

**ANNEXURE – I**

(See rule 57 a)

1. Name of the Institution and Address :
  
2. Name of the Head/in-charge of the Institution :
  
3. No. of persons employed
  - i. Doctors :
  - ii. Nursing Staff :
  - iii. Others :
  
4. No. of patients treated during the previous calendar year
  - i. Inpatient :
  - ii. Out patient :
  
5. Whether the hospital has facilities to treat cancer patients : Yes/No
  
6. No. of cancer patients treated during previous calendar year
  - i. Inpatient :
  - ii. Out patient :
  
7. Name of the qualified medical practitioner who would prescribe morphine (if there are more than one qualified medical practitioner who would prescribe morphine, indicate the name of the medical practitioner who would be overall in charge) :
  
8. Whether the institution's recognition for the purpose was withdrawn earlier. (If the recognition was withdrawn earlier the details are to be given) :

Station :  
Date:

Signature of the Head / in-charge  
of the institution with name