EXPRESSION OF INTEREST BY HOSPITALS FOR PARTICIPATION IN COCHLEAR IMPLANTATION UNDER REVISED ADIP SCHEME (2014-15)

APPLICATION FORM FOR HOSPITALS

The forms can be filled online and submit with all details. Alternatively a hard copy of the blank form can be taken, fill up and send with all required supporting documents to – Director, Ali Yavar Jung National Institute for the Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra (w), Mumbai-400050 superscribing ‘Application for Empanelment of Hospitals and Surgeons for conducting Cochlear Implant Surgery under revised ADIP Scheme-2014’. Application with incomplete information will not be considered

DETAILS OF HOSPITAL

Name of the Hospital : 

Date of Establishment : 

Registration Number : 

Address : 

Telephone Numbers : 

Mobile Numbers : 

Email ID :
Details of Branches if any:

Details of the professionals attached with the hospitals

1. ENT Surgeon/s (Name, Qualifications, MCI Registration Number, Experience in CI Surgery, Number of Implants done, Frequency of visit)

2. Audiologist/s (Name, Qualifications, RCI Registration Number, Experience with CI, Frequency of visit)

3. Speech & Language Therapist/s (Name, Qualifications, RCI Registration Number, Experience with CI, Frequency of visit)
4. Auditory Verbal Therapist/s (Name, Qualifications, RCI Registration Number, Experience with CI, Frequency of visit)

5. Psychologist/s (Name, Qualifications, RCI Registration Number, Experience with CI, Frequency of visit)

6. Medical Social Worker/s (Name, Qualifications, Experience with CI, Frequency of visit)

7. Paediatrician/s (Name, Qualifications, MCI Registration Number, Experience with CI, Frequency of visit)

8. Neurologist/s (Name, Qualifications, MCI Registration Number, Experience with CI, Frequency of visit)
Facilities available for Cochlear Implantation  
(Mention the charges for each test/evaluation)

**Diagnostic**
- Audiology: Rs.
- Speech and Language: Rs.
- Psychology: Rs.

**Medical**
- X-ray/CT scan/MRI/Blood tests/other: Rs.
- Surgical for CI: Rs.
- Switch on and mapping: Rs.
- Speech and Language Therapy: Rs.
- Auditory Verbal Therapy: Rs.

Place:
Date:

Authorized Signatory with Official Seal

**Documents details**

*Kindly enclose the attested photo-copies of the following documents*

Registration certificate of the hospital.

Registration certificates and experience certificates of the professionals attached with the hospital.

Charges for each evaluation and therapy.