
HOSPITAL ON BOARDING FORM**HOSPITAL NAME :****NO OF BEDS :****NO OF ICU BEDS :****NO OF O.T s :****ADDRESS :****CITY :****STATE :****TICK WHICHEVER IS RELAVANT****HOSPITAL CATEGORY :** CLINIC / SINGLE SPEACIALITY / DAY CARE CENTRE
MULTI SPEACIALITY / SUPER SPEACIALITY**ACCREDITATION :** ENTRY LEVEL NABH / FULL NABH / JCI / NO ACCREDITATION**FACILITIES :** ATM / Blood bank / Canteen / Facility for differently abled
Pharmacy / Specialty OT / Valet Parking / WiFi**SERVICES :** RADIOLOGY / LABOROTARY / PHYSIOTHEARAPHY / MASTER HEALTH CHECK UP
HOME NURSING / PSYCHIATRY / RE- HABITITATION SERVICE
24/7 Ambulance / 24/7 Emergency Care.**INSURANCE :** C.M.C.H.S / P.M-JAY / C.G.H.S / OTHER PVT INSURANCE / NO INSURANCE.***Terms and Conditions***

The above marked facilities are available in our hospital, We will be glad to furnish the above details in your website and mobile application, and we are also interested to receive patients for treatements in our hospital

Our Hospital will provide CROSSFIRES HEALTH TECHS support materials like photographs, write-ups, profiles, tariffs, and testimonials to prepare relevant promotional material for the hospital. The hospital will also provide CROSSFIRES HEALTH TECHS an authorization to access material as already may be posted on the hospital website. Such extraction from information will not be alleged as copyright infringement.

The service provider hospital will choose from the given list below to promote the same

SIGNATURE**HOSPITAL OWNER / MANAGER****HOSPITAL SEAL**