RADIOLOGY -TECHNICAL DETAIL FORM

	RADIOLOGICAL DETAILS	
1	NAME OF RADIOLOGY CENTRE	
2	ADDRESS	
3	RADIOLOGY CENTRE OWNERSHIP TYPE	
4	YEAR OF ESTABLISHMENT	
5	NUMBER OF BRANCHES	
A	IN VADODARA	
B	OUTSIDE VADODARA (WITHIN GUJARAT)	
6	NUMBER OF YEARS OF SERVING PSUS/GOVERNMENT ORGANISATIONS/REPUTED CORPORATE INSTITUTES	
7#	NABH/NABL (Y/N) , VALID UP TO	
8#	AERB LICENSCE (Y/N), VALID UP TO	
9#	QUALITY ASSURANCE CERTIFICATE (Y/N), VALID UP TO	
10#	PCPNDT CERTIFICATION (Y/N), VALID UP TO	
11#	FIRE NOC (Y/N), VALID UP TO	
12#	BIOMEDICAL WASTE MANAGEMENT CERTIFICATION (Y/N), VALID UP TO	
	#PLEASE ATTACH THE HARD COPY OF EXISTING VALID DOCUMENT	
	FACILITIES	
13	TOTAL NUMBER OF RADIOLOGISTS	
14	QUALIFICATION OF RADIOLOGIST	
15	ANAESTHESIST AVAILABILITY FOR CONTRAST STUDIES (Y/N)	
15	LATEST EQUIPEMENTS AVAILABLE IN HOUSE:-	

A	HIGH FREQUENCY DIGITAL X RAY MACHINE (Y/N)	
	HOW MUCH "MA" MACHINE(milli amperes). PLEASE SPECIFY	
B	ULTRASOUND (Y/N)	
C	CT SCAN (Y/N)	
	HOW MANY SLICE CT SCAN MACHINE. PLEASE SPECIFY	
D	MRI (Y/N)	
	HOW MANY TESLA MRI MACHINE. PLEASE SPECIFY.	
E	MAMMOGRAPHY	
F	OPG	
G	COLOUR DOPPLER	
H	PET SCAN	
16	**TOTAL NUMBER OF PATIENTS IN FINANCIAL YEAR 2024-25**