establishment is liable to seizer of license.

I will inform to Licensing Authority, if I am appointing any government doctor in future.

SAVE APPLICATION

Upon clicking on 'Save Application' button, a popup arises, "Your application form has been saved as incomplete. Please upload documents and staff details (If required) and do final submit to complete your application". User will click on 'OK' button of the popup



User will redirect to the "Upload Your Documents (PDF Format Only)" page.

The screenshot shows a page titled "FORM NO. II" and "FORM OF APPLICATION FOR REGISTRATION AND LICENCE". The main heading is "Upload Your Documents (PDF Format Only)". Below this, there are several file upload fields with "Choose File" buttons:

- Trade License Copy: Choose File [Challan-No-TNS-280.pdf] Upload scanned copy of trade licence
- Payment Challan: Choose File [No file chosen] Upload scanned copy of challan
- Clearance from pollution control board: Choose File [No file chosen] Upload scanned copy of clearance
- Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation): Choose File [No file chosen] Upload scanned copy of licence
- Premises Map: Choose File [No file chosen] Submit a copy of the deed
- Staff appointment letters: Choose File [No file chosen] Upload scanned copy of appointment letters of staffs.
- Staff joining letters: Choose File [No file chosen] Upload scanned copy of joining letters of staffs.
- Regarding Electrical Installation and Supply: Choose File [No file chosen] Upload scanned copy of certificate from competent authority regarding installation and safety norms as per law of the land.
- Approved Building Plan: Choose File [No file chosen]
- Current Property Tax Receipt: Choose File [No file chosen]

User will upload the required documents from the following (Trade License Copy, Payment Challan, Clearance from pollution control board, Upload scanned copy of clearance, Clinical Waste disposal license (From Panchayat/Municipality/Municipal Corporation), Premises Map, Submit a copy of the deed, Staff appointment letters (Staff joining letters Upload scanned copy of joining letters of staffs),

Regarding Electrical Installation and Supply, Approved Building Plan, Current Property Tax Receipt, Ownership Deed, Partnership Deed, Resolution Papers, Memorandum and articles of association, Society registration papers, Rent Agreement, Rent Receipt, Previous Original License, Copy of PNDT license (if USG machine is present),

TR Form 7, Present Rate Chart, Sketch map of premises showing measurement, Affidavit, Registration certificate of doctor and nurses, NOC from fire department, AERB approval for running X-ray and CT scan, ID proof of licensee, Form-VII, Agreement Copy with Mother Lab, Valid License of Mother Lab(for collection center))

Rent Agreement	<input type="button" value="Choose File"/> No file chosen
Rent Receipt	<input type="button" value="Choose File"/> No file chosen
Previous Original Licence	<input type="button" value="Choose File"/> No file chosen
Copy of PNDT licence (if USG machine is present)	<input type="button" value="Choose File"/> No file chosen
TR Form 7	<input type="button" value="Choose File"/> No file chosen
Present Rate Chart	<input type="button" value="Choose File"/> No file chosen
Sketch map of premises showing measurement	<input type="button" value="Choose File"/> No file chosen
Affidavit	<input type="button" value="Choose File"/> No file chosen
Registration certificate of doctor and nurses	<input type="button" value="Choose File"/> No file chosen
NOC from fire department	<input type="button" value="Choose File"/> No file chosen
AERB approval for running X-ray and CT scan	<input type="button" value="Choose File"/> No file chosen
ID proof of licensee	<input type="button" value="Choose File"/> No file chosen
Form-VII	<input type="button" value="Choose File"/> No file chosen
Agreement Copy with Mother Lab	<input type="button" value="Choose File"/> No file chosen
Valid License of Mother Lab(for collection center)	<input type="button" value="Choose File"/> No file chosen

I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

Declaration *

-- SELECT --
-- SELECT --
This is my final submit. I don't have anything pending to upload
This is not my final submit. I have to upload and edit

After uploading all the document User will read the Declaration (I accept on behalf of myself and the company/ society/ association/ body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established. I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.) And choose Final Submit and not my final Submit.

Choosing not my final submit the applications will stays incomplete and User can further modify it. Also choosing Final submits the application process to Dealing Assistant and block further application modification. After choosing Final Submit or not My final Submit user click on Submit button

The screenshot shows a form with various file upload fields and declaration text. The fields include:

- Rent Agreement: Choose File | No file chosen
- Rent Receipt: Choose File | No file chosen
- Previous Original Licence: Choose File | No file chosen
- Copy of PNDT licence (if USG machine is present): Choose File | No file chosen
- TR Form 7: Choose File | No file chosen
- Present Rate Chart: Choose File | No file chosen
- Sketch map of premises showing measurement: Choose File | No file chosen
- Affidavit: Choose File | No file chosen
- Registration certificate of doctor and nurses: Choose File | No file chosen
- NOC from fire department: Choose File | No file chosen
- ERB approval for running X-ray and CT scan: Choose File | No file chosen
- ID proof of licensee: Choose File | No file chosen
- Form-VII: Choose File | No file chosen
- Agreement Copy with Mother Lab: Choose File | No file chosen
- License of Mother Lab (for collection center): Choose File | No file chosen

Declaration text:

I accept on behalf of myself and the company/society/association/body hereby declare that the statements above are correct and true to my knowledge and I shall abide by all the rules and declarations (from A to F as stated above) in respect of my clinical establishment, that already exists/proposed to be established.

I further declare that this clinical establishment is not and will not be used for immoral purpose.

I undertake that I shall intimate to the Licensing Authority any change in the particulars given above.

Declaration * This is my final submit. I don't have anything pending to upload

User will redirect to the submitted application page. Here a pop will arise if any incomplete applications are stored in the list. User will click on OK

Your Submitted Applications

Show 19 entries

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
150000024495	Renew	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action
150000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action
150000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Licence Issued	Action
150000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action
150000024683	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Action

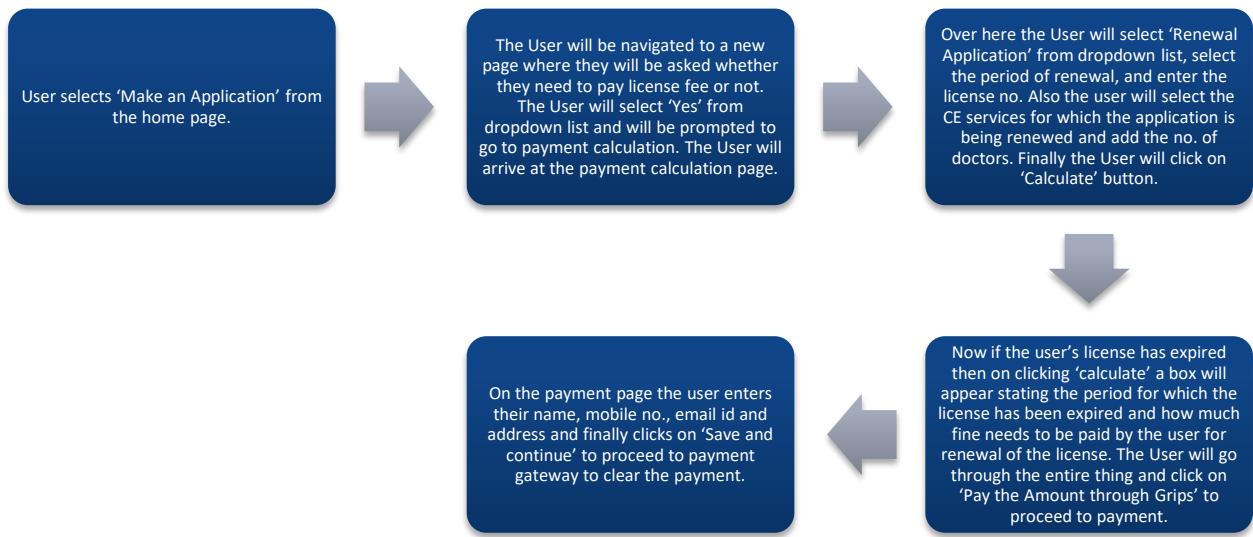
Showing 1 to 5 of 5 entries

Department of Health and Family Welfare, Government of West Bengal

6.1.7 Renewal Penalty Calculation

User selects 'Make an Application' from the home page. The User will be navigated to a new page where they will be asked whether they need to pay license fee or not. The User will select 'Yes' from dropdown list and will be prompted to go to payment calculation. The User will arrive at the payment calculation page. Over here the User will select 'Renewal Application' from dropdown list, select the period of renewal, and enter the license no. Also the user will select the CE services for which the application is being renewed and add the no. of doctors. Finally the User will click on 'Calculate' button. Now if the user's license has expired then on clicking 'calculate' a box will appear stating the period for which the license has been expired and how much fine needs to be paid by the user for renewal of the license. The User will go through the entire thing and click on 'Pay the Amount through Grips' to proceed to payment. On the payment page the user enters their name, mobile no., email id and address and finally clicks on 'Save and continue' to proceed to payment gateway to clear the payment.

6.1.7.1 Process Flow



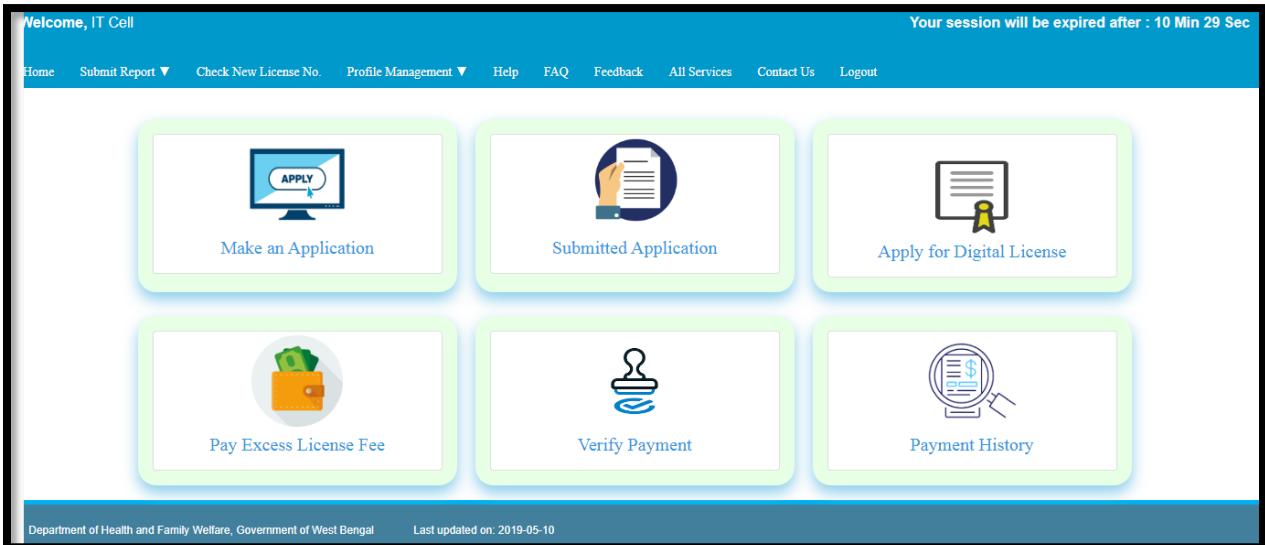
6.1.7.2 Details

- ❖ User selects 'Make an Application' from the home page.
- ❖ The User will be navigated to a new page where they will be asked whether they need to pay license fee or not. The User will select 'Yes' from dropdown list and will be prompted to go to payment calculation. The User will arrive at the payment calculation page.
- ❖ Over here the User will select 'Renewal Application' from dropdown list, select the period of renewal, and enter the license no. Also the user will select the CE services for which the application is being renewed and add the no. of doctors. Finally the User will click on 'Calculate' button.
- ❖ Now if the user's license has expired then on clicking 'calculate' a box will appear stating the period for which the license has been expired and how much fine needs to be paid by the user for renewal of the license. The User will go through the entire thing and click on 'Pay the Amount through Grips' to proceed to payment.

- ❖ On the payment page the user enters their name, mobile no., email id and address and finally clicks on ‘Save and continue’ to proceed to payment gateway to clear the payment.

6.1.7.3 Screen Details

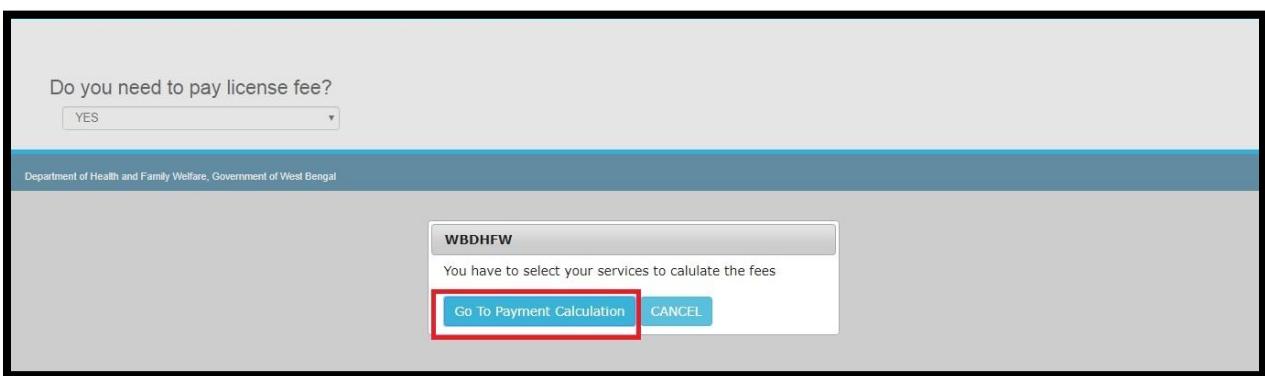
User selects ‘Make an Application’ from the home page.



The User will be navigated to a new page where they will be asked whether they need to pay license fee or not.



The User will select 'Yes' from dropdown list and will be prompted to go to payment calculation.



The User will arrive at the payment calculation page.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Select

Select Your CE Services

- OPD Services
- IPD Services (excluding special care/therapy beds)
- Pathology laboratory service
- Diagnostic Imaging service
- Ayurvedic
- Homeopathy
- Unani

Total Doctor (Including Polyclinic) 0

CALCULATE

Over here the User will select 'Renewal Application' from dropdown list, select the period of renewal, and enter the license no. Also the user will select the CE services for which the application is being renewed and add the no. of doctors. Finally the User will click on 'Calculate' button.

Calculate Your Application Fees and Proceed to Payment

Select Your Application Type
Renewal Application

Select Renewal Period
1 year

License No.
33715095

Select Your CE Services

- OPD Services
- IPD Services (excluding special care/therapy beds)
- Pathology laboratory service
- Diagnostic Imaging service
- Ayurvedic
- Homeopathy
- Unani

Total Doctor (Including Polyclinic) 4

CALCULATE

Now if the user's license has expired then on clicking 'calculate' a box will appear stating the period for which the license has been expired and how much fine needs to be paid by the user for renewal of the license. The User will go through the entire thing and click on 'Pay the Amount Through Grips' to proceed to payment.

Your License has been expired for 30 days as on 07-05-2019

You have to pay ₹ **24000** as License Renewal fee.

FEE BREAKUP	
License Fee	6000
Penalty Fee	18000
Total Payable Fee	24000 (Twenty Four Thousand Only)

PAY THE AMOUNT THROUGH GRIPS

On the payment page the user enters their name, mobile no., email id and address and finally clicks on 'Save and continue' to proceed to payment gateway to clear the payment.

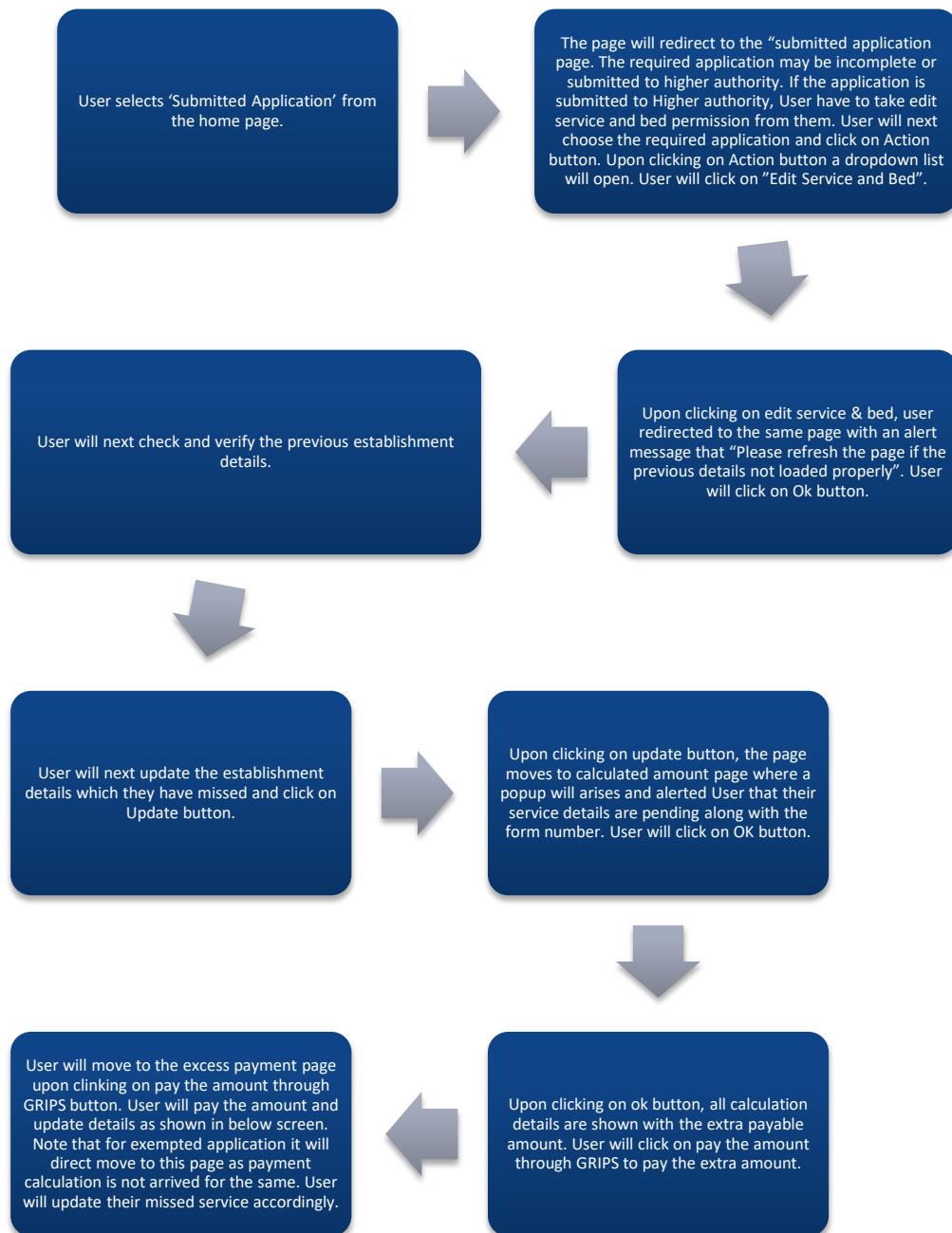
Payment

Depositor's Details	<table border="0" style="width: 100%;"><tr><td style="width: 45%;">Depositor's Name:*</td><td style="width: 5%;">:</td><td style="width: 50%;">Deposited By</td></tr><tr><td>Mobile No.:*</td><td>:</td><td>Mobile Number</td></tr><tr><td>Email Id:*</td><td>:</td><td>Email ID</td></tr><tr><td>Address:*</td><td>:</td><td><input type="text"/></td></tr></table>	Depositor's Name:*	:	Deposited By	Mobile No.:*	:	Mobile Number	Email Id:*	:	Email ID	Address:*	:	<input type="text"/>
Depositor's Name:*	:	Deposited By											
Mobile No.:*	:	Mobile Number											
Email Id:*	:	Email ID											
Address:*	:	<input type="text"/>											
Save and Continue													

6.1.8 Edit Service and Bed

After application is submitted to the respective Higher Authority or during incomplete application process in the User end, if User forget to add any establishment type or during incompetency their license date expired, then User has to go to "Edit Service and Bed" and update the same accordingly. Details are elaborated in 6.1.8.2.

6.1.8.1 Process Flow

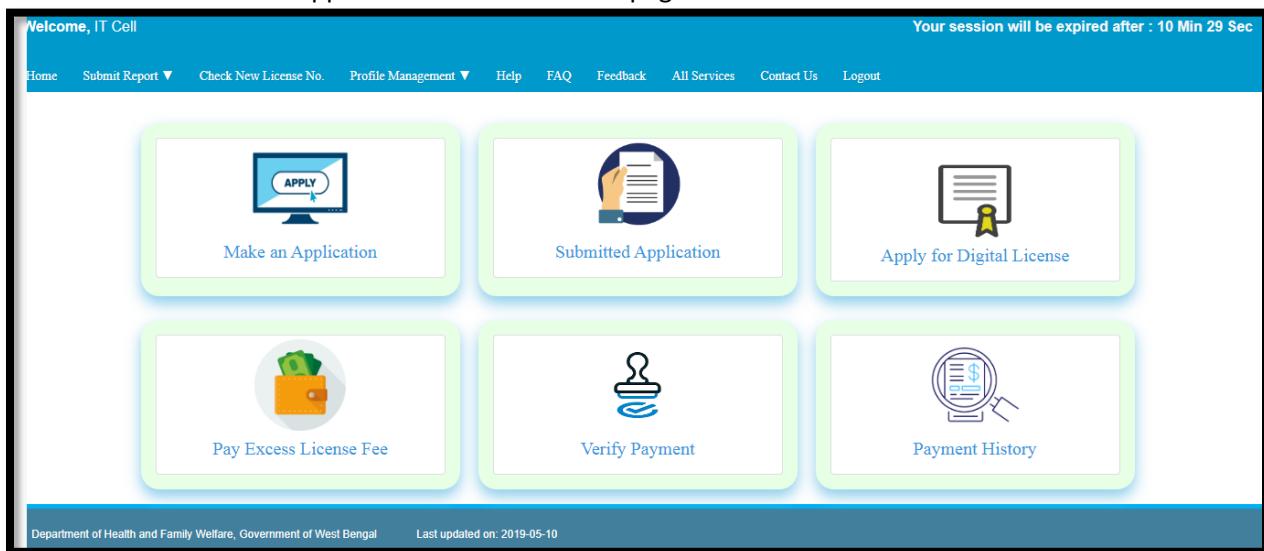


6.1.8.2 Details

- ❖ User selects ‘Submitted Application’ from the home page.
- ❖ The page will redirect to the “submitted application page. The required application may be incomplete or submitted to higher authority. If the application is submitted to higher authority, User has to take edit service and bed permission from them. User will next choose the required application and click on Action button. Upon clicking on Action button a dropdown list will open. User will click on “Edit Service and Bed”.
- ❖ Upon clicking on edit service & bed, user redirected to the same page with an alert message that “Please refresh the page if the previous details not loaded properly”. User will click on Ok button.
- ❖ User will next check and verify the previous establishment details.
- ❖ User will next update the establishment details which they have missed and click on Update button.
- ❖ Upon clicking on update button, the page moves to calculated amount page where a popup will arises and alerted User that their service details are pending along with the form number. User will click on OK button.
- ❖ Upon clicking on ok button, all calculation details are shown with the extra payable amount. User will click on pay the amount through GRIPS to pay the extra amount.
- ❖ User will move to the excess payment page upon clinking on pay the amount through GRIPS button. User will pay the amount and update details as shown in below screen. Note that for exempted application it will direct move to this page as payment calculation is not arrived for the same. User will update their missed service accordingly.

6.1.8.3 Screen Details

User selects ‘Submitted Application’ from the home page.



The page will redirect to the “submitted application page. The required application may be incomplete or submitted to higher authority. If the application is submitted to higher authority, User have to take edit service and bed permission from them. User will next choose the required application and click on Action button. Upon clicking on Action button a dropdown list will open. User will click on “Edit Service and Bed”.

Your Submitted Applications								
Show 10 entries								Search:
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date (dd-mm-yyyy)	Status	Action	
1500000037864	Renew	02-12-2019	HEALTH CARE MISSION	South 24 Parganas	Not fixed yet	Application Edit Permitted	Action ▾	
1500000037863	Renew	29-11-2019	HEALTH CARE MISSION	South 24 Parganas	Not fixed yet	Application Edit Permitted	Action ▾	
1500000033160	Renew	18-07-2019	HEALTH CARE MISSION	Kolkata	Not fixed yet	Licence Issue		
1500000032288	New	24-06-2019	HEALTH CARE MISSION	Howrah	Not fixed yet	Licence Issue		
1500000031750	Renew	12-06-2019	HEALTH CARE MISSION	Howrah	19-06-2019	Licence Issue		

Upon clicking on edit service & bed, user redirected to the same page with an alert message that “Please refresh the page if the previous details not loaded properly”. User will click on Ok button.

Please Refresh This Page
If Your Details Not Loaded Properly

OK

Select Renewal Period
1 year

License No.
34308978

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▶ Pathology laboratory service
 - Small Laboratory [Registration Fee: 5000 Renewal Fee: 3000]
 - Medium Laboratory [Registration Fee: 10000 Renewal Fee: 7000]
 - Large Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Collection Centre [Registration Fee: 3000 Renewal Fee: 2000]

User will next check and verify the previous establishment details.

Update Your CE Services and Bed Details

Select Renewal Period

License No.
34308978

Select Your CE Services

- ▶ OPD Services
- ▶ IPD Services (excluding special care/therapy beds)
- ▼ Pathology laboratory service
 - Small Laboratory [Registration Fee: 5000 Renewal Fee: 3000]
 - Medium Laboratory [Registration Fee: 10000 Renewal Fee: 7000]
 - Large Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Collection Centre [Registration Fee: 3000 Renewal Fee: 2000]
 - Genetic Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Any other Pathology laboratory [Registration Fee: 30000 Renewal Fee: 20000]
- ▼ Diagnostic Imaging service
 - X-Ray lab (Conventional) [Registration Fee: 10000 Renewal Fee: 7000]
 - X-Ray lab (Digital) [Registration Fee: 15000 Renewal Fee: 10000]
 - Mamography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Bone Densitometry lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Ultrasonography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Colour Doppler Imaging lab [Registration Fee: 10000 Renewal Fee: 7000]
 - CT Scan lab [Registration Fee: 20000 Renewal Fee: 15000]
 - Magnetic Resonance Imaging (MRI) lab [Registration Fee: 30000 Renewal Fee: 20000]
 - Positron Emission Tomography (PET) Scan lab [Registration Fee: 35000 Renewal Fee: 30000]
 - Echo-cardiography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electro-cardiography lab [Registration Fee: 5000 Renewal Fee: 3000]
 - Electro-encephalography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electromyography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Audiometry lab [Registration Fee: 5000 Renewal Fee: 3000]
 - Other Clinical Physiology [Registration Fee: 10000 Renewal Fee: 7000]
 - Angiography [Registration Fee: 25000 Renewal Fee: 20000]
- ▶ Ayurvedic
- ▶ Homeopathy
- ▶ Unani

Total Doctor (Including Polyclinic)

User will next update the establishment details which they have missed and click on Update button.

Update Your CE Services and Bed Details

Select Renewal Period

3 year ▾

License No.

34308978

Select Your CE Services

- OPD Services
- IPD Services (excluding special care/therapy beds)
- Pathology laboratory service
 - Small Laboratory[Registration Fee: 5000 Renewal Fee: 3000]
 - Medium Laboratory[Registration Fee: 10000 Renewal Fee: 7000]
 - Large Laboratory[Registration Fee: 20000 Renewal Fee: 15000]
 - Collection Centre [Registration Fee: 3000 Renewal Fee: 2000]
 - Genetic Laboratory [Registration Fee: 20000 Renewal Fee: 15000]
 - Any other Pathology laboratory [Registration Fee: 30000 Renewal Fee: 20000]
- Diagnostic Imaging service
 - X-Ray lab (Conventional)[Registration Fee: 10000 Renewal Fee: 7000]
 - X-Ray lab (Digital)[Registration Fee: 15000 Renewal Fee: 10000]
 - Mamography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Bone Densitometry lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Ultrasonography lab[Registration Fee: 10000 Renewal Fee: 7000]
 - Colour Doppler Imaging lab [Registration Fee: 10000 Renewal Fee: 7000]
 - CT Scan lab[Registration Fee: 20000 Renewal Fee: 15000]
 - Magnetic Resonance Imaging (MRI) lab[Registration Fee: 30000 Renewal Fee: 20000]
 - Positron Emission Tomography (PET) Scan lab [Registration Fee: 35000 Renewal Fee: 30000]
 - Echo-cardiography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electro-cardiography lab[Registration Fee: 5000 Renewal Fee: 3000]
 - Electro-encephalography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Electromyography lab [Registration Fee: 10000 Renewal Fee: 7000]
 - Audiometry lab [Registration Fee: 5000 Renewal Fee: 3000]
 - Other Clinical Physiology [Registration Fee: 10000 Renewal Fee: 7000]
 - Angiography [Registration Fee: 25000 Renewal Fee: 20000]
- Ayurvedic
- Homeopathy
- Unani

Total Doctor (Including Polyclinic) 0

UPDATE

Upon clicking on update button, the page moves to calculated amount page where a popup will arises and alerted User that their service details are pending along with the form number. User will click on OK button.

You have to pay ₹ **44100** as Extra License fee.

FEE BREAKUP		
Total License Fee	98700	
Previously Paid License Fee	54600	
Extra Payable Fee	44100	

Fee Breakup

Show [10] entries	Search:	
Sl. No.	Service Name	Amount (Rs.)
1	Pathology laboratory service:Medium Laboratory	21000
2	Diagnostic Imaging service:X-Ray lab (Conventional)	21000
3	Diagnostic Imaging service:Ultrasonography lab	21000
4	Gross Total:	63000
5	Penalty Fees (if any):	35700
6	Net Total:	98700

PAY THE AMOUNT THROUGH GRIPS

Upon clicking on ok button, all calculation details are shown with the extra payable amount. User will click on pay the amount through GRIPS to pay the extra amount.

You have to pay ₹ **44100** as Extra License fee.

FEE BREAKUP		
Total License Fee	98700	
Previously Paid License Fee	54600	
Extra Payable Fee	44100	

Fee Breakup

Show [10] entries	Search:	
Sl. No.	Service Name	Amount (Rs.)
1	Pathology laboratory service:Medium Laboratory	21000
2	Diagnostic Imaging service:X-Ray lab (Conventional)	21000
3	Diagnostic Imaging service:Ultrasonography lab	21000
4	Gross Total:	63000
5	Penalty Fees (if any):	35700
6	Net Total:	98700

PAY THE AMOUNT THROUGH GRIPS

User will move to the excess payment page upon clicking on pay the amount through GRIPS button.

Application Details

Form No. 1500000037863

Depositor's Details

Deposited By

Mobile No.: Mobile Number

Email Id.: Email ID

Address.*

Save and Continue

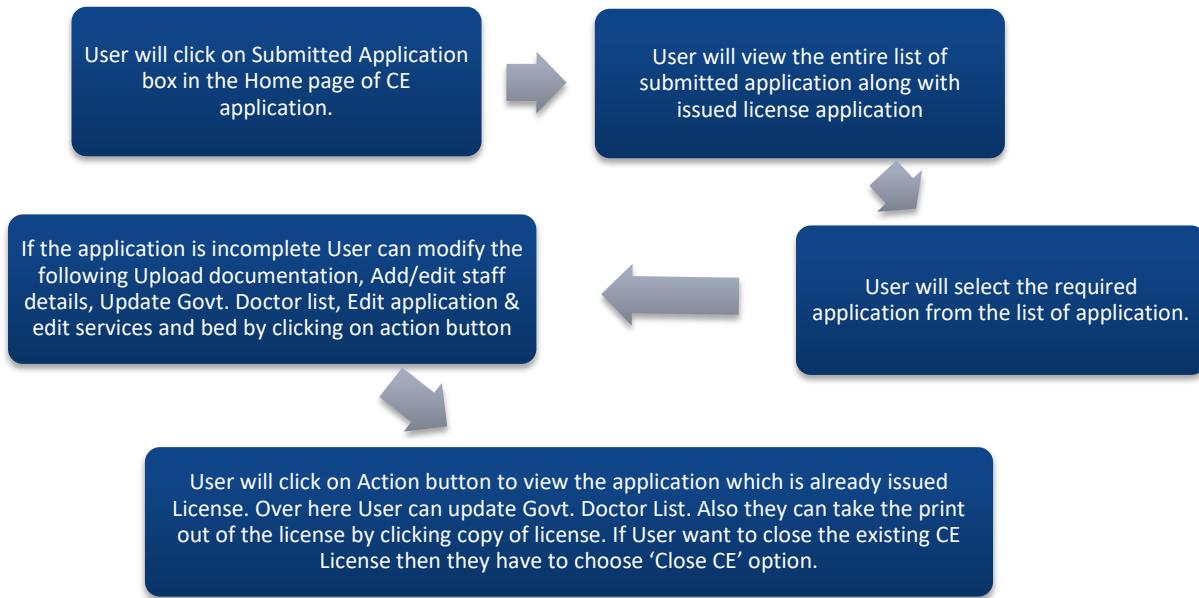
User will pay the amount and update details as shown in below screen. **Note that for exempted application it will direct move to this page as payment calculation is not arrived for the same.** User will update their missed service accordingly.

1500000037864	Renew	02-12-2019	HEALTH CARE MISSION	South 24 Parganas	Not fixed yet	Application Edit Permitted	Action ▾
1500000037863	Renew	29-11-2019	HEALTH CARE MISSION	South 24 Parganas	Not fixed yet	Application Edit Permitted ■ Application No. 1500000037863 is pending for payment of Rs.44100.00 Pay Now ■ Service Details Not Updated. Click to update	Action ▾

6.2 Submitted Application

After New or renew or Manual license form fill up it redirects to the Submitted application page. User can view completed or incomplete application here. Also User can view all the application whose licenses are already generated. User can take a copy of the license for the same.

6.2.1 Process Flow

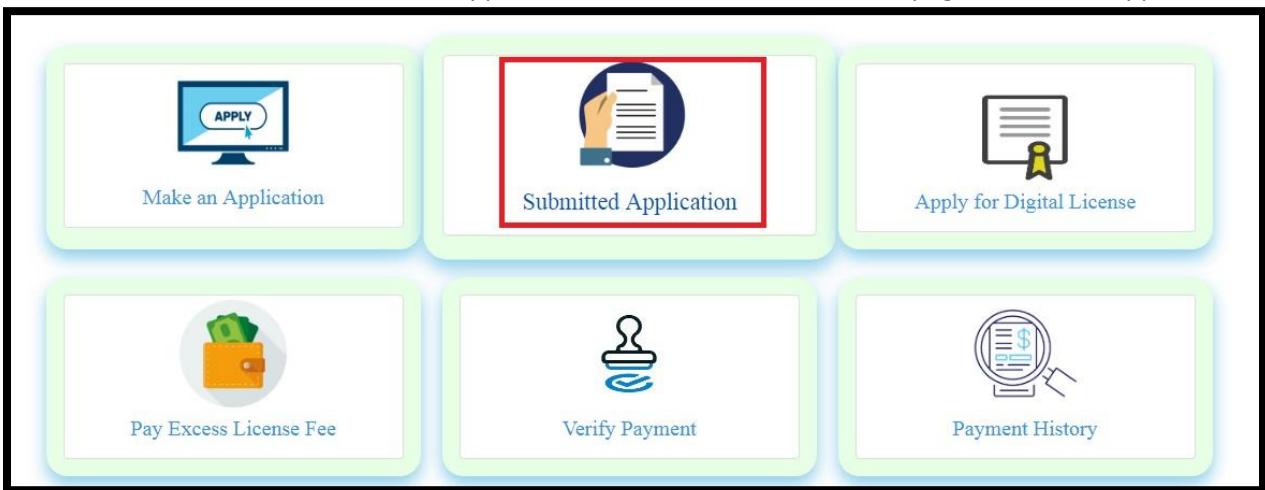


6.2.2 Details

- ❖ User will click on Submitted Application box in the Home page of CE application.
- ❖ User will view the entire list of submitted application along with issued license application
- ❖ User will select the required application from the list of application.
- ❖ If the application is incomplete User can modify the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed by clicking on action button
- ❖ User will click on Action button to view the application which is already issued License. Over here User can update Govt. Doctor List. Also they can take the print out of the license by clicking copy of license. If User want to close the existing CE License then they have to choose 'Close CE' option..

6.2.3 Screen Details

User will click on Submitted Application box in the Home page of CE application.



User will view the entire list of submitted application along with issued license application

Your Submitted Applications							
Show 10 entries		Search:					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Incomplete	Action ▾

Showing 1 to 2 of 2 entries

Department of Health and Family Welfare, Government of West Bengal

User will select the required application from the list of application.

Your Submitted Applications							
Show 10 entries		Search:					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024695	Renew	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Licence Issued	Action ▾
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Action ▾

Showing 1 to 5 of 5 entries

If the application is incomplete User can modify the following Upload documentation, Add/edit staff details, Update Govt. Doctor list, Edit application & edit services and bed by clicking on action button

Your Submitted Applications							
Show: 10	entries	Search:					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Incomplete	Action ▾

Showing 1 to 2 of 2 entries

User will click on Action button to view the application which is already issued License. Over here User can update Govt. Doctor List. Also they can take the print out of the license by clicking copy of license. If User want to close the existing CE License then they have to choose 'Close CE' option.

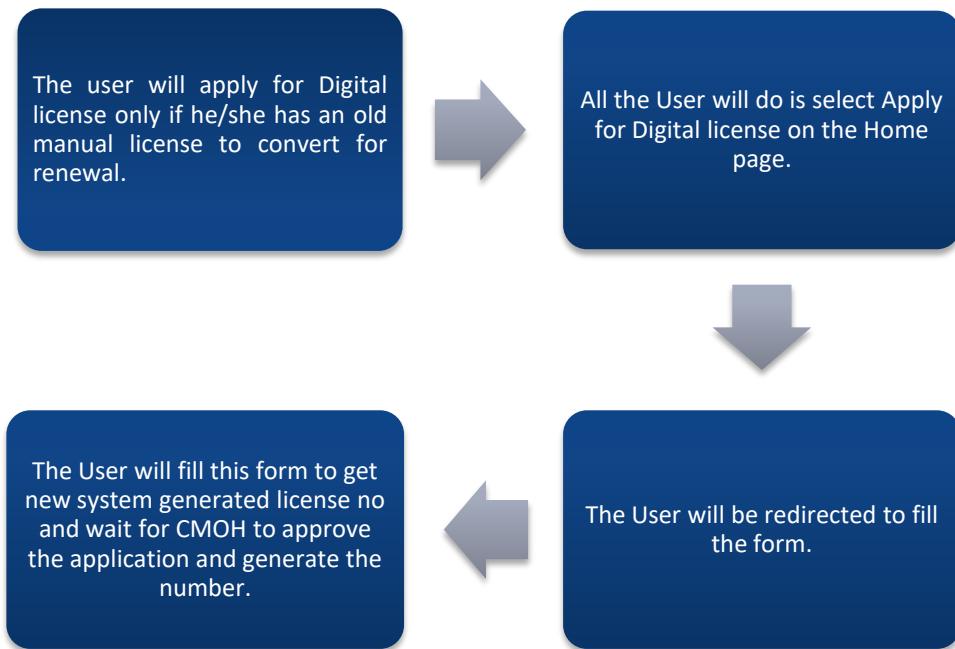
Your Submitted Applications							
Show: 10	entries	Search:					
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024695	Renew	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024694	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action ▾
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Licence Issued	Action ▾
1500000024689	New	26-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action ▾
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	Action ▾

Showing 1 to 5 of 5 entries

6.3 Apply For Digital License

The user will apply for Digital license only if he/she has an old manual license to convert for renewal. All the User will do is select Apply for Digital license on the Home page. The User will be redirected to fill the form. The User will fill this form to get new system generated license no and wait for CMOH to approve the application and generate the number.

6.3.1 Process Flow

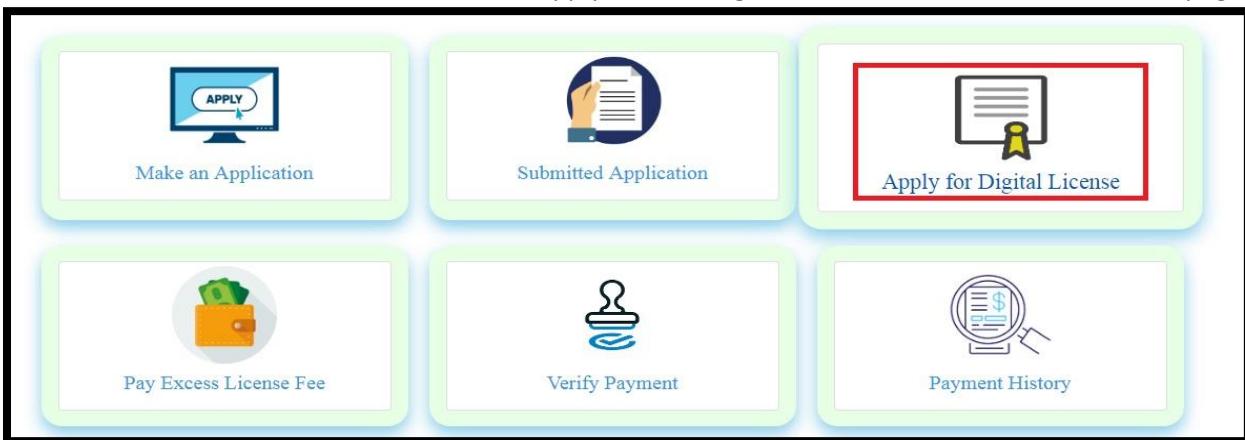


6.3.2 Details

- The user will apply for Digital license only if he/she has an old manual license to convert for renewal.
- All the User will do is select Apply for Digital license on the Home page.
- The User will be redirected to fill the form.
- The User will fill this form to get new system generated license no and wait for CMOH to approve the application and generate the number.

6.3.3 Screen Details

All the User will do is select Apply for Digital license on the Home page.



The User will be redirected to fill the form. A dialogue box will appear containing the reason why should the user fill this form. The user will read the message and click on 'ok' symbolizing that the user has understood the instruction.

Screenshot of the application form interface. At the top, there is a navigation bar with links: Home, Submit Report ▾, Check New License No., Profile Management ▾, and Logout. To the right of the navigation bar, it says "Your Session Will Expire In: 1797000". The main form title is "FORM NO. II" followed by "FORM OF APPLICATION FOR REGISTRATION AND LICENCE (Vide rule 8)". The form contains several input fields and dropdown menus. A modal dialog box is overlaid on the form, containing the text: "WBDHFW
If you have old manual license to convert for renewal, fill this form to get new system generated license no and wait for CMOH to approve the application and generate the number." An "OK" button is at the bottom right of the dialog box, which is highlighted with a red border.

The User will fill this form and click on submit to get new system generated license no and wait for CMOH to approve the application and generate the number.

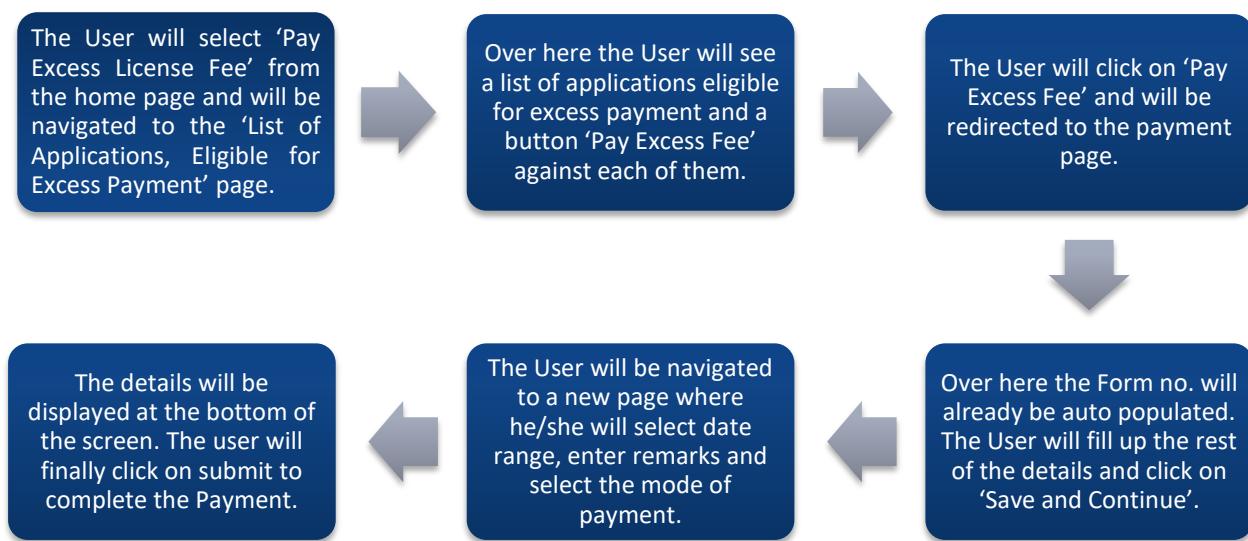
FORM NO. II	
FORM OF APPLICATION FOR REGISTRATION AND LICENCE	
(Vide rule 8)	
Name of establishment *	Test Laboratory
Paper License Number *	L1/23/TSH
Last Date of Renewal *	30-04-2019
License Issued On *	30-04-2016
Valid Upto *	30-04-2019
Address of establishment	
Building Number *	12
Address	12, DS Road
Post Office *	PO
City/Village *	Kolkata
Local Authority *	KMA
Street Name *	12, DS Road
District *	Kolkata
Police Station *	PS
PIN Code *	648578
Contact Details of establishment	
Landline	West Bengal
Mobile *	9874561230
Email *	t@t.com

Type of establishment	
Type Of The Establishment *	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Maternity Home <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Pathological Clinic/Lab <input checked="" type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input checked="" type="checkbox"/> X-ray Clinic <input type="checkbox"/> C.T Scan Center <input type="checkbox"/> U.S.G Center <input type="checkbox"/> E.C.G Clinic <input type="checkbox"/> OPD Center <input type="checkbox"/> MRI Center <input type="checkbox"/> Day Care Center <input type="checkbox"/> Day Care Center (With Bed) <input type="checkbox"/> Polyclinic <input type="checkbox"/> Physiotherapy Center <input type="checkbox"/> Other
<input checked="" type="checkbox"/> The information submitted here are true to the best of knowledge.	
<input type="button" value="SUBMIT"/>	

6.4 Pay Excess License Fee

The User will select 'Pay Excess License Fee' from the home page and will be navigated to the 'List of Applications, Eligible for Excess Payment' page. Over here the User will see a list of applications eligible for excess payment and a button 'Pay Excess Fee' against each of them. The User will click on 'Pay Excess Fee' and will be redirected to the payment page. Over here the Form no. will already be auto populated. The User will fill up the rest of the details and click on 'Save and Continue'. The User will be navigated to a new page where he/she will select date range, enter remarks and select the mode of payment. The details will be displayed at the bottom of the screen. The user will finally click on submit to complete the Payment.

6.4.1 Process Flow



6.4.2 Details

- The User will select 'Pay Excess License Fee' from the home page and will be navigated to the 'List of Applications, Eligible for Excess Payment' page.
- Over here the User will see a list of applications eligible for excess payment and a button 'Pay Excess Fee' against each of them.
- The User will click on 'Pay Excess Fee' and will be redirected to the payment page.
- Over here the Form no. will already be auto populated. The User will fill up the rest of the details and click on 'Save and Continue'.
- The User will be navigated to a new page where he/she will select date range, enter remarks and select the mode of payment.
- The details will be displayed at the bottom of the screen. The user will finally click on submit to complete the Payment.

6.4.3 Screen Details

The User will select 'Pay Excess License Fee' from the home page and will be navigated to the 'List of Applications, Eligible for Excess Payment' page.



Welcome, IT Cell

Home Submit Report ▾ Check New License No Profile Management ▾ Logout Your Session Will Expire In: 1797000

List of Applications, Eligible for Excess Payment

Show 10 entries							Search:
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Status	Pay	
1500000024688	New	26-04-2019	abc	Alipurduar	Processing	Pay Excess Fee	

Showing 1 to 1 of 1 entries

Department of Health and Family Welfare, Government of West Bengal

Over here the User will see a list of applications eligible for excess payment and a button 'Pay Excess Fee' against each of them.

List of Applications, Eligible for Excess Payment

Show 10 entries							Search:
Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Status	Pay	
1500000024688	New	26-04-2019	abc	Alipurduar	Processing	Pay Excess Fee	

Showing 1 to 1 of 1 entries

The User will click on 'Pay Excess Fee' and will be redirected to the payment page. Over here the Form no. will already be auto populated. The User will fill up the rest of the details and click on 'Save and Continue'.

Payment

Application Details

Form No. 1500000024688

Depositor's Details

Depositor's Name: * Deposited By [Input Field]

Mobile No.: * Mobile Number [Input Field]

Email Id: * Email ID [Input Field]

Address: * [Input Field]

Save and Continue

The User will be navigated to a new page where he/she will select date range, enter remarks and select the mode of payment. The details will be displayed at the bottom of the screen. The user will finally click on submit to complete the Payment.

Welcome, IT Cell

Home Submit Report ▾ Check New License No. Profile Management ▾ Logout Your Session Will Expire In: 1767000

Payment

Amount Details

From Date * From Date [Input Field] To Date * To Date [Input Field]

Remarks * Remarks [Input Field]

Payment Mode :* -- SELECT -- [Input Field]

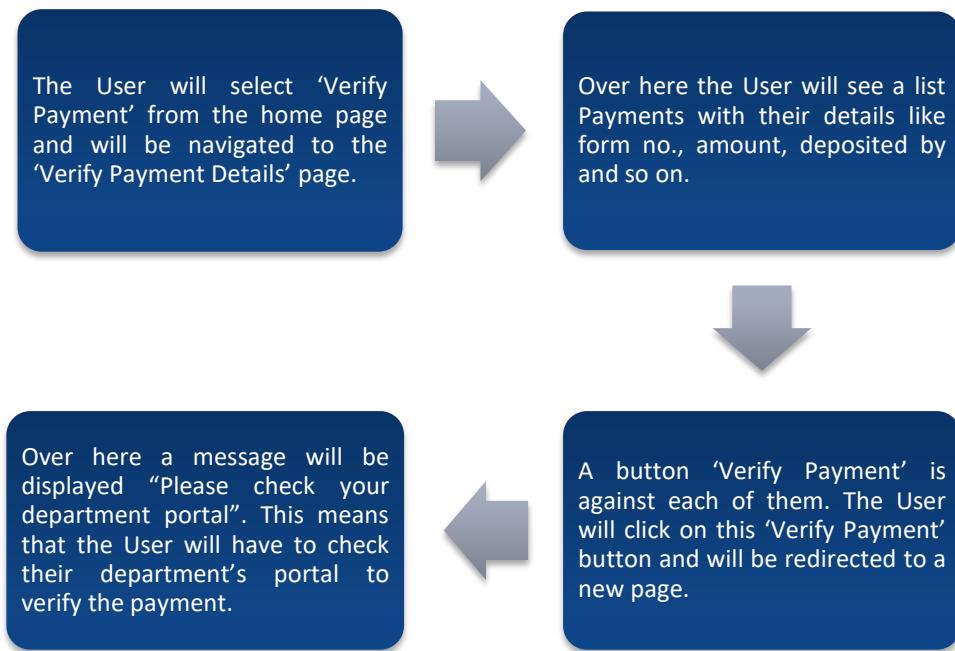
Payment Details			
SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	null

SUBMIT

6.5 Verify Payment

The User will select ‘Verify Payment’ from the home page and will be navigated to the ‘Verify Payment Details’ page. Over here the User will see a list Payments with their details like form no., amount, deposited by and so on. A button ‘Verify Payment’ is against each of them. The User will click on this ‘Verify Payment’ button and will be redirected to a new page. Over here a message will be displayed “Please check your department portal”. This means that the User will have to check their department’s portal to verify the payment.

6.5.1 Process Flow



6.5.2 Details

- ❖ The User will select ‘Verify Payment’ from the home page and will be navigated to the ‘Verify Payment Details’ page.
- ❖ Over here the User will see a list Payments with their details like form no., amount, deposited by and so on.
- ❖ A button ‘Verify Payment’ is against each of them. The User will click on this ‘Verify Payment’ button and will be redirected to a new page.
- ❖ Over here a message will be displayed “Please check your department portal”. This means that the User will have to check their department’s portal to verify the payment.

6.5.3 Screen Details

The User will select ‘Verify Payment’ from the home page and will be navigated to the ‘Verify Payment Details’ page.



Over here the User will see a list Payments with their details like form no., amount, deposited by and so on.

Verify Payment Details								
<input type="button" value="Show 10 entries"/> <input type="text" value="Search:"/>								
Form No	Deposited By	Mobile No	Amount	GRN No	Transaction Date	Action		
1500000024683	zxdc z	8902315624	5000		16-04-2019 05:27 PM	<input type="button" value="Verify Payment"/>		
1500000024682	TEST	9830436559	20000		16-04-2019 05:19 PM	<input type="button" value="Verify Payment"/>		
1500000024681	Test Test	9876543210	30000		16-04-2019 05:17 PM	<input type="button" value="Verify Payment"/>		
1500000024679	zxdc z	8902315624	5000		11-04-2019 07:36 PM	<input type="button" value="Verify Payment"/>		
1500000024678	zxdc z	8902315624	5000		11-04-2019 07:29 PM	<input type="button" value="Verify Payment"/>		
1500000024677	zxdc z	8902315624	5000		11-04-2019 07:25 PM	<input type="button" value="Verify Payment"/>		
1500000024676	Subrata Das	8902305623	10000		11-04-2019 07:20 PM	<input type="button" value="Verify Payment"/>		
1500000024675	zxdc z	8902315624	5000		11-04-2019 07:08 PM	<input type="button" value="Verify Payment"/>		

A button ‘Verify Payment’ is against each of them. The User will click on this ‘Verify Payment’ button and will be redirected to a new page.

Verify Payment Details						
Form No	Deposited By	Mobile No	Amount	GRN No	Transaction Date	Action
1500000024683	zxdc z	8902315624	5000		16-04-2019 05:27 PM	<button>Verify Payment</button>
1500000024682	TEST	9830436559	20000		16-04-2019 05:19 PM	<button>Verify Payment</button>
1500000024681	Test Test	9876543210	30000		16-04-2019 05:17 PM	<button>Verify Payment</button>
1500000024679	zxdc z	8902315624	5000		11-04-2019 07:36 PM	<button>Verify Payment</button>
1500000024678	zxdc z	8902315624	5000		11-04-2019 07:29 PM	<button>Verify Payment</button>
1500000024677	zxdc z	8902315624	5000		11-04-2019 07:25 PM	<button>Verify Payment</button>
1500000024676	Subrata Das	8902305623	10000		11-04-2019 07:20 PM	<button>Verify Payment</button>
1500000024675	zxdc z	8902315624	5000		11-04-2019 07:08 PM	<button>Verify Payment</button>

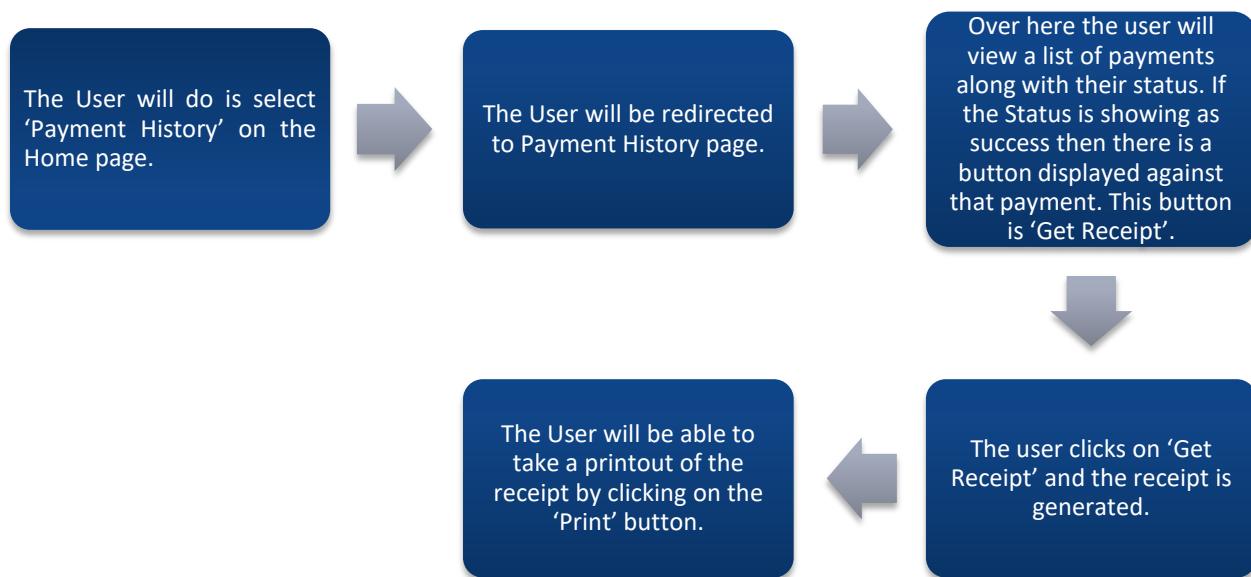
Over here a message will be displayed “Please check your department portal”. This means that the User will have to check their department's portal to verify the payment.



6.6 Payment History

The User will do is select ‘Payment History’ on the Home page. The User will be redirected to Payment History page. Over here the user will view a list of payments along with their status. If the Status is showing as success then there is a button displayed against that payment. This button is ‘Get Receipt’. The user clicks on ‘Get Receipt’ and the receipt is generated. The User will be able to take a printout of the receipt by clicking on the ‘Print’ button.

6.6.1 Process Flow

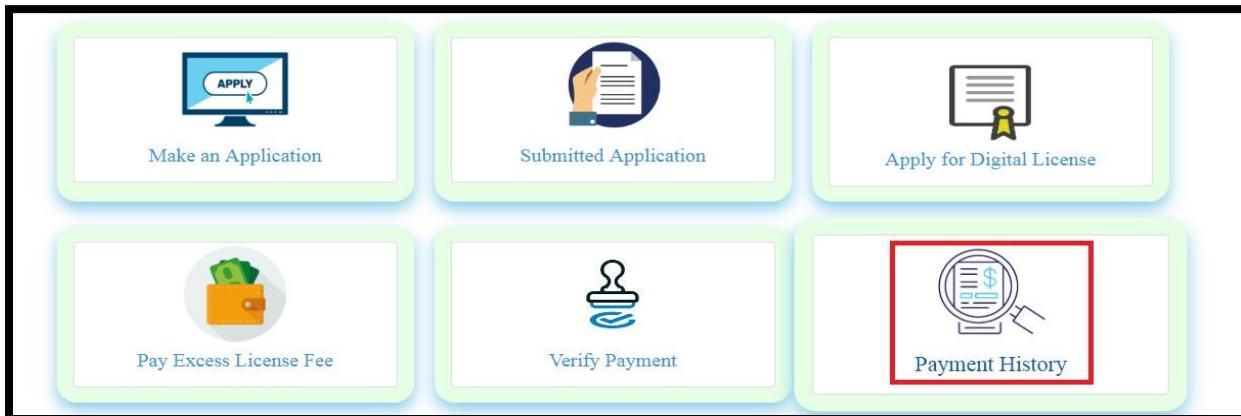


6.6.2 Details

- The User will do is select ‘Payment History’ on the Home page.
- The User will be redirected to Payment History page.
- Over here the user will view a list of payments along with their status. If the Status is showing as success then there is a button displayed against that payment. This button is ‘Get Receipt’.
- The user clicks on ‘Get Receipt’ and the receipt is generated.
- The User will be able to take a printout of the receipt by clicking on the ‘Print’ button.

6.6.3 Screen Details

The User will do is select 'Payment History' on the Home page.



The User will be redirected to Payment History page. Over here the user will view a list of payments along with their status.

Payment History							
Show 10 entries		Search:					
Form No	GRN No	Amount	Payment Mode	Status	Transaction Date	Action	
1500000024688	192019200230470121	25000	Online Payment	Success	17-04-2019 03:45 PM	<button>Get Receipt</button>	
1500000024683		5000	Online Payment	Not Verified	16-04-2019 05:27 PM	NA	
1500000024682		20000	Online Payment	Not Verified	16-04-2019 05:19 PM	NA	
1500000024681		30000	Online Payment	Not Verified	16-04-2019 05:17 PM	NA	
1500000024680	192019200230470041	10000	Online Payment	Success	16-04-2019 11:42 AM	<button>Get Receipt</button>	
1500000024679		5000	Online Payment	Not Verified	11-04-2019 07:36 PM	NA	
1500000024678		5000	Online Payment	Not Verified	11-04-2019 07:29 PM	NA	
1500000024677		5000	Online Payment	Not Verified	11-04-2019 07:25 PM	NA	
1500000024676		10000	Online Payment	Not Verified	11-04-2019 07:20 PM	NA	

If the Status is showing as success then there is a button displayed against that payment. This button is 'Get Receipt'.

Payment History							
Show 10 entries		Search:					
Form No	GRN No	Amount	Payment Mode	Status	Transaction Date	Action	
1500000024688	192019200230470121	25000	Online Payment	Success	17-04-2019 03:45 PM	<button>Get Receipt</button>	
1500000024683		5000	Online Payment	Not Verified	16-04-2019 05:27 PM	NA	
1500000024682		20000	Online Payment	Not Verified	16-04-2019 05:19 PM	NA	
1500000024681		30000	Online Payment	Not Verified	16-04-2019 05:17 PM	NA	
1500000024680	192019200230470041	10000	Online Payment	Success	16-04-2019 11:42 AM	<button>Get Receipt</button>	
1500000024679		5000	Online Payment	Not Verified	11-04-2019 07:36 PM	NA	
1500000024678		5000	Online Payment	Not Verified	11-04-2019 07:29 PM	NA	
1500000024677		5000	Online Payment	Not Verified	11-04-2019 07:25 PM	NA	
1500000024676		10000	Online Payment	Not Verified	11-04-2019 07:20 PM	NA	

The user clicks on 'Get Receipt' and the receipt is generated. The User will be able to take a printout of the receipt by clicking on the 'Print' button.

<p style="text-align: center;">Govt. of West Bengal Health & Family Welfare e-Challan</p> <p>GRN: 192019200230470121 Payment Mode: Online Payment GRN Date: 2019-04-17 00:00:00.0 Bank: TestBank01 BRN: testbank BRN Date: 2019-05-11 01:01:05.0</p> <p>DEPOSITOR'S DETAILS</p> <p>Name: Clinic Poly Id No.: 1500000024688 E-mail: surajit.roy.debu@gmail.com Mobile No. +91 9999999999 User Type: Depositor From Date: 2019-04-17 To Date: 2019-04-17 Address: 47/2B Selimpur Road, Dhakuria, Kolkata-700032 Remarks: Test</p> <hr/> <p>PAYMENT DETAILS</p> <table border="1"><thead><tr><th>Sl. No.</th><th>Identification No.</th><th>Head of A/C Description</th><th>Head Of A/C</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>1500000024688</td><td>Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)</td><td>0210-01-800-001-14</td><td>25000</td></tr></tbody></table> <p style="text-align: right;">Total Amount: 25000</p> <p style="text-align: center;">Print</p>					Sl. No.	Identification No.	Head of A/C Description	Head Of A/C	Amount	1	1500000024688	Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)	0210-01-800-001-14	25000
Sl. No.	Identification No.	Head of A/C Description	Head Of A/C	Amount										
1	1500000024688	Collection from Miscellaneous Service Fees-Service Fees (Clinical Establishment License Fee)	0210-01-800-001-14	25000										

7 Submit Report

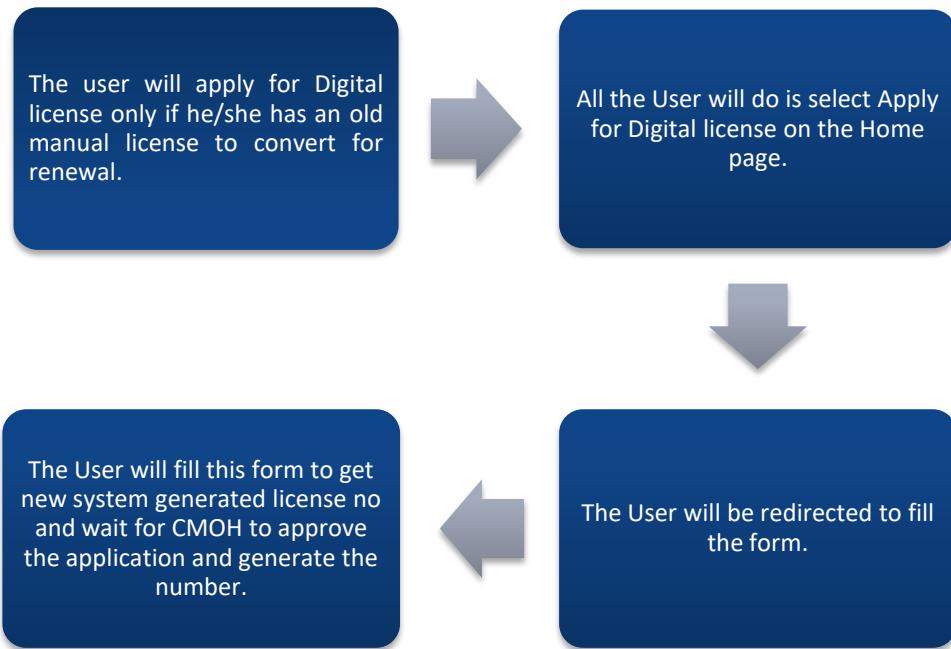
7.1 Submit Statistical information

After approval of license user can maintain the statistical information of reproductive and child health per month. User can enter one time for any month in the below mentioned format. It will show the total count.

Special Information: Reproductive and Child Health

Sl. No.	Description	Male	Female	Remarks
1	No of Pregnant Mother Admitted			
2	No of Maternal Deaths			
3	No. of Live Births :			
	• Normal Delivery			
	• Caesarean Delivery			
4	No. of Twin Deliveries			
5	No. of Still Births			
6	No. of Neonatal Deaths (within 24 hours of Birth)			
7	No. of Neonatal Deaths (within 1 week)			
8	No. of Neonatal Deaths (within 1 week to 28 days)			

7.1.1 Process Flow

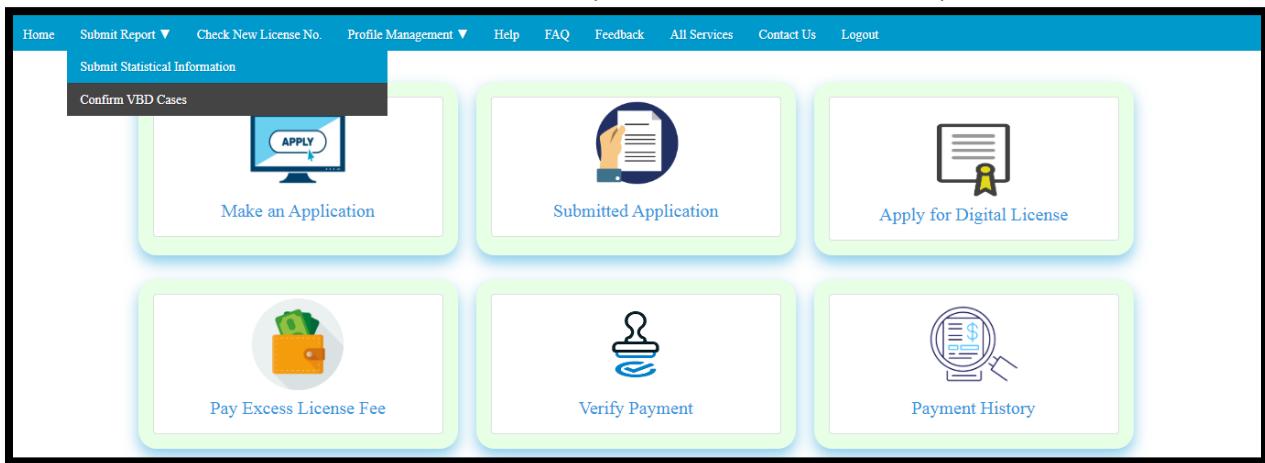


7.1.2 Details

- ❖ User will select “Submit Statistical Information” option from under “Submit Report” menu.
- ❖ User will be navigated to the form.
- ❖ User will enter the month and year first.
- ❖ User will choose the establishment name and it will automatically populate the general information of the establishment. After that user will enter all the Special Information: Reproductive and Child Health as mentioned below
- ❖ After submitting the data user cannot re enter the data? Only user can edit it.
- ❖ User will get this message for reentry for the same month.
- ❖ For editing the Statistical entry user will click on “Statistical Information” menus “view saved Statistical Information” section.
- ❖ User will view the saved statistical list.
- ❖ User will show the filled up form while clicking on view. User can edit the Special Information: Reproductive and Child Health or get back to the home page.

7.1.3 Screen Details

User will select “Submit Statistical Information” option from under “Submit Report” menu.



User will be navigated to the form.

A screenshot of a form titled 'Statistical Information'. The form has two dropdown menus at the top: 'For the Month *' and 'Year *'. Below this, there is a section titled 'A. General Information' containing three dropdown menus: '1. Name of the Establishment *', '2. Registration number of CE', and '3. Address Details'. Under 'Address Details', there are several input fields: 'Village/Town/City' (dropdown), 'Local Authority' (dropdown), 'District' (dropdown), 'PIN Code' (text input), 'Tel No (with STD Code)' (text input), 'Mobile' (text input), 'Email ID' (text input), and 'Website (if any)' (text input). A progress bar at the bottom indicates the form is partially completed.

User will enter the month and year first

Statistical Information

For the Month: * Year: *

A. General Information

1. Name of the Establishment: *

2. Registration number of CE

3. Address Details

Village/Town/City Local Authority

District PIN Code

Tel No. (with STD Code) Mobile:

Email ID: Website (if any):

User will choose the establishment name and it will automatically populate the general information of the establishment. After that user will enter all the Special Information: Reproductive and Child Health as mentioned below

B. Special Information: Reproductive and Child Health

Sl. No.	Description	Male	Female	Remarks
1	No. of Pregnant Mother Admitted	<input type="text" value="10"/>		
2	No. of Maternal Deaths		<input type="text" value="1"/>	
3	No. of Live Births	<input type="text" value="1"/>	<input type="text" value="1"/>	11 3
4	No. of Twin Deliveries	<input type="text" value="1"/>	<input type="text" value="1"/>	
5	No. of Still Births	<input type="text" value="1"/>	<input type="text" value="1"/>	
6	No. of Neonatal Deaths (within 24 hours of Birth)	<input type="text" value="1"/>	<input type="text" value="1"/>	
7	No. of Neonatal Deaths (within 1 week)	<input type="text" value="1"/>	<input type="text" value="1"/>	
8	No. of Neonatal Deaths (within 1 week to 28 days)	<input type="text" value="1"/>		

Submit

3. Special Information: Reproductive and Child Health

Sl. No.	Description	Male	Female	Remarks
1	No. of Pregnant Mother Admitted		50	
2	No. of Maternal Deaths		1	
3	No. of Live Births	1	1	11 3
4	No. of Twin Deliveries			Data Successfully Saved.
5	No. of SBH Births			OK
6	No. of Neonatal Deaths (within 24 hours of Birth)	1	1	
7	No. of Neonatal Deaths (within 1 week)	1	1	
8	No. of Neonatal Deaths (within 1 week to 28 days)	1	0	

Submit

After submitting the data user cannot re enter the data? Only user can edit it.

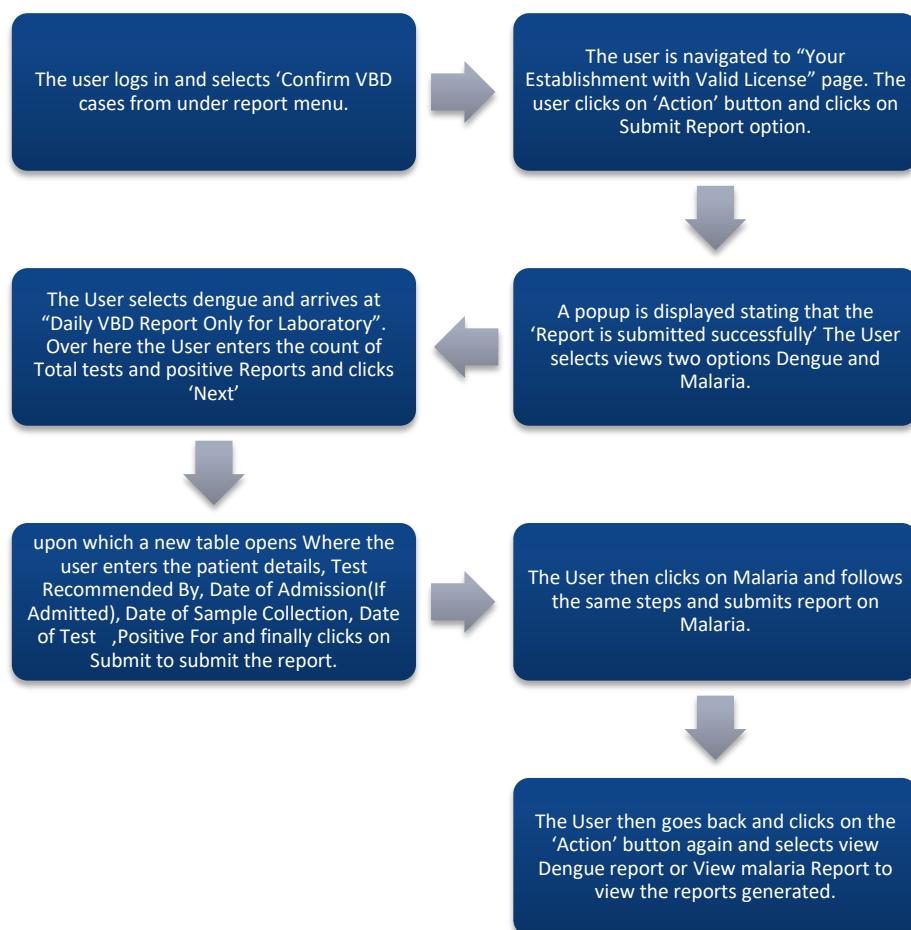
Sl. No.	Description	Male	Female	Remarks
1	No. of Pregnant Mother Admitted		12	
2	No. of Maternal Deaths		1	
3	No. of Live Births	1	1	Normal Delivery Cesarean Delivery
4	No. of Twin Deliveries			Data already Exists for this month!
5	No. of SBH Births			OK
6	No. of Neonatal Deaths (within 24 hours of Birth)	1	1	
7	No. of Neonatal Deaths (within 1 week)	1	1	
8	No. of Neonatal Deaths (within 1 week to 28 days)	1	0	

Submit

7.2 Confirm VBD Cases

The user logs in and selects 'Confirm VBD cases from under report menu. The user is navigated to "Your Establishment with Valid License" page. The user clicks on 'Action' button and clicks on Submit Report option. A popup is displayed stating that the 'Report is submitted successfully' The User selects views two options Dengue and Malaria. The User selects dengue and arrives at "Daily VBD Report Only for Laboratory". Over here the User enters the count of Total tests and positive Reports and clicks 'Next' upon which a new table opens Where the user enters the patient details, Test Recommended By, Date of Admission(If Admitted), Date of Sample Collection, Date of Test ,Positive For and finally clicks on Submit to submit the report. The User then clicks on Malaria and follows the same steps and submits report on Malaria. The User then goes back and clicks on the 'Action' button again and selects view Dengue report or View malaria Report to view the reports generated.

7.2.1 Process Flow

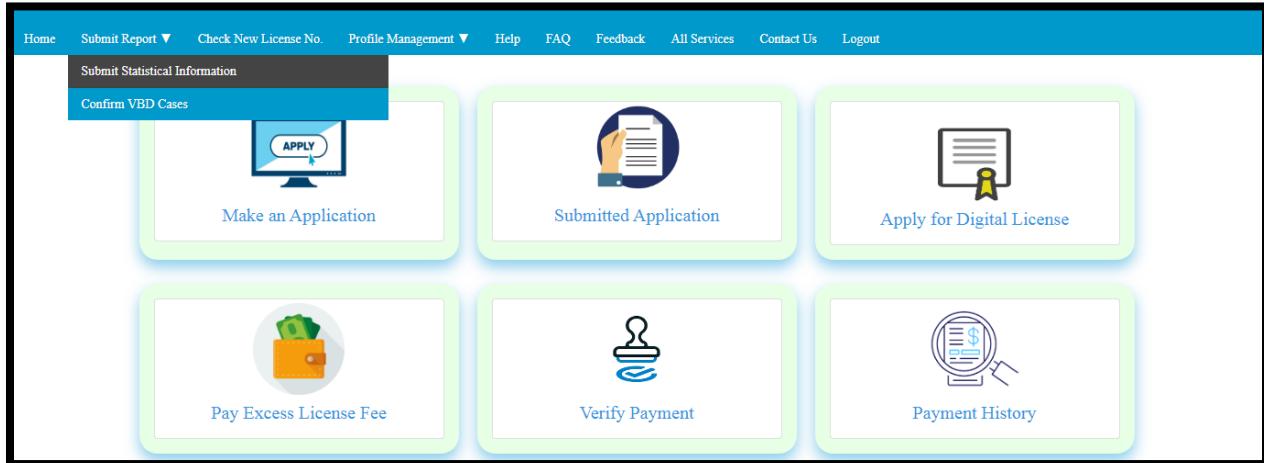


7.2.2 Detailed Steps

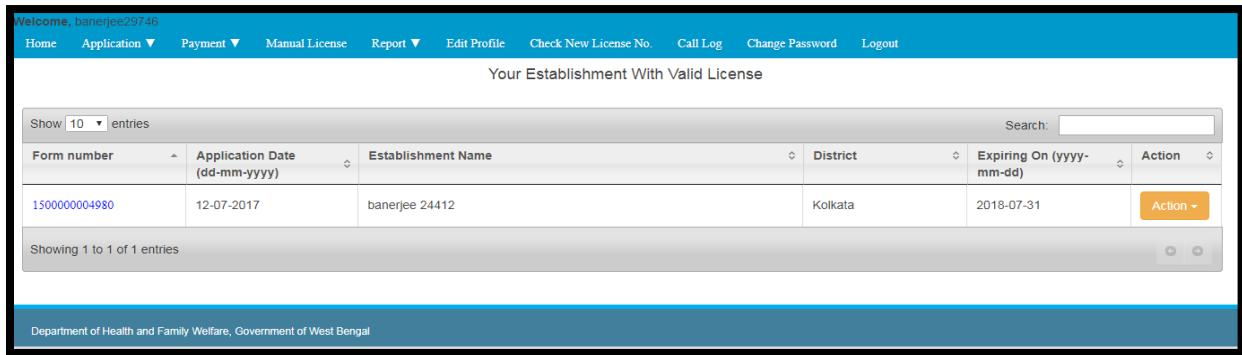
- ❖ The user logs in and selects 'Confirm VBD cases from under report menu.'
- ❖ The user is navigated to "Your Establishment with Valid License" page. The user clicks on 'Action' button and clicks on Submit Report option.
- ❖ A popup is displayed stating that the 'Report is submitted successfully' The User selects views two options Dengue and Malaria.
- ❖ The User selects dengue and arrives at "Daily VBD Report Only for Laboratory". Over here the User enters the count of Total tests and positive Reports and clicks 'Next'
- ❖ Upon which a new table opens Where the user enters the patient details, Test Recommended By, Date of Admission (If Admitted), Date of Sample Collection, Date of Test, Positive For and finally clicks on Submit to submit the report.
- ❖ The User then clicks on Malaria and follows the same steps and submits report on Malaria.
- ❖ The User then goes back and clicks on the 'Action' button again and selects view Dengue report or View malaria Report to view the reports generated.

7.2.3 Screen Shot Details

The user logs in and selects 'Confirm VBD cases from under report menu.'



The user is navigated to "Your Establishment with Valid License" page. The user clicks on 'Action' button and clicks on Submit Report option.



A popup is displayed stating that the ‘Report is submitted successfully’ The User selects views two options Dengue and Malaria. The User selects dengue and arrives at “Daily VBD Report Only for Laboratory”. Over here the User enters the count of Total tests and positive Reports and clicks ‘Next’.

Test Done	Total Test	Positive Report	As On
NS-1 ELISA	1	1	2018-06-04
IgM ELISA	1	1	2018-06-04

Next

Department of Health and Family Welfare, Government of West Bengal

Upon which a new table opens Where the user enters the patient details, Test Recommended By, Date of Admission (If Admitted), Date of Sample Collection, Date of Test ,Positive For and finally clicks on Submit to submit the report.

Test Done	Total Test	Positive Report	As On
NS-1 ELISA	1	1	2018-06-04
IgM ELISA	1	1	2018-06-04

Patient name Age Sex District Block GP Municipality Ward

Gourab 18 Male Kolkata Select GP(For Block) Kolkata Municipal Corporation 9

SUBMIT

Test Done	Total Test	Positive Report	As On
NS-1 ELISA	1	1	2018-06-04
IgM ELISA	1	1	2018-06-04

Ward Address Contact No Test Recommended By Date of Admission(If Admitted) Date of Sample Collection Date of Test

9 AB 216 Salt Lake, Sector 1, Kolkata 700064 9802462580 Doctor 01-06-2018 02-06-2018 05-06-2018

SUBMIT

Welcome, banerjee29746

Home Application ▼ Payment ▼ Manual License Report ▼ Edit Profile Check New License No. Call Log Change Password Logout

Daily VBD Report Only for Laboratory

Dengue Malaria

Test Done	Total Test	Positive Report	As On
NS-1 ELISA	1	1	2018-06-04
IgM ELISA	1	1	2018-06-04

Contact No	Test Recommended By	Date of Admission(if Admitted)	Date of Sample Collection	Date of Test	Positive For	Action
9802462580	Doctor	01-06-2018	02-06-2018	05-06-2018	<input checked="" type="checkbox"/> NS-1 ELISA <input checked="" type="checkbox"/> IgM ELISA	<button>Add Row</button>

SUBMIT

The User then clicks on Malaria and follows the same steps and submits report on Malaria.

Welcome, banerjee29746

Home Application ▼ Payment ▼ Manual License Report ▼ Edit Profile Check New License No. Call Log Change Password Logout

Daily VBD Report Only for Laboratory

Dengue Malaria

Department of Health and Family Welfare, Government of West Bengal

Welcome, banerjee29746

Home Application ▼ Payment ▼ Manual License Report ▼ Edit Profile Check New License No. Call Log Change Password Logout

Daily VBD Report Only for Laboratory

Dengue Malaria

Test Done	Total Test	Positive Report			As On
		PF	PV	Mixed	
RDK	1	1	1	1	2018-06-04
Blood Slide Ex.	1	1	1	1	2018-06-04

Next

Department of Health and Family Welfare, Government of West Bengal

Welcome, banerjee29746

Home Application ▼ Payment ▼ Manual License Report ▼ Edit Profile Check New License No. Call Log Change Password Logout

Daily VBD Report Only for Laboratory

Dengue Malaria

Test Done	Total Test	Positive Report			As On
		PF	PV	Mixed	
RDK	3	1	1	1	2018-06-04
Blood Slide Ex.	3	1	1	1	2018-06-04

Patient name	Age	Sex	District	Block	GP	Municipality	Ward
Gourab	18 9 2	Male	Kolkata	Select	GP(For Block)	Kolkata Municipal Corporation	1

Daily VBD Report Only for Laboratory

Dengue Malaria

Test Done	Total Test	Positive Report			As On
		PF	PV	Mixed	
RDK	3	1	1	1	2018-06-04
Blood Slide Ex.	3	1	1	1	2018-06-04

Ward	Address	Contact No	Test Recommended By	Date of Admission(if Admitted)	Date of Sample Collection	Date of Test
1	AB 216 Salt Lake, Sector 1, Kolkata 700064	9645821000	Doctor	01-06-2018	02-06-2018	05-06-2018

Daily VBD Report Only for Laboratory

Dengue Malaria

Test Done	Total Test	Positive Report			As On
		PF	PV	Mixed	
RDK	3	1	1	1	2018-06-04
Blood Slide Ex.	3	1	1	1	2018-06-04

	Contact No	Test Recommended By	Date of Admission(if Admitted)	Date of Sample Collection	Date of Test	Positive For RDK	Positive For BSE	Action
for	9645821000	Doctor	01-06-2018	02-06-2018	05-06-2018	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Add Row

RDK PF BSE PF
 RDK PV BSE PV
 RDK Mixed BSE Mixed

The User then goes back and clicks on the 'Action' button again and selects view Dengue report or View malaria Report to view the reports generated.

Welcome, banerjee29746

Home Application ▼ Payment ▼ Manual License Report ▼ Edit Profile Check New License No. Call Log Change Password Logout

Your Establishment With Valid License

Show 10 entries					Search:	
Form number	Application Date (dd-mm-yyyy)	Establishment Name	District	Expiring On (yyyy-mm-dd)	Action	
1500000004980	12-07-2017	banerjee 24412	Kolkata	2018-07-31	Action	

Showing 1 to 1 of 1 entries

[Submit Report](#)
[View Dengue Report](#)
[View Malaria Report](#)

Department of Health and Family Welfare, Government of West Bengal

8 Check New License no.

This is for the Users who have filled up the form online without the automated license number. They can use his license number and convert it to system generated license number from here. If the license number is valid it will generate the system generated license number with Establishment Name, License date, License status, New License Number and its date of expiry. Also if the manual license number is used in 2 or more establishments then the user have to provide license number with its license issuing date and registered mobile number. If system check the data is valid then it will show the new license number with these Establishment Name, License date, License status, new license Number and its date of expiry. If the license is already system generated then user will view the same number in the generated number. Invalid data or invalid license number will alert user that his data is not matching please contact in the below mentioned address.

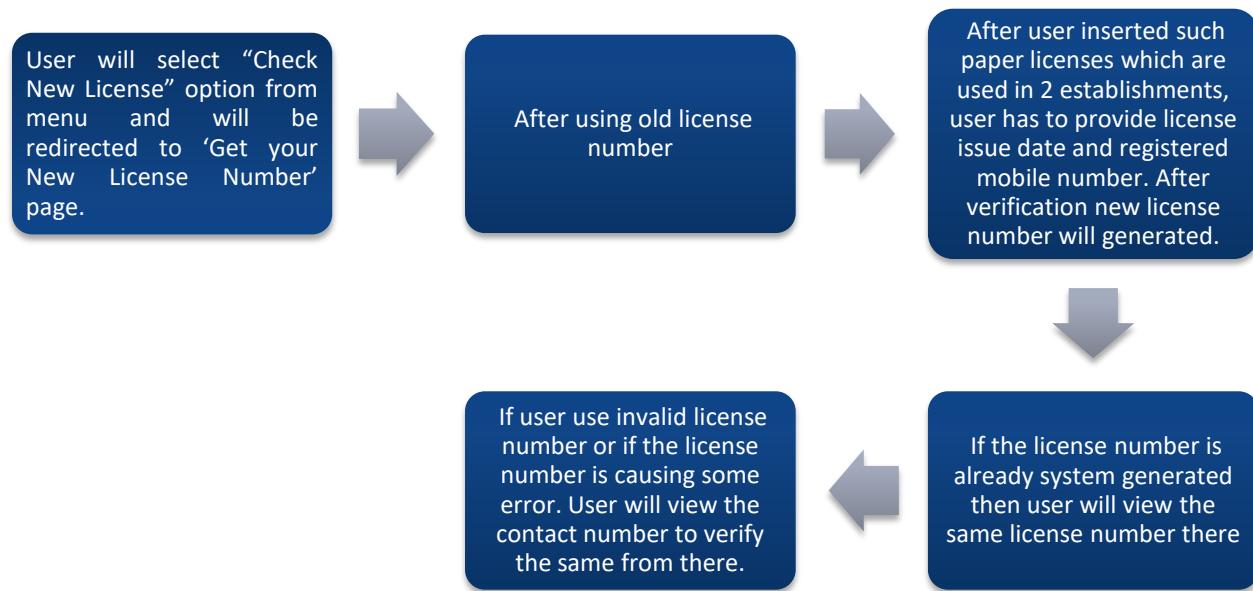
Address:

Swasthya Bhawan

GN-29, Sector-V, Salt Lake, Kolkata, West Bengal 700091

Ph. - 033 2333 0429.

8.1.1 Process Flow

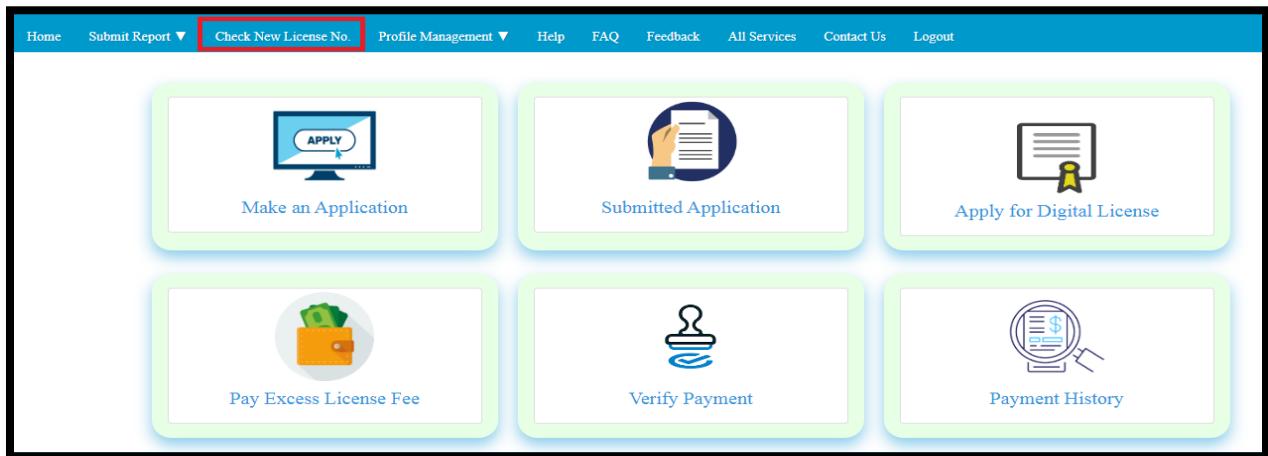


8.1.2 Details

- ❖ User will select “Check New License” option from menu and will be redirected to ‘Get your New License Number’ page.
- ❖ After using old license number
- ❖ After user inserted such paper licenses which are used in 2 establishments, user has to provide license issue date and registered mobile number. After verification new license number will generated.
- ❖ If the license number is already system generated then user will view the same license number there
- ❖ If user use invalid license number or if the license number is causing some error. User will view the contact number to verify the same from there.

8.1.3 Screen Details

User will select “Check New License” option from menu.



The User will be redirected to ‘Get your New License Number’ page. Here User enters old license number and clicks on ‘Get new License number’

A screenshot of a form titled "Get Your New License Number". It has a text input field labeled "Old License no." with the placeholder "Enter Old License No." and a "Get New License" button below it. There is also a "Try Again" button next to the "Get New License" button.

After user inserted such paper licenses which are used in 2 establishments, user has to provide license issue date and registered mobile number. After verification new license number will generated.

Get Your New License Number

Old License no.: WB06/21/2015

Mobile No.: 9632582930

License Issue Date: 2016-12-30

Get New License Try Again

If the license number is already system generated then user will view the same license number there

Get Your New License Number

Old License no.: 34201612

Get New License Try Again

User has used invalid license number or if the license number is causing some error. User will view the contact number to verify the same from there.

Get Your New License Number

Old License no.: invalid

Get New License Try Again

New License Details

Sorry, we are unable to retrieve the information.
Either there is no such license information in our system or some technical issues.
You may also contact below mentioned address-

Address:
Swasthya Bhawan
GN-29, Sector-V, Salt Lake, Kolkata, West Bengal 700091
Ph. 033 2357 6000

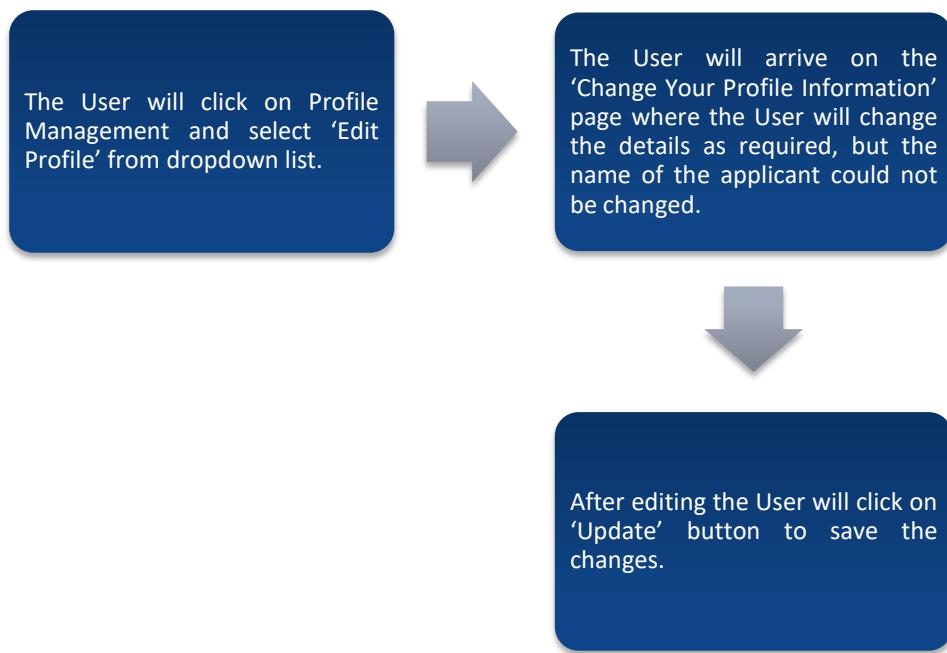
9 Profile Management

9.1.1 Edit Profile

Registered user can edit their details from here. The User will click on Profile Management and select 'Edit Profile' from dropdown list. The User will arrive on the 'Change Your Profile Information' page where the User will change the details as required, but the name of the applicant could not be changed. After editing the User will click on 'Update' button to save the changes.

Note: The Name of the Applicant cannot be changed. For details contact Swasthya Bhawan.

9.1.1.1 Process Flow

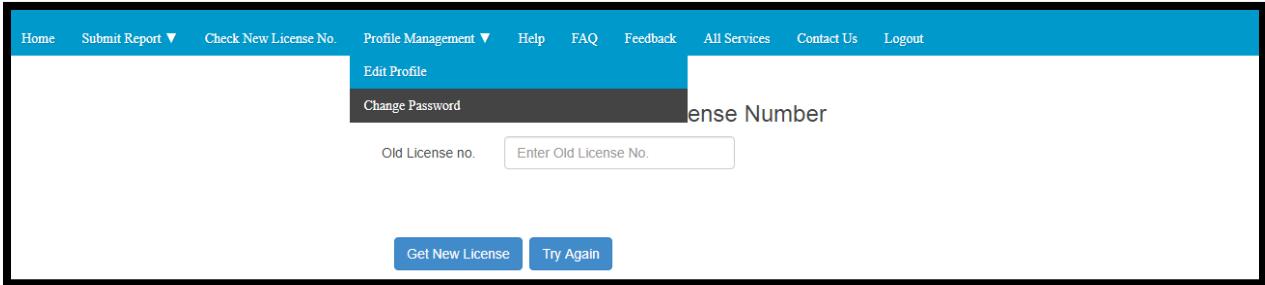


9.1.1.2 Details

- ❖ The User will click on Profile Management and select 'Edit Profile' from dropdown list.
- ❖ The User will arrive on the 'Change Your Profile Information' page where the User will change the details as required, but the name of the applicant could not be changed.
- ❖ After editing the User will click on 'Update' button to save the changes.

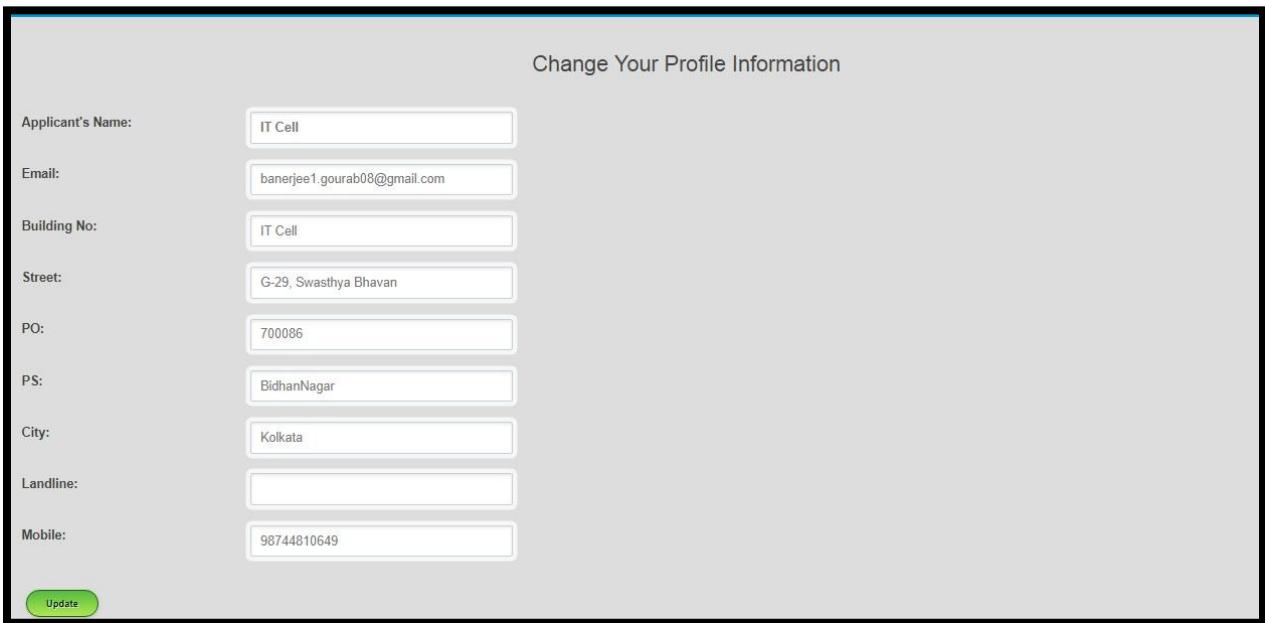
9.1.1.3 Screen Details

Registered user can edit their details from here. The User will click on Profile Management and select 'Edit Profile' from dropdown list.



The screenshot shows a navigation bar with links: Home, Submit Report ▾, Check New License No., Profile Management ▾, Help, FAQ, Feedback, All Services, Contact Us, and Logout. Below the navigation bar, there are two tabs: 'Edit Profile' (selected) and 'Change Password'. A search bar with placeholder text 'Enter Old License No.' is present. At the bottom are two buttons: 'Get New License' and 'Try Again'.

The User will arrive on the 'Change Your Profile Information' page where the User will change the details as required, but the name of the applicant could not be changed. After editing the User will click on 'Update' button to save the changes.



The screenshot shows a form titled 'Change Your Profile Information'. It contains the following fields:

Field	Value
Applicant's Name:	IT Cell
Email:	banerjee1.gourab08@gmail.com
Building No:	IT Cell
Street:	G-29, Swasthya Bhavan
PO:	700086
PS:	BidhanNagar
City:	Kolkata
Landline:	(empty)
Mobile:	98744810649

At the bottom left is a green 'Update' button.

9.1.2 Change Password

To change the existing password User has to follow the process described in 9.1.2.2

9.1.2.1 Process Flow

The User may change his/her password if required. To do this the User will select 'Change Password' option from the dropdown list under 'Profile Management' menu.



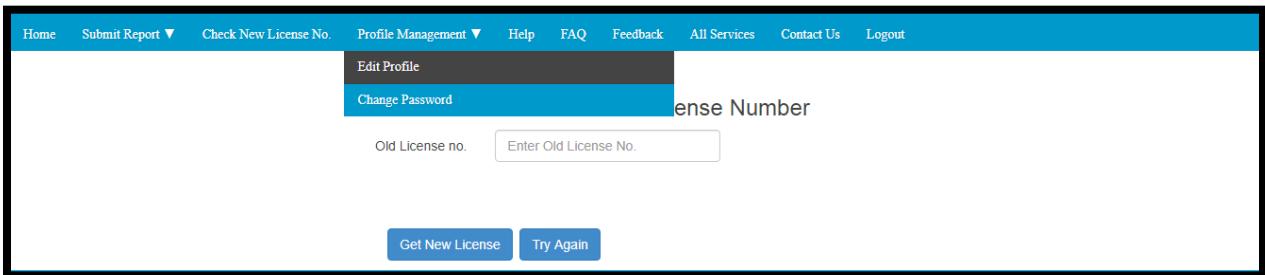
The User will arrive on the 'Change Password' page. Over here the User will first enter the existing password and then the new password. The new password must contain the password rule i.e. it will be 8 characters, at least 1 uppercase, 1 symbol and one digit. After entering new password User will click on Submit button. User password will change successfully.

9.1.2.2 Details

- ❖ The User may change his/her password if required. To do this the User will select 'Change Password' option from the dropdown list under 'Profile Management' menu.
- ❖ The User will arrive on the 'Change Password' page. Over here the User will first enter the existing password and then the new password. The new password must contain the password rule i.e. it will be 8 characters, at least 1 uppercase, 1 symbol and one digit. After entering new password User will click on Submit button. User password will change successfully.

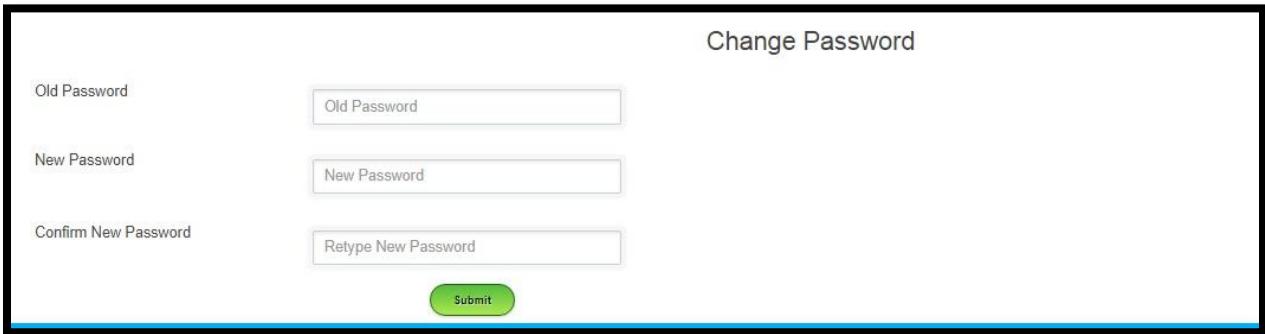
9.1.2.3 Screen Details

The User may change his/her password if required. To do this the User will select 'Change Password' option from the dropdown list under 'Profile Management' menu.



A screenshot of the application's main navigation bar. The bar is blue and contains several links: Home, Submit Report ▾, Check New License No., Profile Management ▾, Help, FAQ, Feedback, All Services, Contact Us, and Logout. The 'Profile Management' link is highlighted with a dropdown menu open, showing 'Edit Profile' and 'Change Password'. Below the navigation bar, there is a search bar with the placeholder 'Enter Old License No.' and two buttons at the bottom: 'Get New License' and 'Try Again'.

The User will arrive on the 'Change Password' page. Over here the User will first enter the existing password and then the new password. The new password must contain the password rule i.e. it will be 8 characters, at least 1 uppercase, 1 symbol and one digit. After entering new password User will click on Submit button. User password will change successfully.



A screenshot of the 'Change Password' form. The title 'Change Password' is centered at the top. The form contains three input fields: 'Old Password', 'New Password', and 'Confirm New Password'. Each field has a corresponding placeholder text ('Old Password', 'New Password', 'Retype New Password') and a small text label to its left. At the bottom center of the form is a green 'Submit' button.

10 Help

This section of the user manual describes how user will download the help files for using this application.

10.1.1 Process Flow

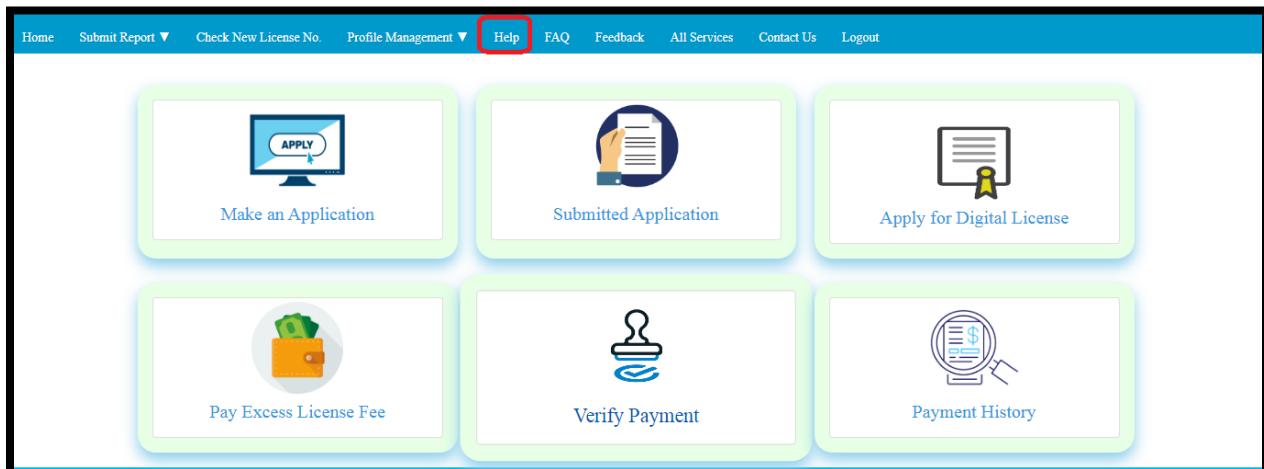


10.1.2 Details

- ❖ User will select 'Help' from the main menu ribbon.
- ❖ The page will redirected to the 'Help' page, where User can download Instruction Manual, VBD Case Report Submission Instruction Manual, New Fee Chart and Affidavit Format.

10.1.3 Screen Details

User will select 'Help' from the main menu ribbon.



The page will redirected to the 'Help' page, where User can download Instruction Manual, VBD Case Report Submission Instruction Manual, New Fee Chart and Affidavit Format.

Downloads

[Click Here To Download Instruction Manual](#)

[Click Here To Download VBD Case Report Submission Instruction Manual](#)

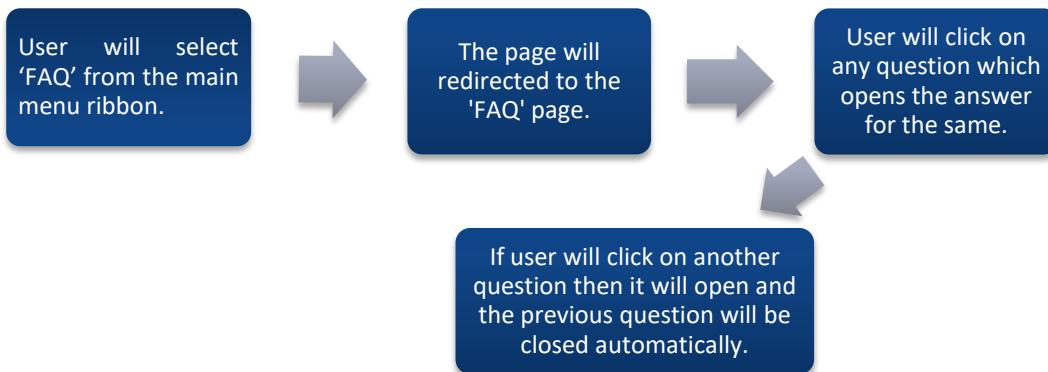
[Click Here To Download New Fee Chart](#)

[Click Here To Download Affidavit Format](#)

11 FAQ

This section of the user manual describes how user will get the required answer of their questions regarding the application.

11.1.1 Process Flow

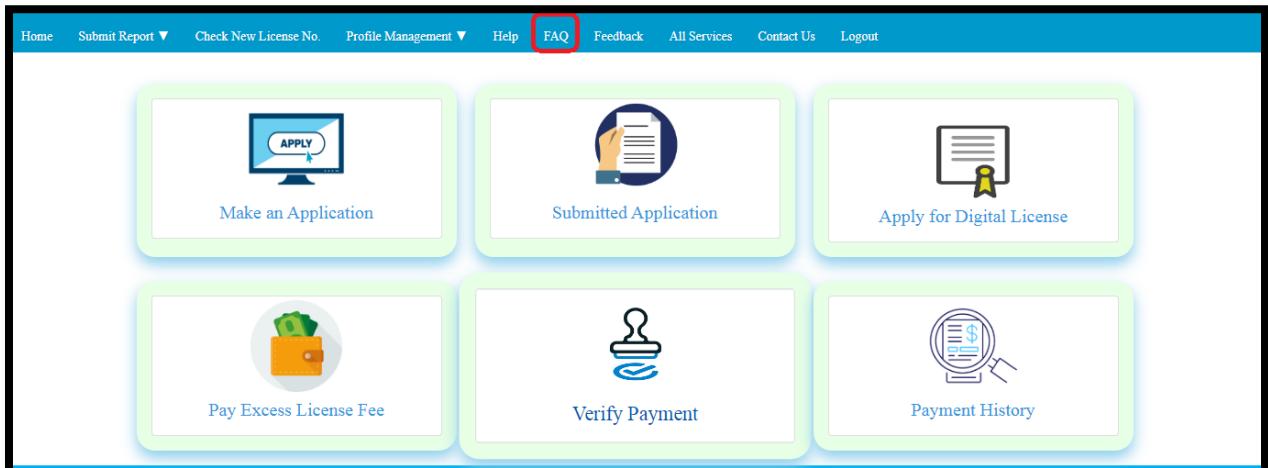


11.1.2 Details

- ❖ User will select 'FAQ' from the main menu ribbon.
- ❖ The page will redirect to the 'FAQ' page
- ❖ User will click on any question which opens the answer for the same.
- ❖ If user will click on another question then it will open and the previous question will be closed automatically.

11.1.3 Screen Details

User will select 'FAQ' from the main menu ribbon.



The page will redirect to the 'FAQ' page.

FAQ

- Q: What is CE License?
- Q: Why do we need it?
- Q: Is it transferable?
- Q: Do I need to pay for this license?

User will click on any question which opens the answer for the same.

- Q: What is CE License?
Answer
CE License stands for Clinical Establishment License.
- Q: Why do we need it?
- Q: Is it transferable?
- Q: Do I need to pay for this license?

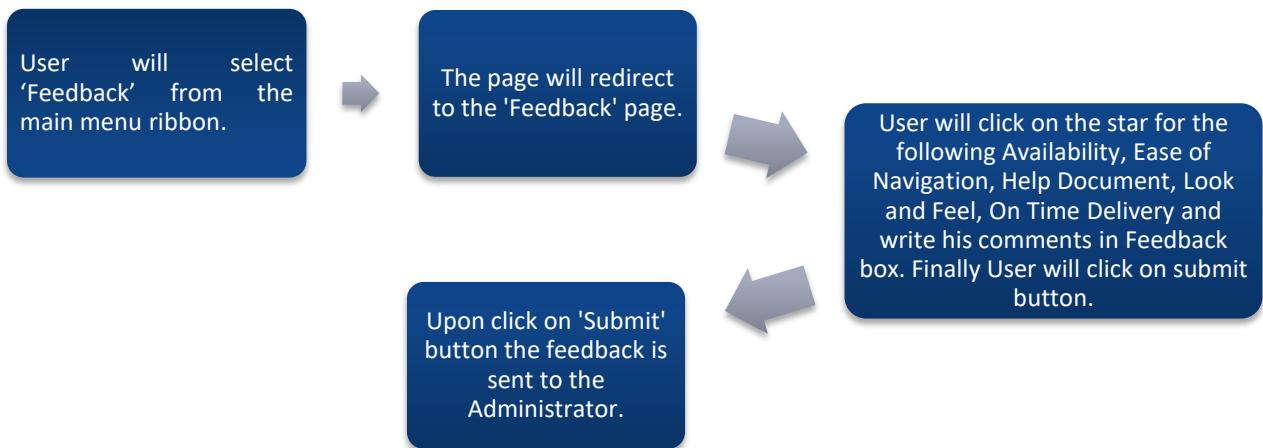
If user will click on another question then it will open and the previous question will be closed automatically.

- Q: What is CE License?
- Q: Why do we need it?
Answer
To run any clinical and pathological business, you need this license as permission from Govt. of West Bengal to run business
- Q: Is it transferable?
- Q: Do I need to pay for this license?

12 Feedback

This section of the user manual describes how user will provide feedback about the CE Application.

12.1.1 Process Flow

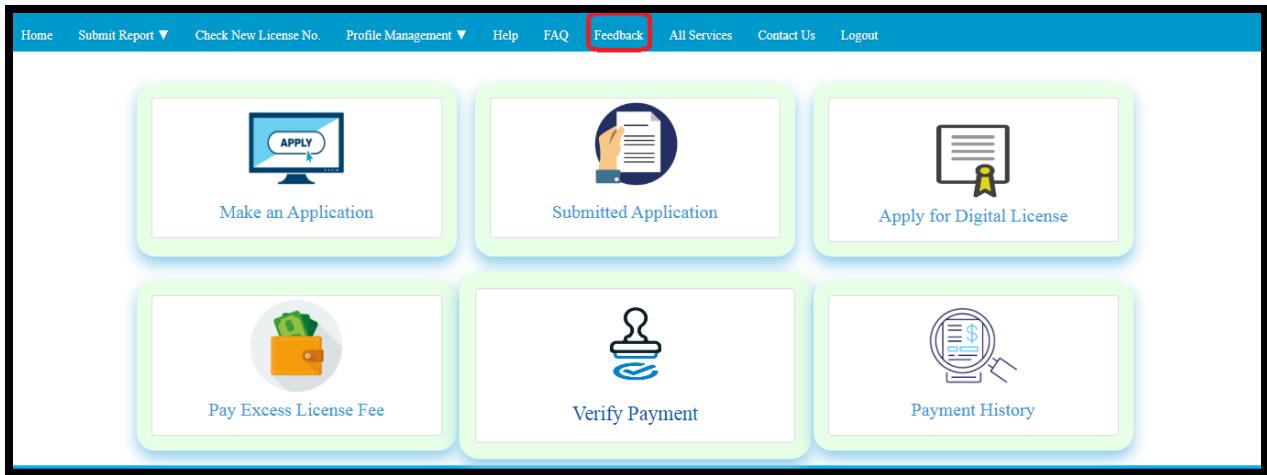


12.1.2 Details

- ❖ User will select 'Feedback' from the main menu ribbon.
- ❖ The page will redirect to the 'Feedback' page.
- ❖ User will click on the star for the following Availability, Ease of Navigation, Help Document, Look and Feel, On Time Delivery and write his comments in Feedback box. Finally User will click on submit button.
- ❖ Upon click on 'Submit' button the feedback is sent to the Administrator.

12.1.3 Screen Details

User will select 'Feedback' from the main menu ribbon.



The page will redirect to the 'Feedback' page.

A screenshot of the 'Feedback' page. The title 'Give Us Your Valuable Feedback' is at the top. A 'Feedback' button is highlighted with a blue box. Below it are six rating scales, each consisting of a label, a five-star icon, and a set of five gray stars. The labels are: Availability, Ease of Navigation, Help Document, Look and Feel, On Time Delivery, and Feedback. The 'Feedback' section has a large text input area. At the bottom is a green 'SUBMIT' button.

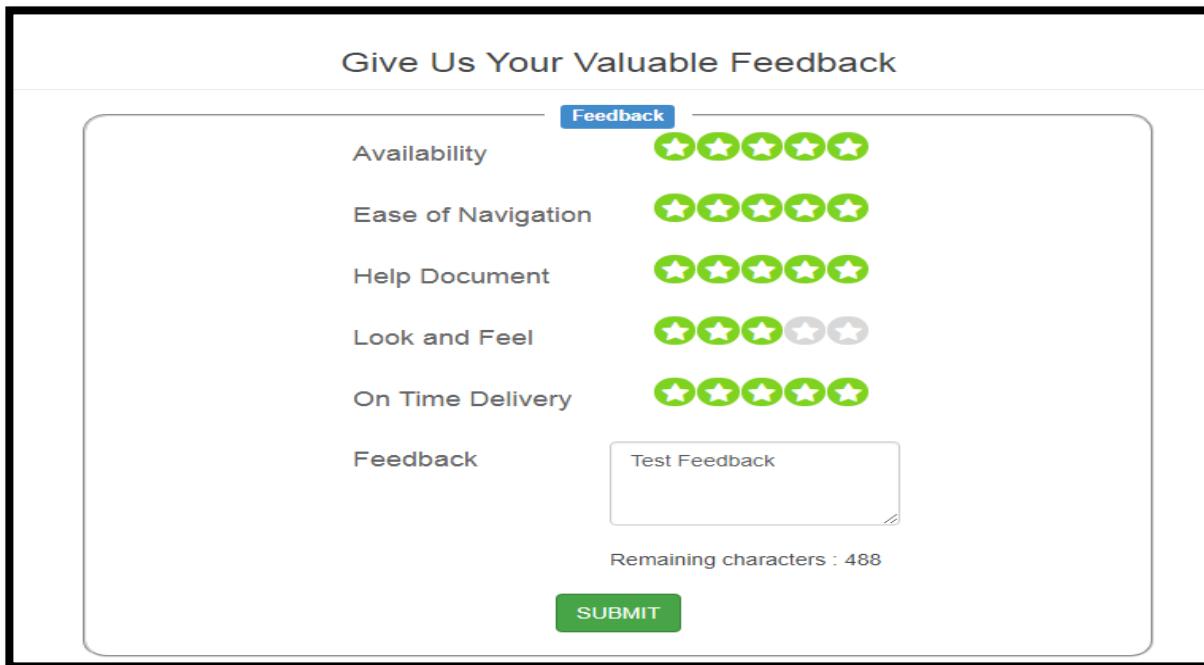
User will click on the star for the following Availability, Ease of Navigation, Help Document, Look and Feel, On Time Delivery and write his comments in Feedback box. Finally User will click on submit button.

Give Us Your Valuable Feedback

Feedback

Availability	
Ease of Navigation	
Help Document	
Look and Feel	
On Time Delivery	
Feedback	<input type="text" value="Test Feedback"/> Remaining characters : 488

SUBMIT



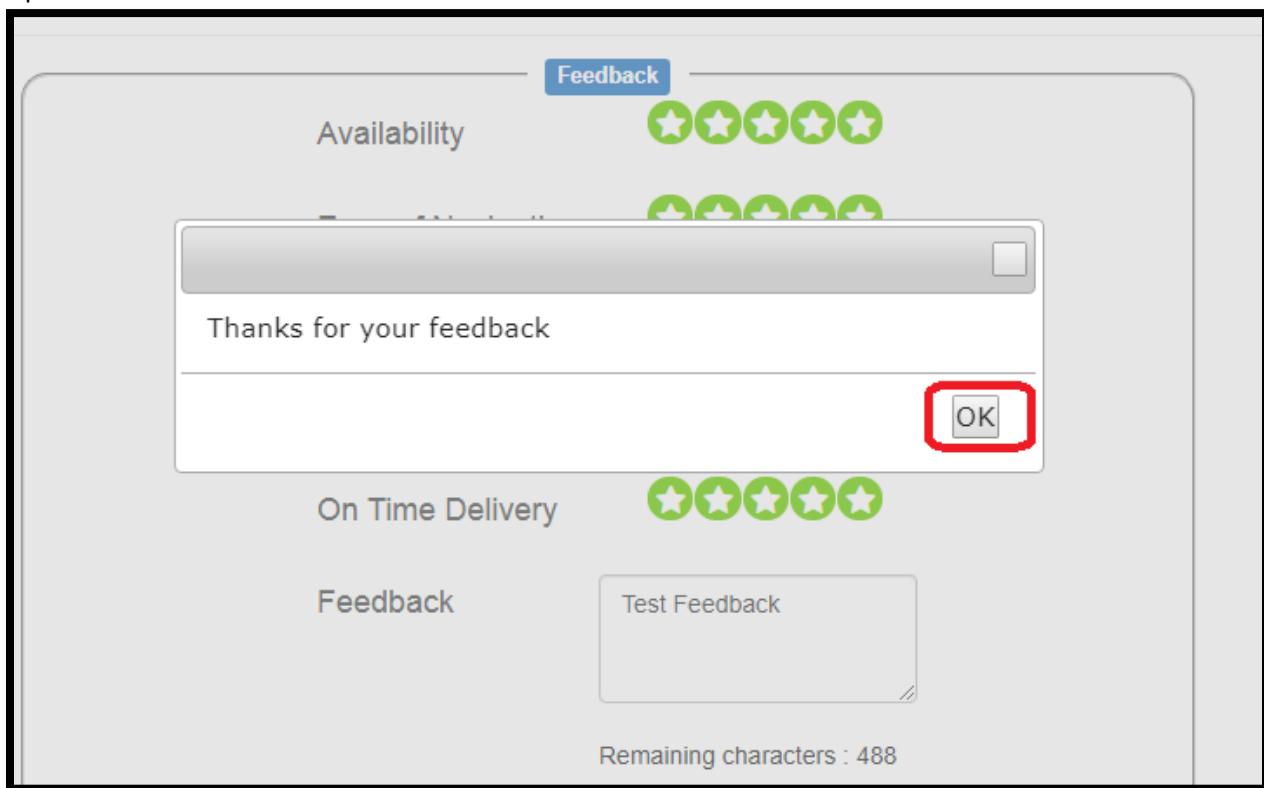
Upon click on 'Submit' button the feedback is sent to the Administrator.

Feedback

Availability	
On Time Delivery	
Feedback	<input type="text" value="Test Feedback"/> Remaining characters : 488

Thanks for your feedback

OK



13 All Services

This section of the user manual describes how user will check All Services of the CE Application from a single page.

13.1.1 Process Flow

User will select 'All Services' from the main menu ribbon.



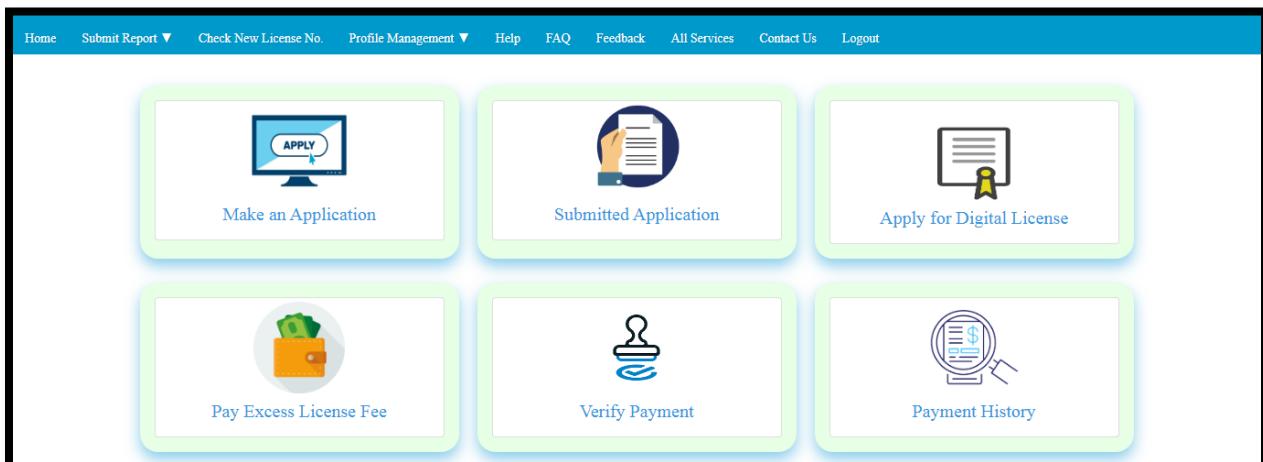
The page will redirect to the 'List of Services' page. User can move to other pages upon clicking on 'Go To Menu' option of the selected option.

13.1.2 Details

- ❖ User will select 'All Services' from the main menu ribbon.
- ❖ The page will redirect to the 'List of Services' page. User can move to other pages upon clicking on 'Go To Menu' option of the selected option.

13.1.3 Screen Details

User will select 'All Services' from the main menu ribbon.



The page will redirect to the 'List of Services' page. User can move to other pages upon clicking on 'Go To Menu' option of the selected option.

List of Services		
Show <input type="button" value="10 ▾"/> entries	Search: <input type="text"/>	
Service	Details	Go
Change Password	Change Password	Go To Menu
Check License No.	Check License No.	Go To Menu
Confirm VBD Cases	Confirm VBD Cases	Go To Menu
Edit Profile	Edit Profile	Go To Menu
Submit Statistical Information	Submit Statistical Information	Go To Menu
View Statistical Information	View Statistical Information	Go To Menu

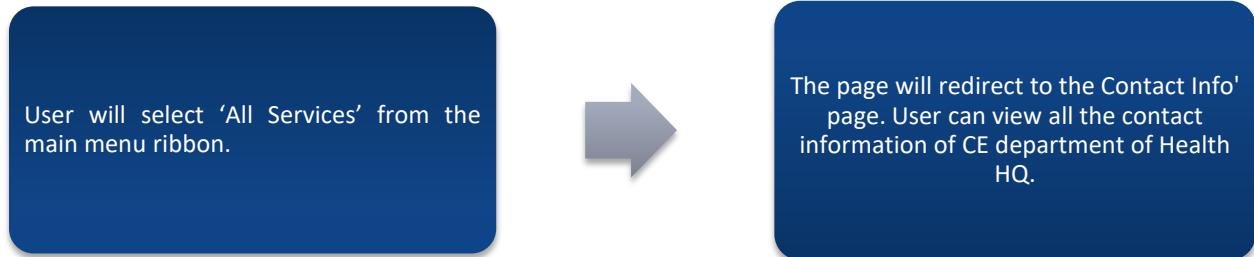
Showing 1 to 6 of 6 entries

Previous Next

14 Contact US

This section of the user manual describes how user will contact with CE department of Health HQ.

14.1.1 Process Flow

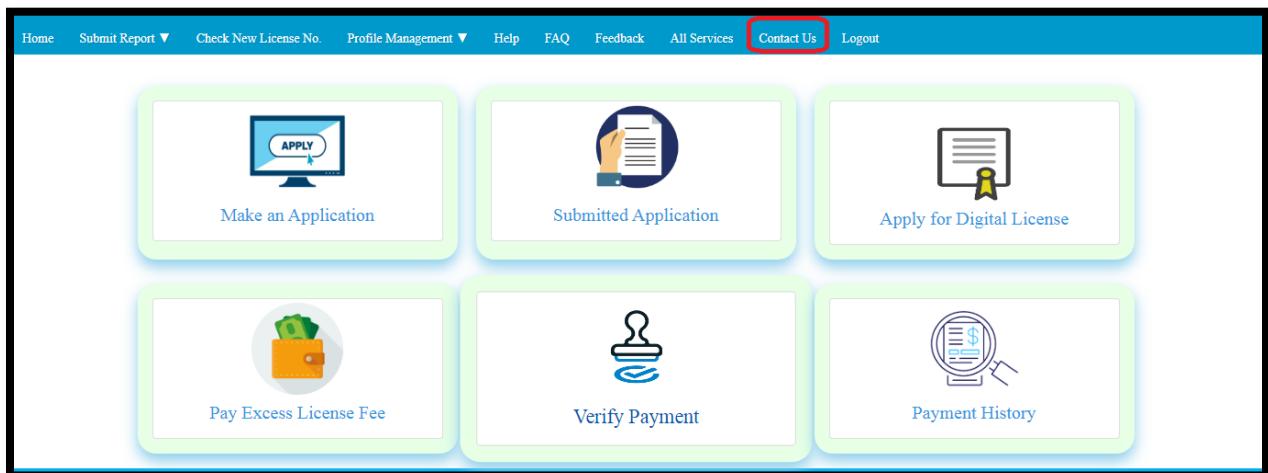


14.1.2 Details

- ❖ User will select 'All Services' from the main menu ribbon.
- ❖ The page will redirect to the Contact Info' page. User can view all the contact information of CE department of Health HQ.

14.1.3 Screen Details

User will select 'All Services' from the main menu ribbon.



The page will redirect to the Contact Info' page. User can view all the contact information of CE department of Health HQ.

CONTACT INFO

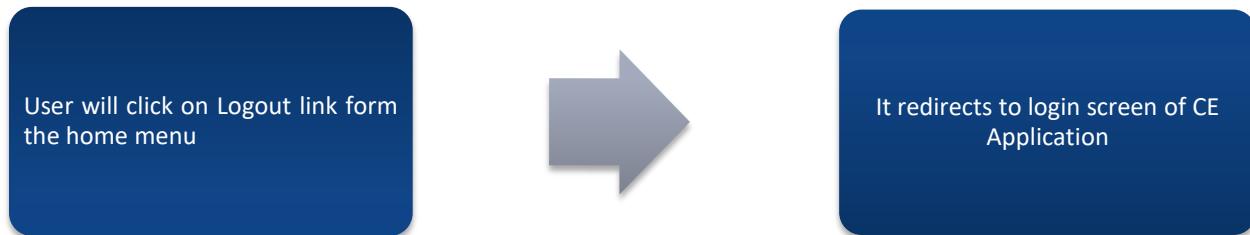
You can contact or visit us in our office from Monday to Friday (Except Holidays) from 10:00 AM - 05:00 PM

📍 GN-29 Sector-V, Salt Lake, Kolkata, West Bengal 700091
📞 033-2357-6000 / 033-2333-0548
✉️ ce@wbhealth.gov.in

15 Logging Out

At any time User can log out of the application by clicking the Log out button located at the top on the right hand side of screen. User should log out of the application when they have finished using it.

15.1.1 Process Flow

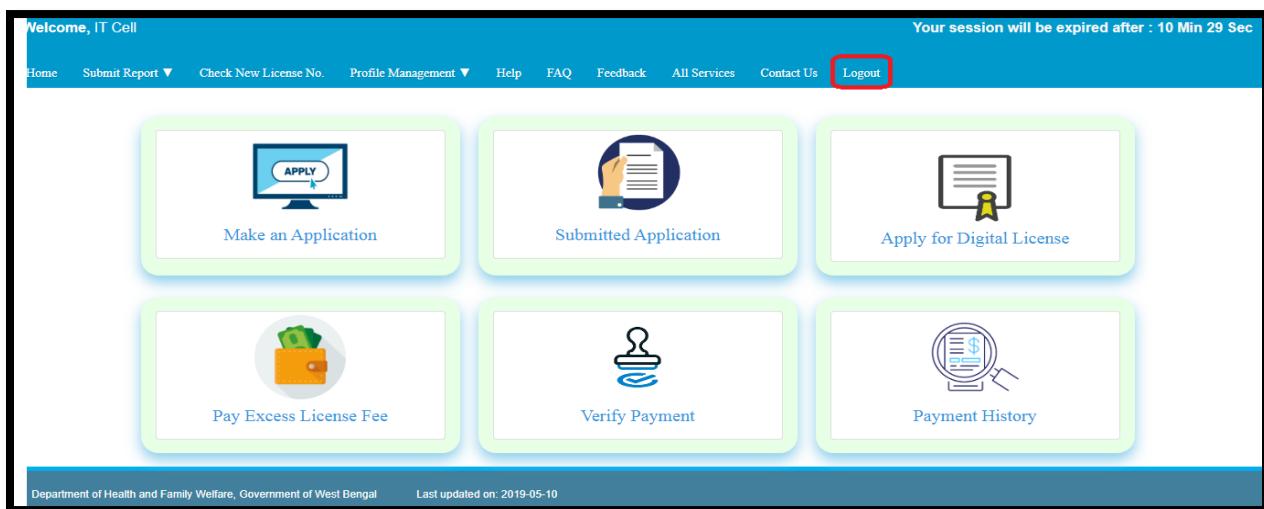


15.1.2 Details

- ❖ User will click on Logout link form the home menu
- ❖ It redirects to login screen of CE Application

15.1.3 Screen Details

User will click on Logout link form the home menu.



It redirects to login screen of CE Application.

Online Application
For License Of Clinical Establishments

Health & Family Welfare Department
Government of West Bengal

All Payments regarding License fees in respect to CE Act shall have to be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017.
Please login to this portal for payment. Do not use GRIPS portal externally for payment.

Clinical Establishment

Enter Email ID
Enter Password
1 3 2 M 1 5
Enter Captcha

Login

New Registration
Forgot Password ?
Forgot Login ID ?

VBD Case Report Submit Manual
How To Apply?
CMOH Contact details
Documents Required to Apply
Track Your Application
View Your License
Rate Chart

ADMIN LOGIN

Please use Google Chrome for better performance. Click here to download