



HOSPITAL REGISTRATION FORM

Hospital Information	
Hospital Name:	
Type of Hospital:	
<input type="checkbox"/> Regular	
<input type="checkbox"/> Multi-Speciality	
No of Beds	
CEA ACT Registration Number:	
Year Established:	
Address:	
City: State:	
Postal Code:	
Country:	
Phone Number:	
Email Address:	
Website (if any):	
Membership Category	
(Select one)	
<input type="checkbox"/> Single Hospital Membership	
<input type="checkbox"/> Multi-Speciality Hospital Membership	
<input type="checkbox"/> Others (please specify):	

Multi Speciality-Scope of services	
General Medicine	<input type="checkbox"/>
Surgery	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>
Orthopedics	<input type="checkbox"/>
Neurology	<input type="checkbox"/>
Oncology	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>
Emergency Services	<input type="checkbox"/>
Others (please specify):	
Neurology	<input type="checkbox"/>
Oncology	<input type="checkbox"/>
Gynecology	<input type="checkbox"/>
Emergency Services	<input type="checkbox"/>
Others (please specify):	
Supporting Documents	
Hospital Registration Certificate	<input type="checkbox"/>
Affiliations / Accreditations (if any):	Entry Level NABH / NABH / JCI
List of Departments/Facilities	<input type="checkbox"/>
Any other relevant documents	<input type="checkbox"/>

Declaration

We hereby declare that the information provided above is true and correct to the best of my knowledge.

Free Consultations and Discounts on Procedures

By partnering with Crossfires Health Techs, We agree for free initial consultations for all new patients visiting by this scheme. Eligible patients will receive special discounts on selected medical procedures. The details of the discounts, including the percentage and applicable procedures, will be communicated at the time of consultation or inquiry.

Signature

Owner/Manager

NAME

DATE & SEAL