

CITIZEN'S CHARTER

GOVERNMENT HOSPITAL, DIU

CITIZEN'S CHARTER FOR GOVERNMENT HOSPITAL, DIU

1) Access to services

This is a general hospital. It provides medical care to all patients who comes to hospital. Emergency services are available 24 x 7 without any discrimination. The Head of Office of this hospital is responsible for ensuring the delivery of services.

2) Standards of Services

This hospital provide quality of service on the minimum assured services set by Indian Public Health Standards (IPHS).

3) Your Rights in the Hospital

- Right to access to all the services provided by the Hospital.
- Right to information –including information relating to your treatment.
- Right for privacy and confidentiality.
- Right to religious and cultural freedom.
- Right for safe and secure treatment.
- Right for grievance redressal.
- Right to Emergency care.

4) General Information

This hospital has

- 40 Beds
- 02 Specialists
- 07 Doctors
- 16 Nurses
- 01 Ambulance

5) Services available

Multi Specialty OPD	Indoor Treatment/ Wards	24 hours emergency	Maternity Services (including High Risk Pregnancy)
Radiology (X-Ray, Ultrasound)	Laboratory (with Semi Automatic Analyzer and Blood Counter)	Pharmacy	Operation Theatre
Family Planning services	Dentistry	Physiotherapy	STI Unit
Ayurvedic and Homoeopathy OPD (AYUSH)	Medico legal and Post Mortem service (Mortuary services available)	24 hour ambulance for referral	Panchkarma Unit

- At present, all the above services are provided to people free of cost.

6) Enquires and information

Enquiry counter is located at OPD Counter.

Timings for working counter are **9.00am to 1.00pm and 2.30pm to 5.00pm.**

Phone No. for telephonic inquiry (24 hours service) : **252480 & 254651**

Location guide maps and directional signage have been put up at strategic points in the hospital.

7) Casualty and Emergency Services

Facilities

1. Emergency Services are available round the clock.
2. Specialists doctors are available on call.
3. Emergency services are available for all specialties as listed in the OPD Services.
4. Medico legal services are available
5. Referral Services to higher centre in case facilities for treatment are not available in the hospital.
6. In serious cases, treatment /management gets priority over paper work like registration and medico-legal requirements. The decisions rests with the treating doctor.

8) OPD Services

OPD Services are available on all working days excluding Sundays and Gazette holidays. Timing of OPD services are :

Monday to Friday :- **9.00 am to 1.00 pm and 2.30 pm to 5.00 pm**

Saturday :- **9.00 am to 1.00 pm**

Various outpatient services available in the hospital are detailed below (As available)

Department	Address	Day	Timing
General Surgery	Ground Floor	On all working days excluding Sunday and Holiday	Monday to Friday : 9.00 am to 1.00 pm 2.30 pm to 5.00 pm Saturday : 9.00 am to 1.00 pm
Anaesthesia	Ground Floor		
OPD – MO	Ground Floor		
Physician	Ground Floor	Tuesday & Thursday Saturday	9.00 am to 1.00 pm 2.30 pm to 5.00 pm 9.00 am to 1.00 pm
Paediatrician	Ground Floor	Monday, Wednesday & Friday	9.00 am to 1.00 pm 2.30 pm to 5.00 pm
Dentistry	Ground Floor	Monday to Saturday	10.00 am to 1.00 pm
Ear, Nose & Throat	Ground Floor	Thursday	3.00 pm to 5.00 pm
Ophthalmology	Ground Floor	Thursday	3.00 pm to 5.00 pm
Gynaecology	Ground Floor	Tuesday	3.00 pm to 5.00 pm
Radiology	Ground Floor	First Sunday of every month	10.00 am to 1.00 pm
Physiotherapy	Ground Floor	Monday, Wednesday & Friday	9.00 am to 1.00 pm 2.30 pm to 5.00 pm
Ayurvedic	Ground Floor	Monday to Friday	10.00 am to 1.00 pm
Homoeopathy	Ground Floor	Monday to Friday Tuesday to Saturday	2.30 pm to 5.00 pm 10.00 am to 1.00 pm
Ophthalmology	Ground floor	Thursday	3.00 pm to 5.00 pm
Dentistry	Ground floor	Monday to Saturday	10.00 am to 1.00 pm

Visiting hours for patient's Relatives

From :- 7.00 am to 9.00 am (morning)

From :- 4.00 pm to 6.00 pm (evening)

Following services/schemes are implemented in this Hospital for the benefits of the people

Name of the scheme/service	Broad objective of scheme	Eligibility criteria	Amount of financial assistance (if any)	No. of days required to deliver
Compensation for family planning (female)	To promote family planning	Family planning operation (Tubectomy) at Govt. Hospital/ CHC/ PHC of UT of Daman and Diu	Cash assistance of Rs.600/- to SC/ST/BPL and for other category Rs.250/- to the acceptor	Cash assistance will be disbursed through respective ANM of Sub-Centre where beneficiary reside.
Compensation for family planning (male)	To promote family planning	Family planning operation (Vasectomy) at Govt. Hospital/ CHC/ PHC of UT of Daman and Diu	Cash assistance of Rs.1100/- to the acceptor	-
Matru Samruddhi Yojana	To promote institutional delivery and reduction of MMR and IMR	<ul style="list-style-type: none">- Either parent should be resident of UT of Daman and Diu- Delivery should be taken place at Govt. Health Institution of UT of Daman and Diu.- Only up-to first two live birth.- Marriage after 18 years of age (for female).	Cash assistance of RS, 5000/- to delivered mother	5 working days after submission of form along with requisite document.
Dikri Development Scheme	To save girl child and increase sex ratio	Either parents should be domicile of UT of Daman and Diu and mother must be of above 18 years old. Delivery taken place at Govt. Health facilities of UT of Daman and Diu. The first two girl in family of two children will only be considered	RS. 40,234/- will be deposited under profit plus scheme /term deposit scheme in LIC / bank for 18 years in the name of girl child	2 months after submission of form along with requisite document.
Issued of Fitness Certificate/Medical certificate	-	Taking treatment form this health institution	-	One working day after medical examination
Issue of Handicapped certificate	-	-	-	One working day after medical examination

9) Diagnostic Services

List of test available with charges are displayed at respective departments and enquiry counter. Tests are free for all patients.

I. Laboratory services

Department	Day	Timing
Laboratory	On all working days excluding Sunday and Holiday	Monday to Friday : 9.00 am to 1.00 pm 2.30 pm to 5.00 pm Saturday : 9.00 am to 1.00 pm

Routine tests are done in following specialties

Bio-Chemistry

Hematology

Clinical Pathology

II. Radio Diagnostic Services

Department	Day	Timing
X- Rays	On all working days excluding Sunday and holiday	Monday to Friday : 9.00 am to 1.00 pm 2.30 pm to 5.00 pm Saturday : 9.00 am to 1.00 pm
Ultrasound		
CT Scan		

III. Cardiology Diagnostics

ECG, ECHO and TMT

10) Indoor Patients Services

There are following wards in the hospital

General Ward	Bed allocated
Male Medical	12
Male Surgical	04
Female Medical	12
Female Surgical	05
Maternity Ward	04
Special room	02
VIP ward	01
Total	40

Facilities for IPD patients

1. All patients admitted in General wards of the hospital are treated free of cost.
2. Free diet 3 times a day as per requirement of the patient.
3. 24 hours nursing services.
4. 24 hours availability of duty doctor.

11) Complaints and Grievances

- Every grievance will be duly acknowledged.
- We aim to settle your genuine complaints within 15 days of its receipt.
- Suggestion/ complaint boxes are also provided at enquiry counter and office in the hospital.
- If we cannot, we will explain the reasons and the time we will take to resolve.
- Name, designation and telephone number of the nodal officer concerned is duly display at the reception

Dr. M. J. Vaishya,

Designation :- Head of Office / Health Officer

Govt. Hospital, Diu.

Telephone No. 252244 (O) Mobile No. : 89800 34720

Meeting hours: - 12.00 noon to 1.00 pm daily

Whom to contact if dissatisfied:-

Shri Vinod P Kavle, IAS

District Collector,

Collectorate, Diu.

Phone : 02875 – 252111

Whom to contact if no solace is received from supervisors

The Secretary (Health),

Secretariat, Fort Area, Moti Daman

Tele : 0260 – 2230473 (O)

12. Your Responsibilities

- Please do not cause inconvenience to other patients.
- Please help us in keeping the hospital and its surrounding neat and clean.
- Beware of Touts, if you find any such person in premises tell the hospital authorities.
- The hospital is a “No Smoking Zone” and Smoking is a punishable offence.
- Please cooperate with the hospital administration for normalizing the situation in case of an emergency.
- Please provide useful feedback and constructed suggestions. These may be addressed to the Head of Office of the hospital.

MONTH AND YEAR FOR THE NEXT REIVEW OF THE CHARTER :- AFTER ONE YEAR

IN CASE OF EMERGENCY DIAL 108 (TOLL FREE) FOR AMBULANCE

IN CASE OF NON EMERGENCY MEDICAL ADVICE DIAL 104 (TOLL FREE)

**LIST OF PATHOLOGICAL TESTS CONDUCTED IN THIS
GOVERNMENT HOSPITAL**

Haematology:			
Hemoglobin (Hb%)	Total Leucocytes count	Differential count	E.S.R
Platelet Count	Bleeding time	Clotting time	Prothrombin time
Blood Grouping	Malaria parasite	Complete Heamogram (TLC, RBC Count, DC, Hb, Smear, Pl.Count, MCV etc)	
Bio-Chemistry:			
Blood Glucose (F/PP/R)	Blood Urea	BUN	Creatinine
Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides
SGOT	SGPT	Serum Bilirubin (Total, Direct & Indirect)	Alkaline Phosphatase
Total Protein	Albumin	Uric Acid	Sodium (Na)
Potassium(K)	Chloride(Cl)	Calcium	Amylase
Serology:			
VDRL (Strip method)	Widal Test (Slide method)	R.A.Test	HbsAg (Rapid method)
HCV (Rapid method)	CRP (Rapid method)	ASO (Rapid method)	
Other Tests:			
Routine, Microscopic and Chemical Examination of Urine	Sputam Examination for AFB	Stool Examination for occult blood	Pregnancy Test (UPT method)

The time prescribed for various kind of Laboratory test is

- (1) For Hematology, Bio-Chemistry Test, Serology and other routine test is within 24 hours and in emergency and for indoor patient within 6 hours and
- (2) Blood culture & Sensitivity for salmonella typhi within 72 hour.

This Pathological Laboratory is equipped with

Semi Automatic Auto Analyzer for Bio-chemistry test, Fully Automatic Cell Counter and Homeostasis

LIST OF X-RAY CONDUCTED IN THIS GOVERNMENT HOSPITAL

The following plain X-ray are done here.

HEAD			
Skull AP / Lateral	Skull Town's	Base Skull	P.N.S.
Orbit View	Mandible AP / Lateral	Nasal Bone	Mastoids Right & Left
CHEST			
Chest PA/AP/Lateral	Chest oblique	KUB	Abdoman standing
THORACIC CAGE			
Shoulder Joint	Shoulder Axial	Clevicle	Scapula
Stenum Lateral			
SPINE			
Cervicle Spine AP	Cervicle Lateral	Cervicle open mouth	Cervicle Spine extension
Cervicle Spine Flextion	Thoracic Spine AP / Lateral	Lumber Spine AP / Lateral	Sacrum / Coccyx AP /Lateral
Neck soft Tissue			
PELVIS			
Pelvis	Pelvis both Hip AP	Pelvis frog view	HIP AP / Lateral
UPPER EXTREMITY			
Humrus AP / Lateral	Elbow AP / Lateral	Forearm AP / Lateral	Wrist AP / Lateral / Oblique / Scaphoid view
Hand AP / Lateral	Finger AP / Lateral		
LOWER EXTREMITY			
Thigh AP / Lateral	Knee AP / Lateral / Standing	Tibia Fibula AP / Lateral	Ankle AP / Lateral / Oblique
Foot AP / Lateral / Oblique	Toe AP / Lateral / Oblique	Heel Lateral / Axial view	

The time prescribed for various kind of X-ray is same day. And if X-ray is done after 4.30 pm than on next day.

12. (i) Did you ever apply for issue of a disability certificate in the past---- YES/NO
 (ii) If yes, details:
 (a) Authority to whom and district in which applied-----
 (b) Result of application-----

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

 (Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)
- (a) ration card,
 - (b) voter identity card,
 - (c) driving license,
 - (d) bank passbook
 - (e) PAN card,
 - (f) passport,
 - (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
 - (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Govt. school,
 - (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
 Stamp

सरकारी अस्पताल, दीव -362 520

प्ररूप - 1

निःशक्त व्यक्तियों द्वारा निःशक्तता प्रमाणपत्र प्राप्त करने के लिए आवेदन पत्र
(नियम 3 देखिए)

- 1 नाम
(उपनाम) (प्रथम नाम) (मध्य नाम)
- 2 पिता का नाम माता का नाम
- 3 जन्म की तारीख
(तारीख) (मास) (वर्ष)
- 4 आवेदन की तारीख को आयु वर्ष
- 5 लिंग पुरुष / महिला
- 6 पता
(क) स्थायी पता (ख) वर्तमान पता (पत्राचार आदि के लिए)

(ग) वर्तमान पते पर कब से रह रहे/रही है।

- 7 शैक्षिक स्थिति (कृपया जो लागू हो निशान लगाए)
(i) स्नातकोत्तर
(ii) स्नातक
(iii) डिप्लोमा
(iv) हायर सैकण्डरी
(v) हाई स्कूल
(vi) मिडिल
(vii) प्राइमरी
(viii) अनपढ़
- 8 व्यवसाय
- 9 पहचान के चिन्ह (1)
(2)
- 10 निःशक्तता की प्रकृति चलन/ श्रवण/ दृश्य/ मानसिक/ अन्य
- 11 अवधि जब से निःशक्तता आई जन्म/..... वर्ष से
- 12 (i) क्या आपने पूर्व में निःशक्तता प्रमाणपत्र के लिए कभी आवेदन किया है हाँ/ नहीं
(ii) यदि हाँ, तो ब्यौरे:
(क) किस प्राधिकारी को और किस जिले में आवेदन दिया गया
(ख) आवेदन का परिणाम
- 13 क्या पूर्व में आपको कोई निःशक्तता प्रमाणपत्र जारी किया गया है? यदि हाँ तो कृपया सही प्रति संलग्न करें। हाँ/ नहीं

घोषणा:

घोषणा करता/करती हूँ कि उपरोक्त कथित सभी विशिष्टियां मेरी जानकारी और विश्वास के अनुसार सत्य है और कोई भी तात्विक जानकारी छुपाई या मिथ्या कथन नहीं बताई गई है। मैं आगे यह भी कथन करता/करती हूँ कि यदि आवेदन में कोई गलती पाई जाती है तो मैं लिए गए किसी भी प्रकार के लाभ समपहरण और विधि के अनुसार अन्य कारवाई के लिए उत्तरदायी होऊँगा/होऊँगी।

तारीख:

स्थान:

निःशक्तता व्यक्ति के मानसिक मदता, औटिज्म प्रमस्तिष्क अंगघात और बहु निःशक्तता मे उसके/उसकी सिधिक समरक्षक के हस्ताक्षर या बाएँ अगूदे का निशान

संलग्न:-

- 1 निवास का प्रमाण (कृपया जो लागू हो निशान लगाए)
 - (क) राशन कार्ड
 - (ख) मतदाता पहचानपत्र
 - (ग) ड्राइविंग लाईसेंस
 - (घ) बैंक पासबुक
 - (ड) पैन कार्ड
 - (च) पासपोर्ट
 - (छ) आवेदक के पते को उपदर्शित करता टेलिफोन, बिजली, पानी और अन्य उपयोगिता संबधी बिल
 - (ज) पंचायत, नगरपालिका, छावनी, बोर्ड, किसी राजपत्रित अधिकारी या संबधित पटवारी या शासकीय विधालय के प्रधान अध्यापक द्वारा जारी निवास प्रमाणपत्र
 - (झ) निःशक्त व्यक्ति, निराश्रित, मानसिक रूग्ण इत्यादि के लिए आवासीय संस्था के वासी की दशा में, ऐसे संस्थान के प्रमुख से निवास का प्रमाणपत्र
- 2 दो हाल ही के पासपोर्ट आकार के फोटो

केवल कार्यालय उपयोग के लिए

तारीख:

स्थान:

जारी करने वाले प्राधिकारी के हस्ताक्षर
मोहर