



I & D Hospital Solution Private Limited

Address: J-3/235, DDA Flats, Kalkaji, New Delhi - 110019

Phone: 011-26027971

Mobile: +91-9811030001-6

Website: www.indhospitalsolution.com

REQUIRED DOCUMENTS AND FORM FOR AERB

Institute Details	
Institute Name*	
Institute Type*	
Registered with any State/Central Govt auth.*	
Provide Certificate No*	
PAN No.	
Address Line1*	
State*	
City/District *	
PIN *	
Address Of Communication	
Address Line1 *	
Address Line2	
Landmark	
State *	
City/District *	
PIN *	
Contact Details	
Phone (O)*	
Email (O) *	
Fax	
Website	
Type Of Facility	
Practice*	
Role of Institute*	
Employer Details	
Title*	
First Name*	
Middle Name	
Last Name*	
Designation*	
Date Of Birth*	
Gender*	
Document/card for proof of identity and date of birth*	
Document/card No.*	
Adhar No	
Residential Address	
Address Line1*	
Address Line2	
Landmark	
State*	
City/District*	



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PIN *	
Permanent Address	
Is Permanent Address same as Residential Address?	
Address Line1*	
Address Line2	
Landmark	
State*	
City/District*	
PIN*	
Contact Details	
Phone(O)*	
Phone(R)	
Email (O)*	
Mobile(+91)*	
Mandatory Attachments (Signed and Stamped)	
Proof of identity and date of birth*	
Proof of employership*	
Non-Mandatory/Context Based Attachments (Signed and Stamped)	
Photocopy of PAN No Of institute Mandatory only if PAN No is provided	
Photocopy of TAN No Of institute Mandatory only if institute is govt registered	
Photo copy of Adhar Card of employer Mandatory only if Adhar No is provided	
Copy of registration with State/Central/Local Government Authority Mandatory only if institute is govt registered	



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