

Registration Form

Name of In-charge /Owner:

Hospital Name:

Postal Address:

Contact Details: 

E-mail:

Details of the Hospital: *(Kindly tick as applicable)*

Exclusive Maternity Hospital Multispecialty Hospital

Beds in the hospital:

< 5 beds 5 - 20 beds 21 - 35 beds 36 - 50 beds > 50 beds

Average number of deliveries per month

< 5 5 - 15 16 - 30 30 - 50 > 50

Total number of Nurses in the hospital

None <3 3-6 7-10 >10

Is your hospital registered with Local Authority?

Yes No

Are you willing to join LaQshya Manyata Program?

Absolutely Yes Yes, but need more details Not sure No

For further details on Manyata, kindly contact:

Nearest **Obstetrics and Gynecological Society** OR

National Program Management Unit, FOGSI, Mumbai; (T) -022-2495 1654; (E-mail) npmu.fogsi@gmail.com

OR

Local QI Hub person _____

*** Thanks ***

For specific details on FOGSI-Jhpiego Standards please visit

www.manyataformothers.org