

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)

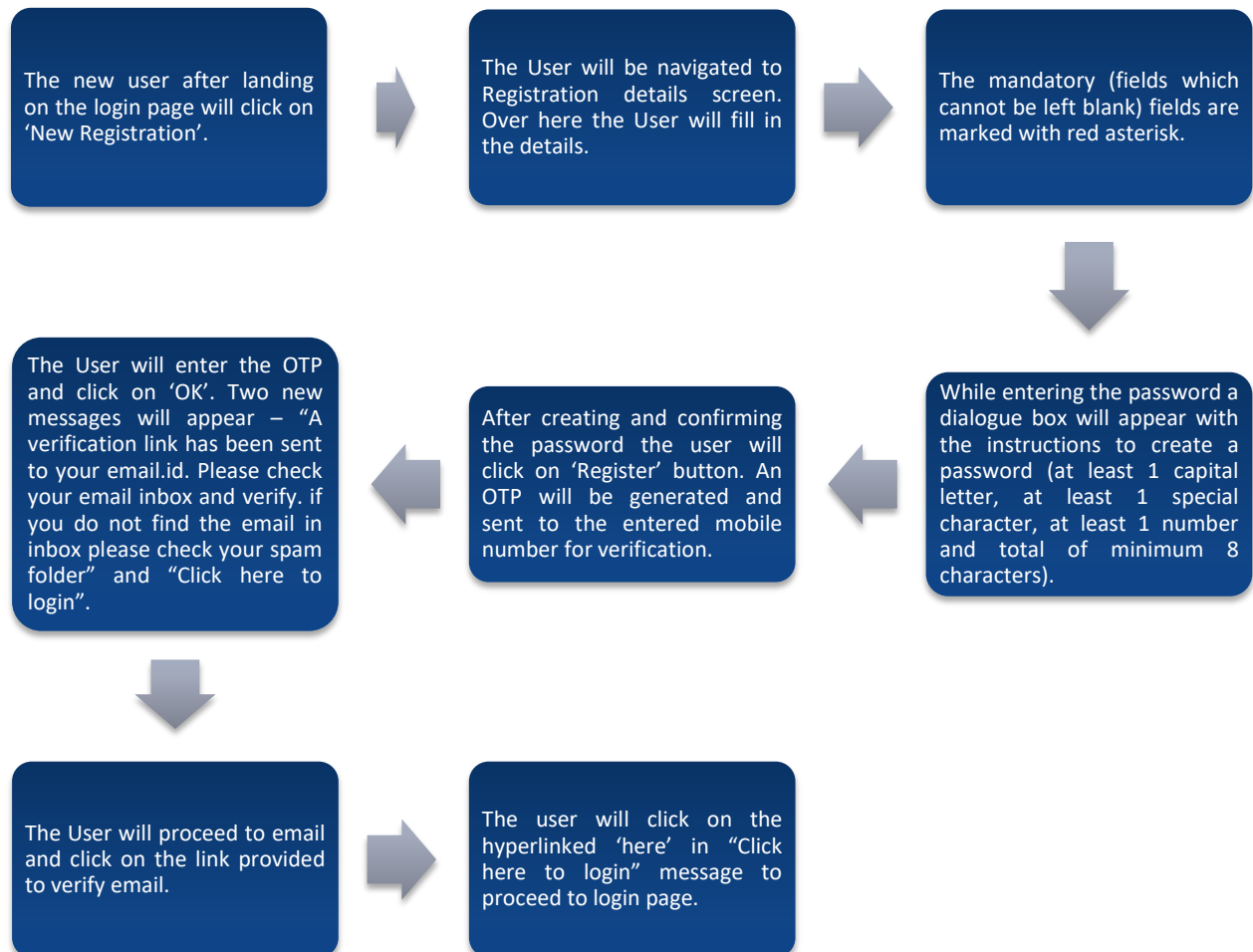
2.3 Instruction for all User

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'.

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

W 1 7 1 3 D

Enter Captcha

Login

New Registration | Forgot Password ? | Forgot Login?

ADMIN 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

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.

The screenshot shows the 'Applicant Registration' form. At the top, it says 'Applicant Registration'. Below this, a note states '* marked fields are mandatory'. The form contains several input fields: 'Applicant Name: *' (filled with 'banerjee1.gourab08@gmail.com'), 'Land Line No.' (empty), 'Mobile No.: *' (empty), 'Email ID: *' (empty), 'Building No.: *' (empty), 'Street: *' (empty), 'Post Office: *' (empty), 'Police Station: *' (empty), 'City/ Village: *' (empty), 'Pin Code.: *' (empty), 'Password: *' (empty), 'Confirm Password: *' (empty), and 'Captcha: *' (displaying '145E43'). A link 'Click Here If You Are Already Registered' is at the bottom left, and a green 'REGISTER' button is at the bottom right.

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).

The screenshot shows a dialog box titled 'Applicant Registration' with the heading 'Password must meet the following requirements:'. The requirements are listed as follows: 'At least one capital letter', 'At least one special character', 'At least one number', and 'Be at least 8 characters'. There is a green 'OK' button at the bottom of the dialog box. The background shows the registration form with some fields filled, such as 'Email ID: viruphbk@gmail.com', 'Mobile No.: 9830346739', 'Street: AB 216 Salt Lake, Sector 1, Kolkata 70', and 'Police Station: Bidhannagar'.

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.

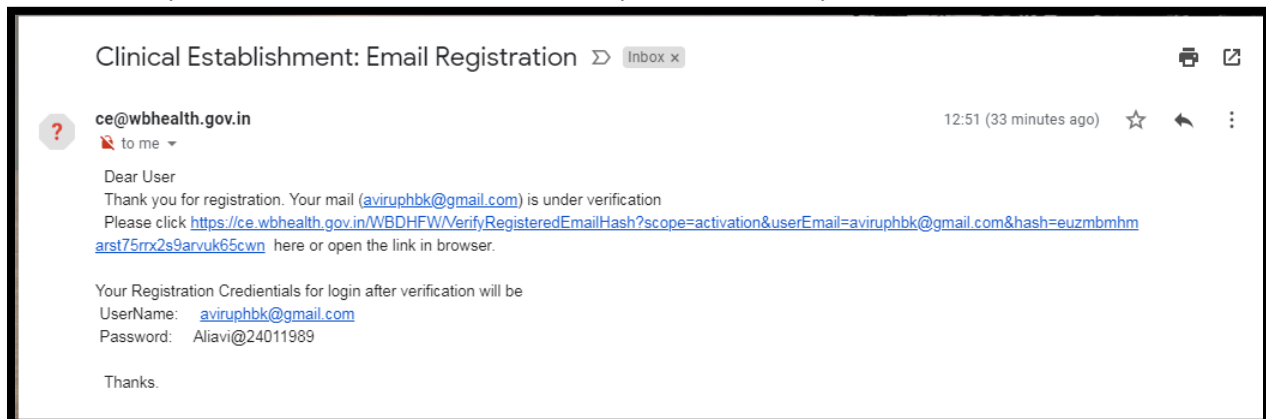
The screenshot shows a registration form with the following fields: Applicant Name (aviruphbk@gmail.com), Land Line No. (09830346739), Mobile No. (9830346739), Email ID (aviruphbk@gmail.com), Building No. (AB 216 Salt Lake, S), Post Office (Bidhannagar CC B), City/ Village (Kolkata), Password (masked), and Captcha (145E43). A modal window titled 'WBDHFW' is open, displaying 'Check Your Mobile For 6 Digit OTP', 'Enter OTP: K1G3DD', and a 'Resend OTP' link. A 'Submit' button is at the bottom of the modal. A green 'REGISTER' button is at the bottom right of the form. A link 'Click Here If You Are Already Registered' is at the bottom left.

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”.

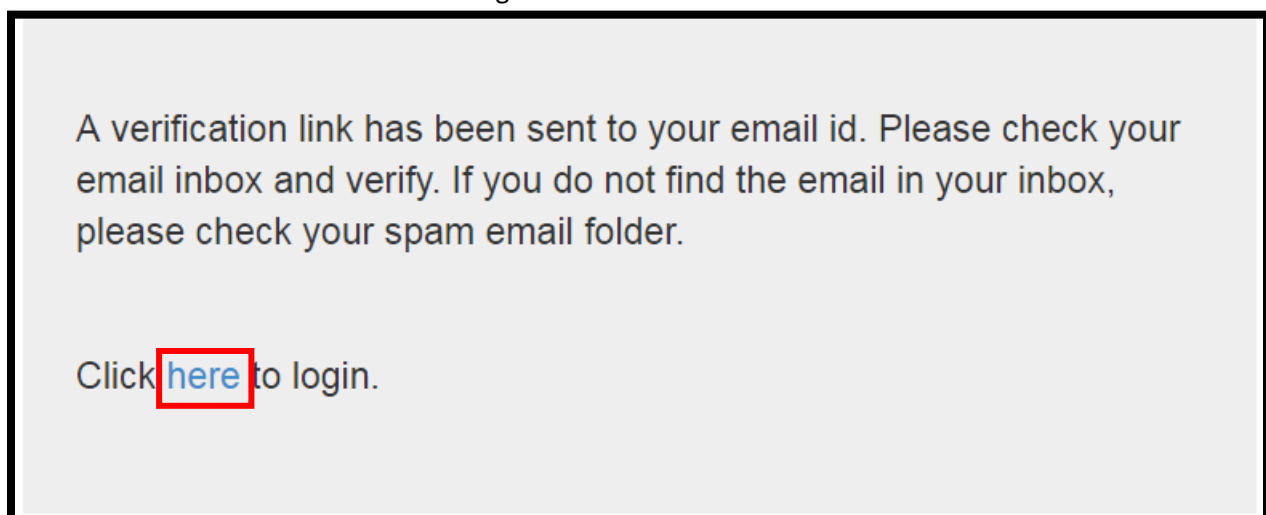
A verification link has been sent to your email id. Please check your email inbox and verify. If you do not find the email in your inbox, please check your spam email folder.

Click [here](#) to login.

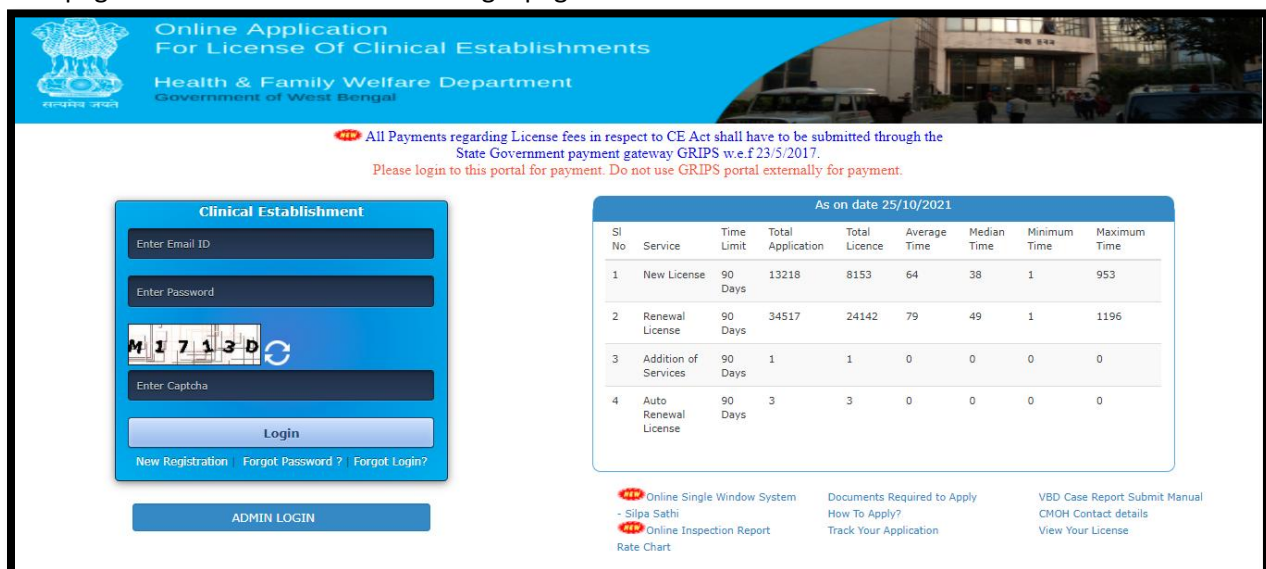
The User will proceed to email and click on the link provided to verify email.



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



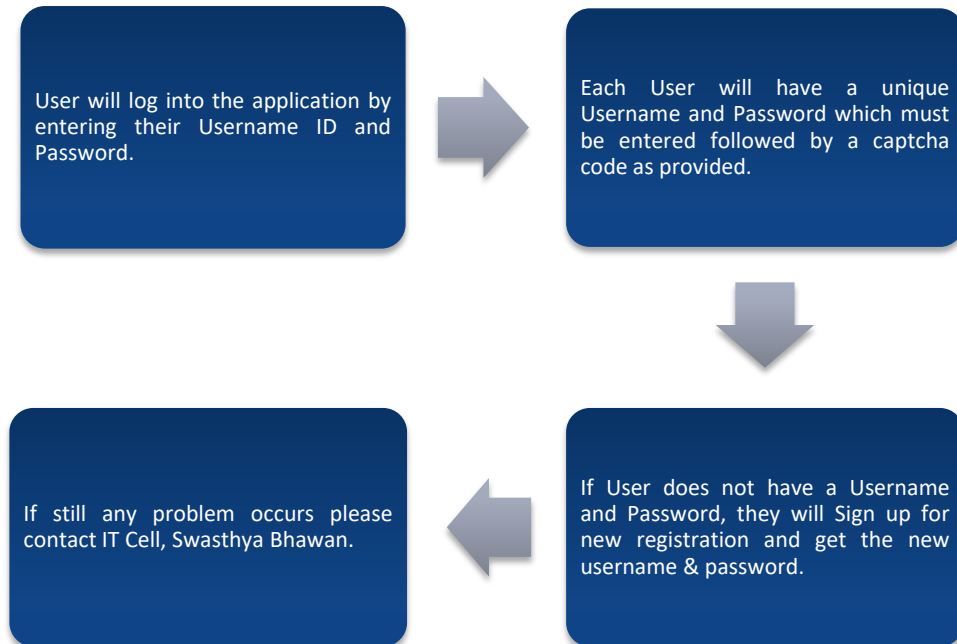
The page will be redirected to the CE login page.



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.

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

Clinical Establishment

banerjee.gourab08@gmail.com

QBQ51M

QBQ51M

Login

New Registration | Forgot Password? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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Online Single Window System
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Track Your Application

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CMOH Contact details
View Your License

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

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

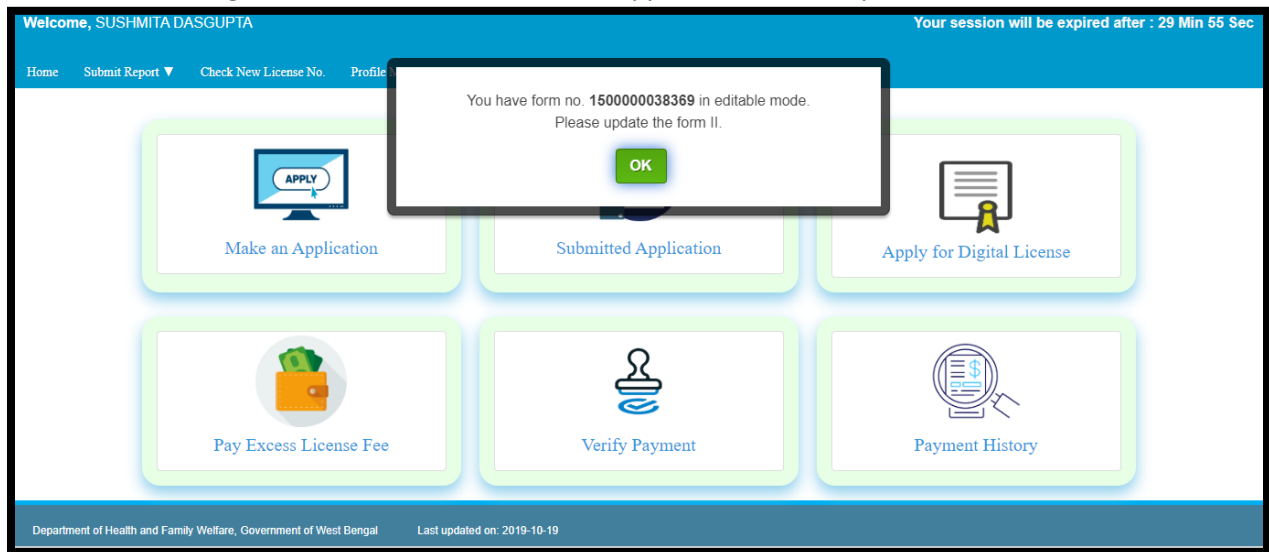
Pay Excess License Fee

Verify Payment

Payment History

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

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.

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Government of West Bengal

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Please login to this portal for payment. Do not use GRIPS portal externally for payment.

Clinical Establishment

Enter Email ID
Enter Password
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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Online Single Window System - Silpa Sathi
Online Inspection Report Rate Chart

Documents Required to Apply How To Apply? Track Your Application

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View Your License

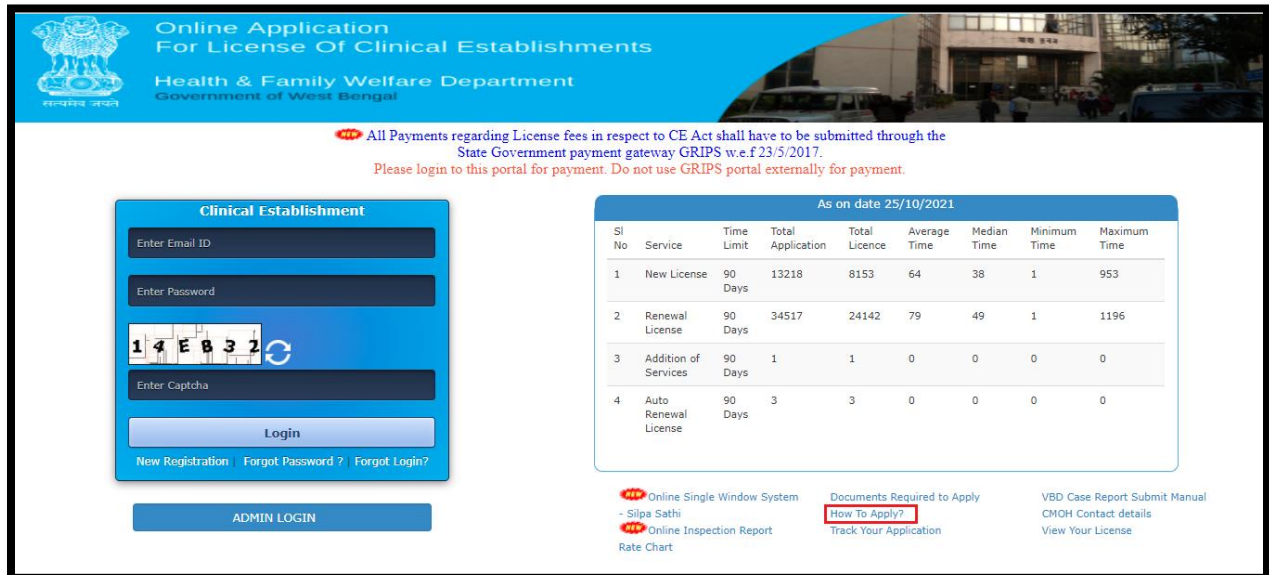
User Manual for Confirm VBD Cases

Clinical Establishment

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

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.



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

Clinical Establishment

Enter Email ID

Enter Password

1 4 E B 3 2

Enter Captcha

Login

New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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5.3 CMOH Contact details

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

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Health & Family Welfare Department
Government of West Bengal

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Please login to this portal for payment. Do not use GRIPS portal externally for payment.

Clinical Establishment

Enter Email ID
Enter Password
1 4 E B 3 2
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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Track Your Application

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CMOH Contact details
View Your License

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

CMOH Contact Details

District	Email Id	Mobile No.
North Dinajpur	cmoh_ud@wbhealth.gov.in	9830402292
Birbhum	cmoh_birb@wbhealth.gov.in	9434386481
Paschim Medinipur	cmoh_mdpc@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_mdpc@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
Alipurdwar	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_jgrm@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”.

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

Clinical Establishment

Enter Email ID
Enter Password
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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3	Addition of Services	90 Days	1	1	0	0	0	0
4	Auto Renewal License	90 Days	3	3	0	0	0	0

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View Your License

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

Documents Required to Apply

Document Name [Only PDF files are allowed to upload]

- TradeLicense.pdf
- Challan.pdf
- PollutionClearanceBoard.pdf
- ClinicalWasteDisposal.pdf
- Premises.pdf
- AppointmentLetters.pdf
- JoiningLetters.pdf
- ElectricalInstallation.pdf
- PropertyTaxReceipt.pdf
- ApprovedBuildingPlan.pdf
- CurrentRateChart.pdf
- PremisesMapWithMeasurement.pdf
- Affidavit.pdf
- StaffRegistrationCertificates.pdf
- FireNOC.pdf
- LicenseeIdProof.pdf
- OwnershipDeed.pdf

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.

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
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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Track Your Application

Get Details

Form Number: 15000000000061

Get Details

Department of Health and Family Welfare, Government of West Bengal

Track Your Application

Get Details

Form Number: 1500000000061

Application Info

Application Date: 07-02-2017

Establishment name: GB_test_07

District: Kibukuba

Address: 12 GB_test_07GB_test_07qwe

Application Type: New

Process Details

DA Appointed On: 07-02-2017

License Number: 34220075

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.

Online Application For License Of Clinical Establishments
Health & Family Welfare Department
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Clinical Establishment

Enter Email ID
Enter Password
Enter Captcha
Login
New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

As on date 25/10/2021

Sl No	Service	Time Limit	Total Application	Total Licence	Average Time	Median Time	Minimum Time	Maximum Time
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How To Apply?
Track Your Application

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CMOH Contact details
View Your License

View Your License

Get Details

License Number:* 34215094

Get Details Try Again

Department of Health and Family Welfare, Government of West Bengal

View Your License

Get Details

License Number:* 34215094

Try Again

License Info

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.

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 4 E 8 3 2

Enter Captcha

Login

New Registration | Forgot Password ? | Forgot Login?

ADMIN LOGIN

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
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As on date 25/10/2021

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- 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

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5.9 Clinical Dashboard

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




**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




[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

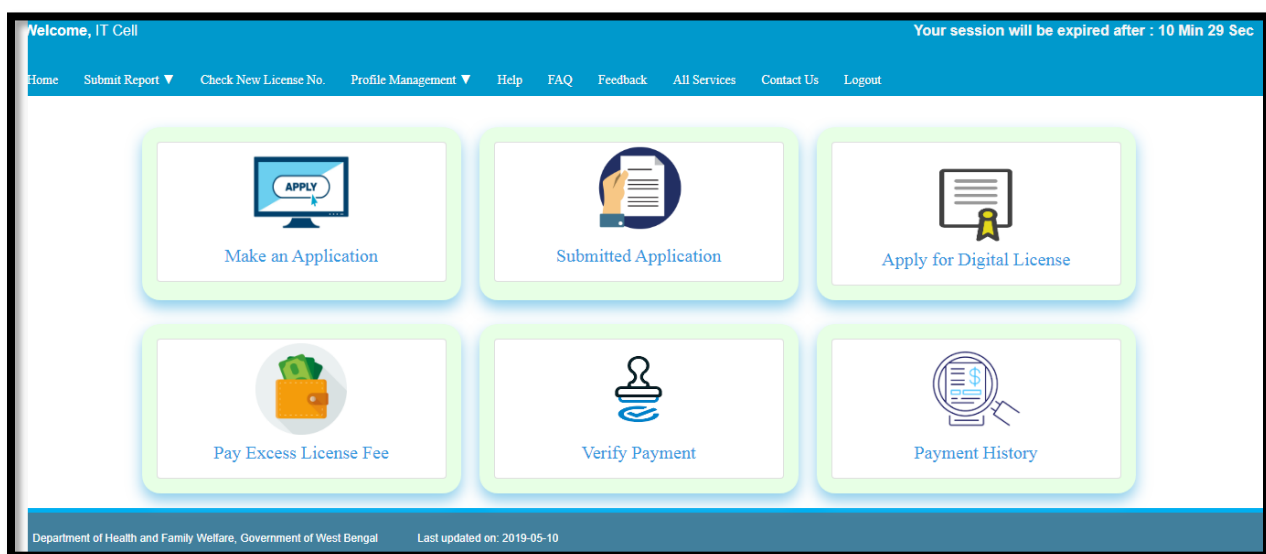
Documents Required to Apply
How To Apply?
Track Your Application

VBD Case Report Submit Manual
CMOH Contact details
View Your License

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

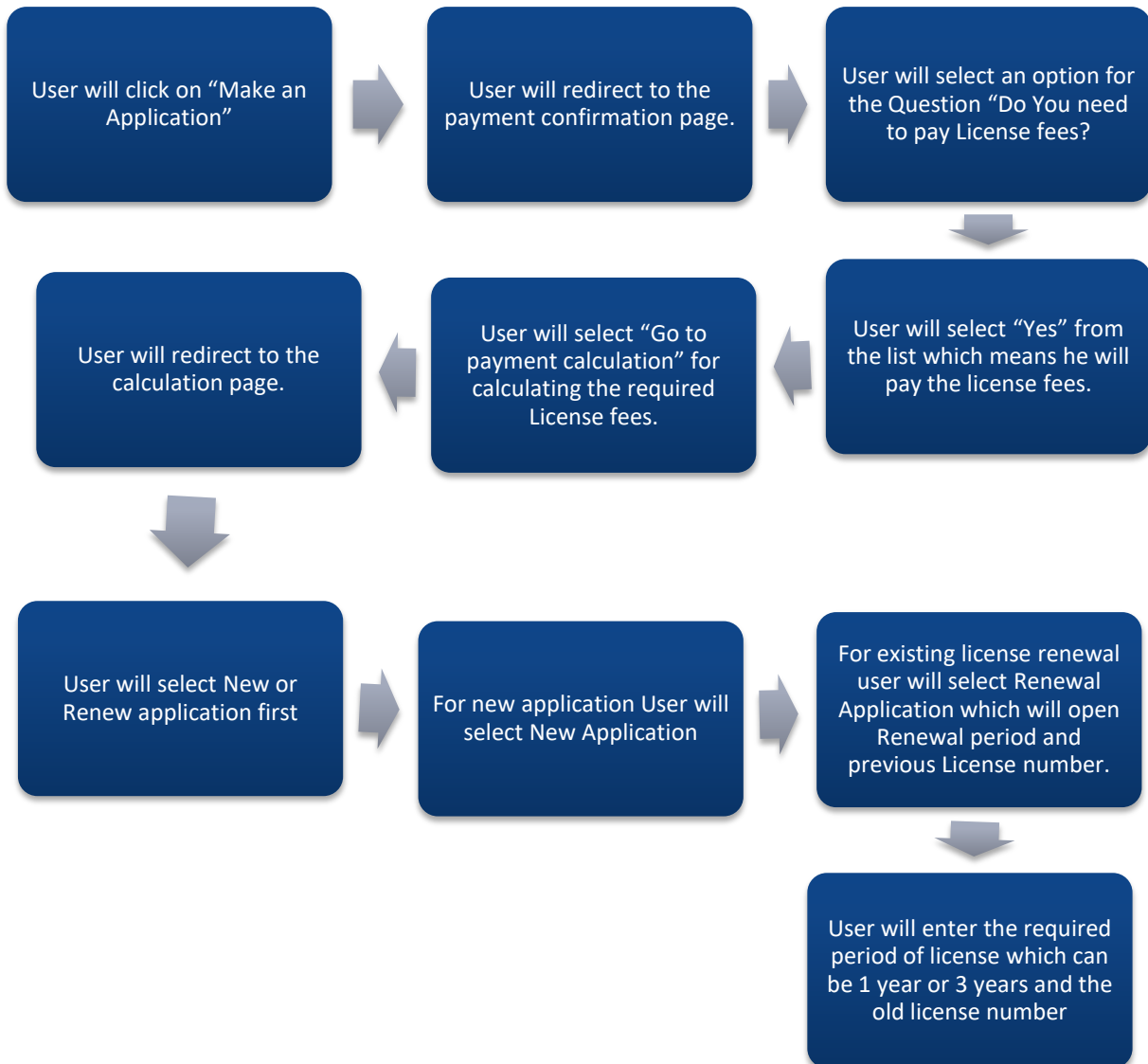
User will click on “Make an application” while they required to apply for a license for their Clinical establishment or applying renewal for the existing CE license.

6.1.1 If you need to pay license fees

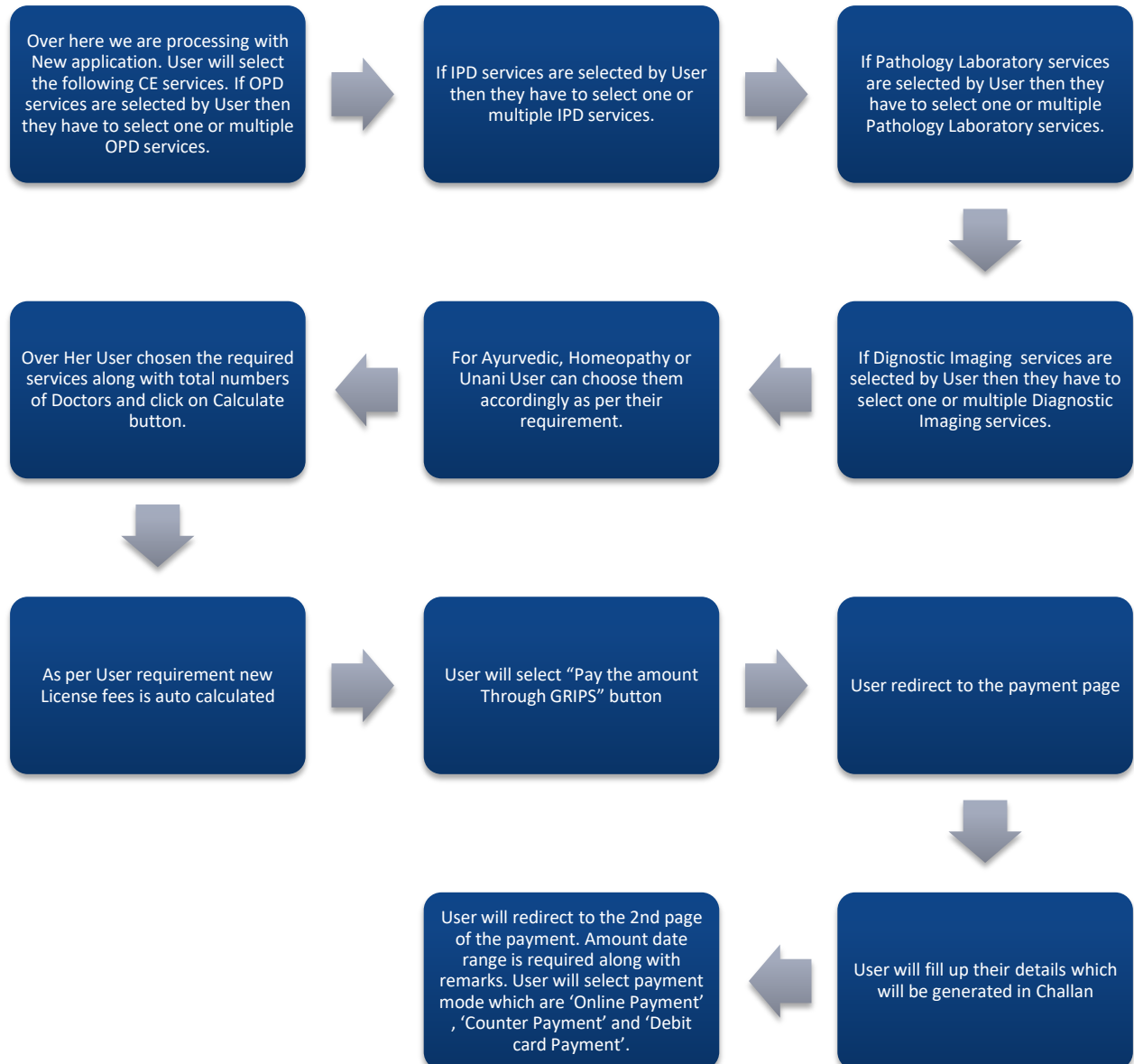
User will select yes if they need to pay the license fees for new and renew application

6.1.1.1 Process Flow

Normal Procedure before CE application



User selection of required CE services



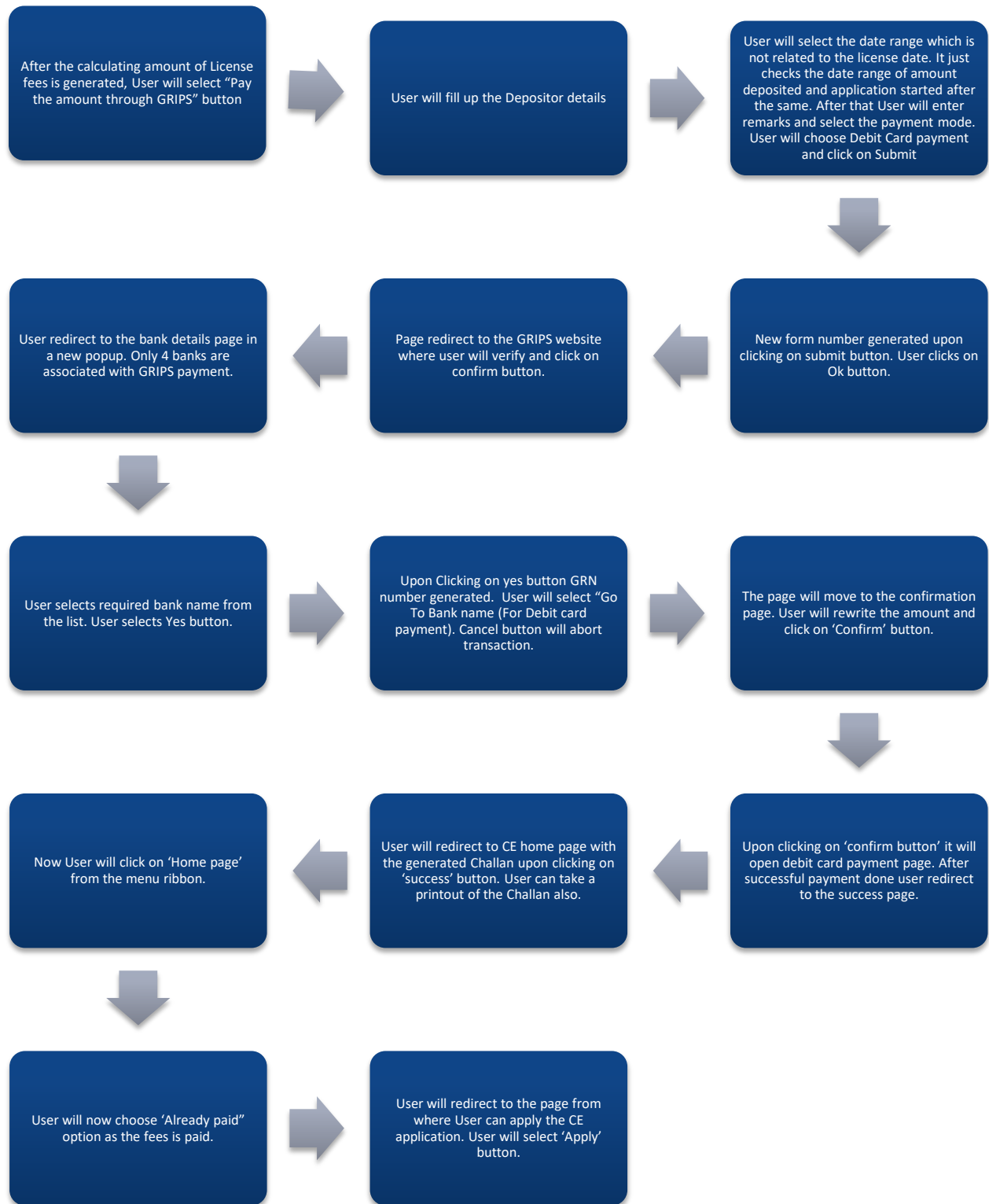
Payment method: Online payment



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 Here 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

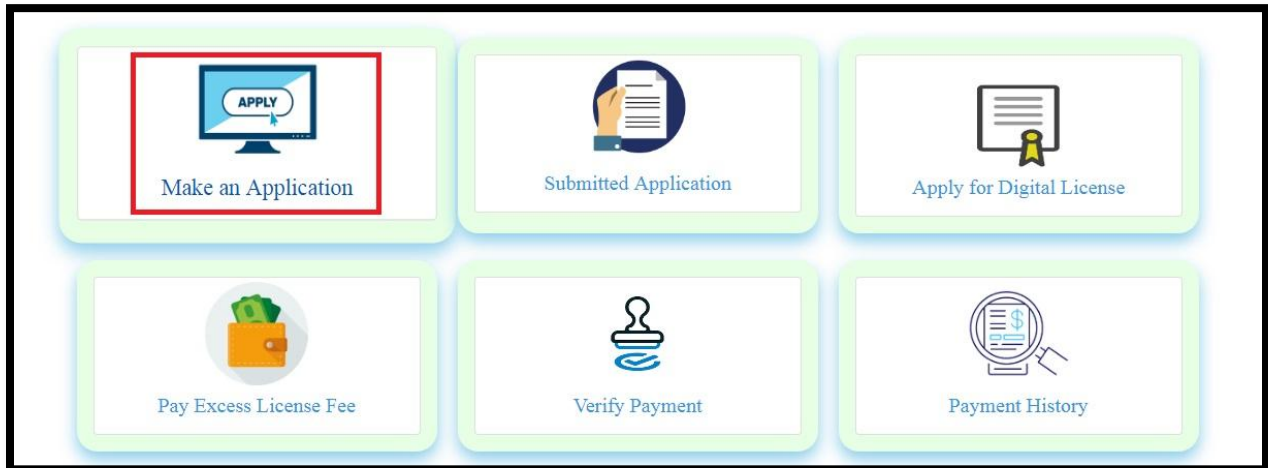
- ❖ Over here below is the non paid challan, which need to submitted in bank counter with the amount in cheque. After the amount is initiated to GRIPS by bank. User can apply for application
- ❖ User will login again after bank work completed
- ❖ User will redirect to the home page and click on 'Verify 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

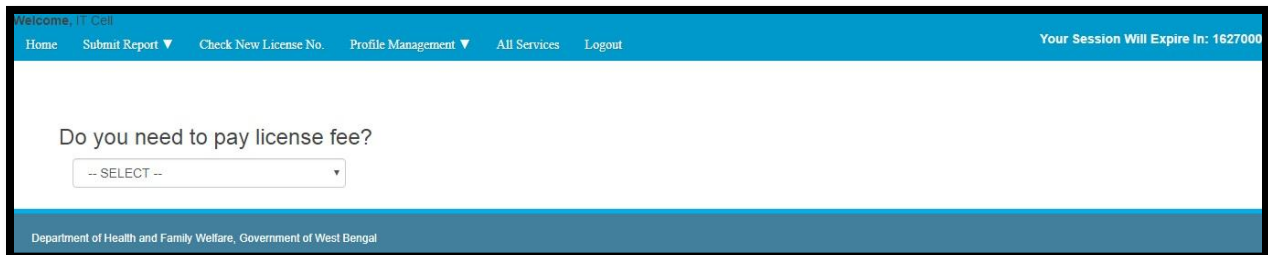
- ❖ After the calculating amount of License fees is generated, User will select "Pay the amount through GRIPS" button
- ❖ User will fill up the Depositor details
- ❖ User will select the date range which is not related to the license date. It just checks the date range of amount deposited and application 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

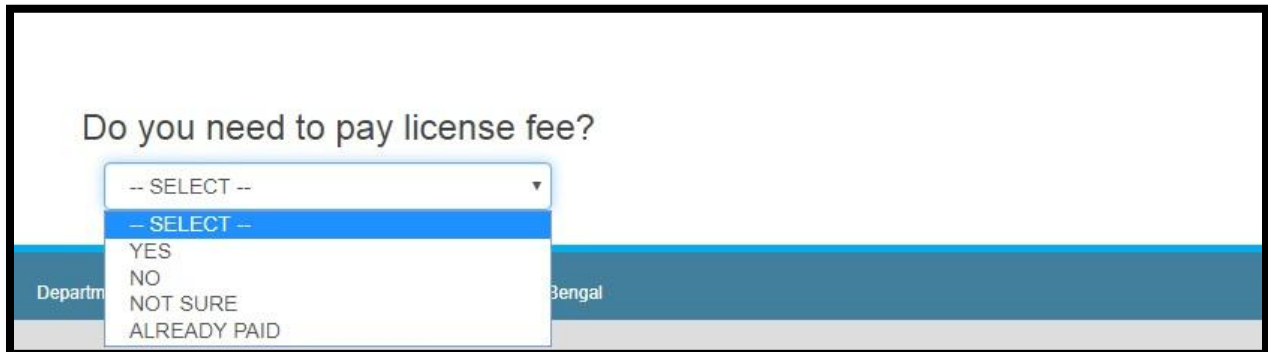
User will click on “Make an Application”



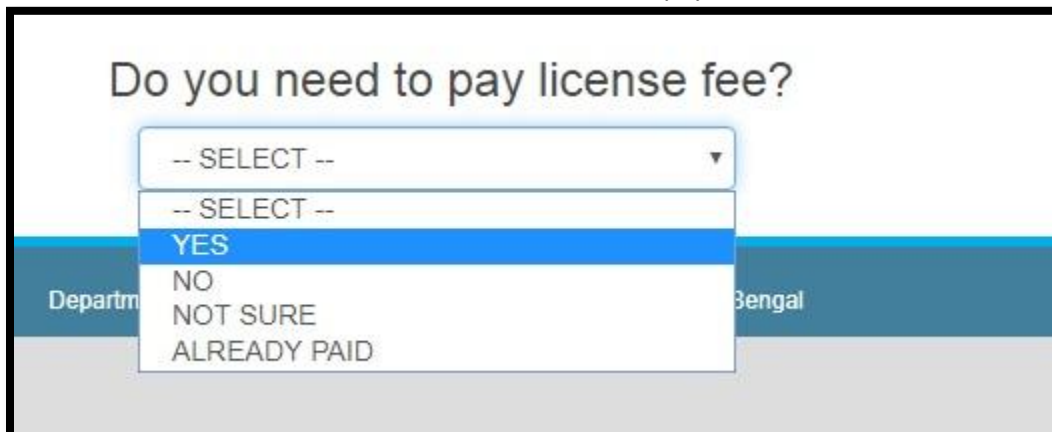
User will redirect to the payment confirmation page.



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



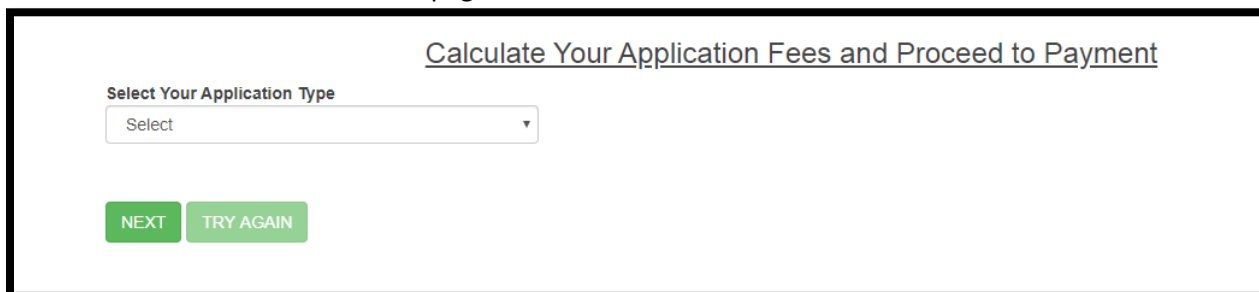
User will select “Yes” from the list which means he will pay the license fees.



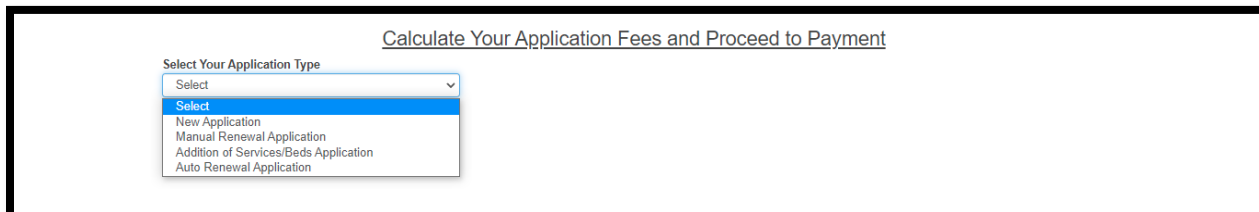
User will select “Go to payment calculation” for calculating the required License fees.



User will redirect to the calculation page.

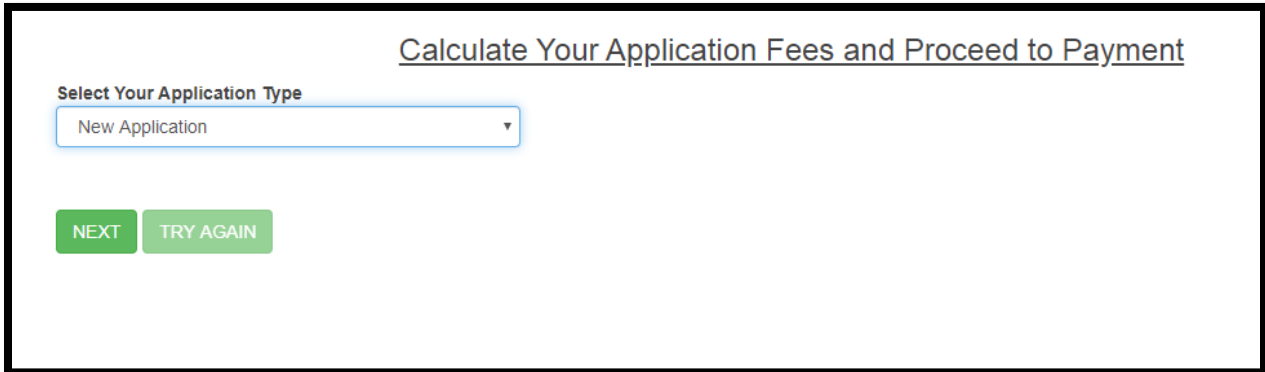


User will select Application type which can be New Application, Manual renewal Application, Addition of Services/ Beds Application or Auto Renewal Application.



6.1.1.3.1 New Application Procedure

For new application User will select New Application.



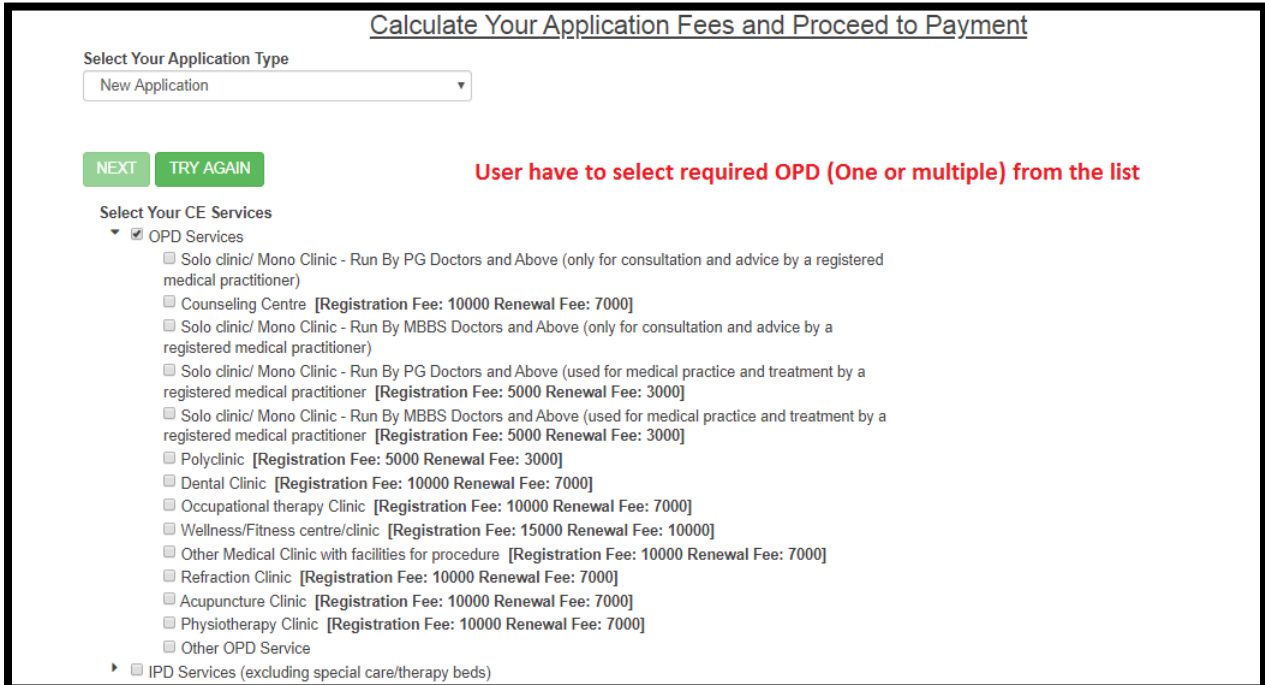
Calculate Your Application Fees and Proceed to Payment

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

Total Doctor (Including Polyclinic)

0

User will select required IPD services from the List

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

Total Doctor (Including Polyclinic)

0

CALCULATE

User Selects Pathology Laboratory Services from the list

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)

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:*

Save and Continue

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.

Payment

Amount Details

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

Remarks : * Payment for CE License

Payment Mode : * Online Payment

WBDHFW


Please note the below no as your future reference of Form No. 1500000024690


OK


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

SUBMIT

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


iFMS Integrated Financial Management System




 Finance Department
Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

CONFIRM FOLLOWING INFORMATION

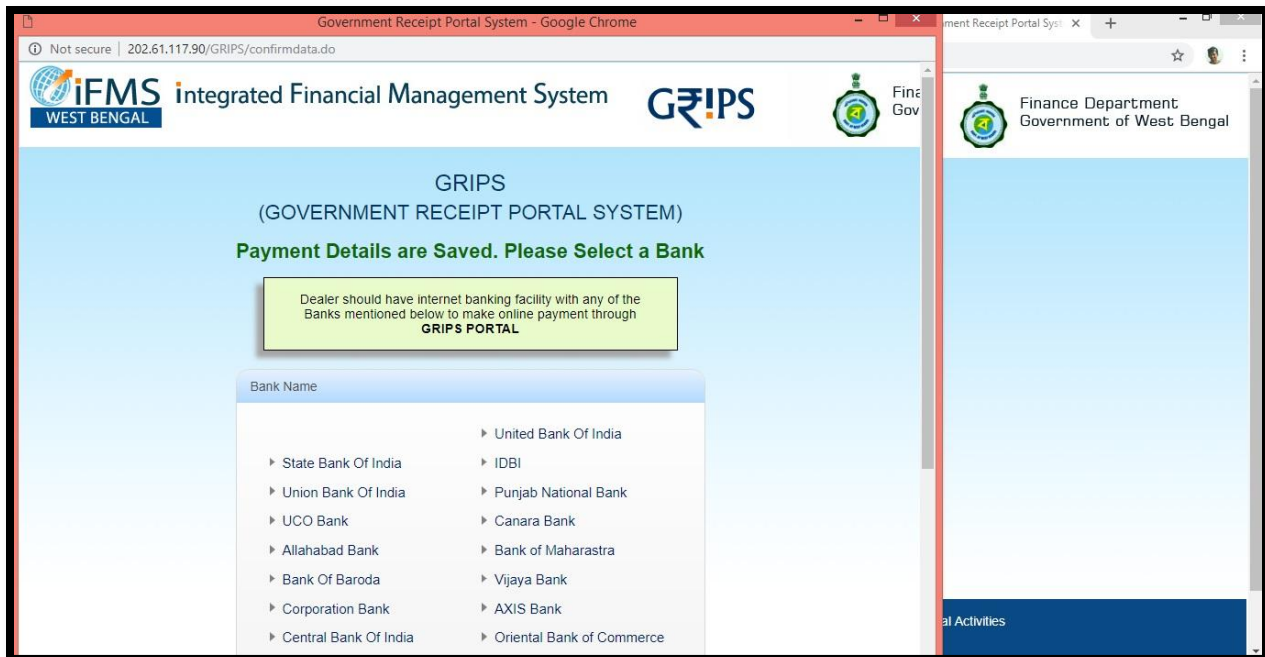
Department Ref No	0332019000019596	Depositor/Owner name	Kabir Kar
E mail of owner	r@t.com	Mobile number	9830436559
Office Name	Health	Payment_Mode	Online Payment
Period_from	29042019	Period_to	29042019
Remarks	Payment for CE License	Transaction Id	1500000024690

CONFIRM PAYMENT DETAILS

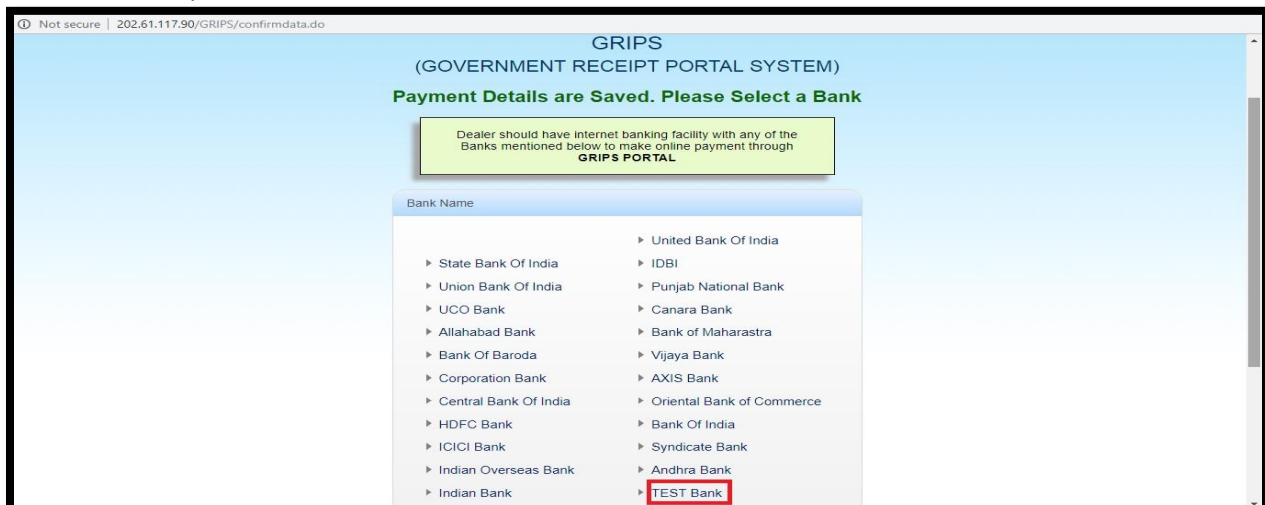
PAYMENT DETAILS		
HEAD OF ACCOUNT DESCRIPTION e	HEAD OF ACCOUNT	AMOUNT[₹]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	35000
Total Amount:		35000

CONFIRM
CANCEL

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.

Not secure | 202.61.117.90/GRIPS/saveDataAndRedirectToBank.do

iFMS Integrated Financial Management System **GRIPS** Finance Department Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

(*)For online payment click on 'GO TO BANK',to pay challan through selected bank's site

Govt. Reference No(GRN) : 192019200230472331 (Please NOTE this GRN for future reference)			
Department Ref No	0332019000019596	Depositor/Owner name	Kabir Kar
E mail of owner	r@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

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	35000
		Total Amount: 35000

[GO TO Test Bank \(For Online Payment\)](#) [CANCEL](#) Do Not Refresh The Page
Do not Click on The Back Button

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

Not secure | 202.61.117.90/GRIPS/saveDataAndRedirectToBank.do

iFMS Integrated Financial Management System **GRIPS** Finance Department Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

(*)For online payment click on 'GO TO BANK',to pay challan through selected bank's site

Govt. Reference No(GRN) : 192019200230472331 (Please NOTE this GRN for future reference)			
Department Ref No	0332019000019596	Depositor/Owner name	Kabir Kar
E mail of owner	r@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

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	35000
		Total Amount: 35000

[GO TO Test Bank \(For Online Payment\)](#) [CANCEL](#) Do Not Refresh The Page
Do not Click on The Back Button

The page will move to the confirmation page

IFMS Integrated Financial Management System, West Bengal

GRN Details

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.

IFMS Integrated Financial Management System, West Bengal

GRN Details

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/GRIIPS/paymentDemo.do

IFMS Integrated Financial Management System

GRIIPS

Finance Department Government of West Bengal

This page is for Test Bank...

35000 192019200230472331

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: 19201900220472321
GRN Date: 2019-04-29 00:00:00.0
BRN: testbank

Payment Mode: Online Payment
Bank: TestBank01
BRN Date: 2019-05-11 01:01:05.0

DEPOSITOR'S DETAILS
Name: Kabir Kar Id No.: 1500000024890
 E-mail: k@t.com Mobile No.: +91 9830435555
 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	1500000024890	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

Departm
Bangal
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							
Show 10 entries				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	APPLY
1500000024680	New	8902315624	10000	Online Payment	192019200230470041	Success	APPLY
1500000013017	Renew	8902305623	999	Debit Card Payment	192017180152566385	Success	APPLY
Showing 1 to 3 of 3 entries							

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) 0

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 displays a web application interface for license management. At the top, a blue navigation bar contains links: 'Check New License No.', 'Profile Management', 'Help', 'FAQ', 'Feedback', 'All Services', 'Contact Us', and 'Logout'. A session expiration warning 'Your session will be expired' is visible in the top right corner. The main content area is titled 'Cal' and 'ment'. It features a 'Select Your Application Type' section with a dropdown menu currently showing 'Addition of Services/Beds Application'. Below this is a 'License No.' field containing the number '34129745'. Two green buttons, 'NEXT' and 'TRY AGAIN', are positioned below the license number field. A modal popup is centered on the screen, displaying the message 'Please provide the details of the services/beds to be added to your existing licence' and an 'OK' button. Below the modal, the 'Select Your CE Services' section includes a red instruction: '* Only select the new services / no of beds to be added to your existing licence. Do not select existing services.' This is followed by a list of services with checkboxes: 'OPD Services', 'IPD Services (excluding special care/therapy beds)', 'Pathology laboratory service', 'Diagnostic Imaging service', 'Ayurvedic', 'Homeopathy', and 'Unani'. At the bottom, there is a 'Total Doctor (Including Polyclinic)' field with the value '0' and a blue 'CALCULATE' button.

Check New License No. Profile Management Help FAQ Feedback All Services Contact Us Logout

Your session will be expired

Cal ment

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)

0

CALCULATE

6.1.1.3.4 Auto renewal Application Procedure

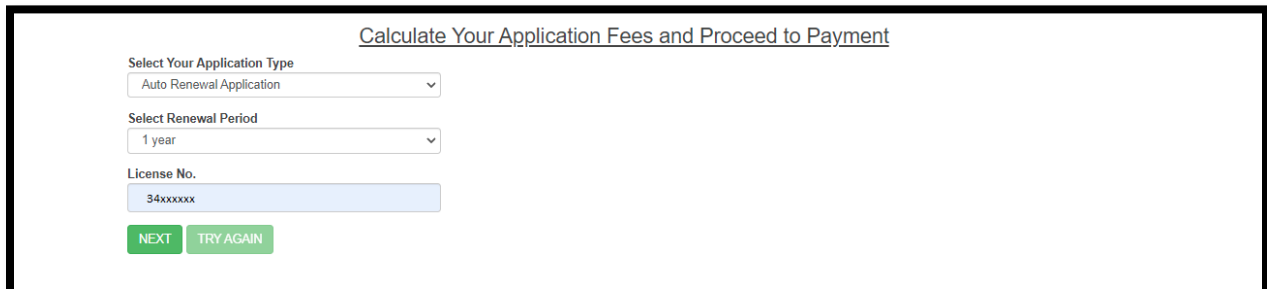
For existing license auto renewal user will select **Auto Renewal** Application which will open Renewal period and previous License number.

For auto renewal User have to maintain below condition:

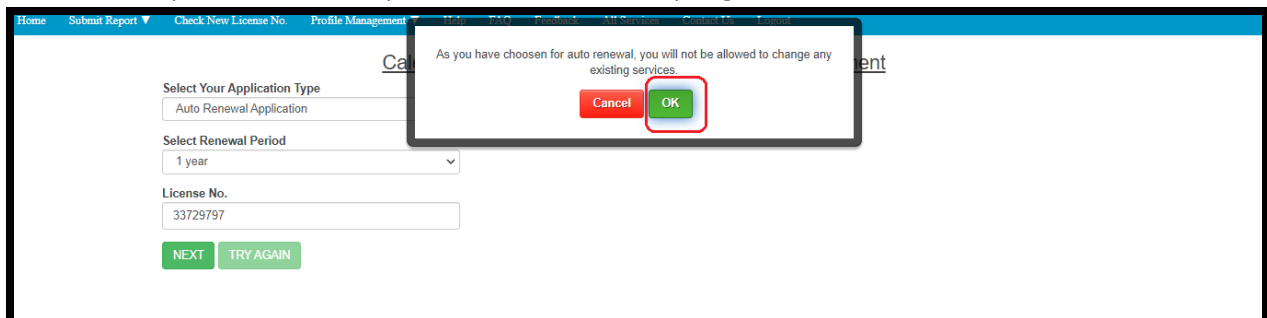
- License must be active
- License must be renewed by the owner only (same login credential)
- Existing License must calculate automatically as manual fees calculations are not allowed.
- Applicant can directly download the renewal license
- Applicant is not allowed to add new service or edit any existing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



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



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.



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

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 (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

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:*

Mobile No. :*

Email Id. :*

Address. :*

Save and Continue

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

Payment

Amount Details

From Date * To Date *

Remarks. :*

Payment Mode. :*

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' form with fields for 'From Date' (25-10-2021), 'To Date' (25-10-2021), 'Remarks' (CE Payment), and 'Payment Mode' (Online Payment). A popup window titled 'WBDHFW' displays the message: 'Please note the below no as your future reference of Form No. 1500000062300'. The popup has an 'OK' button. Below the popup, a table shows 'License Fee' with 'HEAD' 'CLINICAL ESTABLISHMENT LICENSE FEE' and 'AMOUNT[Rs.]' '2000'. A 'SUBMIT' button is at the bottom right.

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 interface. At the top, there are logos for 'iFMS WEST BENGAL', 'GRIPS', and 'Finance Department Government of West Bengal'. Below, the 'DEPOSITOR'S DETAILS' section shows a table with payment information: Department (Health & Family Welfare), Depositor Name (Test Name), Mobile No (9874561230), Identification No (1500000062300), In favour of (Health), Period From (25/10/2021), Total Amount (2000), No. Of Head (1), Address, E-Mail (test@test.com), Payment Ref. No. (0332021000059335), Payment Mode (Online Payment), Period To (25/10/2021), and Remarks (CE Payment). Below this, the 'CHALLAN DETAILS' section shows a table with columns: SUB SERVICE, IDENTIFICATION NO, HEAD OF ACCOUNT, HEAD DESCRIPTION, and AMOUNT[₹]. The table contains one row for 'Service Fees' with an amount of 2000. A 'Total Amount: 2000' and 'IN WORDS: TWO THOUSAND ONLY.' are shown. At the bottom, there are 'CONFIRM' and 'CANCEL' buttons.

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 screenshot shows a dashboard with six icons in a 2x3 grid. The first icon, 'Make an Application', is highlighted with a red border. The other icons are 'Submitted Application', 'Apply for Digital License', 'Pay Excess License Fee', 'Verify Payment', and 'Payment History'.

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

Department of Health and Family Welfare, Government of West Bengal

Last updated on: 2019-10-19

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

List of Forms to be Applied

Show 10 entries

Search:

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

Department of Health and Family Welfare, Government of West Bengal

Last updated on: 2019-10-19

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

Show 10 entries

Search:

Form No	Form Type	Mobile No	Amount	Payment Mode	GRN No	Status	Action
5000000062300	Auto Renewal	9874561	2000	Online Payment	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

Choose File

No file chosen

Upload scanned copy of trade license

Challan

Challan

Choose File

No file chosen

Upload scanned copy of challan

Clearance from pollution control board

Clearance

Choose File

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

Choose File

Order_ID_2855793201.pdf

Upload scanned copy of trade license

Challan

Challan

Choose File

Order_ID_3882336464.pdf

Upload scanned copy of challan

Clearance from pollution control board

Clearance

Choose File

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 Manager ▼ Tools ▼ FAQ Feedback All Services Contact Us English

Show 10 entries

Licence generation of your auto renewal application(s) 1500000062300 is pending. Please complete the process to generate the licence.

Form number	Form Type	Application Date (dd-mm-yyyy)	Est.	Section Date (dd-mm-yyyy)	Status	Action
1500000062300	Auto Renew	25-10-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not Applicable	Licence Generation Pending <input type="button" value="Action"/>
1500000058300	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete <input type="button" value="Action"/>

User will click on Generate license option from the 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
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.

1500000058299	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Action
1500000058298	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Action

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

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	Copy Of License
1500000058299	New	25-06-2021	Z B DIAGNOSTIC CENTRE	North 24 Parganas	Not fixed yet	Incomplete	Government Doctor List
							Close CE

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



DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
LICENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS (R, R&T) ACT 2017
(see rule 3)

Licence No | 33728799
Date | 25-10-2021

License is hereby granted to

Md Zabihullah Ansary
of 0175, Falti Rd, Barasat, Pin- 743423

Under the West Bengal Clinical Establishment Act 2017 to keep or carry on the Clinical Establishment under the heading(s) subject to terms as printed in back-page

Last Date of Application for Renewal : 25-09-2022
Validity : 25-10-2022
Period of Irregular Running : Nil

Headings

Establishment is popularly styled as

At an Address

Collection Centre

Z B DIAGNOSTIC CENTRE

0175, Bellaghata Bridge, Falti, Pin- 743423

This is an auto-renewed license. Hence signature of LA is not required.
But the license may be revoked at any time subject to violation of WB CE Acts & Rules, 2017

Date: 25-10-2021

Place: North 24 Parganas : West Bengal

Date of grant of first license:

Sd/-

Chief Medical Officer of Health
North 24 Parganas : West Bengal
To verify genuineness SMS to 9223166166
WB CE - Licence No-

Print
Go To Next Page

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.

Payment

Amount Details

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

Remarks * License Fees

Payment Mode * Counter Payment

WBDHFW


Please note the below no as your future reference of Form No. 1500000024691


OK


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

SUBMIT

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


iFMS Integrated Financial Management System
WEST BENGAL


GRIPS


 Finance Department
Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

CONFIRM FOLLOWING INFORMATION

Department Ref No	0332019000019597	Depositor/Owner name	Samar Ray
E mail of owner	surajit.roy.debu@gmail.com	Mobile number	9830436559
Office Name	Health	Payment_Mode	Counter Payment
Period_from	29042019	Period_to	29042019
Remarks	License Fees	Transaction Id	1500000024691

CONFIRM PAYMENT DETAILS

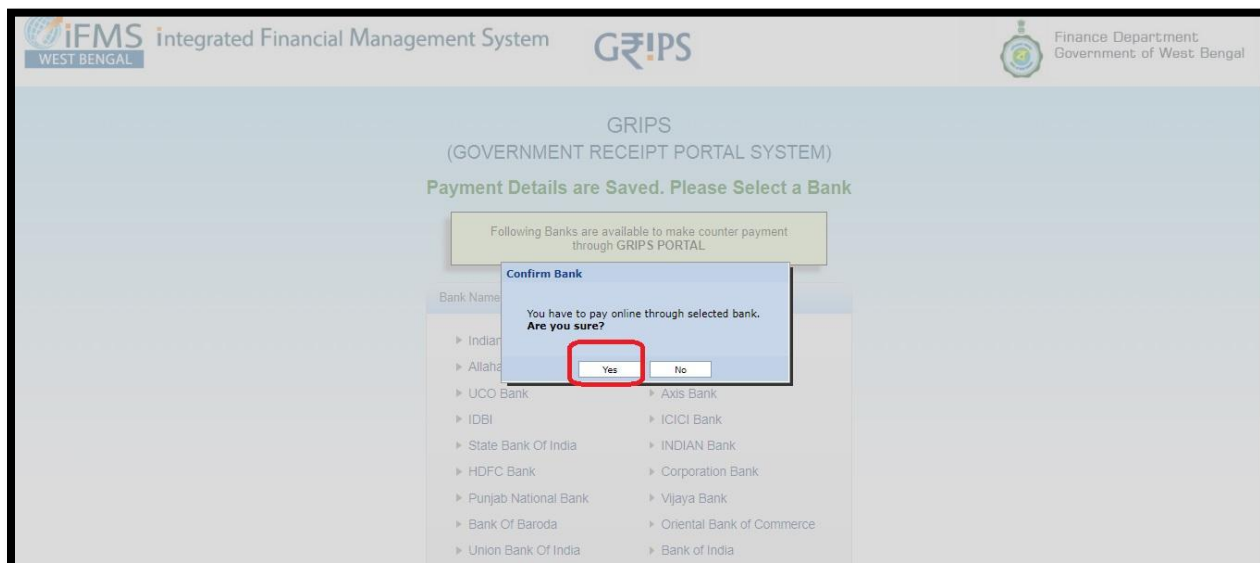
HEAD OF ACCOUNT DESCRIPTION e	HEAD OF ACCOUNT	AMOUNT[Rs.]
Collection from Miscellaneous Service Fees-Service Fees	0210-01-800-001-14	10000
Total Amount:		10000

CONFIRM **CANCEL**


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


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) : 192019200230472342 (Please NOTE this GRN for future reference)			
Department Ref No	0332019000019897	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[₹]
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


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

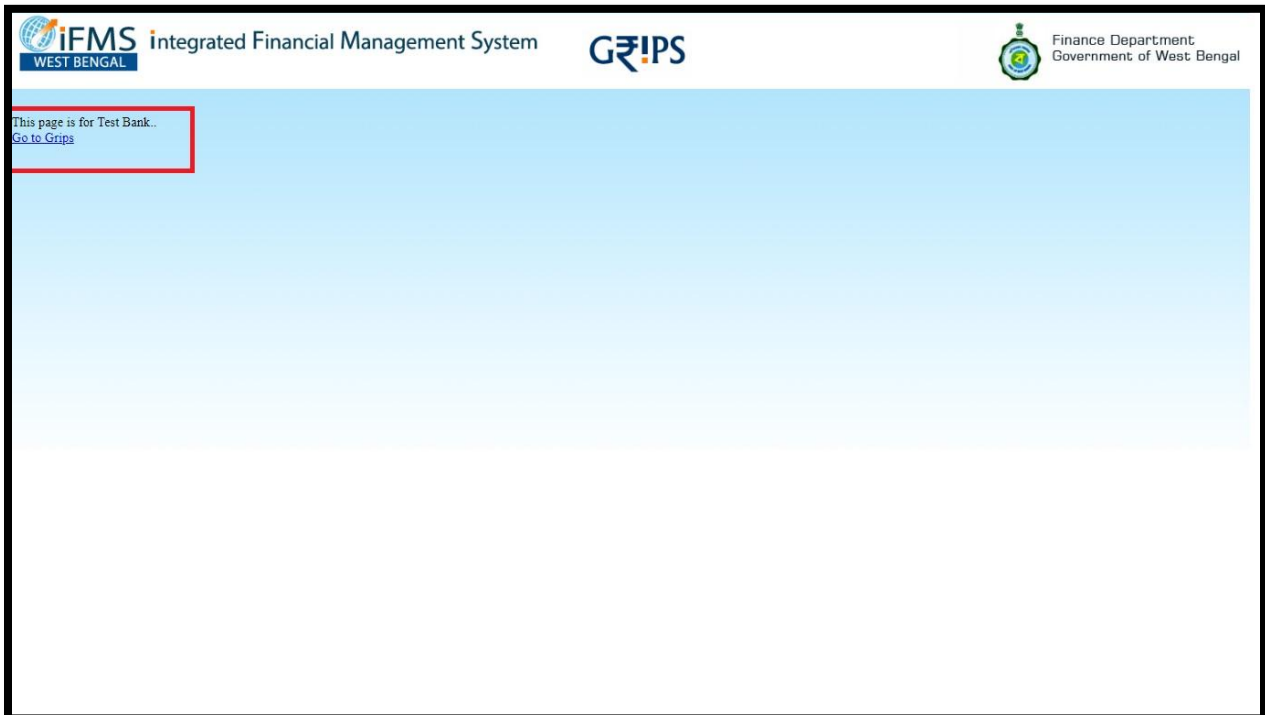
Please re-confirm the Total Payable Amount:

[Confirm](#)

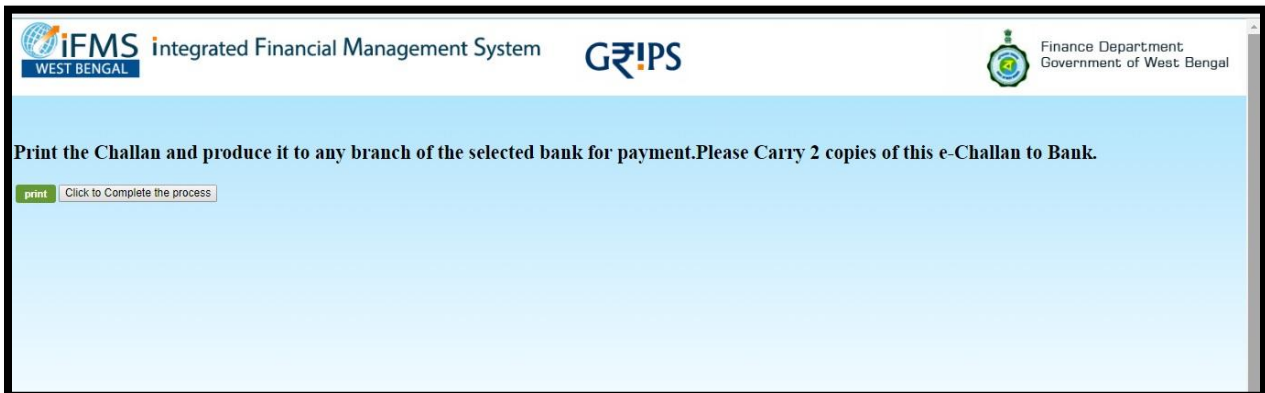
[cancel](#)

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

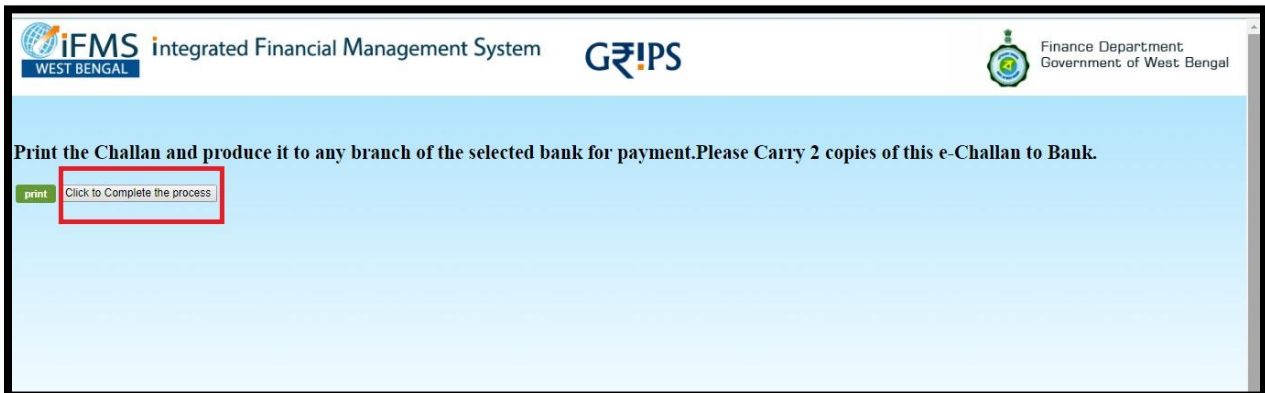
It redirects to a new page, where User will click on 'Go to Grips' link



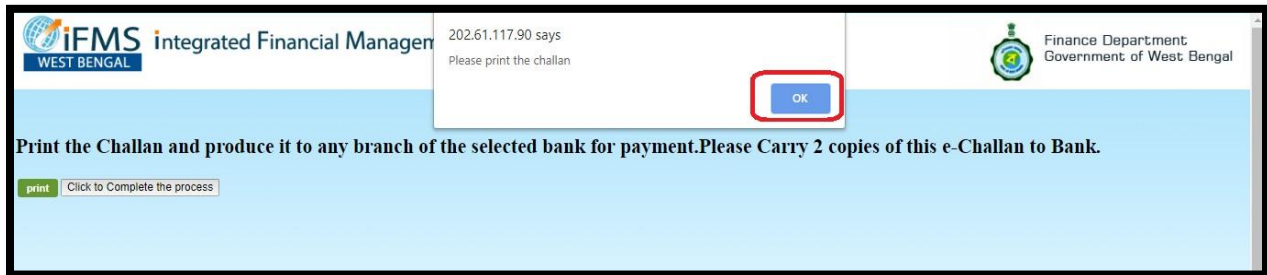
The page redirect to the print not paid challan page



User selects 'Click to Complete the process' page



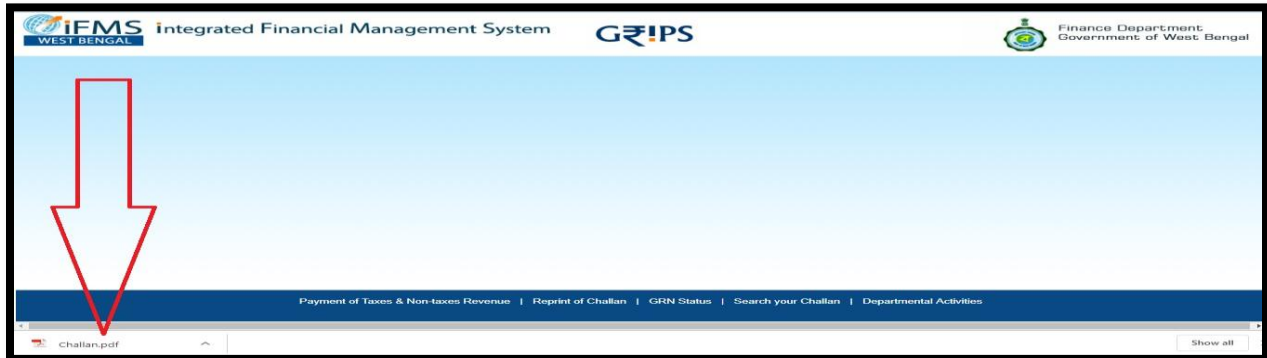
A popup will arise that 'Please print the Challan' where user will click on 'OK' button



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
(at future)
Contact No. :
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 interface for the Health & Family Welfare Department, Government of West Bengal. The header includes the department's name and logo. A notice at the top states that all license fee payments must be submitted through the State Government payment gateway GRIPS w.e.f 23/5/2017. The main login form is titled 'Clinical Establishment' and contains fields for email (banerjee1.gourab08@gmail.com), a password field, and a CAPTCHA (3QB3MD). The 'Login' button is highlighted with a red rectangle. To the right of the login 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'. An 'ADMIN LOGIN' button is located at the bottom right. The footer contains a recommendation to use Google Chrome and the department's name.

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

banerjee1.gourab08@gmail.com

•

3 Q B 3 M D

3QB3MD

Login

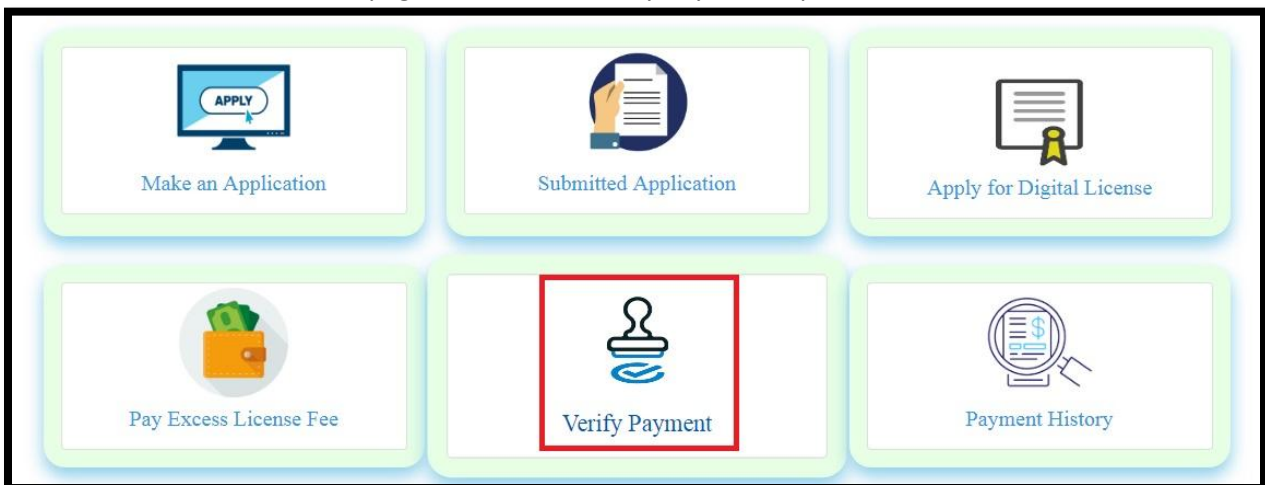
New Registration
Forgot Password ?
Forgot Login ID ?

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
Department of Health and Family Welfare, Government of West Bengal 172.16.10.48

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



User will redirect to the verify payment page

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

User will click on verify payment button

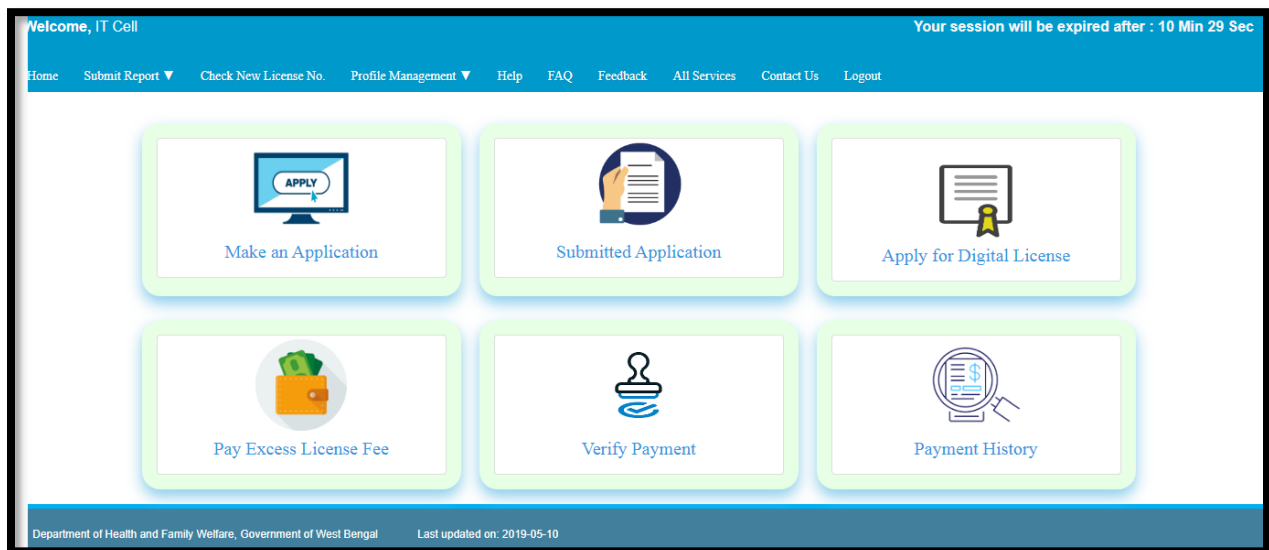
Verify Payment Details							
Show 10 entries		Search:					
Form No	Deposited By	Mobile No	Amount	GRN No	Transaction Date	Action	
1500000024683	zxdc z	8902315624	5000		16-04-2019 05:27 PM	Verify Payment	
1500000024682	TEST	9830436559	20000		16-04-2019 05:19 PM	Verify Payment	
1500000024681	Test Test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

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



Govt. of West Bengal Health & Family Welfare e-Challan				
GRN: 192019200230470121 GRN Date: 2019-04-17 00:00:00.0 BRN: testbank			Payment Mode: Online Payment Bank: TestBank01 BRN Date: 2019-05-11 01:01:05.0	
DEPOSITOR'S DETAILS				
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				
PAYMENT DETAILS				
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
Total Amount:				25000

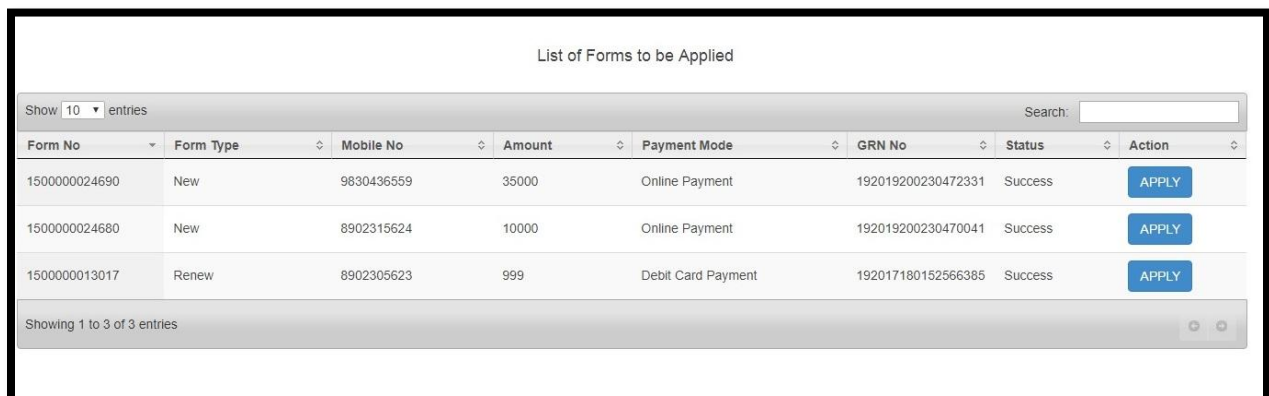
Now User will select home page and click on 'Make an application'



User will select 'Already Paid' option



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



Debit Card 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:*

Mobile No. :*

Email Id. :*

Address. :*

[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 *

To Date *

Remarks. :*

Payment Mode. :*

Payment Details			
SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	0210-01-800-001-14	<input type="text" value="10000"/>

[SUBMIT](#)

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

Payment

Amount Details

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

Remarks * License Fees for CE

Payment Mode * Debit Card Payment

WBDHFW


Please note the below no as your future reference of Form No. 1500000024692


OK


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.


iFMS Integrated Financial Management System
WEST BENGAL


GRIPS


 Finance Department
Government of West Bengal

Payments through GRIPS portal
Health & Family Welfare
DRUG

CONFIRM FOLLOWING INFORMATION

Department Ref No	0332019000019598	Depositor/Owner name	K Maitra
E mail of owner	r@t.com	Mobile number	9830436659
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




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

CONFIRM
CANCEL

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 RefNo	0332019000019598	Depositor/Owner name	K Maitra
E mail of owner	r@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 \(For Debit Card Payment\)](#)

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:

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

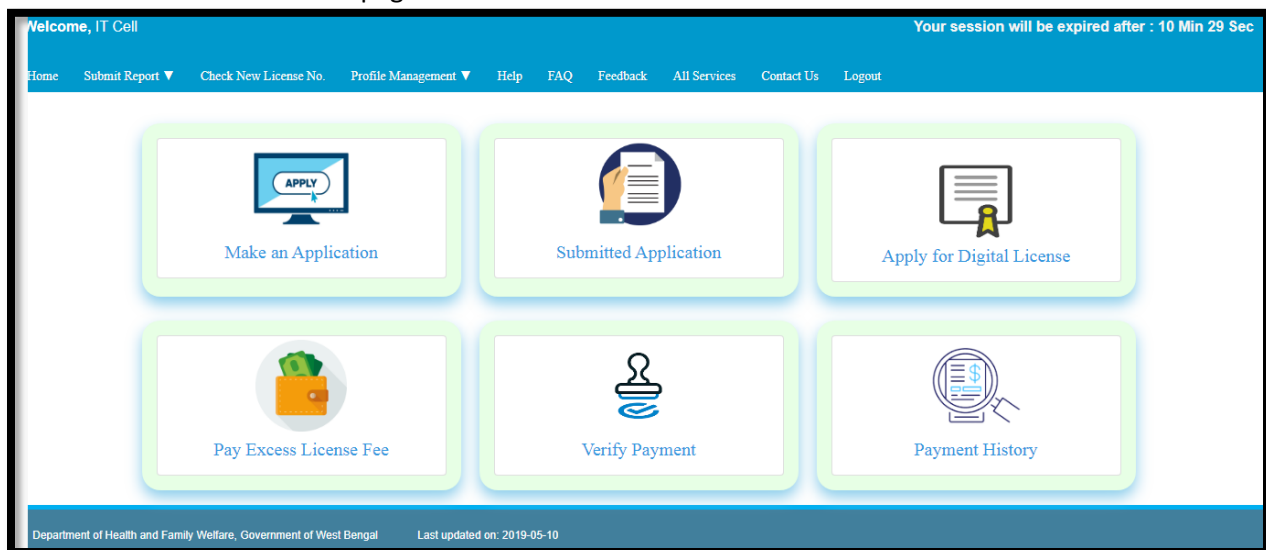
Upon clicking on 'confirm button' it will open debit card payment page. After successful payment done user redirect to the success page.



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.

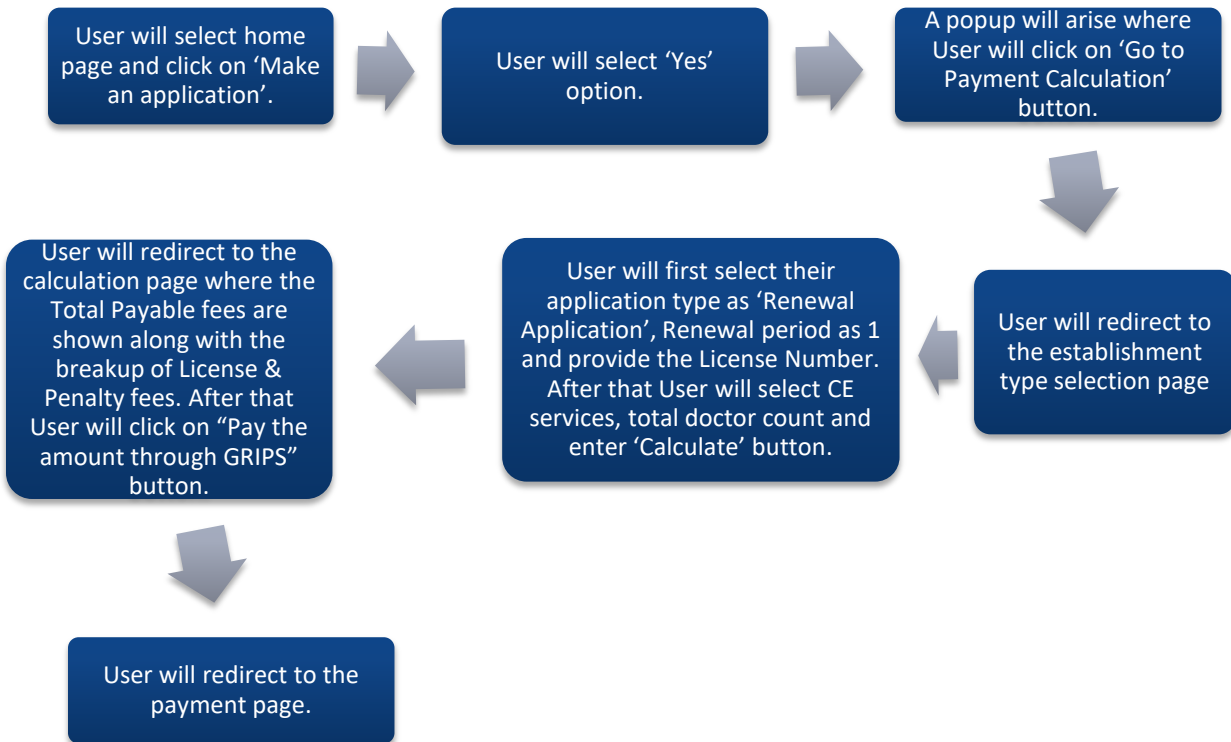
List of Forms to be Applied

Show 10 entries	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	<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>
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

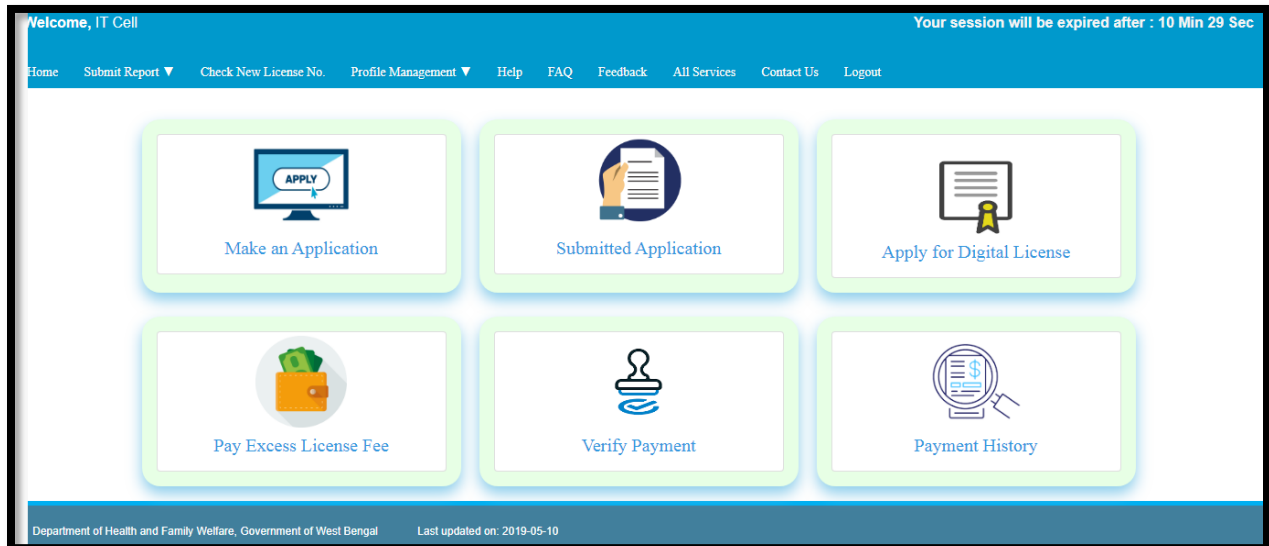


6.1.2.2 Detailed Steps

- 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

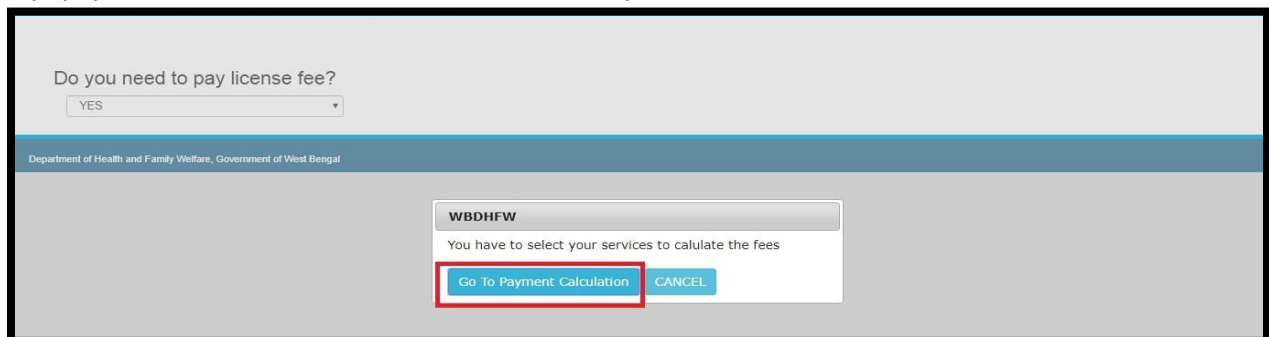
User will select home page and click on 'Make an application'.



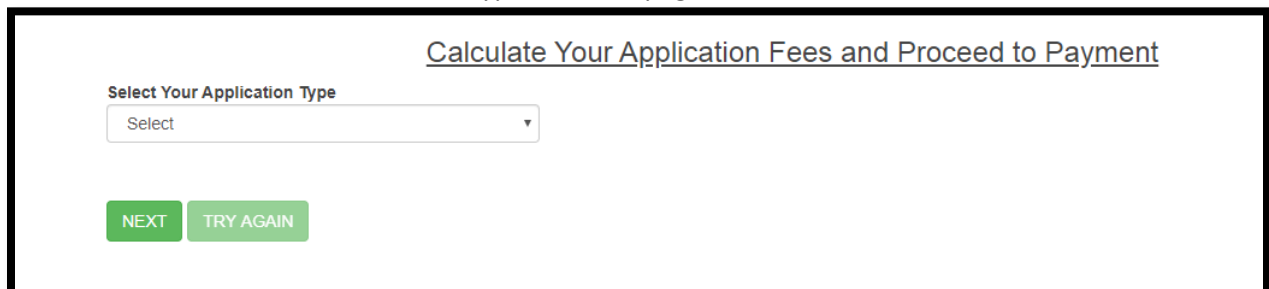
User will select 'Yes' option.



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

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

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 (Twenty Four Thousand Only)

PAY THE AMOUNT THROUGH GRIPS

User will redirect to the payment page.

Payment

Depositor's Details

Depositor's Name:*

Deposited By

Mobile No.:

Mobile Number

Email Id.:

Email ID

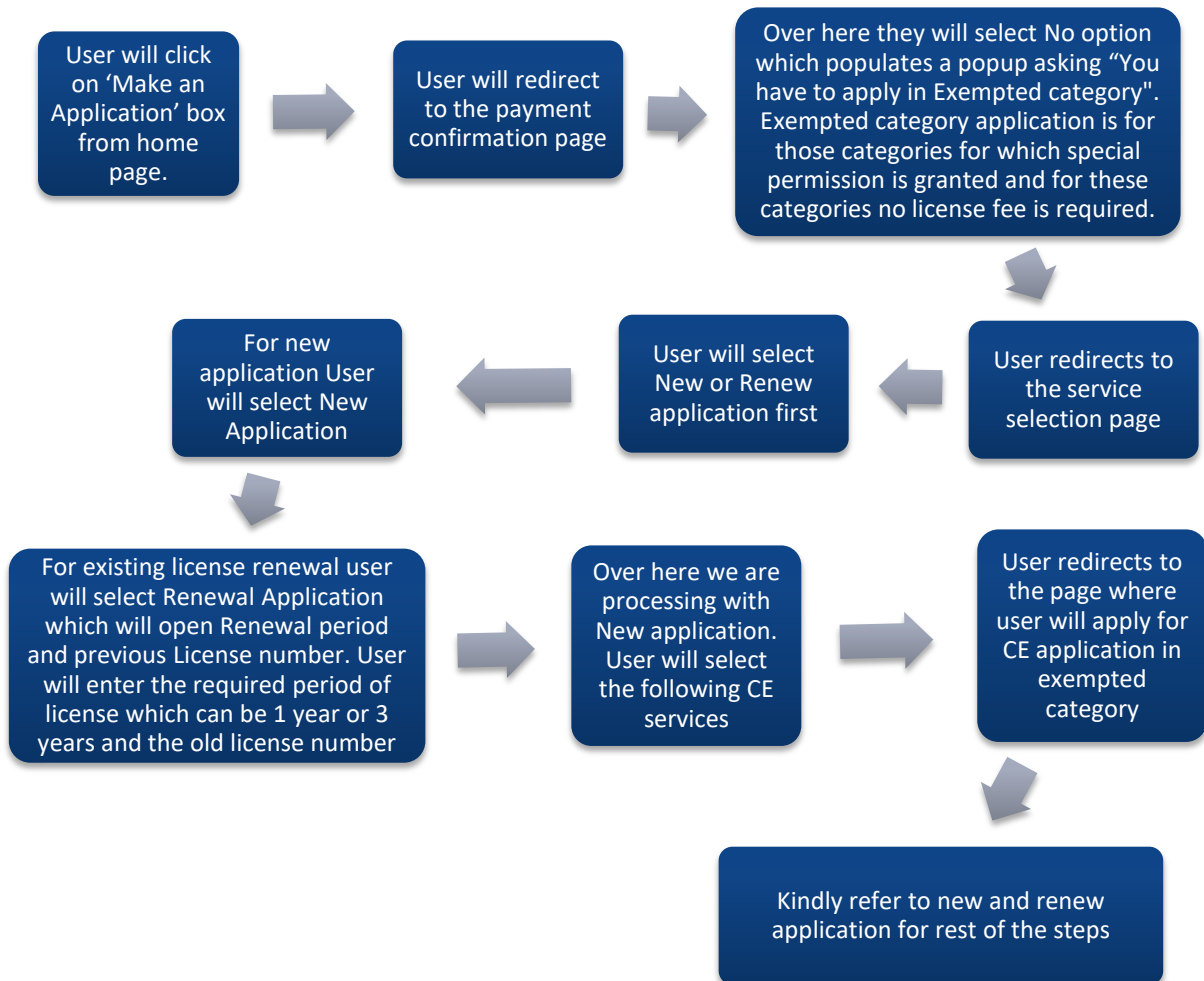
Address:*

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

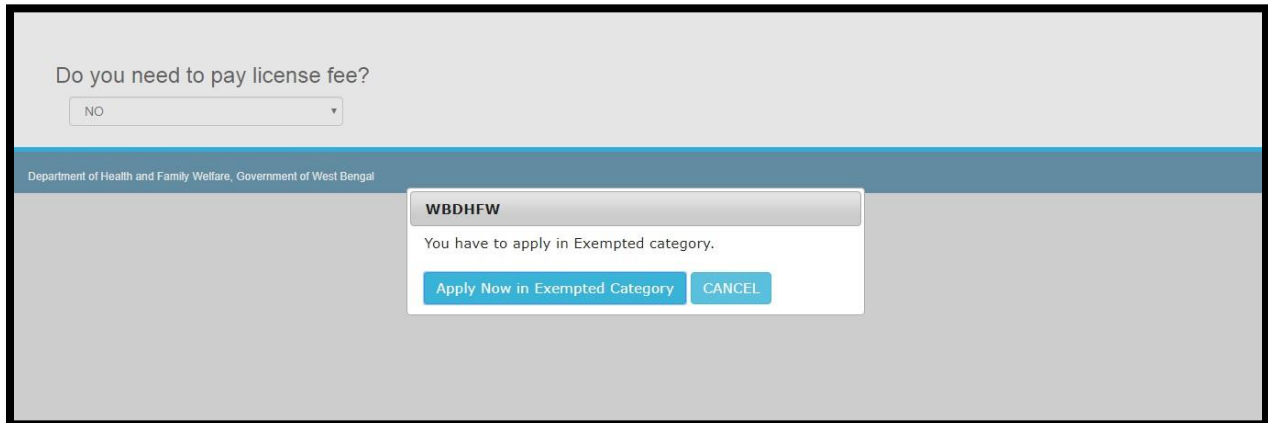
User will click on 'Make an Application' box from home page



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)

0

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)

3

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

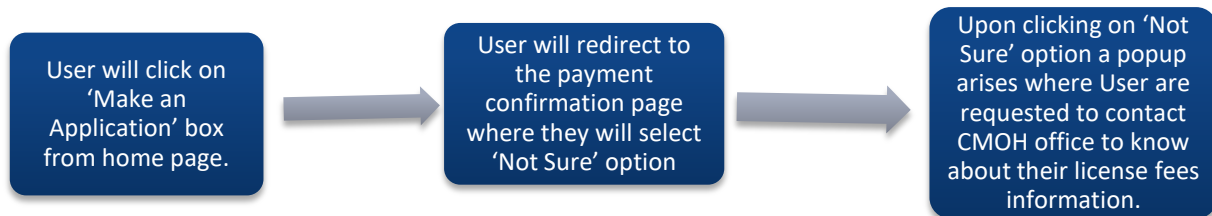
Establishment Name * ⓘ <input type="text" value="NAME OF ESTABLISHMENT"/>		
Building Number * ⓘ <input type="text" value="Building Number"/>	Street Name * ⓘ <input type="text" value="Street Name"/>	Address * ⓘ <input type="text" value="Address"/>
District * ⓘ <input type="text" value="-- SELECT --"/>	Post Office * ⓘ <input type="text" value="Post Office"/>	Police Station * ⓘ <input type="text" value="Police Station"/>
City/ Village * ⓘ <input type="text" value="City/Village"/>	PIN Code * ⓘ <input type="text" value="PIN Code"/>	Local Authority * ⓘ <input type="text" value="-- SELECT --"/>

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

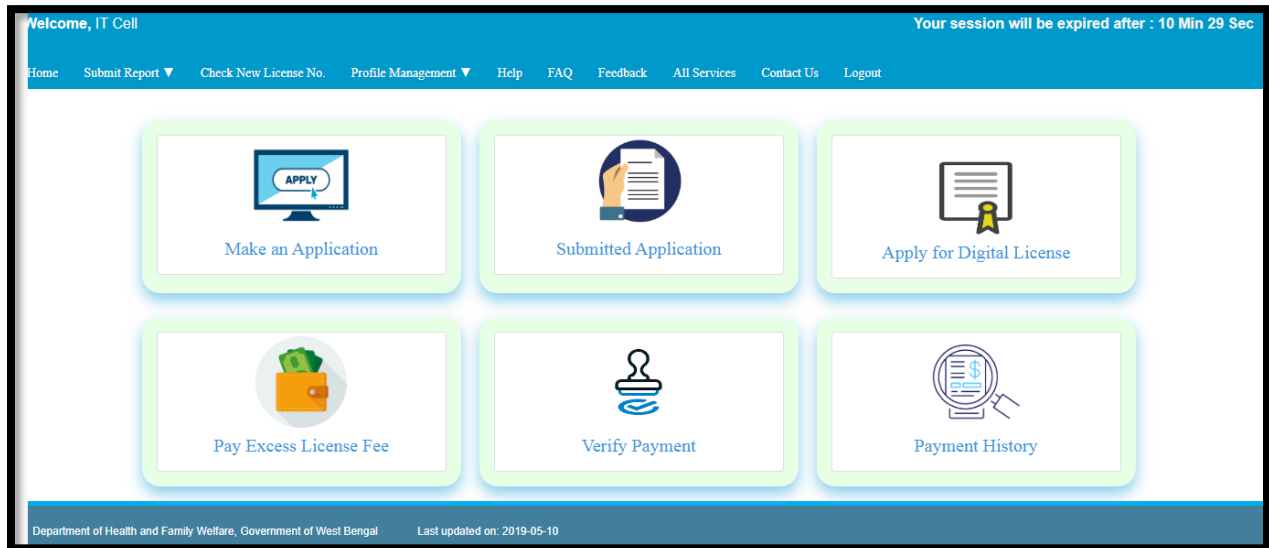


6.1.4.2 Detailed Steps

- ❖ 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.

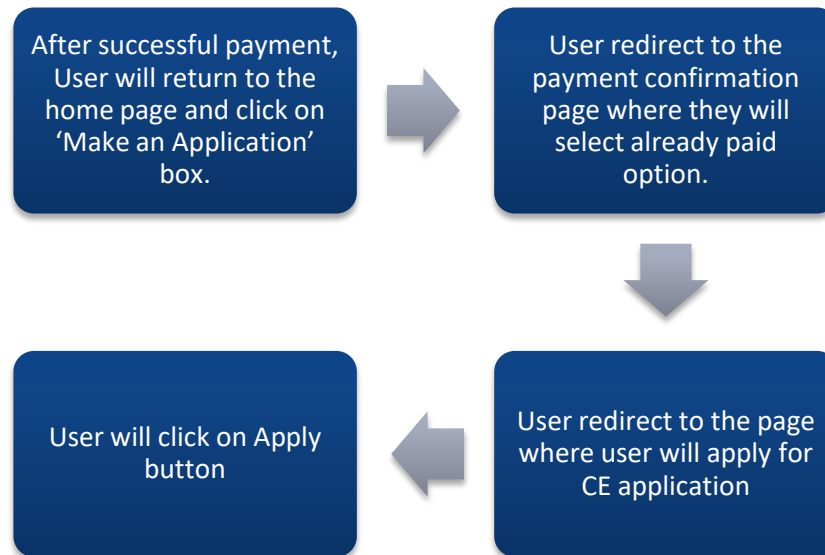


6.1.5 Already Paid for New License Application

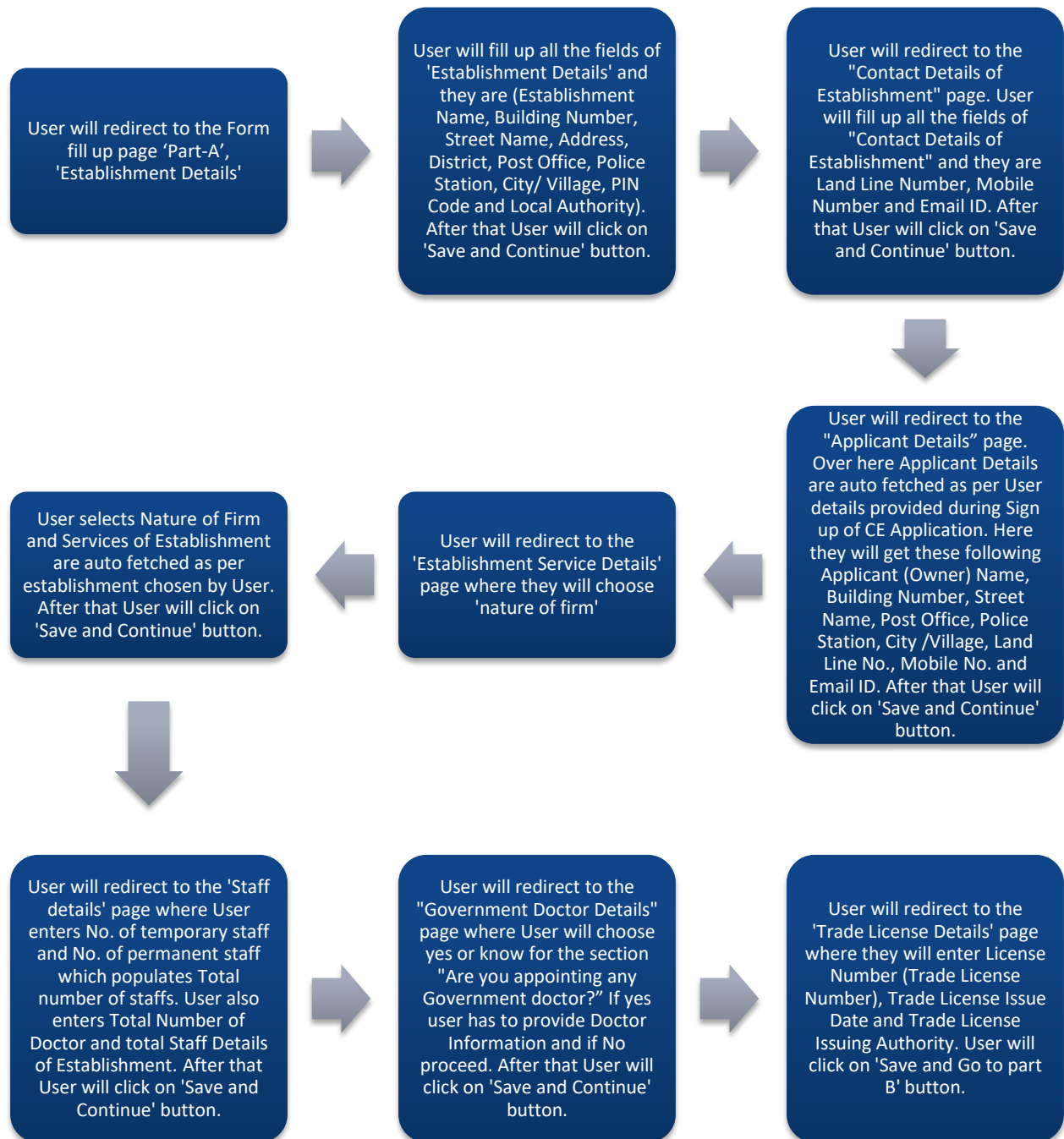
After payment is completed through GRIPS the user will select 'Already Paid' to proceed to new license application. Detailed steps are discussed in section 6.1.4.2

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/
- 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 seizure 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

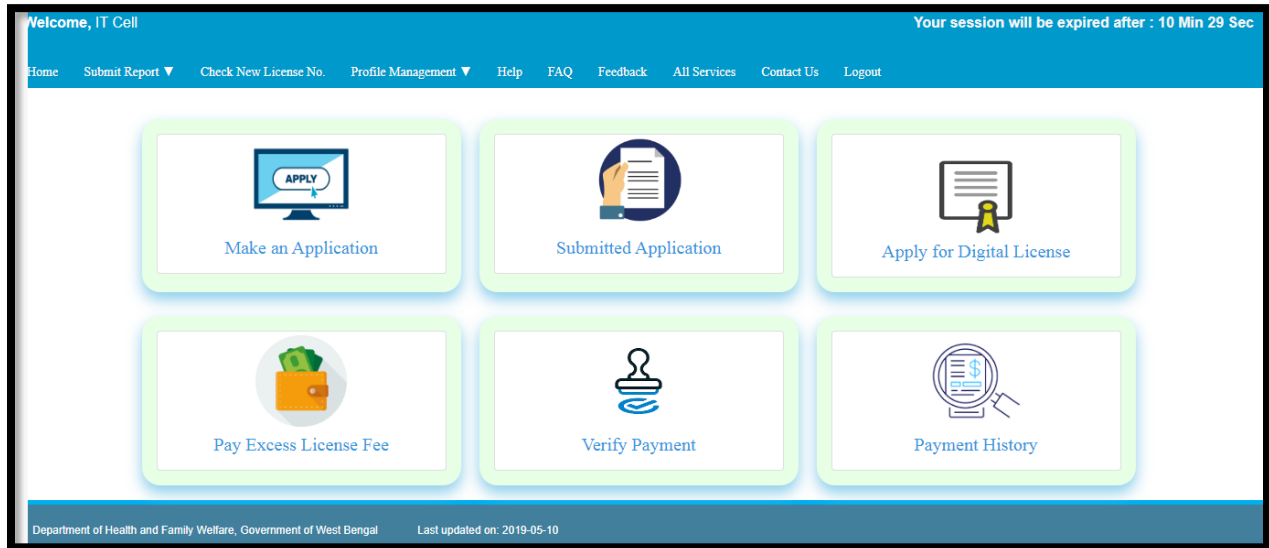
Submitted Application

- ❖ 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

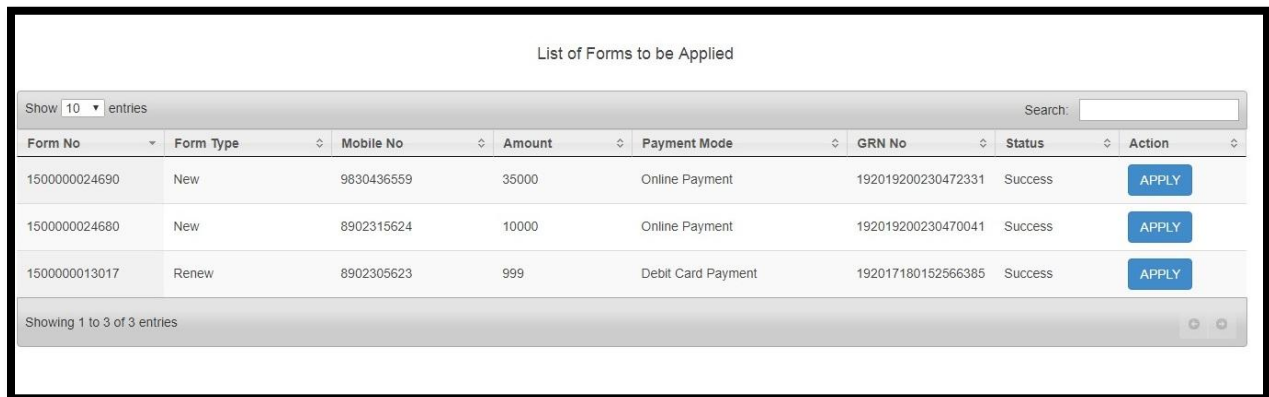
After successful payment, User will return to the home page and click on 'Make an Application' box.



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




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)


Establishment Details


Establishment Name * 
NAME OF ESTABLISHMENT


Building Number * 
Building Number


Street Name * 
Street Name


Address 
Address

District * 
-- SELECT --

Post Office * 
Post Office

Police Station * 
Police Station

City/ Village * 
City/Village

PIN Code * 
PIN Code


Local Authority * 
-- SELECT --





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)


Establishment Details


Establishment Name * 
SB POLYCLINIC


Building Number * 
35


Street Name * 
Taltala


Address 
Address


District * 
Kolkata


Post Office * 
Taltala

Police Station * 
Taltala

City/ Village * 
Kolkata

PIN Code * 
700001

Local Authority * 
KMA



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)

CONTACT DETAILS OF ESTABLISHMENT

Land Line Number

Mobile Number

Email ID

Previous **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)

APPLICANT DETAILS

Applicant (Owner) Name

Building Number

Street Name

Post Office

Police Station

City /Village

Land Line No.

Mobile No.

Email ID

Previous **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)

ESTABLISHMENT SERVICE DETAILS

Nature of Firm

Ownership
Partnership
Registered Company
Voluntary Organisation
Society
Body
Government

Previous **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

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 Detail

No. of temporary staff * ⓘ

No. of permanent staff * ⓘ

Total number of staffs * ⓘ

Total Number of Doctor * ⓘ

Category of Staff	Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appo Letter
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!](#)

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?"

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

Government Doctor Details

Are you appointing any Government doctor ? *

-- SELECT --
-- 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)

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	No	ADD

Previous Save and continue

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

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)

Trade License Detail:

Licence Number * ? TRD2342134

Trade License Issue Date * ? 21-01-2019

Trade License Issuing Authority * ? 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)

Payment Detail:


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 ¹ ☐ YES ☐ NO ☐ APPLIED FOR

Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation) ¹ ☐ 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? ¹ ☐ YES ☐ NO

Premises Type ¹ Owned by Owner

Reception Counter ¹ ☐ YES ☐ NO

Waiting Room ¹ ☐ YES ☐ NO

Record Room ¹ ☐ YES ☐ NO

Ventilation Sufficient? ¹ ☐ YES ☐ NO

Lighting Sufficient ¹ ☐ YES ☐ NO

Drinking Water Supply

Source ¹ ☐ Piped water supply ☐ Underground ☐ Others

Quantity ¹ ☐ Adequate ☐ Inadequate

Quality ¹ ☐ Satisfactory ☐ Unsatisfactory

Cooling Arrangement ¹ ☐ Provided ☐ 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 1

☐ Yes ☐ No ☐ Applied for

H&FW Dept 1

☐ Yes ☐ No ☐ Applied for

Customs Dept Exemption

Whether free treatment facilities @40% in OPD and @10% in IPD ☐ Yes ☐ No

Monthly report submitted ☐ Yes ☐ No

Health & Welfare Department Dept Exemption

Whether free treatment facilities @40% in OPD and @10% in IPD ☐ Yes ☐ No

Monthly report submitted ☐ Yes ☐ 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 1

Cashbook Register 1

Attendance Register 1

Admission Register 1

Stock Register 1

Inspection Book 1

☐ Present ☐ Absent

☐ Present ☐ Absent

☐ Present ☐ Absent

☐ Present ☐ Absent

☐ Present ☐ Absent


☐ Present ☐ Absent

Whether training of medical or paramedical courses are present ? ☐ 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, Anaesthetist 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 seizure 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 ☒ Present ☐ Will Be Provided

Bed Charges ☒ Present ☐ Will Be Provided

OT Charges ☒ Present ☐ Will Be Provided

Investigation Charges ☒ Present ☐ Will Be Provided

Service Charges ☒ Present ☐ Will Be Provided

Regarding Operation Theater

Total OT Space ☐ Present ☐ Will Be Provided

Yes ☐ Present ☐ Will Be Provided

Shadow-less Light ☐ Present ☒ Will Be Provided

Boyle's Apparatus ☐ Present ☒ Will Be Provided

Anaesthetist List ☐ Present ☒ Will Be Provided

Auto Clave ☐ Present ☒ Will Be Provided

Regarding Maternity Home

Labour Room Space

List of Equipments ☒ Present ☐ Will Be Provided

Sucker Machine ☒ Present ☐ Will Be Provided

Regarding Installation

Regarding Electrical Installation and Supply ☒ Present ☐ Will Be Provided

Regarding Cooking, Storing and Distribution of Food for Patients ☒ Provided ☐ Not Provided

Regarding Accommodation

Accommodation of Residential Staff ☐ Provided ☐ Not Provided








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

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 5)

PART-B

Declaration

Regarding display of Rate Charges

Doctor's Charges ☐ Present ☐ Will Be Provided

Bed Charges ☐ Present ☐ Will Be Provided

OT Charges ☐ Present ☐ Will Be Provided

Investigation Charges ☐ Present ☐ Will Be Provided

Service Charges ☐ Present ☐ Will Be Provided

Regarding Operation Theater

Total OT Space

Your application form has been saved as incomplete.
Please upload documents and staff details(if required) and do final submit to complete your application.

OK

Regarding Maternity Home

Labour Room Space SQFT.

List of Equipments ☐ Present ☐ Will Be Provided

Sucker Machine ☐ Present ☐ Will Be Provided

Regarding Electrical Installation and Supply ☐ Present ☐ Will Be Provided

Regarding Cooking, Storing and Distribution of Food for Patients: ☐ Provided ☐ Not Provided

Regarding Accommodation

Accommodation of Residential Staff ☐ Provided ☐ Not Provided

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

☒ 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 6)

Upload Your Documents (PDF Format Only)

Trade License Copy	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of trade licence</small>
Payment Chellan	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of challan</small>
Clearance from pollution control board	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of clearance</small>
Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of licence</small>
Premises Map	<input type="button" value="Choose File"/> No file chosen <small>Submit a copy of the deed</small>
Staff appointment letters	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of appointment letters of staffs.</small>
Staff joining letters	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of joining letters of staffs.</small>
Regarding Electrical Installation and Supply	<input type="button" value="Choose File"/> No file chosen <small>Upload scanned copy of certificate from competent authority regarding installation and safety norms as per law of the land.</small>
Approved Building Plan	<input type="button" value="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 PNDDT 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="button" value="Choose File"/> demo.pdf Upload scanned copy of trade licence
Payment Challan	<input type="button" value="Choose File"/> Challan-No-TNS-280.pdf Upload scanned copy of challan
Clearance from pollution control board	<input type="button" value="Choose File"/> No file chosen Upload scanned copy of clearance
Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation)	<input type="button" value="Choose File"/> No file chosen Upload scanned copy of licence
Premises Map	<input type="button" value="Choose File"/> No file chosen Submit a copy of the deed
Staff appointment letters	<input type="button" value="Choose File"/> No file chosen Upload scanned copy of appointment letters of staffs.
Staff joining letters	<input type="button" value="Choose File"/> No file chosen Upload scanned copy of joining letters of staffs.
Regarding Electrical Installation and Supply	<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.
Approved Building Plan	<input type="button" value="Choose File"/> No file chosen

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 the following fields and options:

- 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
- Form-VII: No file chosen
- Agreement Copy with Mother Lab: No file chosen
- Aid License of Mother Lab(for collection center): No file chosen

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 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 the following changes:

- The Declaration dropdown menu is now set to "This is not my final submit. I have to upload and edit".
- The Submit button is highlighted with a red rectangle.

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.

The screenshot shows the 'Your Submitted Applications' page with a table of applications. A pop-up message is displayed in the center, indicating that there are incomplete applications. The pop-up text reads: 'WBDHFW You have incomplete application with form no. 1500000024690, 1500000024694, 1500000024689.' Below the text is an 'OK' button, which is highlighted with a red square.

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	Alipurdwar	Not fixed yet	Processing	Action

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

The screenshot shows the 'Your Submitted Applications' page with a table of applications. The table lists four applications, including the incomplete ones from the previous screenshot. The 'Status' column shows 'Incomplete' for the first three and 'Processing' for the last one.

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	Alipurdwar	Not fixed yet	Processing	Action

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

The screenshot shows the 'Your Submitted Applications' page with a table of applications. The 'Action' button for the first application is clicked, and a dropdown menu is visible. The menu options are: 'Upload Documents', 'Staff Management', 'Government Doctor List', 'Edit Application', and 'Edit Services & Beds'.

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	Alipurdwar	Not fixed yet	Processing	Action

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

The screenshot shows the 'Your Submitted Applications' page with a table of applications. The 'Action' button for the first application is clicked, and the 'Upload Documents' option is selected from the dropdown menu. The option is highlighted with a red square.

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	Alipurdwar	Not fixed yet	Processing	Action

User redirect to the document upload page

Welcome, Dr. Gait

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

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

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

ID proof of licensee No file chosen

Other Document No file chosen

Declaration *

I accept on behalf of myself to be established. 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 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.

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 & 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	Action
1500000024688	New	26-04-2019	abc	Alipurdwar	Not fixed yet	Processing	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

Welcome, IT Cell

Home Submit Report ▼ Check New License No. Profile Management ▼ All Services Logout Your Session Will Expire In: 1718000

Staff Details

Show 10 entries Search:

Category	Staff Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appointment Letter	Joining Letter	Action
No data available in table								

Showing 0 to 0 of 0 entries

Add New Staff

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

Welcome, IT Cell

Home Submit Report ▼ Check New License No. Profile Management ▼ All Services Logout Your Session Will Expire In: 1718000

Staff Details

Show 10 entries Search:

Category	Staff Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appointment Letter	Joining Letter	Action
No data available in table								

Showing 0 to 0 of 0 entries

Add New Staff

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.

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

OK

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

Choose File No file chosen

Declaration * -- SELECT --

Submit

ADD

Type of Establishment*: --Select--

Name: Enter Staff Name

Qualification: Enter Qualification

Registration Number: Staff Registration No.

Appointment Letter: ☐ Yes ☐ No

Joining Letter: ☐ Yes ☐ No

Name of Faculty: Faculty Name

Nature of Service: --Select--

Declaration *: -- SELECT --

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

Add New Staff Details

Type of Establishment*:
--Select--

Name:
Enter Staff Name

Qualification:
Enter Qualification

Registration Number:
Staff Registration No.

Appointment Letter:
☐ Yes ☐ No

Joining Letter:
☐ Yes ☐ No

Name of Faculty:
Faculty Name

Nature of Service
--Select--

Declaration *
-- SELECT --

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

Choose File No file chosen

Declaration *
-- SELECT --

Submit

CE Staf Record.xls

Show all

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

Clinical Establishment Staff Records										
Establishment Type	Category of Staff	Name	Qualification	Reg. No.	Faculty Name	Nature of Service	Appointment Letter	Joining Letter		

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

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

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

Your Submitted Applications

Show 15 entries
Search:

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024894	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action
1500000024890	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action
1500000024889	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action
1500000024888	New	28-04-2019	abc	Alipurdwar	Not fixed yet	Processing	Action

Showing 1 to 4 of 4 entries

Upload Documents

Staff Management

Government Doctor List

Edit Application

Edit Services & Beds

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

Welcome, IT Cell
Your Session Will Expire In: 1751000

Home Submit Report Check New License No. Profile Management All Services Logout

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](#)

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"/>	<input type="text" value="Date of NOC"/> <input type="button" value="..."/>	<input type="text" value="No"/> <input type="button" value="v"/>	<input type="button" value="ADD"/>

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

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

Your Submitted Applications








Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date(dd-mm-yyyy)	Status	Action
1500000024894	New	30-04-2019	TEST E TREAT	North 24 Parganas	Not fixed yet	Incomplete	Action
1500000024890	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Incomplete	Action
1500000024889	New	28-04-2019	ABC	Kolkata	Not fixed yet	Incomplete	Action
1500000024888	New	28-04-2019	abc	Alipurdwar	Not fixed yet	Processing	Action

Showing 1 to 4 of 4 entries

Upload Documents
 Staff Management
 Government Doctor List
 Edit Application
 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

Building Number * i

District * i

City/ Village * i

Municipality *

Street Name * i

Post Office * i

PIN Code * i

Address i

Police Station * i

Local Authority * i

[Save and continue](#)

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

Your Submitted Applications

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	Action
1500000024688	New	26-04-2019	abc	Alipurdwar	Not fixed yet	Processing	Action

Showing 1 to 4 of 4 entries

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

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
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="28"/>

Bed Details for Nursing Home

ITU	ICCU	NCU	RCU	HDU	PICU	Other	Total
<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="32"/>

Other Services

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

Freehand drawing of sketch

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 *

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 redirects to the 'Your Submitted Application' page

Your Submitted Applications

Show10entries

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	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

Show10▼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	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	Upload Documents Staff Management Government Doctor List Edit Application Edit Services & Beds
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	

Showing 1 to 4 of 4 entries

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

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	Action
1500000024690	New	30-04-2019	SB Polyclinic	Kolkata	Not fixed yet	Processing	Action
1500000024689	New	26-04-2019	ABC		Not fixed yet	Incomplete	Action
1500000024688	New	26-04-2019	abc		Not fixed yet	Processing	Action

Showing 1 to 4 of 4 entries

WBDHFW

Permission not granted!

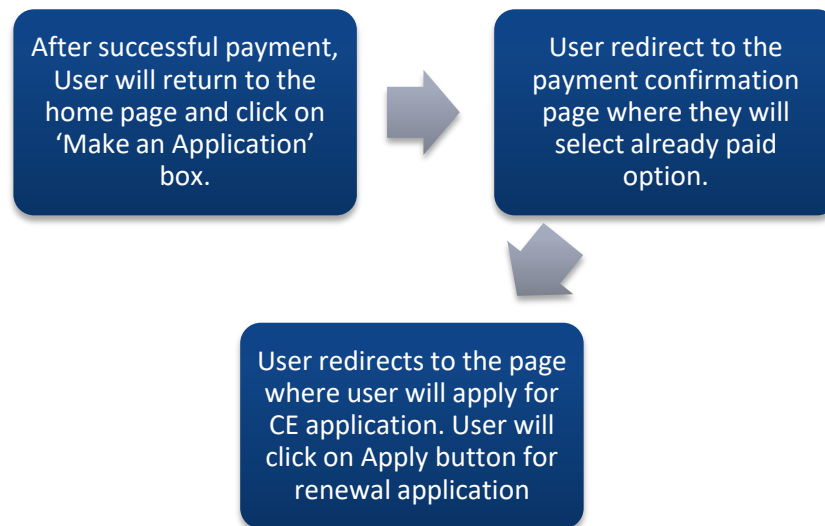
Close

6.1.6 Already Paid for Renew License Application

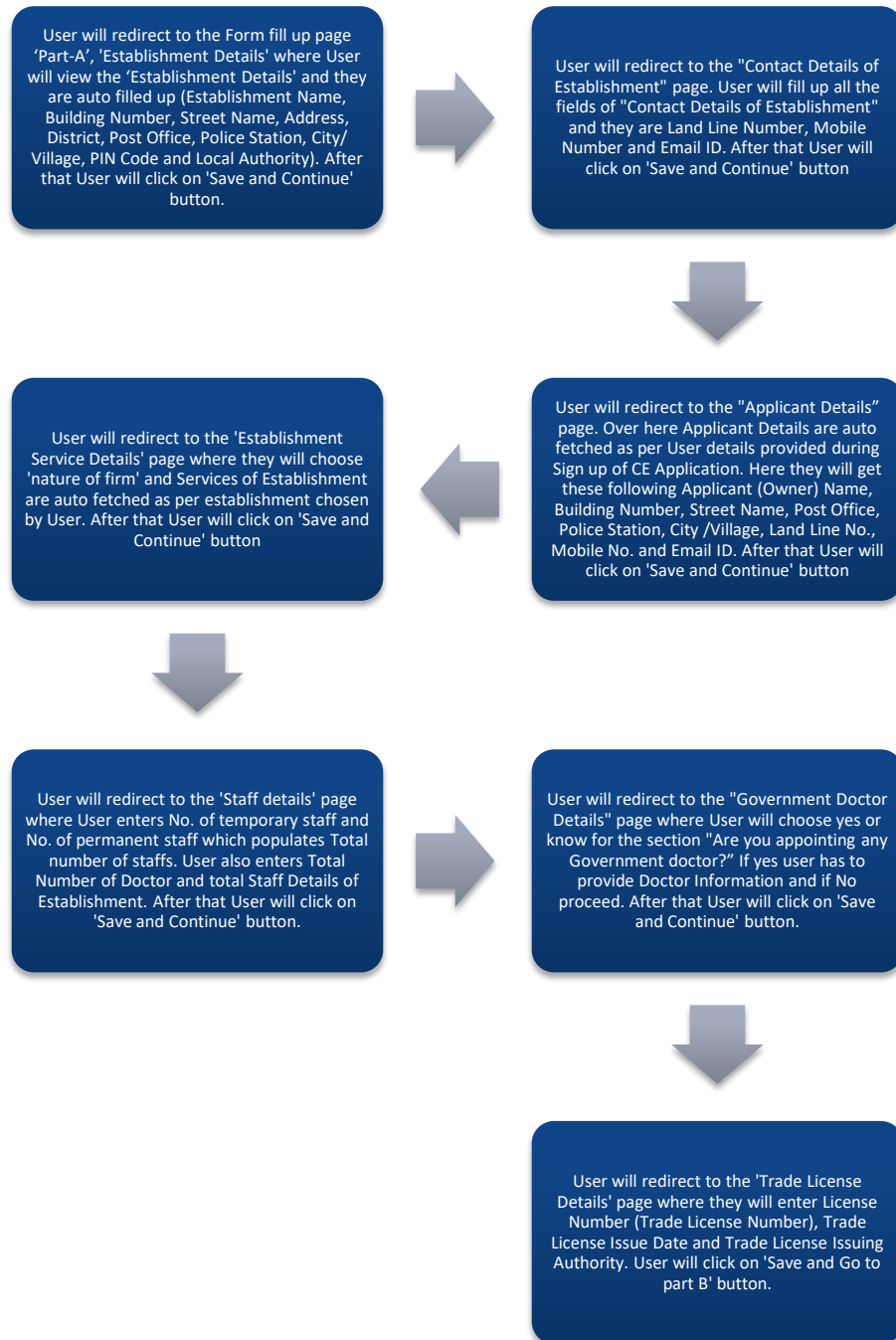
After payment is completed through GRIPS the user will select 'Already Paid' to proceed to renew license application. Detailed steps are discussed in section 6.1.5.2

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.

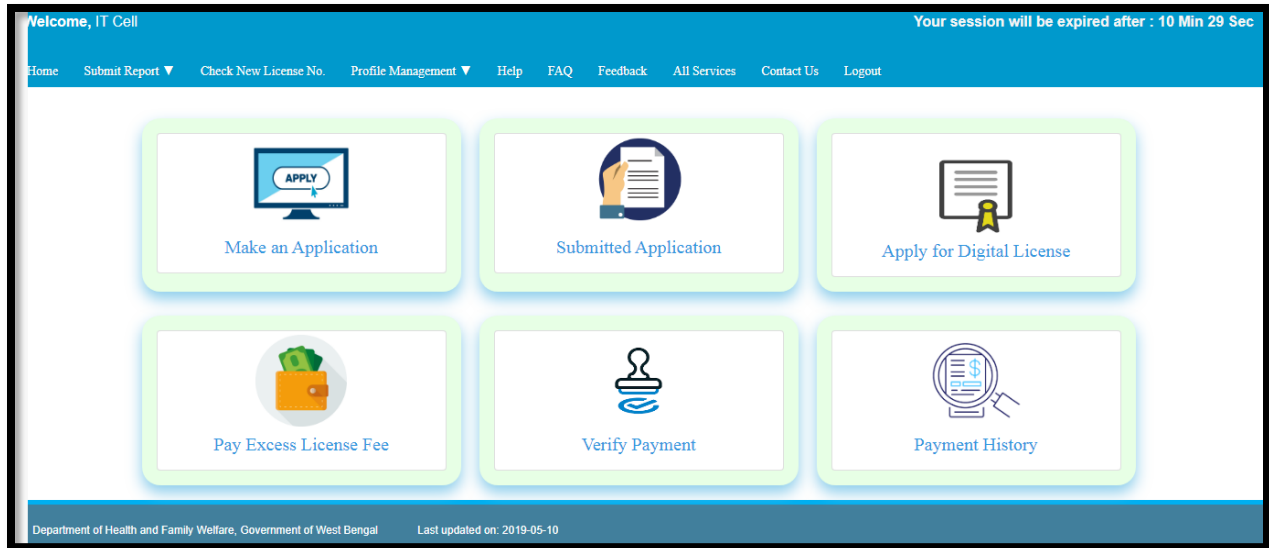
Form fill up page 'Part-B'

- ❖ 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/
- 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 seizure 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

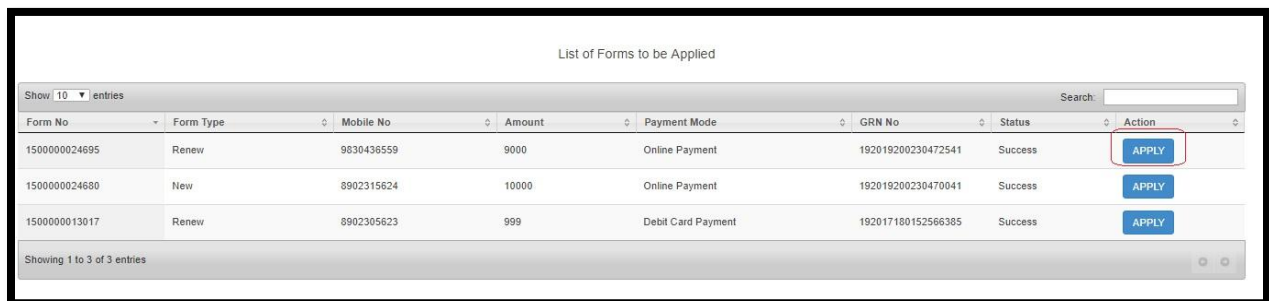
After successful payment, User will return to the home page and click on 'Make an Application' box.



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



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. * <input type="text" value="34215094"/>	Date of establishment of Center * <input type="text" value="Date of Establishment"/>	Renewal for * <input type="text" value="1 year"/>
PT Verification No * <input type="text" value="Professional Tax Verification No"/>		
Establishment Name * <input type="text" value="SB POLYCLINIC"/>		
Building Number * <input type="text" value="35"/>	Street Name * <input type="text" value="Taltala"/>	Address * <input type="text" value="35, Taltala"/>
District * <input type="text" value="Kolkata"/>	Post Office * <input type="text" value="Taltala"/>	Police Station * <input type="text" value="Taltala"/>
City/ Village * <input type="text" value="Kolkata"/>	PIN Code * <input type="text" value="700001"/>	Local Authority * <input type="text" value="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 * <input type="text" value="24454345"/>	Mobile Number * <input type="text" value="9874561230"/>	Email ID * <input type="text" value="t@t.com"/>
--	---	---

[Previous](#)
[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 3)

PART-A

Applicant Details

Applicant (Owner) Name ? <input type="text" value="IT Cell"/>	Building Number ? <input type="text" value="IT Cell"/>	Street Name ? <input type="text" value="G-29, Swasthya Bhavan"/>
Post Office ? <input type="text" value="700086"/>	Police Station ? <input type="text" value="BidhanNagar"/>	City /Village ? <input type="text" value="Kolkata"/>
Land Line No. ? <input type="text"/>	Mobile No. ? <input type="text" value="98744810649"/>	Email ID ? <input type="text"/>

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

FORM NO. II
FORM OF APPLICATION FOR REGISTRATION AND LICENCE
(Vide rule 3)

PART-A








Establishment Service Details

Nature of Firm ? Ownership

Services of Establishment ?
 Small Pathological Lab, ,Homeopathy, Unani

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 * !

Total Number of Doctor * !

Staff Details of Establishment

Category of Staff	Name	Qualification	Registration Number	Name of Faculty	Nature of Service	Appo Lette
--Select--	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Select--	<input type="radio"/> Yes <input type="radio"/> No

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

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 ? * !

No

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)

Trade License Details

Licence Number * 1
TRD23456

Trade License Issue Date * 1
04-02-2019

Trade License Issuing Authority * 1
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)

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 *

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? ? ☐ YES ☐ NO

Premises Type * ? Owned by Owner

Reception Counter ? ☐ YES ☐ NO

Waiting Room ? ☐ YES ☐ NO

Record Room ? ☐ YES ☐ NO

Ventilation Sufficient? ? ☐ YES ☐ NO

Lighting Sufficient ? ☐ YES ☐ NO

Drinking Water Supply

Source ? ☐ Piped water supply ☐ Underground ☐ Others

Quantity ? ☐ Adequate ☐ Inadequate

Quality ? ☐ Satisfactory ☐ Unsatisfactory

Cooling Arrangement ? ☐ Provided ☐ Not Provided

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

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

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

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

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

PART-B

Register To Be Maintained/span>

<p>Staff Register <input checked="" type="radio"/> Present <input type="radio"/> Absent</p> <p>Available <input checked="" type="radio"/> Present <input type="radio"/> Absent</p> <p>Cashbook Register <input checked="" type="radio"/> Present <input type="radio"/> Absent</p>	<p>Attendance Register <input checked="" type="radio"/> Present <input type="radio"/> Absent</p> <p>Admission Register <input checked="" type="radio"/> Present <input type="radio"/> Absent</p>	<p>Stock Register <input checked="" type="radio"/> Present <input type="radio"/> Absent</p> <p>Inspection Book <input checked="" type="radio"/> Present <input type="radio"/> Absent</p>
<p>Whether training of medical or paramedical courses are present ? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Whether approved by State medical council/Govt. of west bengal ? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		








[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 *

4

Number of Female *

4

Lavatory

Number of Male *

4

Number of Female *

4

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, Anaesthetist 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 seizure 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 ☐ Present ☐ Absent

Bed Charges ☐ Present ☐ Absent

OT Charges ☐ Present ☐ Absent

Investigation Charges ☐ Present ☐ Absent

Service Charges ☐ Present ☐ Absent

Regarding Operation Theater

Total OT Space ☐ Present ☐ Absent

Yes ☐ Present ☐ Absent

Shadow-less Light ☐ Present ☐ Absent

Boyle's Apparatus ☐ Present ☐ Absent

Anaesthetist List ☐ Present ☐ Absent

Auto Clave ☐ Present ☐ Absent

Regarding Maternity Home

Labour Room Space SQFT

List of Equipments ☐ Present ☐ Absent

Sucker Machine ☐ Present ☐ Absent

Regarding Installation

Regarding Electrical Installation and Supply ☐ Present ☐ Absent

Regarding Cooking, Storing and Distribution of Food for Patients ☐ Provided ☐ Not Provided

Regarding Accommodation

Accommodation of Residential Staff ☐ Provided ☐ Not Provided

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

The screenshot shows a web browser window titled "Department Of Health And Family Welfare, Government Of West Bengal - Google Chrome". The address bar shows a URL with a form ID. The main content area is titled "FORM NO. II FORM OF APPLICATION FOR REGISTRATION AND LICENCE (Vide rule 8)". Below the title is a progress bar with icons representing different sections: Declaration, Documents, Staff Details, and Final Submit. The "Declaration" section is currently active, showing various checkboxes for "Present" or "Absent" under categories like "Regarding display of Rate Charges", "Regarding Maternity Home", and "Regarding Accommodation". A "SAVE APPLICATION" button is located at the bottom right of the form. A modal popup is displayed in the center, stating: "Your application form has been saved as incomplete. Please upload documents and staff details(if required) and do final submit to complete your application." The popup has an "OK" button.

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

The screenshot shows the "Upload Your Documents (PDF Format Only)" page. The page title is "FORM NO. II FORM OF APPLICATION FOR REGISTRATION AND LICENCE (Vide rule 8)". The main heading is "Upload Your Documents (PDF Format Only)". Below this, there is a list of documents to be uploaded, each with a "Choose File" button and a description of the document. The documents listed are: Trade License Copy (Challan-No+TNS-280.pdf), Payment Challan, Clearance from pollution control board, Clinical Waste disposal licence (From Panchayat/Municipality/Municipal Corporation), Premises Map, Staff appointment letters, Staff joining letters, Regarding Electrical Installation and Supply, Approved Building Plan, and Current Property Tax Receipt. Each document has a "Choose File" button and a "No file chosen" status.

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 PNDD 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 PNDD 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

Submit

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 web form for application submission. It includes multiple 'Choose File' buttons for uploading documents such as Rent Agreement, Rent Receipt, Previous Original Licence, Copy of FNDT licence, TR Form 7, Present Rate Chart, Sketch map of premises, Affidavit, Registration certificate of doctor and nurses, NOC from fire department, ERB approval for running X-ray and CT scan, ID proof of licensee, Form-U/I, Agreement Copy with Mother Lab, and License of Mother Lab/for collection center. Below these fields is a declaration section with three paragraphs of text for the user to accept. At the bottom, there is a dropdown menu for 'Declaration' with the selected option 'This is my final submit. I don't have anything pending to upload'. A 'Submit' button is located in the bottom right corner.

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

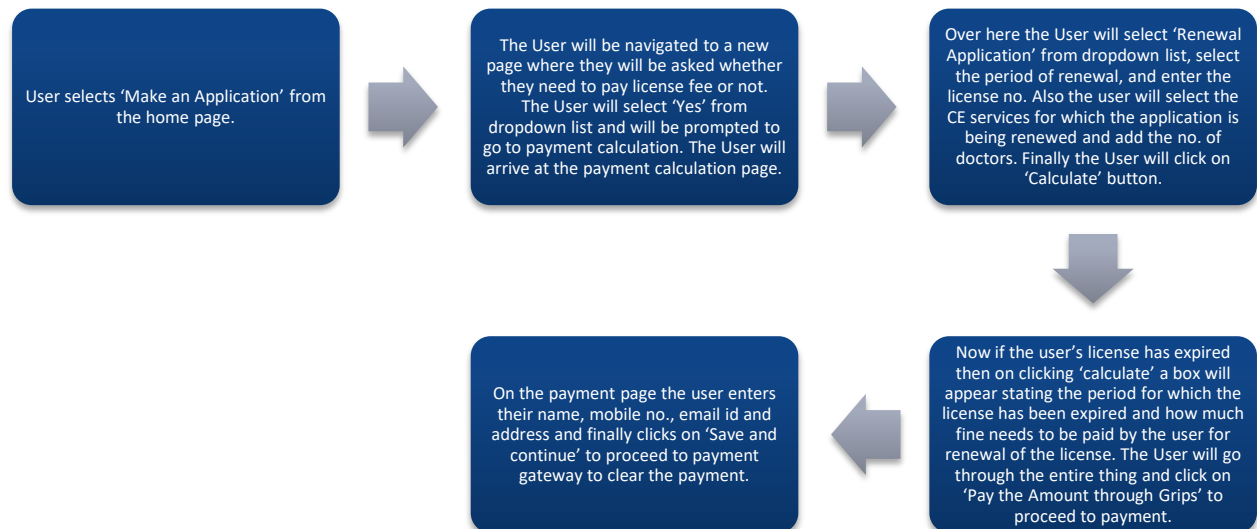
The screenshot displays a table titled 'Your Submitted Applications'. The table has the following columns: Form number, Form Type, Application Date (dd-mm-yyyy), Establishment Name, District, Inspection Date (dd-mm-yyyy), Status, and Action. The table contains five rows of data. The first row shows a 'Renew' application for 'SB Polyclinic' in 'Kolkata' with a status of 'Incomplete'. The second row shows a 'New' application for 'TEST E TREAT' in 'North 24 Parganas' with a status of 'Incomplete'. The third row shows a 'New' application for 'SB Polyclinic' in 'Kolkata' with a status of 'Licence Issued'. The fourth row shows a 'New' application for 'ABC' in 'Kolkata' with a status of 'Incomplete'. The fifth row shows a 'New' application for 'abc' in 'Alipurdwar' with a status of 'Processing'. At the bottom of the table, it says 'Showing 1 to 5 of 5 entries'. Below the table is a footer that reads 'Department of Health and Family Welfare, Government of West Bengal'.

Form number	Form Type	Application Date (dd-mm-yyyy)	Establishment Name	District	Inspection Date (dd-mm-yyyy)	Status	Action
1500000024693	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 -
1500000024693	New	26-04-2019	abc	Alipurdwar	Not fixed yet	Processing	Action -

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



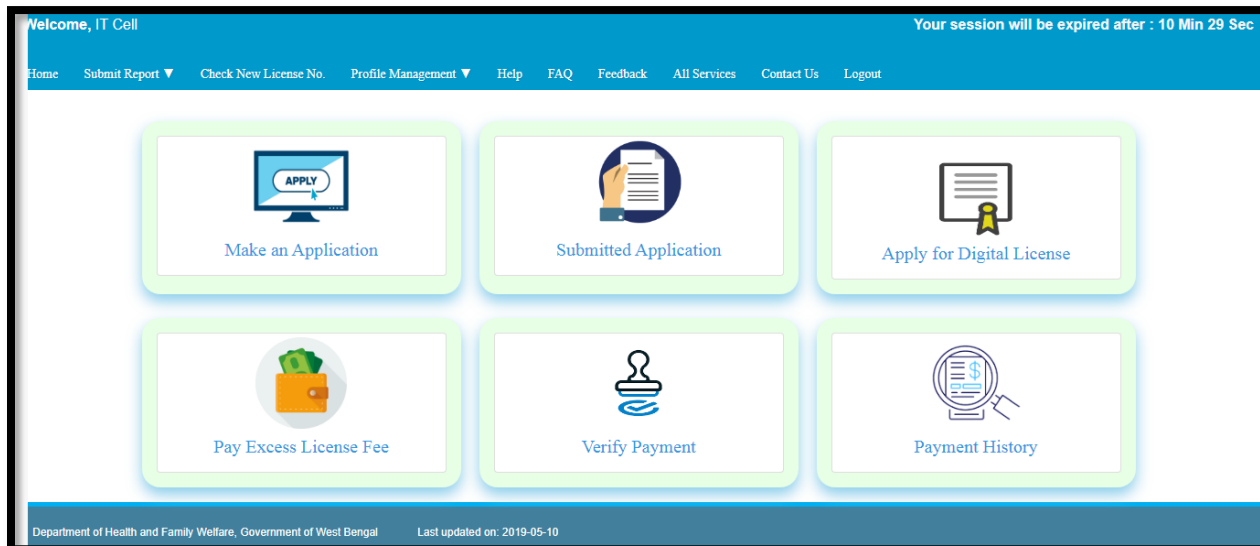
6.1.7.2 Details

- ❖ 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

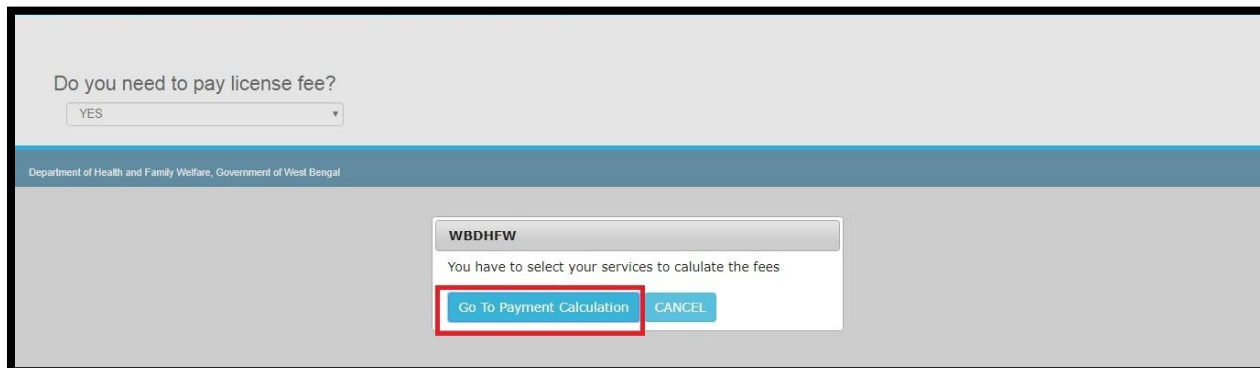
User selects 'Make an Application' from the home page.



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

Depositor's Name:*

Deposited By

Mobile No.:

Mobile Number

Email Id:*

Email ID

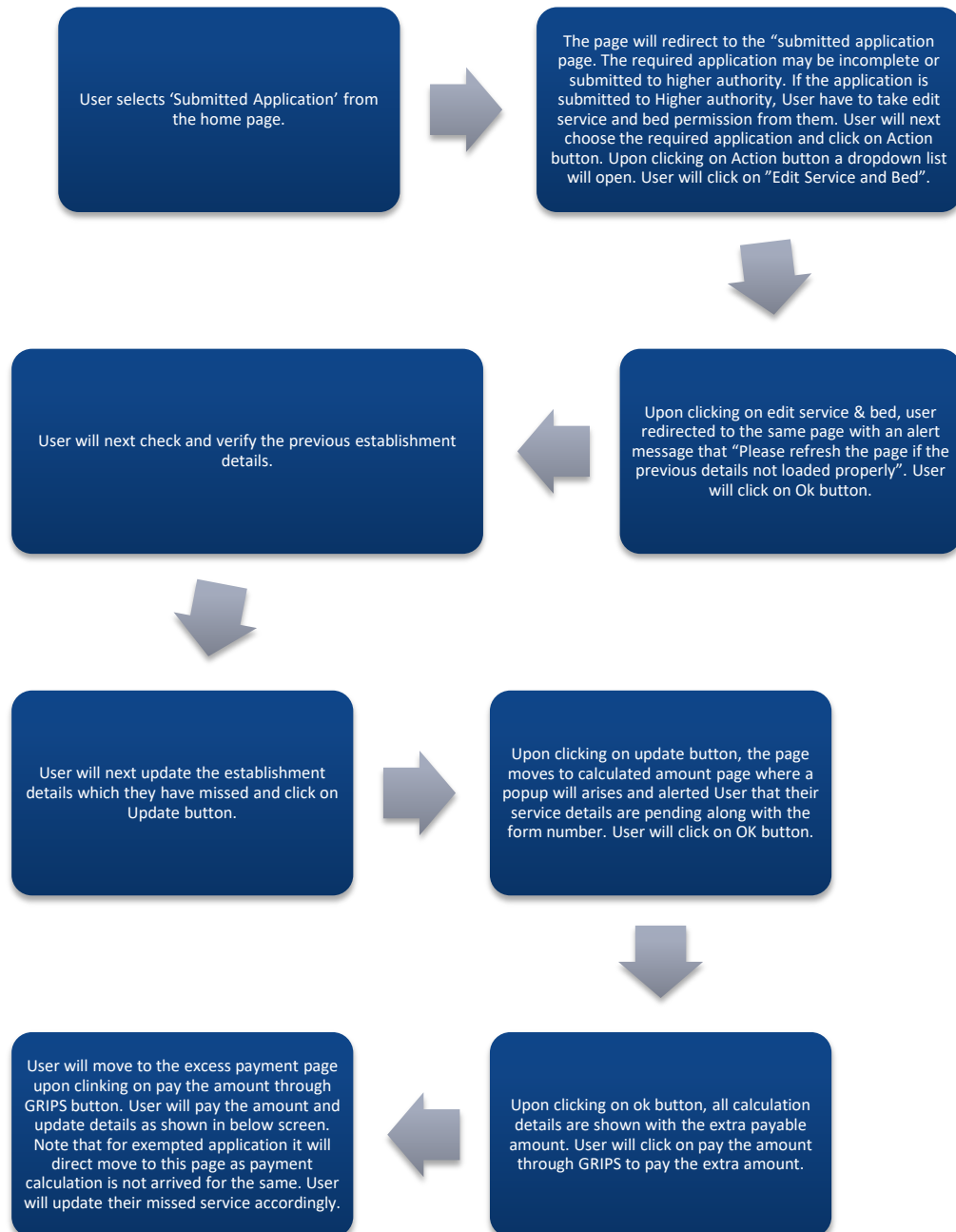
Address:*

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

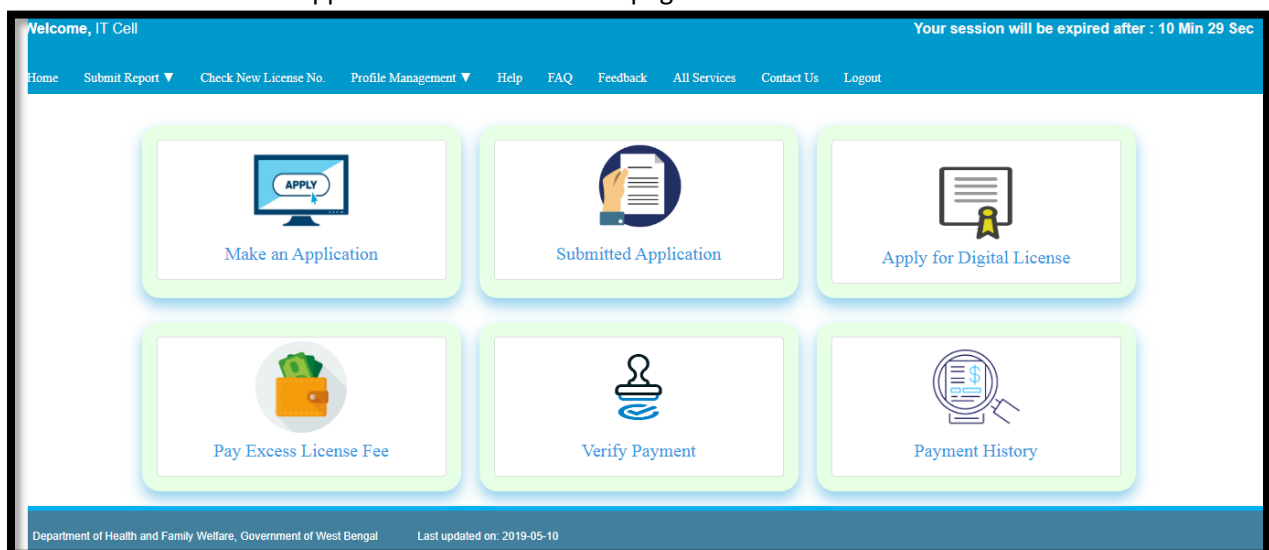


6.1.8.2 Details

- ❖ 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 arise 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 clicking 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: <input type="text"/>					
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	<ul style="list-style-type: none"> Upload Documents Staff Management Government Doctor List Edit Application Edit Services & Beds DA Query
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.

[Home](#)
[Submit Report](#)
[Check New License No.](#)
[Profile Management](#)
[Help](#)
[FAQ](#)
[Feedback](#)
[All Services](#)
[Contact Us](#)
[Logout](#)

Update Your CE Services and

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]

Please Refresh This Page
If Your Details Not Loaded Properly
OK

User will next check and verify the previous establishment details.

Update Your CE Services and Bed Details

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]

☐ 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

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 arise and alerted User that their service details are pending along with the form number. User will click on OK button.

The screenshot shows a web application interface. At the top, there is a navigation bar with links: [Help](#), [FAQ](#), [Feedback](#), [All Services](#), [Contact Us](#), and [Logout](#). A green popup message in the center reads: "You have service details pending to update for form no. 1500000037382." with an **OK** button. Below the popup, a message states: "You have to pay ₹ 44100 as Extra License fee." Underneath this is a table titled "FEE BREAKUP".

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

Below the table is a "Fee Breakup" modal window. It contains a search bar and a table with 6 entries:

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

At the bottom of the modal, it says "Showing 1 to 6 of 6 entries". Below the modal is an orange button labeled "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.

This screenshot shows the same web application interface as the previous one, but the popup is gone. The message "You have to pay ₹ 44100 as Extra License fee." is still present. The "FEE BREAKUP" table is the same as in the previous screenshot.

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

The "Fee Breakup" modal window is also present, showing the same 6 entries as before:

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

The modal also shows "Showing 1 to 6 of 6 entries". The orange button "PAY THE AMOUNT THROUGH GRIPS" is still at the bottom.

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

Extra Payment

Application Details

Form No.

Depositor's Details

Depositor's Name.*

Mobile No.*

Email Id.*

Address.*

Save and Continue

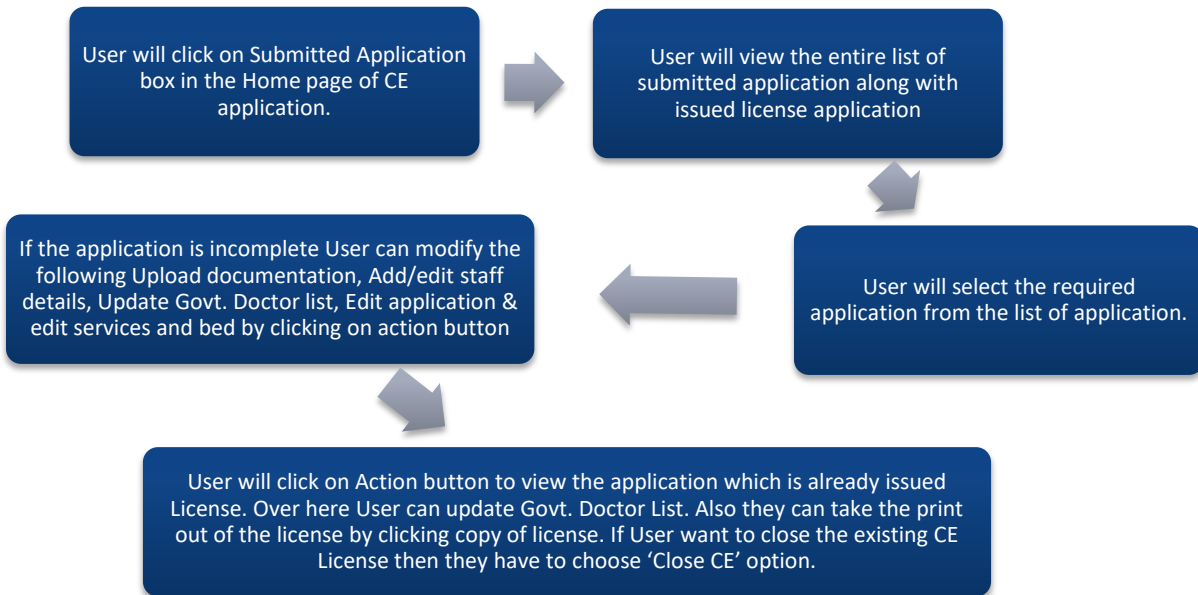
User will pay the amount and update details as shown in below screen. **Note that for exempted application it will direct move to this page as payment calculation is not arrived for the same.** User will update their missed service accordingly.

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: <input type="text"/>					
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: <input type="text"/>					
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: <input type="text"/>					
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	<ul style="list-style-type: none"> Upload Documents Staff Management Government Doctor List Edit Application Edit Services & Beds
Showing 1 to 2 of 2 entries							

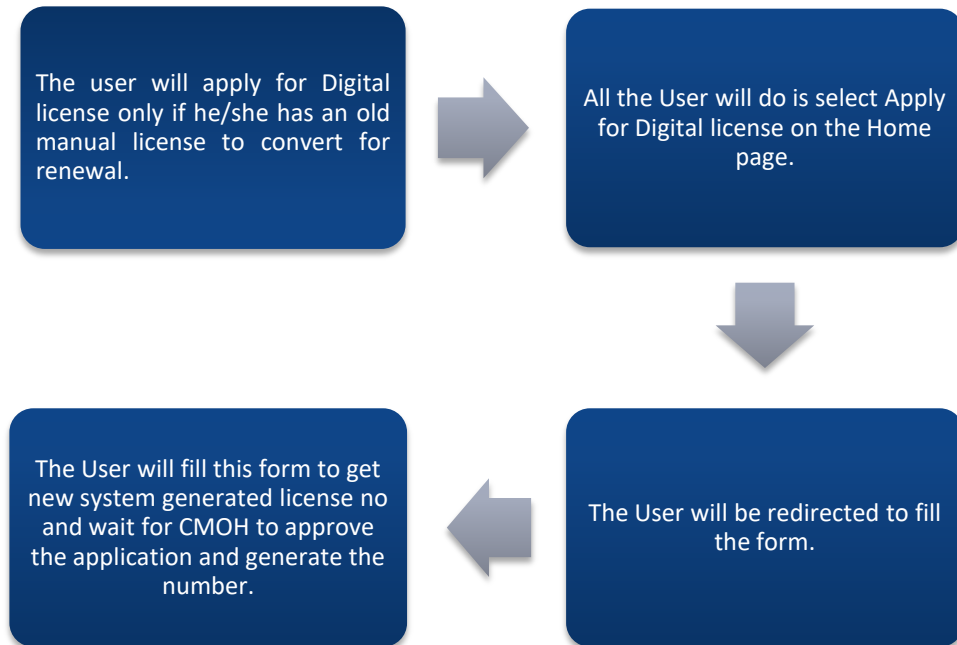
User will click on Action button to view the application which is already issued License. Over here User can update Govt. Doctor List. Also they can take the print out of the license by clicking copy of license. If User want to close the existing CE License then they have to choose 'Close CE' option.

Your Submitted Applications							
Show 10 entries		Search: <input type="text"/>					
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	<ul style="list-style-type: none"> Government Doctor List Copy Of License Close CE
1500000024688	New	26-04-2019	abc	Alipurduar	Not fixed yet	Processing	
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

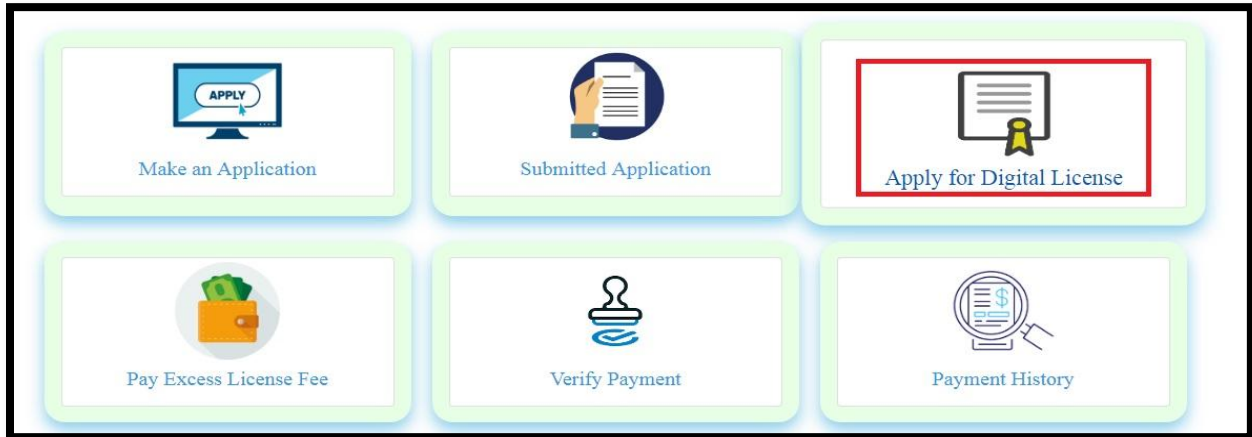


6.3.2 Details

- 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.

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 6)

Name of establishment *

Paper License Number *

Last Date of Renewal *

License Issued On *

Valid Upto *

Address of establishment

Building Number *

Address

Post Office *

City/Village *

Local Authority *

Street Name *

District *

Police Station *

PIN Code *

Contact Details of establishment

Landline

Mobile *

Email *

Type of establishment

Type Of The Establishment *

☐ Nursing Home
 ☐ Maternity Home
 ☐ Hospital

☒ Pathological Clinic/Lab

☒ Small
 ☐ Medium
 ☐ Large

☒ X-ray Clinic
 ☐ C.T Scan Center
 ☐ U.S.G Center
 ☐ E.C.G Clinic

☐ OPD Center

☐ MRI Center
 ☐ Day Care Center
 ☐ Day Care Center (With Bed)
 ☐ Polyclinic
 ☐ Physiotherapy Center
 ☐ Other

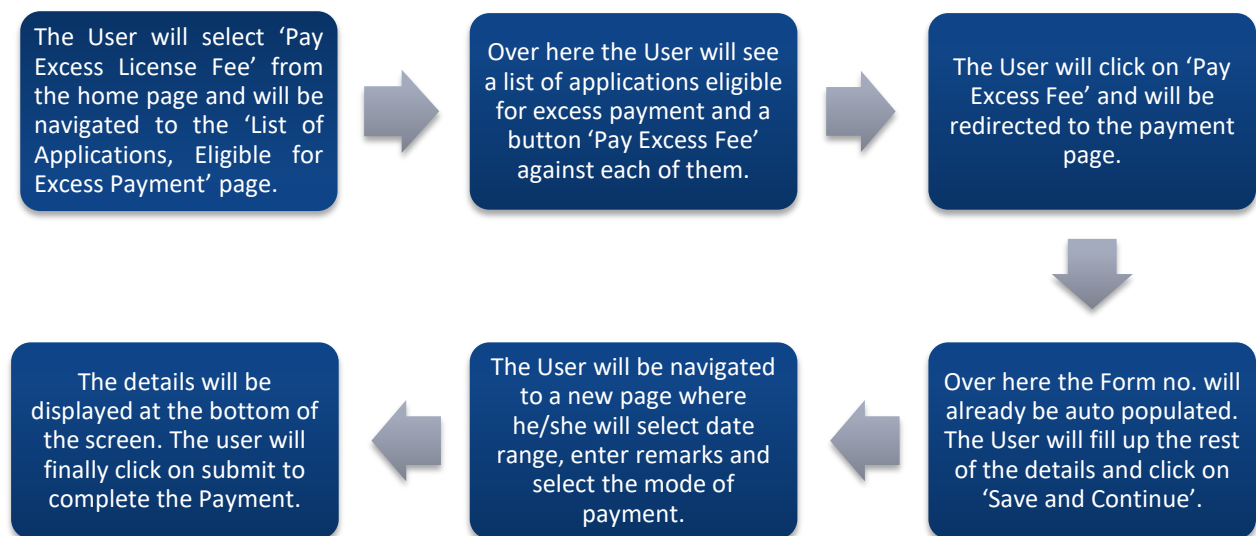
☒ The information submitted here are true to the best of knowledge.

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

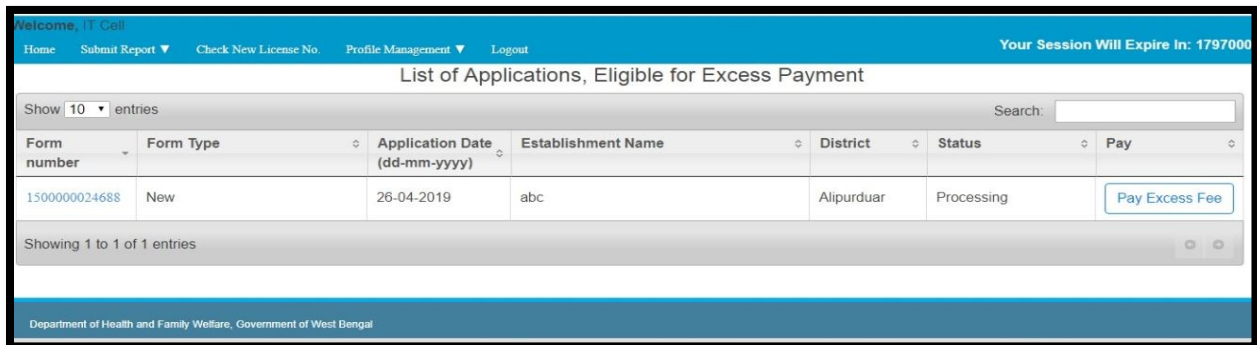


6.4.2 Details

- 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.



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'.

Payment

Application Details

Form No.

Depositor's Details

Depositor's Name:*

Mobile No.:*

Email Id:*

Address:*

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, | | CS
Your Session Will Expire In: 1767000

Home
Submit Report ▼
Check New License No.
Profile Management ▼
Logout

Payment

Amount Details

From Date *

To Date *

Remarks :*

Payment Mode :*

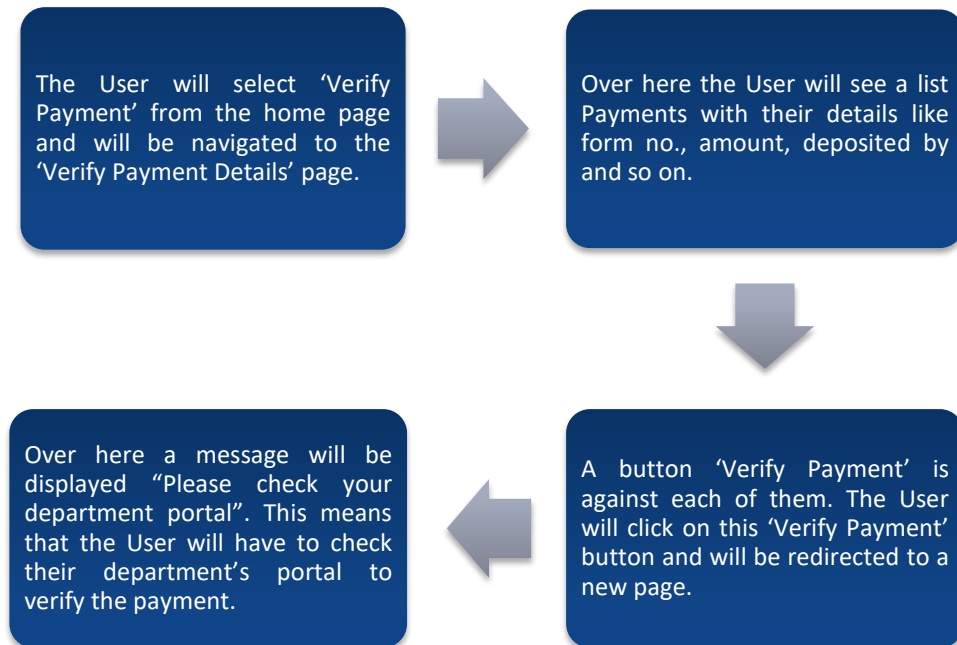
Payment Details			
SERVICE TYPE	HEAD OF ACCOUNT DESCRIPTION	HEAD OF ACCOUNT	AMOUNT[Rs.]
License Fee	CLINICAL ESTABLISHMENT LICENSE FEE	<input type="text" value="0210-01-800-001-14"/>	<input type="text" value="null"/>

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

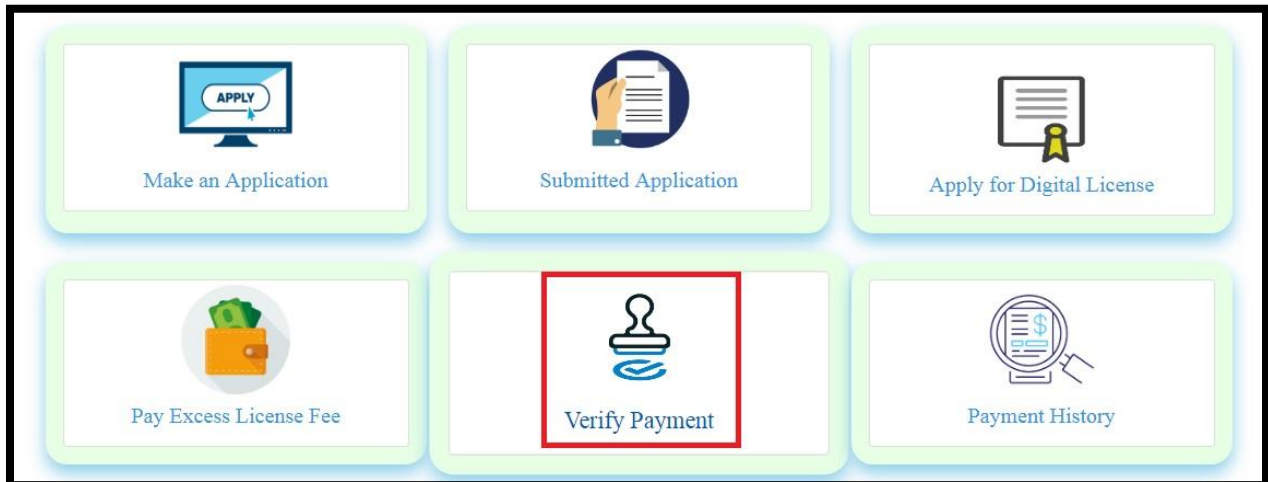


6.5.2 Details

- ❖ 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.



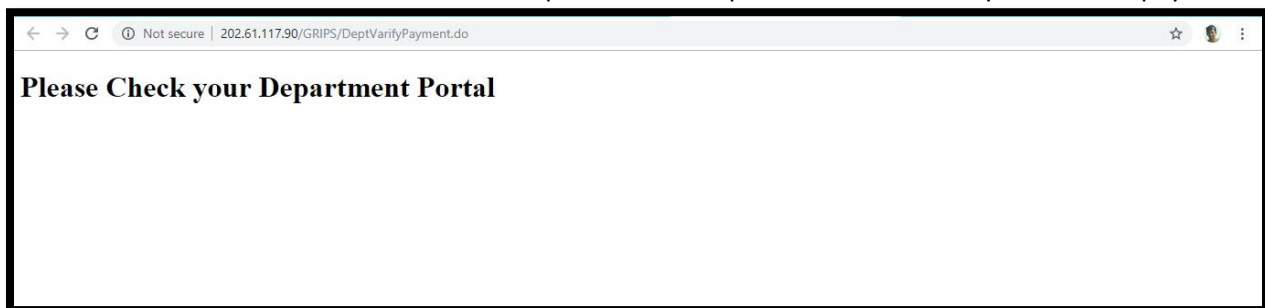
Over here the User will see a list Payments with their details like form no., amount, deposited by and so on.

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

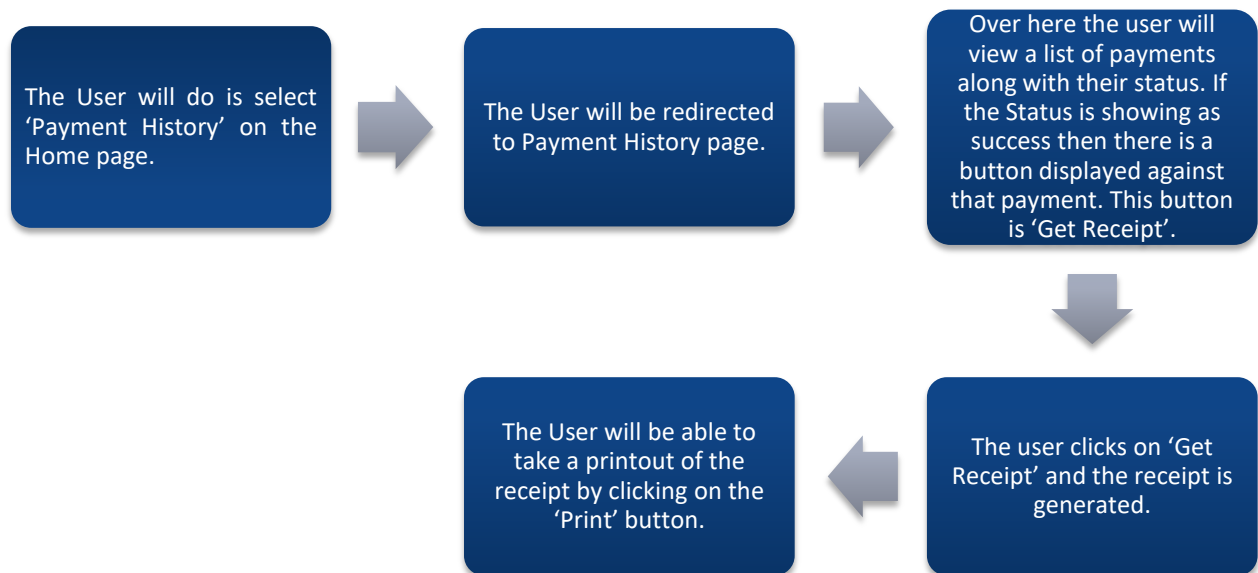
Over here a message will be displayed "Please check your department portal". This means that the User will have to check their department's portal to verify the payment.



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

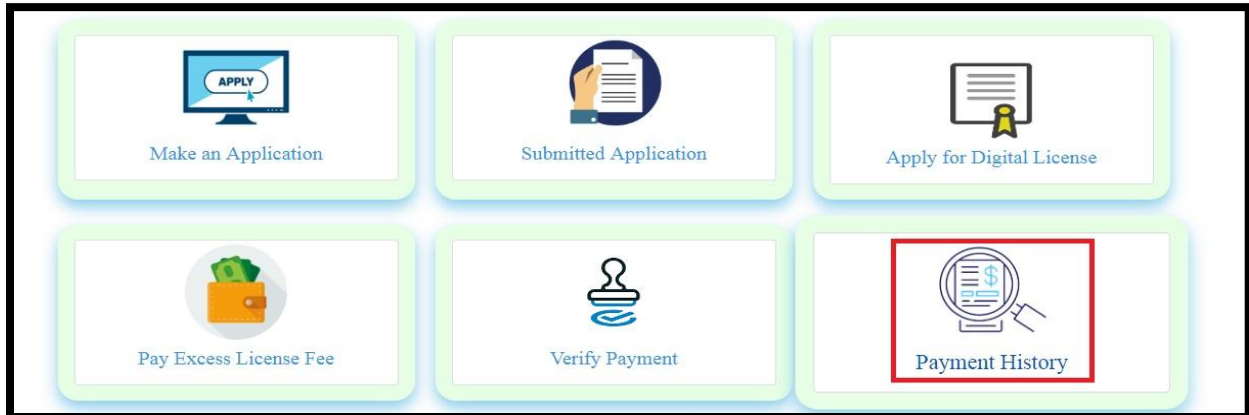


6.6.2 Details

- 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.

The screenshot shows the 'Payment History' page. It features a table with 7 columns: Form No, GRN No, Amount, Payment Mode, Status, Transaction Date, and Action. There are 10 rows of data. The first row shows a successful payment of 25000 on 17-04-2019, with a 'Get Receipt' button in the Action column. The other rows show payments of 5000, 20000, 30000, and 10000, all with a status of 'Not Verified' and 'NA' in the Action column. The table is titled 'Payment History' and has a search bar and a 'Show 10 entries' dropdown at the top.

Form No	GRN No	Amount	Payment Mode	Status	Transaction Date	Action
1500000024688	192019200230470121	25000	Online Payment	Success	17-04-2019 03:45 PM	Get Receipt
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	Get Receipt
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'.

This screenshot is identical to the previous one, showing the 'Payment History' table. The 'Get Receipt' button in the first row (Status: Success) is highlighted with a red circle to emphasize the action available for successful payments.

Form No	GRN No	Amount	Payment Mode	Status	Transaction Date	Action
1500000024688	192019200230470121	25000	Online Payment	Success	17-04-2019 03:45 PM	Get Receipt
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	Get Receipt
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

Govt. of West Bengal Health & Family Welfare e-Challan				
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		
DEPOSITOR'S DETAILS				
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				
PAYMENT DETAILS				
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
Total Amount:				25000

Print

7 Submit Report

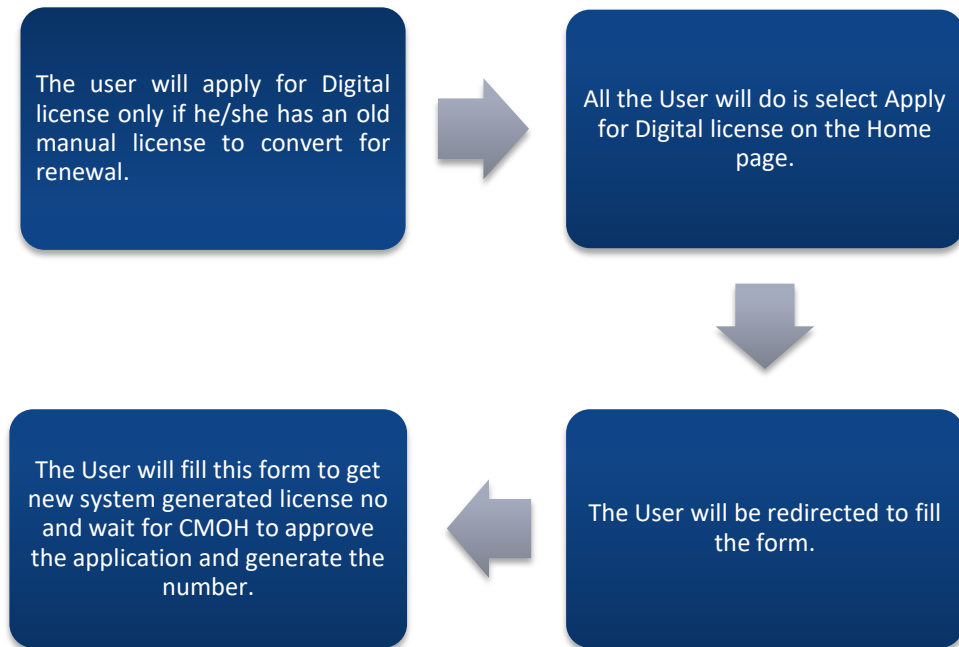
7.1 Submit Statistical information

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

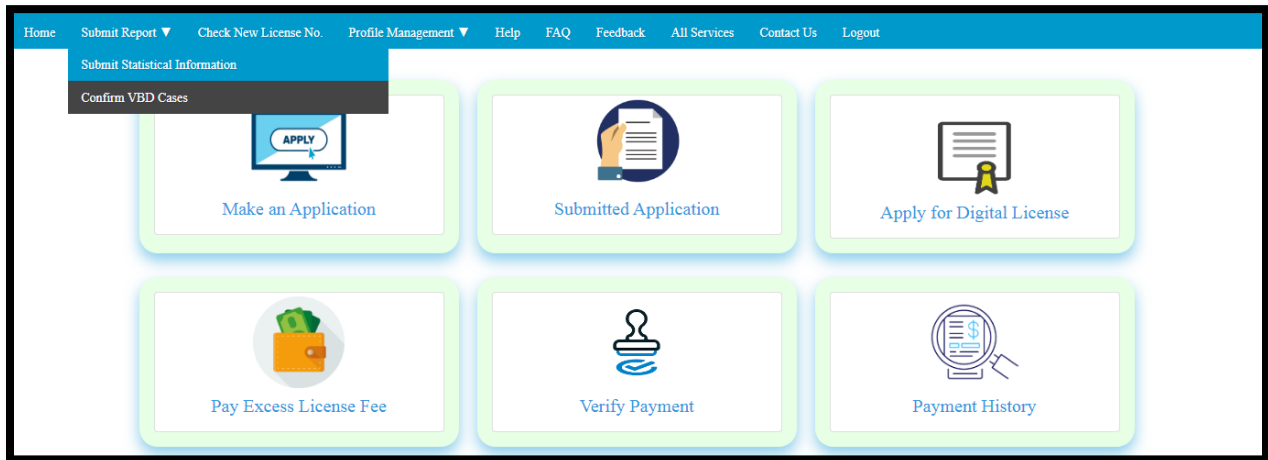


7.1.2 Details

- ❖ 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.

The screenshot shows the 'Statistical Information' form. At the top, there are two dropdown menus: 'For the Month *' and 'Year *', both set to '---Select---'. Below these is a section header 'A. General Information'. The form contains the following fields:

- 1. Name of the Establishment *:** A dropdown menu with '-- SELECT --'.
- 2. Registration number of CE:** A text input field with the placeholder 'Registration number of CE'.
- 3. Address Details:** A section containing several fields:
 - Village/Town/City:** A text input field with the placeholder 'Village/Town/City'.
 - District:** A dropdown menu with '-- SELECT --'.
 - Tel No (with STD Code):** A text input field with the placeholder 'Tel No (with STD Code)'.
 - Email ID:** A text input field with the placeholder 'Email ID'.
 - Local Authority:** A dropdown menu with '-- SELECT --'.
 - PIN Code:** A text input field with the placeholder 'PIN Code'.
 - Mobile:** A text input field with the placeholder 'Mobile'.
 - Website (if any):** A text input field with the placeholder 'Website URL'.

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"/>	<input type="text" value="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"/>	<input type="text" value="1"/>	

B. Special Information: Reproductive and Child Health

Sl. No.	Description	Male	Female	Remarks
1	No. of Pregnant Mother Admitted		10	
2	No. of Maternal Deaths		1	
3	No. of Live Births	1	1	11
4	No. of Twin Deliveries			3
5	No. of Still Births			
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	

WBDHFW
Data Successfully Saved.
Ok

Submit

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

B. Special Information: Reproductive and Child Health

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 Caesarian Delivery
4	No. of Twin Deliveries			
5	No. of Still Births			
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	

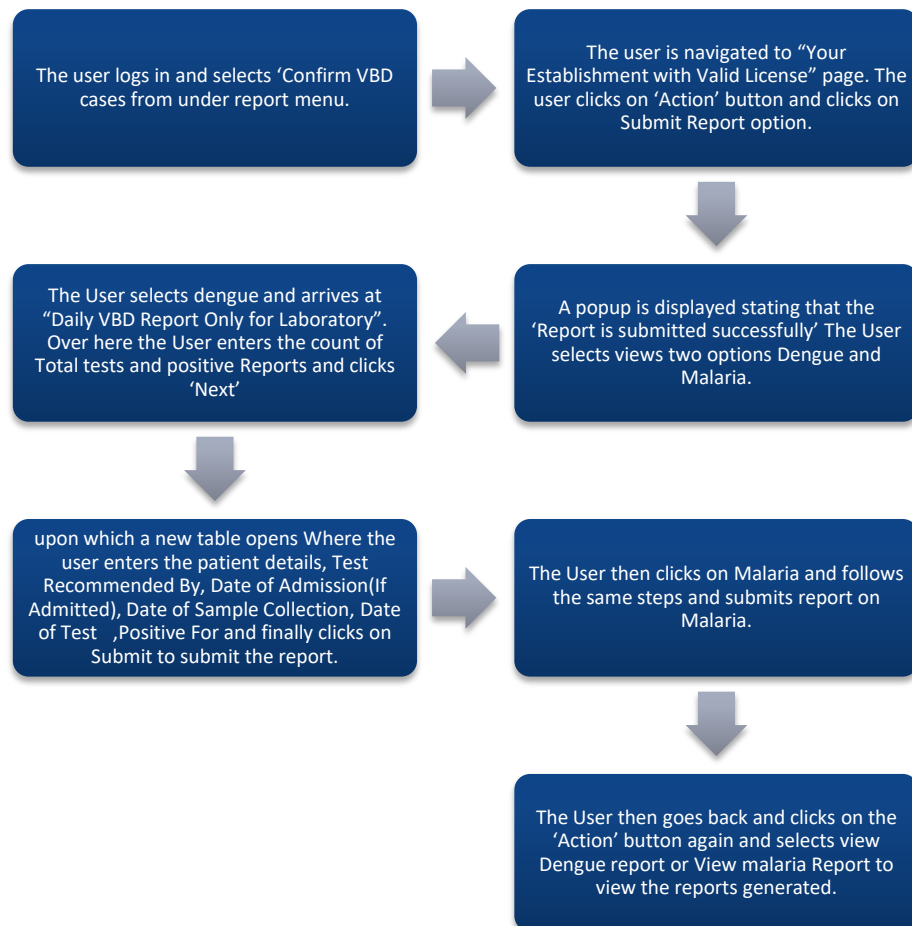
WBDHFW
Data already Exists for this month!
Ok

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

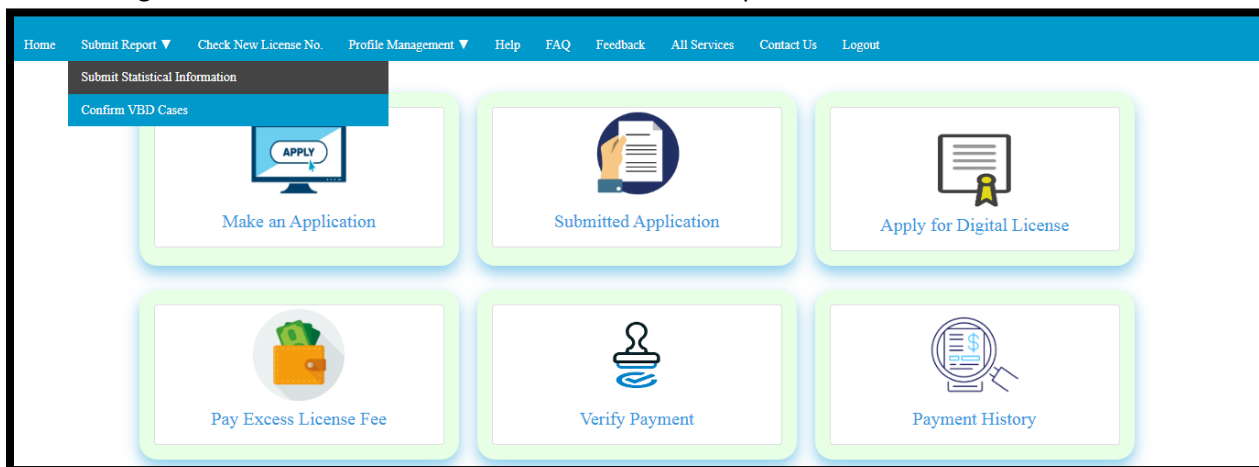


7.2.2 Detailed Steps

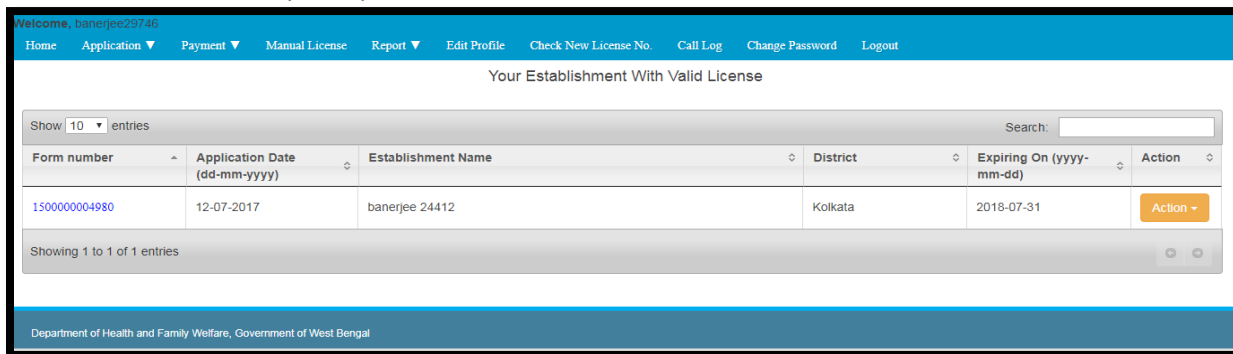
- ❖ The user logs in and selects 'Confirm VBD cases from under report menu.
- ❖ The user is navigated to "Your Establishment with Valid License" page. The user clicks on 'Action' button and clicks on Submit Report option.
- ❖ A popup is displayed stating that the 'Report is submitted successfully' The 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'.

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	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04
IgM ELISA	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04

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.

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	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04
IgM ELISA	<input type="text" value="1"/>	<input type="text" value="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	9

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	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04
IgM ELISA	<input type="text" value="1"/>	<input type="text" value="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

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
802462580	Doctor	01-06-2018	02-06-2018	05-06-2018	<input checked="" type="checkbox"/> NS-1 ELISA <input checked="" type="checkbox"/> IgM ELISA	Add Row

[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	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04
Blood Slide Ex.	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04

Ward	Address	Contact No	Test Recommended By	Date of Admission(If Admitted)	Date of Sample Collection	Date of Test
<input type="text" value="1"/>	<div style="background-color: yellow; padding: 2px;">AB 216 Salt Lake, Sector 1, Kolkata 700064</div>	<input type="text" value="9645821000"/>	<div style="border: 1px solid black; padding: 2px;">Doctor ▾</div>	<div style="border: 1px solid black; padding: 2px;">01-06-2018</div> <div style="border: 1px solid black; padding: 2px;">!!!</div>	<div style="border: 1px solid black; padding: 2px;">02-06-2018</div> <div style="border: 1px solid black; padding: 2px;">!!!</div>	<div style="border: 1px solid black; padding: 2px;">05-06-2018</div>

Daily VBD Report Only for Laboratory

☐ Dengue
 ☒ Malaria

Test Done	Total Test	Positive Report			As On
		PF	PV	Mixed	
RDK	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	2018-06-04
Blood Slide Ex.	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="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
<input type="text" value="9645821000"/>	<div style="border: 1px solid black; padding: 2px;">Doctor ▾</div>	<div style="border: 1px solid black; padding: 2px;">01-06-2018</div> <div style="border: 1px solid black; padding: 2px;">!!!</div>	<div style="border: 1px solid black; padding: 2px;">02-06-2018</div> <div style="border: 1px solid black; padding: 2px;">!!!</div>	<div style="border: 1px solid black; padding: 2px;">05-06-2018</div> <div style="border: 1px solid black; padding: 2px;">!!!</div>	<input checked="" type="checkbox"/> RDK PF <input checked="" type="checkbox"/> RDK PV <input checked="" type="checkbox"/> RDK Mixed	<input checked="" type="checkbox"/> BSE PF <input checked="" type="checkbox"/> BSE PV <input checked="" type="checkbox"/> BSE Mixed	<div style="background-color: green; color: white; padding: 2px;">Add Row</div>

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 entries
Search:

Form number	Application Date (dd-mm-yyyy)	Establishment Name	District	Expiring On (yyyy-mm-dd)	Action
150000004980	12-07-2017	banerjee 24412	Kolkata	2018-07-31	<div style="background-color: orange; color: white; padding: 2px;">Action ▾</div>

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.

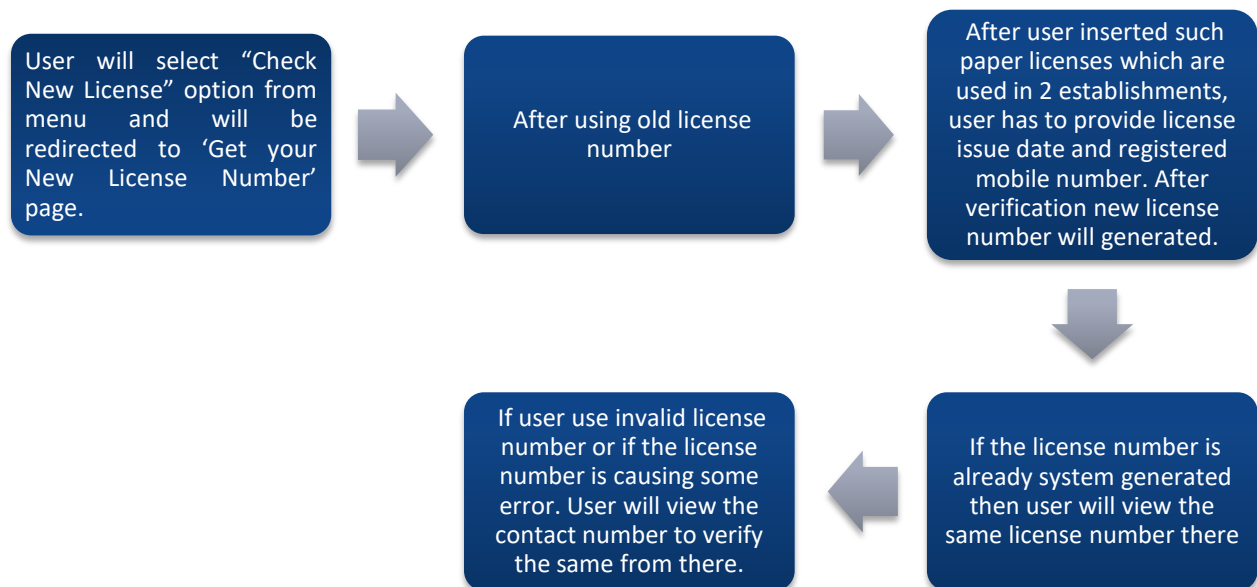
Address:

Swasthya Bhawan

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

Ph. - 033 2333 0429.

8.1.1 Process Flow

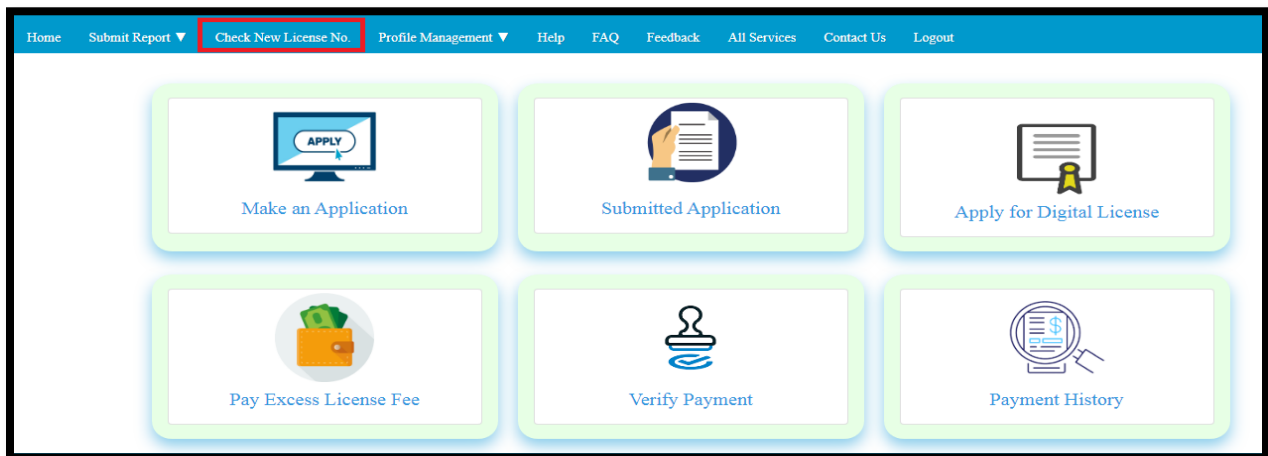


8.1.2 Details

- ❖ 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 the 'Get Your New License Number' page. The title 'Get Your New License Number' is centered at the top. Below the title, there is a label 'Old License no.' followed by a text input field with the placeholder text 'Enter Old License No.'. At the bottom of the form, there are two buttons: 'Get New License' and 'Try Again'.

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.: WB/06/31/2018

Mobile No.: 9932582930

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

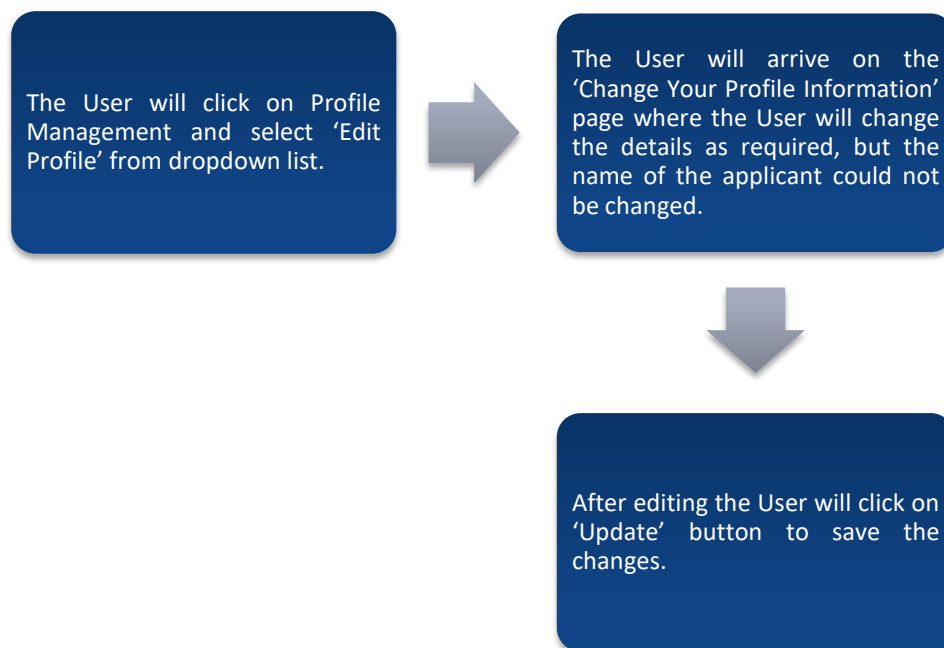
9 Profile Management

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. he 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

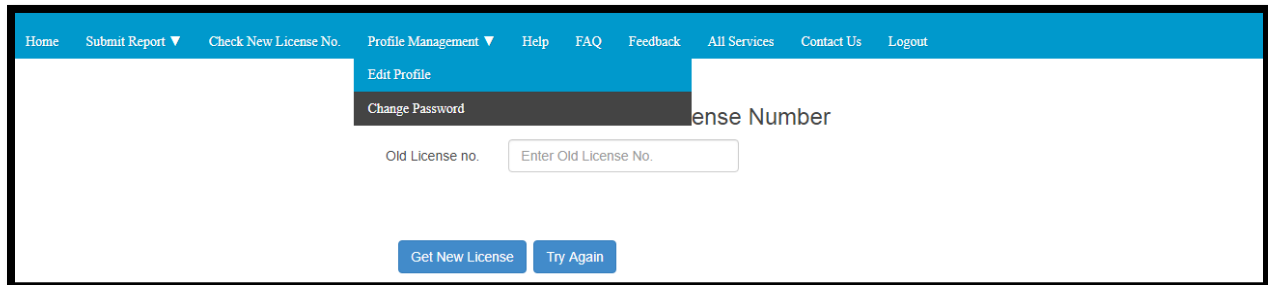


9.1.1.2 Details

- ❖ 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.

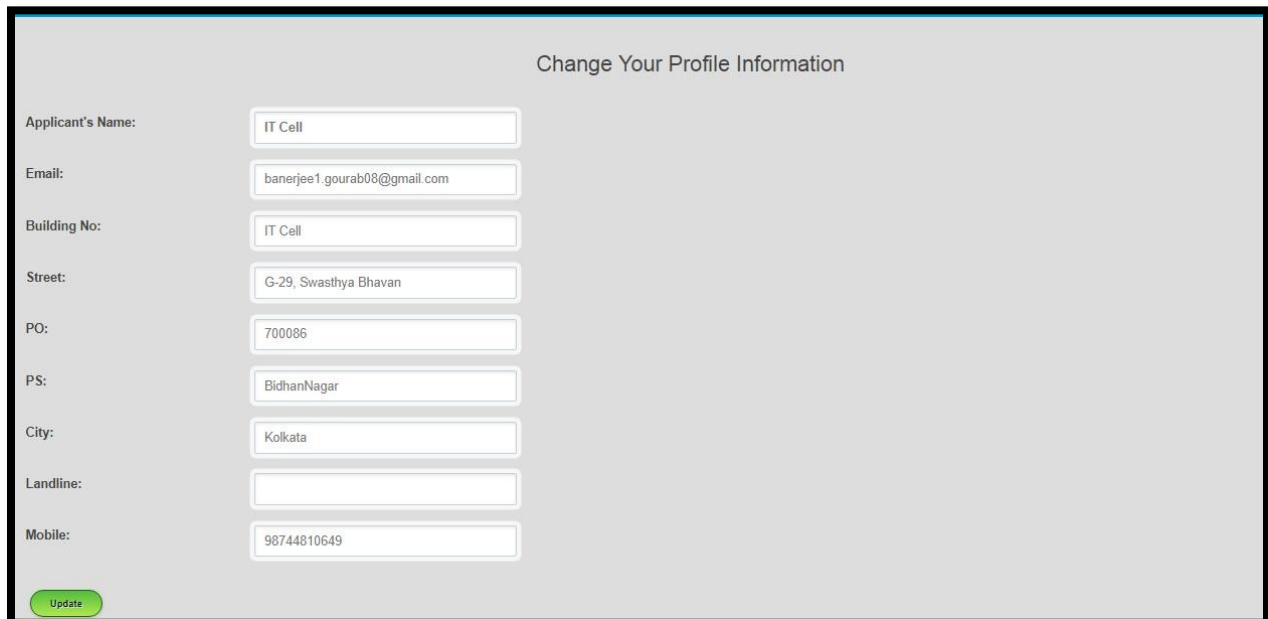
9.1.1.3 Screen Details

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



This screenshot shows the top navigation bar of a web application. The 'Profile Management' menu is open, displaying two options: 'Edit Profile' and 'Change Password'. Below the menu, there is a section for license management with a label 'Old License no.' and an input field 'Enter Old License No.'. At the bottom of this section 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.



This screenshot shows the 'Change Your Profile Information' page. It contains a form with the following fields and values:

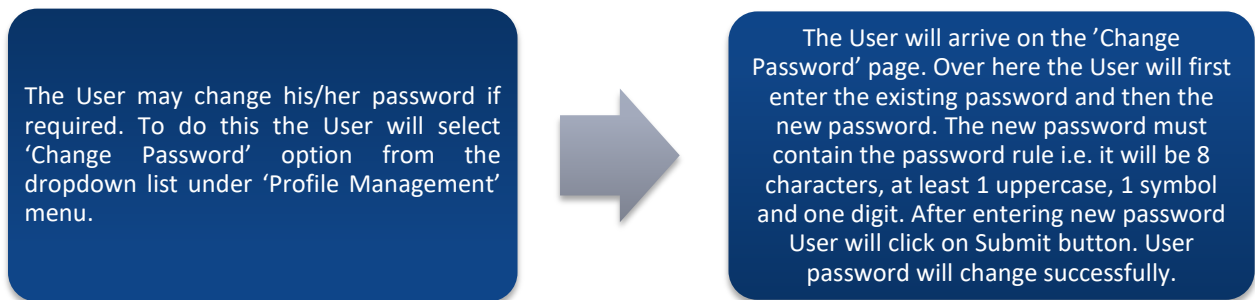
Field	Value
Applicant's Name:	IT Cell
Email:	banerjee1.gourab08@gmail.com
Building No:	IT Cell
Street:	G-29, Swasthya Bhavan
PO:	700086
PS:	BidhanNagar
City:	Kolkata
Landline:	
Mobile:	98744810649

At the bottom left of the form 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

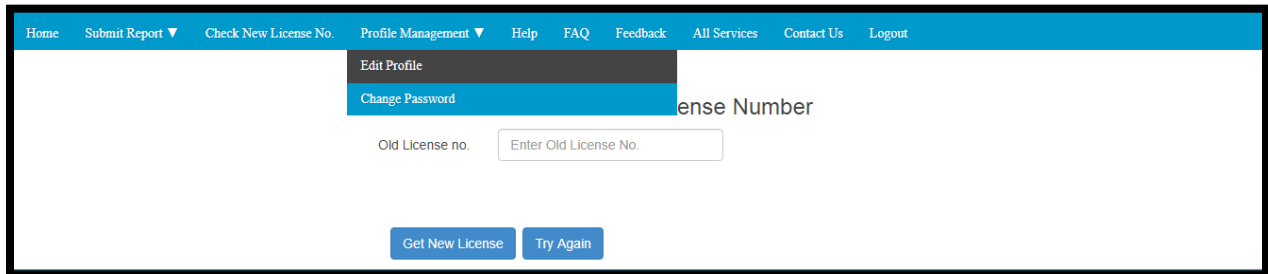


9.1.2.2 Details

- ❖ 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.

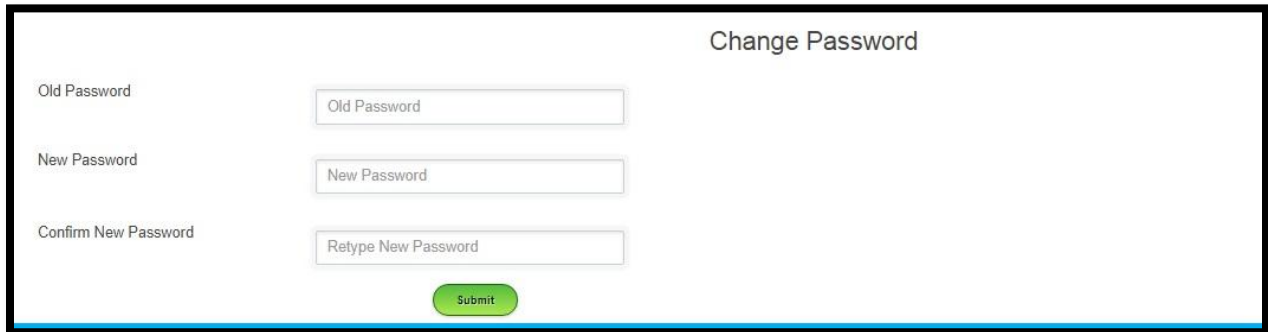
9.1.2.3 Screen Details

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.



This screenshot shows the top navigation bar of a web application. The 'Profile Management' dropdown menu is open, displaying two options: 'Edit Profile' and 'Change Password'. The 'Change Password' option is highlighted in blue. Below the dropdown, a form is visible with a label 'Old License no.' and a text input field containing the placeholder text 'Enter Old License No.'. At the bottom of the form, there are two buttons: '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.



This screenshot shows the 'Change Password' page. The title 'Change Password' is centered at the top. Below the title, there are three input fields with labels: 'Old Password', 'New Password', and 'Confirm New Password'. Each label is followed by its respective input field. At the bottom of the form, there 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

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



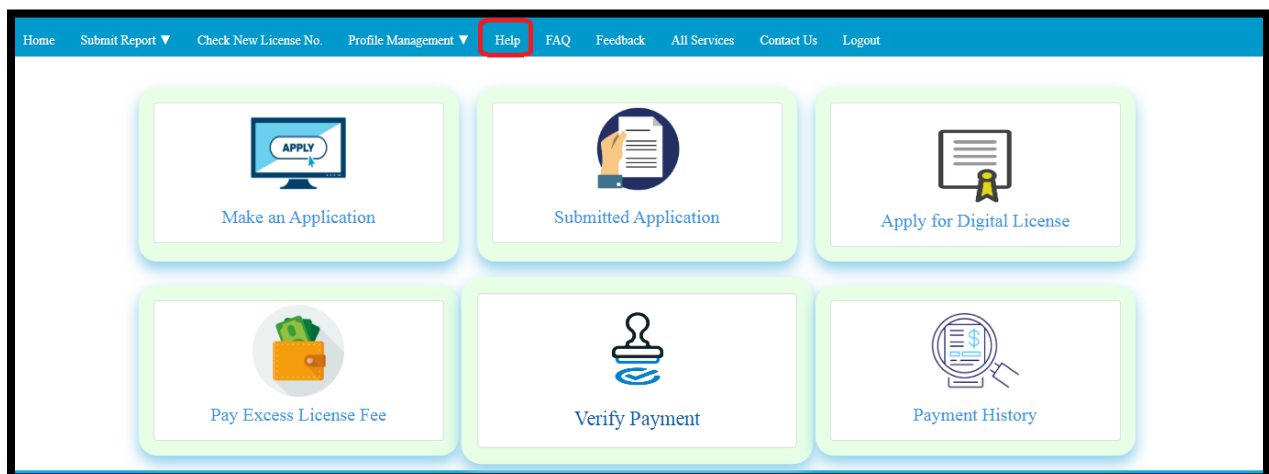
The page will be redirected to the 'Help' page, where User can download Instruction Manual, VBD Case Report Submission Instruction Manual, New Fee Chart and Affidavit Format.

10.1.2 Details

- ❖ User will select 'Help' from the main menu ribbon.
- ❖ The page will be 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 be 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](#)

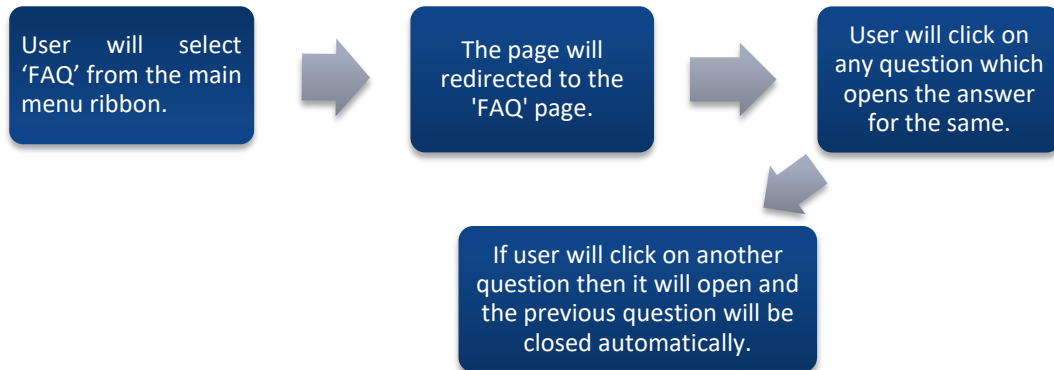
[Click Here To Download New Fee Chart](#)

[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

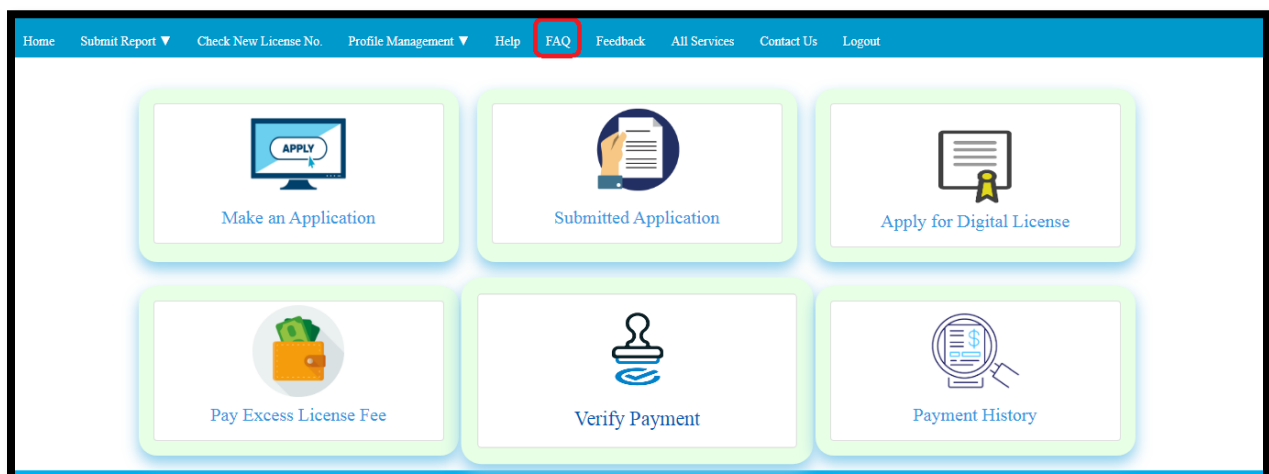


11.1.2 Details

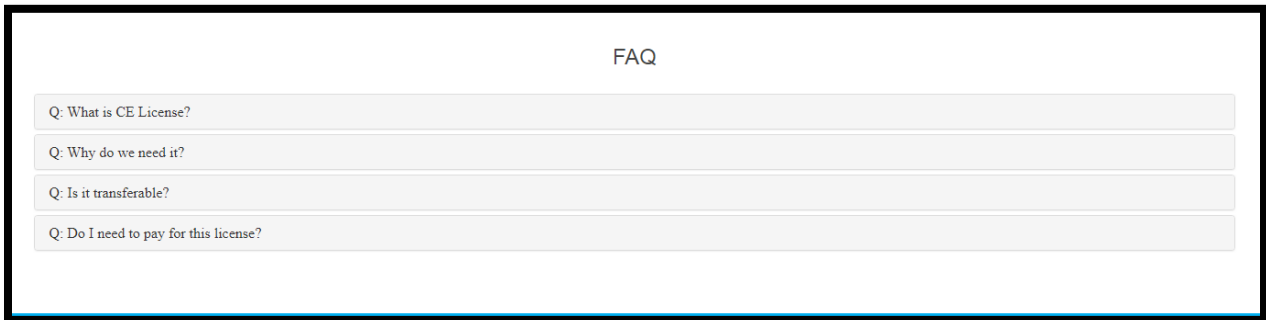
- ❖ User will select 'FAQ' from the main menu ribbon.
- ❖ The page will redirect to the 'FAQ' page
- ❖ User will click on any question which opens the answer for the same.
- ❖ If user will click on another question then it will open and the previous question will be closed automatically.

11.1.3 Screen Details

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



The page will redirect to the 'FAQ' page.



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



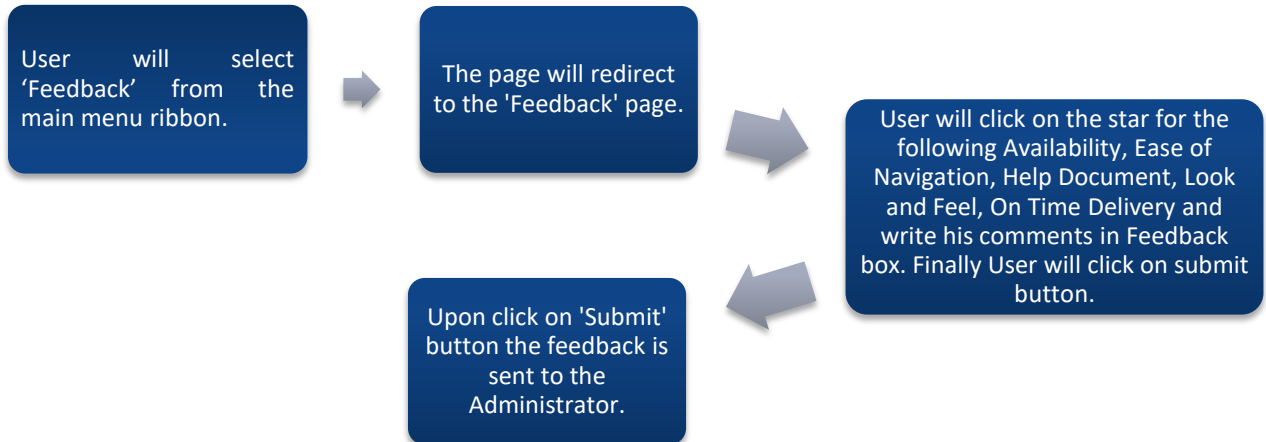
If user will click on another question then it will open and the previous question will be closed automatically.



12 Feedback

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

12.1.1 Process Flow

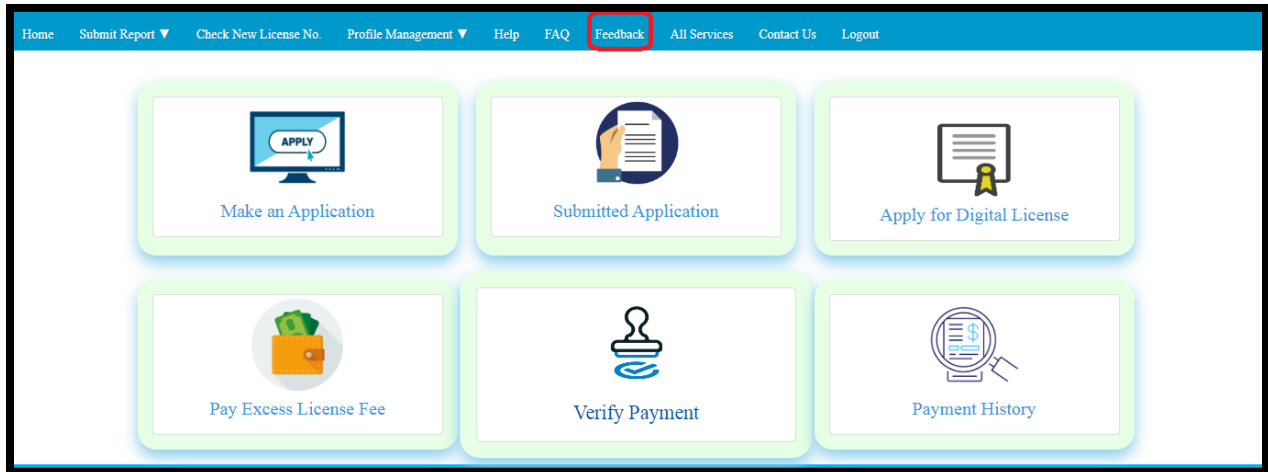


12.1.2 Details

- ❖ 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 a feedback form titled 'Give Us Your Valuable Feedback'. The form is enclosed in a light gray border. At the top, there is a blue tab labeled 'Feedback'. Below the tab, there are six rows of feedback items, each with a label and a five-star rating system. The items are: 'Availability' (5 stars), 'Ease of Navigation' (5 stars), 'Help Document' (5 stars), 'Look and Feel' (5 stars), 'On Time Delivery' (5 stars), and 'Feedback' (5 stars). Below these items is a large text input field for additional feedback. At the bottom of the form is a green button labeled 'SUBMIT'.

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.

The feedback form is titled "Give Us Your Valuable Feedback". It contains a "Feedback" tab and a list of categories with star ratings:

- Availability: 5 green stars
- Ease of Navigation: 5 green stars
- Help Document: 5 green stars
- Look and Feel: 3 green stars, 2 grey stars
- On Time Delivery: 5 green stars

Below the ratings is a text box labeled "Test Feedback" and a "SUBMIT" button. A character count "Remaining characters : 488" is displayed below the text box.

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

The feedback form is shown with a dialog box overlay. The dialog box has a title bar and contains the text "Thanks for your feedback". An "OK" button is highlighted with a red rectangle. The background form is dimmed, showing the same categories and star ratings as the previous image.

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.



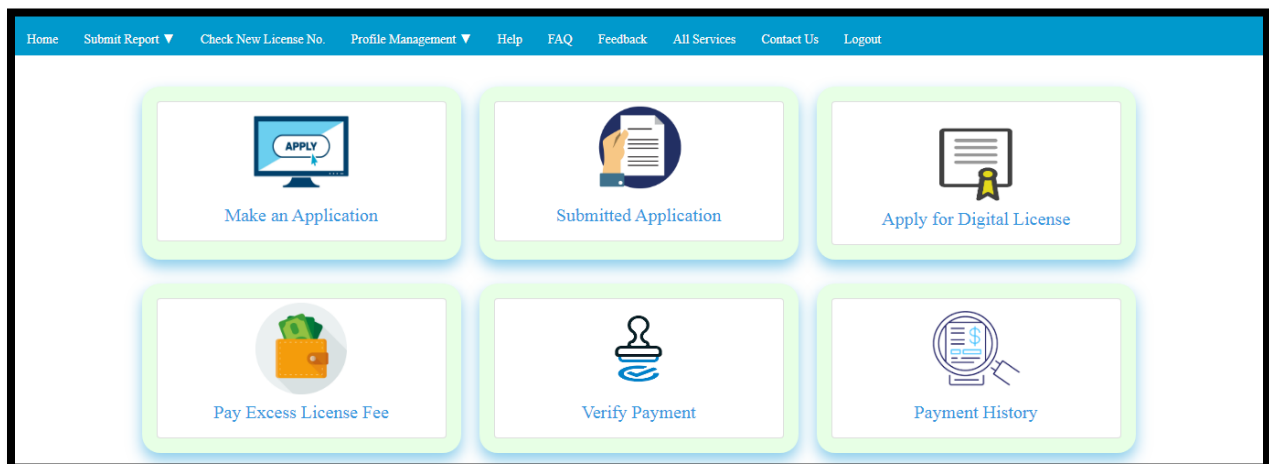
The page will redirect to the 'List of Services' page. User can move to other pages upon clicking on 'Go To Menu' option of the selected option.

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="text" 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		1 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

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



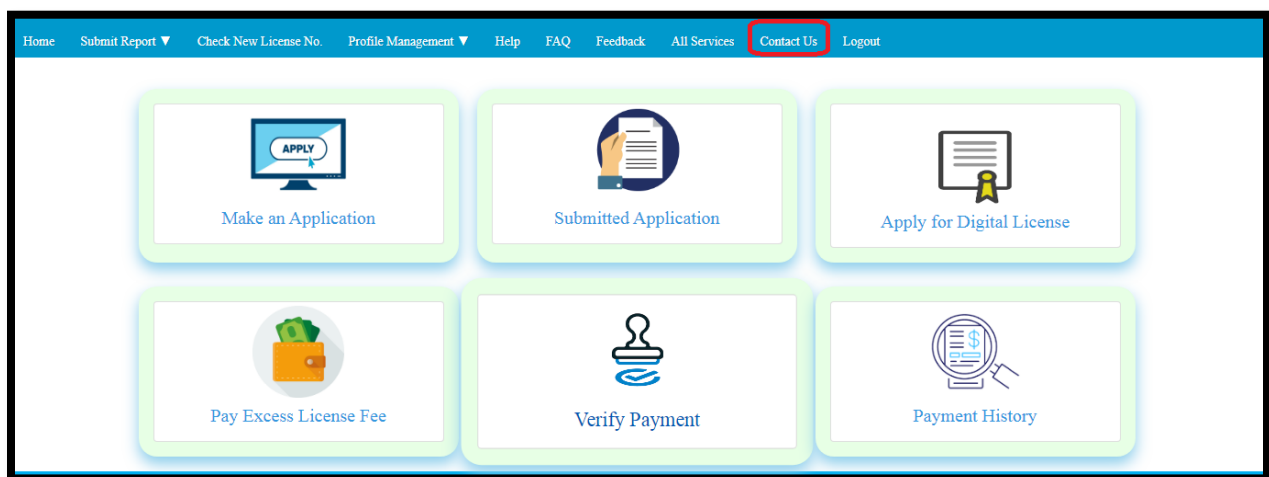
The page will redirect to the Contact Info' page. User can view all the contact information of CE department of Health HQ.

14.1.2 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

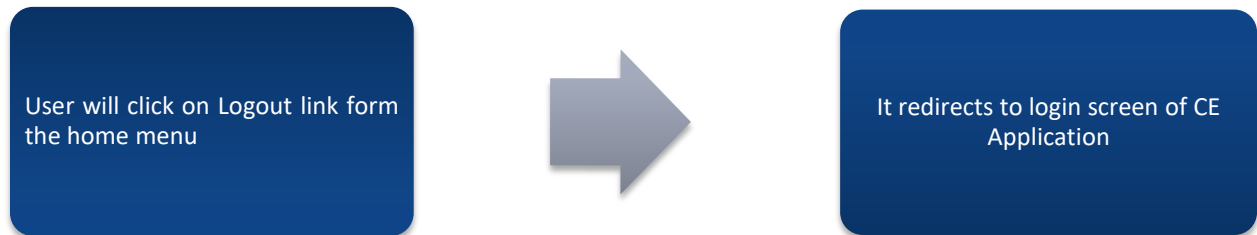
033-2357-6000 / 033-2333-0548

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

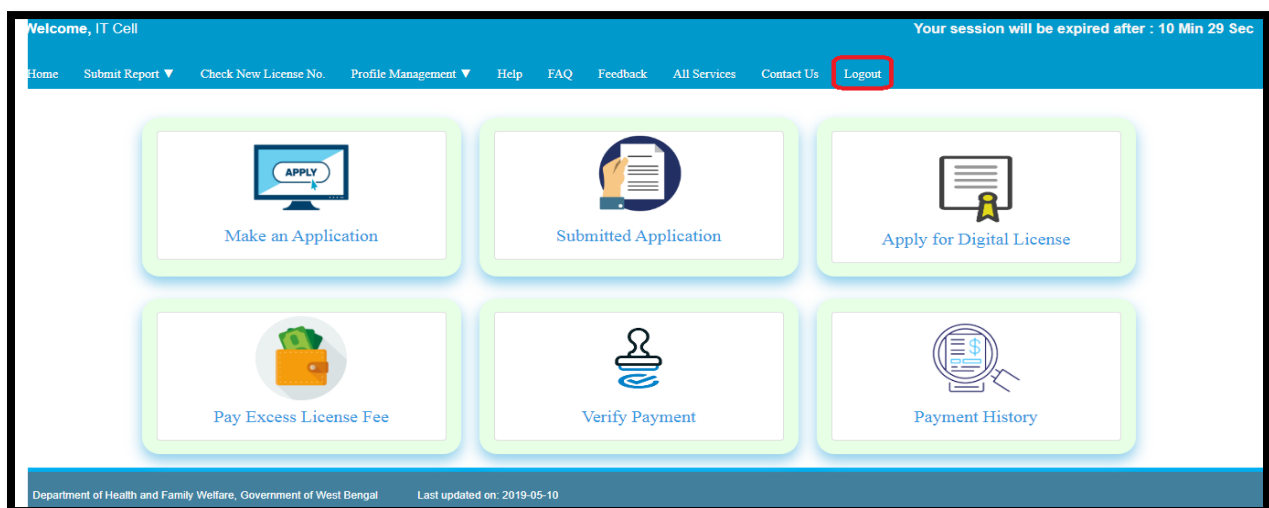


15.1.2 Details

- ❖ 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

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