Hospital Empanelment Application

USER MANUAL (for Private Hospitals) उपयोगकर्ता पुस्तिका (निजी चिकित्सालयों के लिये)

Instructions to fill Online Application ऑनलाइन आवेदन भरने के निर्देश



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Open web page https://sso.rajasthan.gov.in/signin वेबपेज खोलें

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Enter your SSO ID and PASSWORD. Enter CAPTCHA from given image. Then click on LOGIN अपना एसएसओ आईडी और पासवर्ड डाले. दी गयी इमेज से कैप्चा दर्ज करे उसके बाद लॉगिन पर क्लिक करें .

If you have any issues in using SSO ID. Please click on this link यदि एसएसओ आईडी के संबंध में कोई परेशानी है तो लिंक पर क्लिक करें।



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Click on "HOSPITAL EMPANELMENT" पर क्लिक करें

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If you are having trouble in finding the application you can use the Quick Search option. Type Application name in Quick Search as shown below/ एप्लिकेशन को सर्च करने के लिये क्विक सर्च ऑप्शन का भी प्रयोग किया जा सकता है। नीचे दिये अनुसार एप्लिकेशन का नाम लिखें।



You will be redirected to Hospital Empanelment(Dashboard Applicant) Page, you can see your active applications here/ यह आपको हॉस्पीटल एम्पैनलमैंट (डैशबोर्ड आवेदक) पेज पर ले जायेगा। जहां आपके द्वारा किये गये आवेदनों को देखा जा सकता है।

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Click on New A	oplication option to submit a	application for New Hospital	/ नये हॉस्पीटल के आवेदन के लि	नये न्यू एप्लिकेशन के ऑप्शन पर
क्लिक करें।				

Next Page will be General Guideline Page for Hospital Empanelment- Check terms and Conditions for New Application/ न्यू एप्लिकेशन के ऑप्शन पर नयी एप्लिकेशन के लिये सामान्य गाइडलाइन पेज खुल जायेगा – सभी प्रकार के मानदंड, नियम व शर्तों को इस पेज पर चैक किया जा सकता है।

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Two options are provided in Hospital Type of New Application / नये हॉस्पीटल के आवेदन में दो प्रकार के ऑप्शन दिये गये हैं -

1. Multi Speciality/ मल्टी स्पेशलिटी

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2. Super Speciality/ सुपर स्पेशलिटी

If you choose Super Speciality type Hospital then you have to mention the Speciality type by selecting one of the given options in Speciality Type RadioBoxes/ यदि आपका हॉस्पीटल सुपर स्पेशलिटी प्रकार का है तो स्पशलिटी टाइप(विशेष प्रकार) में आपके हॉस्पीटल आवेदन की स्पेशलिटी / विशेषता का चयन करें।

		GENERAL GUIDE	LINE FOR HOSPITAL EMPANELMENT		
Dashboard > Guideline					
Hospital Type/ अस्पताल का प्रकार *	ा Multi Speciality/ मल्टी स्पेशतिटी	, Super Speciality/ सुपर स्पेशलिटी			
Speciality Type/ विशेष प्रकार *	CARDIOLOGY/ हृदय रोग ENT/ ईएनटी OPHTHALMOLOGY/ नेत्र विज्ञान	NEPHROLOGY/ नेफ्रोलॉजी GASTROENTEROLOGY/ गैस्ट्रोएंटरोलॉजी ORTHOPAEDICS/ हड्डी रोग	CARDIAC SURGERY/ हृदय शत्य चिकित्सा NEURO-SURGERY/ न्यूरो सर्जरी UROLOGY/ मूत्रविशान	🔿 DENTISTRY/ दंत चिकित्सा 🔿 ONCOLOGY/ कैंसर विज्ञान	
		Norms and Pa	rameters for Cardiology Speciality)	Source : Medical Education Department, Govt of Rajasthan
Terms And Conditions/ 1 1. The running intake capacity of the • The Hospital with running capacit 2. Yearly Turn over (Not Annualised)	নিয়ম ব খার্ব e Hospital in terms of bed strength on ty of minimum 20 numbers of beds only :	1st April of Financial year should be as fi shall qualify.	ollows:		
		Place (City)			Yearly Turn over
jaipur (Capital City)					Rs. 2.50 Crore
District Head-Quarters and towns, o	other than Jaipur.				Rs. 1.50 Crore
3. ICU: • Fully equipped ICU with eight bed 4. Availability of qualified Consultan • For Jaipur District, at least one unit	ls. ts: it consisting of three specialists with DM	Degree in Cardiology.			

After reading all the guidelines check on the declaration checkbox for your declaration/ सभी शर्तों का सावधानीपूर्वक अध्ययन कर घोषणा के लिये दिये गये चैकबॉक्स को टिक करें।

Documents Required/ आवश्यक दस्तावेज़ **GENERAL GUIDELINE FOR HOSPITAL EMPANELMENT** 1. Application Form dully filled and signed by authorized person of legal entity. 2. Application Form fee Rs, 1000/- in the form of Demand Draft or in cash drawn in favour of "Principal, SMS Medical College, Jaipur" 3. Ownership of the hospital:- individual/Partnership/Company/ Society/Trust/Others with supporting documents such as in case of consortium, letter of association/ memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company, trust etc. in case of partnership, a copy of partnership agreement duly attested by competent authority. 4. Profit & Loss Account of the hospital certified by C.A., indicating the angulal turnover for relevant financial year (not annualized) and it should not include income from sources like Pharmacy income, student fees, Rental income like cycle/Scooter Stand, Canteen income etc. 5. Copy of the agreement executed with authorized agency of Rajasthan Pollution Control Board for determining the number of beds. 6. List of Specialist consultants employed at the Hospital with their qualifications, experience and Res. No. of RMC with date and TDS deduction certificates. 7. Certificate from CA certifying that TDS has been deducted in the relevant assessment year from gualified consultant/paramedical staff and other staff shown in the list by the Hospital. 8. An affidavit as per Annexure-4 that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time. for various treatments, investigations and implants. 9. The availability of Emergency Medical services/Vaccination facility/Central Sterile Supply Department/Security services should be determined with an affidavit. 10. An affidavit that applicant has followed norms prescribed by BARC for prevention of Radiation along with AERB registration of the machine. 11. Fire safety certificate from Municipal Body 12. Ambulance registration in the name of Hospital or with a valid iong term agreement between the hospital and other party for making available the ambulance services 24x7. 13. Agreement of the authorized agency of Rejasthan Pollution Control Board for Hospital waste disposal system. 14. Availability of dietary services should be supported by an affidavit. 15. List of equipments and other accessories as per application form. 16. Declaration of the owner that he she will accept the norms and standards of Medical care to be provided under the scheme. 17. Affidavit for No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations. Declaration Declaration/ घोषणा

🕐 have read all these terms and conditions as well documents to be upload./ मैंने अपलोड किए जाने वालें दस्तावेज़ों के साथ इन सभी नियमों और यातों को पढ़ा है।*

Click on Agree & Proceed button to go to the next page./ अगले पेज पर जाने के लिये एग्री एण्ड प्रोसीड बटन पर क्लिक करें।

Application for Multi Speciality Type Hospital/ मल्टी स्पेशलिटी प्रकार के हॉस्पीटल के लिये आवेदन

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Please fill the Hospital Details in highlighted fields as shown below/ नीचे दिये अनुसार अपने अस्पताल का विवरण भरे

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	HOSPITA	L EMPANELMENT APPLICATION	
Dashboard > Guideline > New Application			
Hospital Type/ अस्पताल का प्रकार	Multi Speciality/ मल्टी स्पेशलिटी		
— Hospital Details/ अस्पताल का विवरण			* mandataory input/ अनिवार्य इनपुर
Name of Hospital/ अस्पताल का नाम * Name of Proprietor/Trust/Society/Company/Individual/ मालिक/टूस्ट/ सोर	सायटी/ कंपनी/व्यक्ति का नाम *	Office Phone/ कार्यालय फोन नंबर * Phone No./ फोन नंबर *	
Contact Person Name/ संपर्ककर्ता का नाम * Office Email/ कार्यालय ईमेल *		Contact Person Mobile No./ संपर्ककर्ता के मोबाइस नंबर *	· · · ·

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Please fill Hospital Address Details in Address Details section as shown below/ नीचे दिये अनुसार अस्पताल के पते का विवरण भरें।

Select Urban/Rural/ शहरी/ग्रामीण चयन करें * () Urban/ शहरी () Rural/ ग्रामीण
Building No./ भवन संख्या
Locality/ मोहल्ला*
District/ जिता * Select District
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Click on Save & Continue Button to save your progress and continue to fill on the next section/ अस्पताल के पते का विवरण भरने के बाद अगले सेक्शन पर जाने से पहले विवरण को सेव करने के लिये Save & Continue बटन पर क्लिक करें।

Fill Specialist staff details as shown below/ विशेषज्ञ स्टाफ का विवरण नीचे दिये अनुसार भरें।

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To check Minimum Requirements click here/ विशेषज्ञ कर्मचारियों की न्यूनतम आवश्यकता देखने के लिये यहां क्लिक करें।

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	Minimum Requirement of S	ement of Specialist Staff/ विशेषज्ञ कर्मचारियों की न्यूनतम आवश्यकता Note: Valid File Types: PDF. Max. File Size: 2 MB per attachment / नेंट: मान्य फाइल प्रकार: पीडीएफ. अधिकतम फाइल का आकार: प्रति अनलप्रक 2 M I						
Name/ नाम	Speciality/ विशेषता	Qualification/ योग्पता	Experience/ अनुभव (Year & Month)	R.M.C. Reg. No./ आर.एम पंजीकरण ने.	ा.सी. R.M.C. Reg. Date/ आर.एम.सी. पंजीकरण दिनांक	T.D.S. Deduction Certificate/ टी.डी.एस. कटौर प्रमाणपत्र	Î Add∕⊽	
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	PAEDIATRIC MEDICINE ORTHOPAEDICS ENT OPHTHALMOLOGY		Save & Contin	ue)				
of the Specia का नाम	alist			Clic spe विलय	ck on add Button aft cialist सभी जानकारी भ क करें।	er filling all the details रने के बाद जोडने के लिये ए	about t ड बटन प	
	Select Speciality from Dropdown menu/ ड्रॉपडाउन लिस्ट से विषय का चयन करें।	Select Qualification from Dropdown menu ड्रॉपडाउन लिस्ट से योग्यता का चयन करें।	/	Click on Save & all the Specialist बाद सेव करने व आगे गर क्लिक करें।	Continue Button wh details./ सभी विशेषज्ञों जाने के लिये Save &	nen you have added का विवरण जोडने के Continue Button		

Multi Speciality – Infrastructure Details / मल्टी स्पेशलिटी आधारभूत संरचना का विवरण

2022 14 14

Write the No. of Staff and then Select YES or No according to Hospital Services as shown below/ अस्पताल की आधारभूत संरचना के संबंध में कर्मचारियों की संख्या के साथ विशेष सेवाओं की संबंध में YES or No ऑप्शन का चयन करें

Notes on the upload Document details/ दस्तावेज अपलोड करने से संबंधित निर्देश

El Mult	ti Speciality - Infrastructure Details/ मल्टी स्प्रेशविटी- आधारिक संरचना का विवरण	Note: Valid File Types: PDF, Max. File Size: 2 MB per attachment. To Upload the File, first browse file then click upload button. नोट: मान्य फाइल प्रकार: पीडीएफ, अधिकतम फाइल का आकार: प्रति अनुसप्रक 2 MB। फाइल अपलोड करने के लिए, पहले फाइल बाउज़ करें फिर अपलोड बटन पर क्लिक करें। CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ CTURE DE FAILS/ आधारिक रोरवना का विवरण INPUT/ इनपुट DOCUMENT/ दस्तावेज़ र तकनीकी स्टाफ की कुल संख्या * Upload Document * 🐼 © Yes No 🔅 Yes No © Yes No AERB Certificate for X-Ray Unit * @ Yes No . AERB Certificate for Sonography * </th	
	Note: Va नोट: मान्य फ़ाइल प्रकार: पीडीएफ,	lid File Types: PDF, Max. File Size: 2 MB per attachment. To अधिकतम फ़ाइल का आकार: प्रति अनुलप्तक 2 MB । फ़ाइल अपलोड क	Upload the File, first browse file then click upload button. रने के लिए, पहले फ़ाइल ब्राउज़ करें फिर अपलोड बटन पर क्लिक करें।
S.NO./ #7	i. INFRASTRUCTURE DETAILS/ आधारिक संरचना का विवरण	INPUT/ इनपुट	DOCUMENT/ दस्तावेज़
1	Total No.of Paramedical Nursing and Technical Staff/ पराधिकित्सा उपचर्या और तकनीकी स्टाफ की कुल संख्या *		Upload Document*
2	Hematology and Clinical Pathology/ हेमेरोलॉजी और क्लिनिकल पैथोलॉजी	🜒 Yes 🔵 No	
3	Essential Laboratory Diagnostic Services/ आवश्यक प्रयोगशाला नैदानिक सेवाएँ	🌒 Yes 🔵 No	
4	Full battery Serum Biochemistry/ पूर्ण बेटरी सीरम जैव रसायन	💿 Yes 🔅 No	
5	X-Ray Unit/ एक्स-रे यूनिट	🔘 Yes 🔷 No	AERB Certificate for X-Ray Unit * 🥝 🚨
6	Ultra Sonography/ अल्ट्रासोनोग्राफी	🔘 Yes 👘 No	AERB Certificate for Sonography* 🥑 🙆
			PCPNDT certificate*
7	2D Color Doppler/ 2 डी रेग डॉपलर	No Yes O No	AERB Certificate Color Doppler* 🕜 🙆

For Services(if services available) in option 5,6 & 7 upload mandatory Certificate for the Same / ऑप्शन 5,6 एवं 7 में दी गई सेवाओं (यदि सेवाएं उपलब्ध हैं) के लिये आवश्यक प्रमाण पत्र दस्तावेज का चयन कर अपलोड पर क्लिक करें।

Common – Infrastructure Details / सामान्य आधारभूत संरचना का विवरण

24 August 24 7473

Write No. of Beds and then Select YES or No according to Hospital Services as shown below/ अस्पताल की आधारभूत संरचना के संबंध में बिस्तरों की संख्या के साथ विशेष सेवाओं की संबंध में YES or No ऑप्शन का चयन करें।

Notes on the upload Document details/ दस्तावेज अपलोड करने से संबंधित निर्देश

		Note: Valid File Types: PDF, Max. File Size: 2 MB per attachment. To Upload the File, first browse file then click upload but नोट: मान्य फ़ाइल प्रकार: पीडीएफ. अधिकतम फ़ाइल का आकार: प्रति अनुलप्रक 2 MB। फ़ाइल अपलोड करने के लिए, पहले फ़ाइल ब्राउज़ करें फिर अपलोड बटन पर क्लिक					
) क्र.स.	INFRASTRUCTURE DETAILS/ आधारिक संरचना का विवरण	INPUT/ हनपुर	DOCUMENT/ दस्तावज्ञ	EXPIRY DATE/ रामाण्ति)			
1	Running Capacity (No. of Beds)/ बिस्तर की संख्या *		Upload Pollution Board Certific* 🥝 🕒	• 🕯			
2	Casualty Medical Services/ কैন্তু সল্टी मेडिकल सर्विसेज	🖲 Yes 🕧 No	Upload Affidavit *				
3	Central Sterile Supply Department/ केंद्रीय विसंक्रमित आपूर्ति विभाग	🛞 Yes 🔿 No	Upload Affidavit *				
4	Hospital Waste Disposal System/ अस्पताल अपसिष्ट निपटान प्रणाली	🖲 Yes 🔅 No	Upload Agreement Document* 🥝 🙆	. 🕯			
			Upload Pollution Board Certific* 🥑 🙆	• ā			
5	Fire Safety & Security Services/ अग्नि सुरक्षा और सुरक्षा सेवाएँ	🖲 Yes 🔿 No	Upload Fire safety certificate* 🖉 🙆	• 🕯			
6	Vaccination facility/ टीकाकरण की सुविधा	🖲 Yes 🔿 No	Upload Affidavit *				
7	Dietary Services/ आहार संबंधी सेवाएँ	🖲 Yes 🔅 No	Upload Contract/Affidavit* 🥑 🧕	· 🛱			
8	Ambulance Services/ पृम्बुरोस सेवा	🖲 Yes 🔿 No	Upload RC or Contract of Ambu* 🔗 🚨	• 8			

Click on Save & Continue Button when you have filled all the necessary details/ सभी विवरण भरने के बाद सेव करने व आगे जाने के लिये Save & Continue Button पर क्लिक करें। For all the Services (if services available) upload mandatory affidavit/Certificate with Expiry Date/ सभी सेवाओं (यदि सेवाएं उपलब्ध हैं) के लिये आवश्यक प्रमाण पत्र/शपथ–पत्र अपलोड करें एवं समाप्ति तिथि का चयन करें।

Other Document Upload/ अन्य दस्तावेज अपलोड -

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	Note: Valid File Types: PDF. Max. File Size: 2 MB per attachment. To U नोट: मान्य फ़ाइल प्रकार: पीडीएफ, अधिकतम फ़ाइल का आकार. प्रति अनुलाक 2 MB । फ़ाइल अपलोड करने	pload the File, first browse file then c 1 के लिए, पहले फ़ाइल ब्राउज़ करें फिर अपलो	lick uplo ड बटन प	ad bu र विखव
। क.र	d.	DOCUMENT/ दस्तावे	র	
1	Owenrship of the hospital (Individual/Partnership/Company/Soclety/Trust/Others with supporting documents such as in case of consortium .letter of association/ memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company. trust etc. In case of partnership, a copy of partnership agreement duly attested by competent authority.)/ अस्पताल का खामित्व (व्यक्तिगत / साझेदारी / कंपनी / सोसायटी / टूस्ट / अन्य जो कि सभी सदस्यों द्वारा इस्ताक्षरित सहमति पत्र, एसोसिएशन ऑफ एसोसिएशन / ज्ञापन के मामले में सहायक दस्तावेजों के साथ है। कानूनी प्राधिकरण जहां कंपनी, टूस्ट की ओर से आवेदन किया जाता है। साझेदारी के मामले में, सक्षम प्राधिकारी द्वारा विधिवत रूप से भागीदारी समझौते की एक प्रति।)	Upload Ownership*	0	0
2	Audited receipts of last financial year (Profit & Loss Account of the hospital certified by C.A., indicating the annual turnover for relevant financial year (not annualized) and it should not include include Pharmacy income, student fees. Rental income like cycle/Scooter Stand, Canteen Income etc.)/ पिछले वित्तीय वर्ष की ऑडिट प्राप्तियो(C.A. द्वारा प्रमाणित अस्पताल का लाभ और हानि खाता, प्रासंगिक वित्तीय वर्ष के लिए वार्षिक टर्नओवर को दर्याता है (वार्षिक नहीं) और इसमें फार्मेसी आय. छात्र युल्क, साइकिल की आय जैसे साइकिल / स्कूटर स्टेंड, केंटीन आय आदि यामिल नहीं होना चाहिए।)	Upload Audited Receipts*	0	•
3	CA Declaration for Paramedical Nursing Staff/ पराचिकित्सा उपचर्या स्टाफ के लिए सीए की घोषणा।	Upload CA Declaration *	0	0
4	Declaration of the owner that he/ she will accept the norms and standards of Medical care to be provided under the scheme./ मालिक की घोषणा कि वह योजना के तहत प्रदान की जाने वाली चिकित्सा देखभाल के मानदेहों और मानकों को स्वीकार करेगा।	Upload Declaration of the Owner	. 🕜	e
5	An affidavit that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants./ एक हलफनामा कि अस्पताल को राज्य सरकार के कर्मचारियों और पॅशनरों से गुल्क लेने के लिए बाथ्य नहीं किया जाएगा, विभिन्न उपचारों, जांचों और प्रत्यारोपणों के लिए समय-समय पर राज्य सरकार के कर्मचारियों और पॅशनरों से गुल्क लेने के लिए बाथ्य नहीं किया जाएगा, विभिन्न उपचारों, जांचों और प्रत्यारोपणों के लिए समय-समय पर राज्य सरकार द्वारा निर्धारित दरों से अधिक हो सकती है।	Upload Affidavit *	0	•
5	Affidavit of No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations) केंद्र और राज्य सरकार के अधिनियमों या व्यावसायिक चिकित्सा नेतिकता विनियमों की लापरवाही या उल्लंघन के लिए कोई अभियोजन का शपथ पत्र I	Upload Affidavit *	0	e
7	Certificate for Clinical establishment./ नैदानिक स्थापना के शिए प्रमाण पत्र।	Upload Certificate*	0	0
	Affidavit for Drug Distribution Center/ दवा दितरण केंद्र के लिए समय पत्र	Upload Affidavit *	0	C
	Affidavit for norms prescribed by BARC for Radiation along with AERB registration of the machine/ मगीन के एईआरबी पंजीकरण के साथ रेडिएशन के लिए बी ए आर सी द्वारा निर्धारित मानदेडों के लिए शपथ पत्र	Upload Affidavit	0	0
)	Affidavit for BPL/APL treatment as per norms./ मानदंडों के अनुसार बीपीएल/ एपीएल उपचार के लिए शपथ पत्र	Upload Affidavit *	0	0

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Upload all the mandatory Documents/ सभी आवश्यक दस्तावेज अपलोड करने के लिये दस्तावेज का चयन कर अपलोड बटन पर क्लिक करें।

Declaration/ घोषणा करें -

Check again all the necessary details filled and Check the Declaration check box./ समस्त विवरण को पुनः जांच कर घोषणा के लिये दिये गये चैकबॉक्स को टिक करें।

Declaration/ घोषणा करें I/we hereby certify that the above particulars are correct according to my/our knowledge and belief./ मैं/हम प्रमाणित करता हं/करते हैं की उपर्युक्त विशिष्टियां मेरी/हमारी जानकारी और विश्वास के अनुसार सही है। • That all directions and orders issued from time to time by the State Government and the Local Authority will be complied with by the applicants/ आवेदकों द्वारा राज्य सरकार और स्थानीय प्राधिकारी द्वारा समय समय पर जारी समस्त निर्देशों और आदेशों का पालन किया जायेगा। • The Documents uploaded are true and authentic to the best of my knowledge and nothing is hidden by me./ आवेदन के साथ अपलोड किये गये दस्तावेज मेरी सर्वोत्तम जानकारी के अनुसार सत्य और प्रमाणिक है और मेरे द्वारा कुछ भी खुपाया नहीं गया है। । have read all these terms and conditions as well documents to be upload / मैंने अपलोड किए जाने वाले दस्तावेज़ों के साथ इन सभी नियमों और घातों को पढा है * Close

Click on Submit button to submit your application / आवेदन को सबमिट करने के लिये सबमिट बटन पर क्लिक करें।

Click on Close button to close your application / आवेदन को बंद करने के लिये क्लोज बटन पर क्लिक करें।

After Click on Submit Button Message with <u>Application Number</u>./ सबमिट बटन पर क्लिक करने के पश्चात <u>आवेदन संख्या</u> का मैसेज आएगा।

Charles Martin 1917

