



# CAHO

Committed to Safer Healthcare

## Consortium of Accredited Healthcare Organizations

**The Consortium of Accredited Healthcare Organizations (CAHO) is committed to provide safer health care.**

**CAHO affiliated CENTRE for QUALITY PROMOTION (CQP)**

To,

The Secretary General,  
Consortium of Accredited Healthcare Organizations (CAHO)

I on behalf of \_\_\_\_\_ hospital have gone through the requirements needed for registering with CAHO as CQP.

I declare that:

1. \_\_\_\_\_ Hospital is NABH accredited (Type of accreditation) valid till \_\_\_\_\_
2. \_\_\_\_\_ Hospital is a CAHO Regular Healthcare Institution member.
3. I agree with the terms as mentioned in the enclosed requirement document.
4. \_\_\_\_\_ is the CPQIH member coordinator for the hospital and will be responsible for sending the feedback to CAHO

Authorized Signatory of HCO

## Application Form for Centre for Quality Promotion (CQP)

Date: \_\_\_\_\_ No. of Accreditation \_\_\_\_\_

**1) Name of the Centre:** \_\_\_\_\_

**2) Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pin code \_\_\_\_\_ PAN No. \_\_\_\_\_

Tel No (with STD code): \_\_\_\_\_ Website (if any) \_\_\_\_\_

**3) Name of the CEO/ MD** \_\_\_\_\_

Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

**4) Nominated Person who will represent the Organization:**

**a) Name of the Quality Coordinator:** \_\_\_\_\_

Designation: \_\_\_\_\_ Academic Qualification \_\_\_\_\_

Contact No: \_\_\_\_\_ Email:: \_\_\_\_\_

**5) No. of beds:** \_\_\_\_\_

**6) No. of outpatients in a day :** \_\_\_\_\_

Please accept the application of \_\_\_\_\_ hospital.

**Date:**

**Signature of the Authorized Signatory**

7. Names/email/contact no. of **Basic CPQIH / Advance CPQIH** associated with hospital:


**8. Enclose high resolution photographs of following: CEO/MD, Quality Coordinator and Hospital.**

**9. Short write up about the hospital (300 words including ownership, core specialties, accreditations, other credits)**