FORM NO. 3F

[See rule 52-O(1)]

APPLICATION FOR ISSUE / RENEWAL OF CERTIFICATE OF RECOGNITION AS RECOGNISED MEDICAL INSTITUTION

1.	Name and complete postal address of the institution with telephone number, facsimile number and e-mail ID (relevant supporting documents to be submitted)	:	
2.	Name of the Head / In-charge of the Institution	:	
3.	Number of persons employed (i) Doctors (ii) Nursing staff (iii) Others	:	
4.	Number of patients treated during the previous calendar year (i) in patients (ii) out patients (iii) home care	:	
5.	Name (s) of the qualified medical practitioner (s) who would prescribe essential narcotic drugs (give details of their training in pain relief and palliative care or opioid dependence treatment)	:	
6.	If there is more than one qualified medical practitioner who would prescribe essential narcotic drugs, indicate the name of the medical practitioner who shall be overall in charge	:	
7.	Number and date of the certificate of recognition issued earlier (attach copy)		
8.	Whether the recognition of the institution was withdrawn earlier (if the recognition was withdrawn earlier, the details are to be given)		

Date: Signature:

Place: Full name:

Seal: Position: