**To be completed on an official letter head/stationary of the ESIC**

Annexure – ***ESIC Beds***

*This Annexure is applicable only for ESIC Hospitals*

**UNDERTAKING & DECLARATION**

This is to certify that as per official records of this hospital, the applicant hospital i.e. …… …… …… …… ……… ……………………… ………… …….…… (Name of the hospital along with complete address) has started its clinical operations in \_\_\_\_\_ (Month)\_\_\_\_\_ (Year) and has \_\_\_\_\_\_\_\_\_\_ number of operational beds which are authorized to be commissioned for patient care.

|  |  |  |
| --- | --- | --- |
| Name & Signature of the Competent Authority | : | ……………………………………….. |
| Designation  | : | …………………………………………. |
| Official Stamp | : | ……………………………………… |

Date : …………………………….

Place : ………………………..