



CTSE Hospital Registration Form

A. Hospital Name: _____

B. Established in (Year): _____ Regd No.: _____

C. Popular Name: _____

D. Railway Unit under which user ID to be issued: _____

E. Preferred User ID (Alphanumeric – Max 8 characters): _____

F. Ownership:

- Proprietorship Partnership Private Limited
 Public Limited Charitable Trust Govt. Autonomous

G. PAN Number: _____

H. Does Hospital has (NABH /NABL / JCI/ Any Other Accreditation) Please tick and enclose appropriate copy.

I. Address: _____

City _____ State _____ District _____

Pin Code _____

Contact Number(s) _____ Fax: _____

Mail ID _____

Website _____

J. Type of Emp Facility:

- Dental Diagnostic Imaging Centre Hospital

K. Number of Beds : _____

L. Scope of Empanelment with Railway (Clinical Services Provided by the Hospital)

Clinical Services	NABH/NABL/ Super Speciality	Wef
Cardiology		
Cardiothoracic Surgery		
Coronary Care Unit		
Day Care Treatment Endoscopy (Diagnostic & Therapeutic)		
Dentistry & Oral Surgery		
Dermatology		
Dialysis		
Emergency Medicine & Surgery		
ENT		
Fertility Regulation		
Gastroenterology		
General Medicine		
General Surgery		
Gynecology		
Obstetrics		
Intensive Care Unit (Adult)		
Intensive Care Unit (Pediatric)		
Intensive Care Unit (Neonatal)		

Clinical Services	NABH/NABL /Super Speciality	Wef
Laser Treatment (Pl. Specify Procedure Done/Available		
Nephrology		
Neurosurgery		
Nuclear Medicine		
Oncology		
Medical Oncology		
Radiation Oncology		
Surgical Oncology		
Ophthalmology		
Orthopaedic Surgery		
Joint Replacement		
Organ Transplant		
Plastic & Cosmetic Surgery		
Physiotherapy & Rehabilitation Medicine		
Respiratory Medicine		
Surgical ICU		
Plastic & Cosmetic		

M. Scope of Empanelment with Railway (Diagnostic / Laboratory Services Provided by the Hospital / DC)

Diagnostic Services	NABH/NABL/ Super Speciality	Wef	Laboratory Services	NABH/NABL / Super Speciality	Wef
Diagnostic Imaging			Clinical Bio- Chemistry		
CT Scanning			Clinical Microbiology		
DSA Lab			Clinical Immunology		
Gamma Camera			Clinical Pathology		
MRI			Blood Transfusion Services		
PET			Molecular Diagnostics		
Ultrasound					
X-Ray-Conventional					
X-Ray-Digital					

N. Statutory / Regulatory Requirements (Enclose Detailed Annexure)

Furnish the list of applicable Statutory / Regulatory requirements the organization is

Government by _____

O. Rate List for Railways beneficiaries

Hard Copy Soft Copy (CD)

P. Bank Details

Name of Bank : _____

Branch : _____ City: _____

A/C No. : _____

A/C Type : _____

IFSC Number : _____ MICR No. : _____

Name and Designation of Authorized Signatory: _____

PS: Crossed Cancelled cheque need to be attached**

Q. Contact Details

I. CMD/MD/CMO/MS

Name : _____
Designation : _____
Mobile : _____ Land Line: _____
Fax Number : _____ Email: _____

II. Coordinator for Railway

Name : _____
Designation : _____
Mobile : _____ Land Line: _____
Fax Number : _____ Email: _____
Alternate official : _____ Email: _____

Authorized Signatory for Hospital

Name:
Designation:

Seal & Date:



For Office Use:

Checked & verified all the documents. If found Satisfied

Hospital Code No : _____
User ID : _____
Password : _____

Annexure: Self-Assessment Guide

Kindly provide the following mandatory annexures as applicable:

- I. Copy of MOA with Railways with Anex-I (Scope of Empanelment) & Anex-II (Approved rate list with soft copy).
- II. Copy of PAN Card.
- III. Cancelled Cheque.
- IV. Income Tax Clearance - If eligible. Sales
- V. Tax Clearance - If eligible.
- VI. NABL/NABH Certificates with Anex (Scope of Accreditation).
- VII. Letter for super speciality status (if any).
- VIII. Hospital registration form in original.
- IX. Statutory Certificates.





Offline Application for CTSE Card

Name of the Pensioner(As per official records)															Photo of the Pensioner			
																	Gender	
																	Male	Female
															()	()		
AADHAR Number																		

Last Post Held	Name of Office	Station/City

Pay Band/Scale	Rate of Pay	Grade Pay

PPO Number		Dated	D	D	M	M	Y	Y	Y	Y	
Basic Pension Scale											

RELHS Card No.	RELHS Card Registered at	Registered Zone	Urban Agglomerate

No. Of Beneficiaries including Self	Email ID										
	Pensioner DOB		D	D	M	M	Y	Y	Y	Y	
Date of Appointment	D	D	M	M	YYYY	Date of Retirement	D	D	M	M	YYYY

Residential Address																			
City													Pin Code						

Telephone Number Details	Country Code	Area/STD/Code	Telephone/Mobile Number

Details of Dependent Family Members (As per Extant Rules)

First Name																					Please Affix here a passport size photograph of Dependent
Middle Name																					
Last Name																					
Gender	Male ()										Female ()										
Relation																					
D.O.B	D		D		M		M		Y		Y		Y		Y		Y		Y		
Aadhar Number																					
First Name																					Please Affix here a passport size photograph of Dependent
Middle Name																					
Last Name																					
Gender	Male ()										Female ()										
Relation																					
D.O.B	D		D		M		M		Y		Y		Y		Y		Y		Y		
Aadhar Number																					
First Name																					Please Affix here a passport size photograph of Dependent
Middle Name																					
Last Name																					
Gender	Male ()										Female ()										
Relation																					
D.O.B	D		D		M		M		Y		Y		Y		Y		Y		Y		
Aadhar Number																					

I/We _____, the applicant, in capacity of _____ do hereby declare that what is stated above is true to the best of my/our information & belief.

Date: _____
Place: _____

Signature



Offline Application for CTSE Card Supplementary Form

Transaction ID : _____ **(For Office Use Only)**

PPO Number of Beneficiary : _____

Beneficiary Name : _____

First Name													Please Affix here a passport size photograph of Dependent
Middle Name													
Last Name													
Gender	Male ()						Female ()						
Relation													
D.O.B	D	D	M	M	Y	Y	Y	Y					
Aadhar Number													
First Name													Please Affix here a passport size photograph of Dependent
Middle Name													
Last Name													
Gender	Male ()						Female ()						
Relation													
D.O.B	D	D	M	M	Y	Y	Y	Y					
Aadhar Number													
First Name													Please Affix here a passport size photograph of Dependent
Middle Name													
Last Name													
Gender	Male ()						Female ()						
Relation													
D.O.B	D	D	M	M	Y	Y	Y	Y					
Aadhar Number													

I/We _____, the applicant, in capacity of _____
do hereby declare that what is stated above is true to the best of my/our information & belief.

Date: _____

Place: _____

Signature

Annexure - I

UTIITSL User Access Request Form

This form may be used for the purpose of Creation / Modification of Railway user / access in CTSE Online Software.

		Date	
Office Details			
Office Name			
Address Line 1			
Address Line 2			
Address Line 3			
City			
State		Pincode	
Zone / PU		Division	
Office Number		Fax	
Railway Number			
User Details			
Employee Id			
User Name			
Designation			
e-mail Id			
User-Id #			
Mobile/Phone			
Signature			

New user mention preferred User-Id

Type of Access	Activate	De-activate
CMS		
CMS Office – Receiver		
CMS Office – Verifier		
CMS Office - AMO		
Sr. DPO		
Sr. DPO Office - Receiver		
Sr. DPO Office - Verifier		
Sr. DFM		
Sr. DFM Receiver		
Sr. DFM Office – SO Accounts		
Dashboard User		

New user mention preferred User-Id

	Name	Designation	Date	Sign
Initiator				
Authorizer #				

Authorization required from Competent Authority

To be filled by System Administrator

	Name	Designation	Date	Sign
Given By				
Verified By				
Ref.No.				