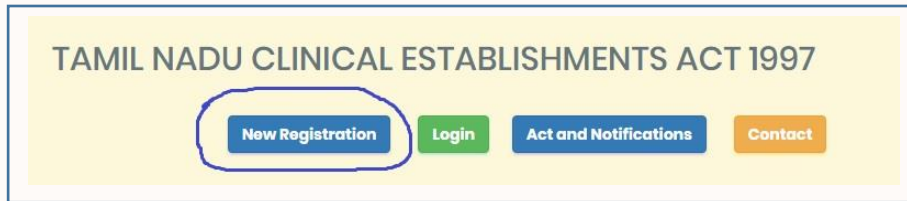


## MESSAGE - 6

### HOW TO APPLY CEA ONLINE - STEPS for CLINICS

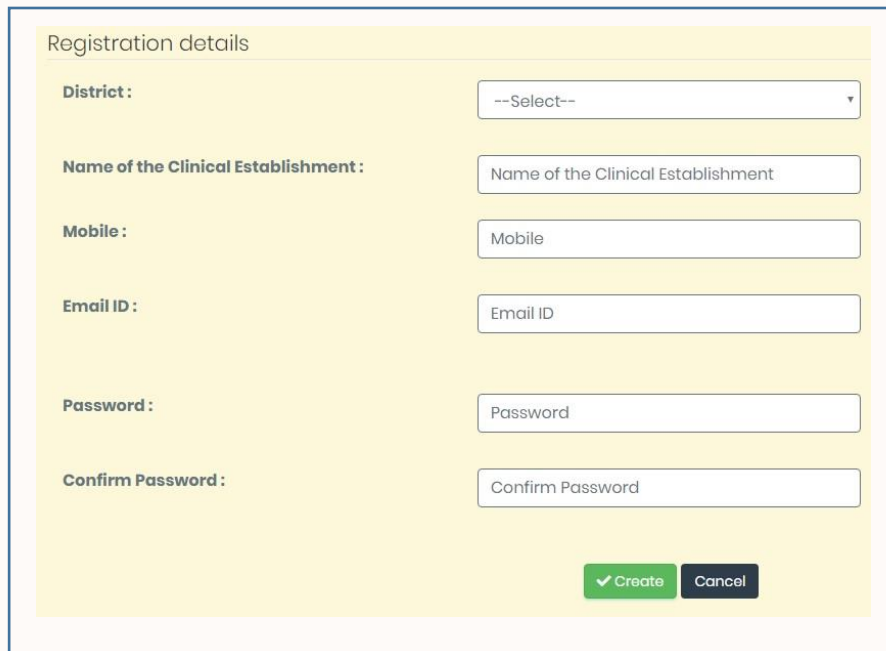
- **Go to CEA SITE WITH**
  - <http://tnhealth.org/dms/tncea/login.php>
- **YOU WILL BE REDIRECTED TO THE SITE – THERE CLICK ON THE NEW REGISTRATION BUTTON**



- **THERE YOU WILL FIND A FORM LIKE BELOW - FILL YOUR CREDENTIALS**

- **NOTE:**

- Select District your clinic belongs to
- Type complete clinic name
- Fill your personal mobile
- **TYPE EMAIL ID PROPERLY – THROUGH THIS MAIL YOU WILL GET YOUR ACTIVATION LINK, SO DO IT WITH RIGHT AND ACCESSIBLE EMAIL**
- Type your password and confirm it – this will be your account login password of CEA Site.
- Then click on create



Registration details

District: --Select--

Name of the Clinical Establishment: Name of the Clinical Establishment

Mobile: Mobile

Email ID: Email ID

Password: Password

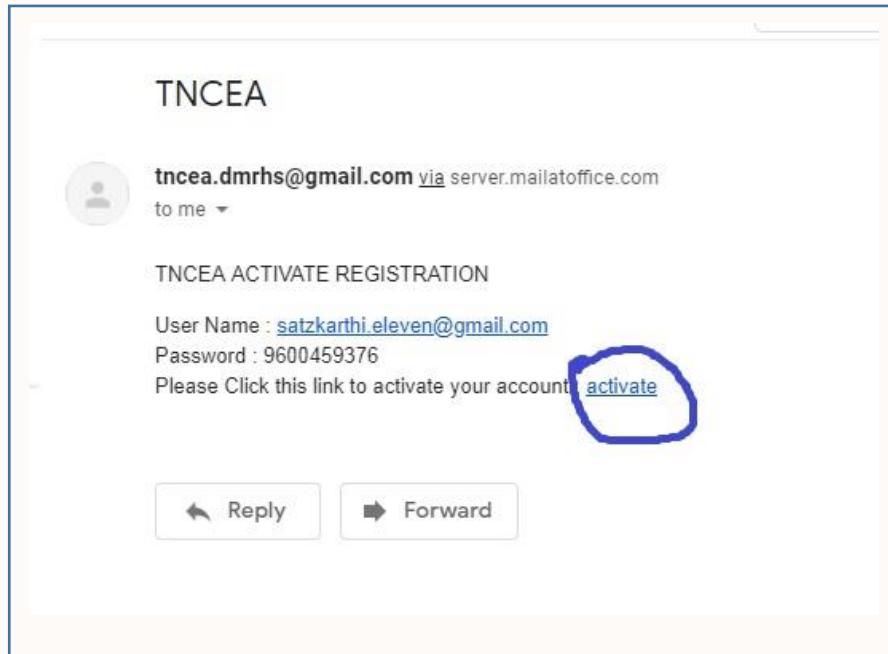
Confirm Password: Confirm Password

✓ Create Cancel

- **AFTER CREATE OPEN YOUR MAIL BOX**

- **NOTE:**

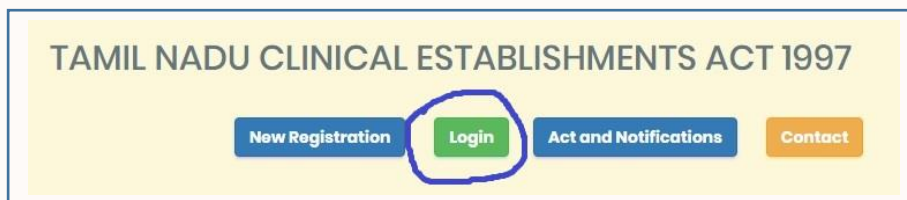
- Open your mail box which you given in new registration form
- In your mail box you will find a mail like below image
- Click on activate link. Then you will be redirected to CEA Site.



- **When you click on activate link, your CEA Page will open in that**

- **NOTE:**

- Click on Login Button as shown below image



- **When you click on Login button, login credentials window shown like below image**

- **NOTE:**

- Fill your (email id given while creation of your account)
- Fill your password which is filled at user creation window
- And then click on login

**TAMIL NADU CLINICAL ESTABLISHMENTS ACT 1997**

[New Registration](#) [Login](#) [Act and Notifications](#) [Contact](#)

Login details

User Name :

Password :

[Forgot Password Click Here](#)

- **When you click on Login, New Registration form will be opened as below**
  - **NOTE – In new form fill:**
    - Fill your clinic address, village, pin code and select Taluk.
    - Telephone, Fax and website are optional fields you may fill or just leave it blank.
    - Fill the year of starting, select location like city, town or village given it that tab.
    - Select ownership details as Private sector
    - Fill the fields of owner of clinical establishment – **Here fill your personal address and data (Residential address)**
    - Fill the fields of person in charge - **Here fill your personal address and data (same as owner of clinical establishment fields)**
    - Then click on save – **Saved successfully message displayed below the save button if all the fields are filled**
    - Then Click on next button

## New Registration - Form I

1

Step 1

2

Step 2

3

Step 3

4

Step 4

1. Name of the Clinical Establishment \*:

demo clinics registration

2. Address \*:

District \*:

Coimbatore

Village/Town \*:

Village/Town

Taluk \*:

Pincode \*:

Pincode

Telephone No.(with  
STD code):

Telephone No.(with STD code)

Mobile \*:

9[redacted]6

Fax:

Fax

Email ID \*:

[redacted]@gmail.com

Website (if any):

Website (if any)

3. Year of starting \*:

YYYY

4. Location \*:

--Select--

5. Ownership of Services.- \*

Public Sector

Private Sector

6. Name of the owner of Clinical Establishment \*:

Name of the owner\*:

Name of the owner

Address \*:

Door No, Street Name

Village/Town \*:

Village/Town

Taluk \*:

Taluk

District \*:

District

State \*:

State

Pincode \*:

Pincode

Telephone No.(with  
STD code):

Telephone No.(with STD code)

Mobile \*:

Mobile

Fax:

Fax

Email ID \*:

Email ID

**7. Name, Designation and Qualification of person-in-charge of the clinical establishment \*:**

Name of person-in-charge*:	<input type="text" value="Name of person-in-charge"/>	Qualification*:	<input type="text" value="Qualification"/>
Designation*:	<input type="text" value="Designation"/>	Village/Town*:	<input type="text" value="Village/Town"/>
Address*:	<input type="text"/>	Taluk*:	<input type="text" value="Taluk"/>
Taluk*:	<input type="text" value="Taluk"/>	District*:	<input type="text" value="District"/>
State*:	<input type="text" value="State"/>	Pincode*:	<input type="text" value="Pincode"/>
Telephone No.(with STD code):	<input type="text" value="Telephone No.(with STD code)"/>	Mobile*:	<input type="text" value="Mobile"/>
Fax:	<input type="text" value="Fax"/>	Email ID*:	<input type="text" value="Email ID"/>

8. Any Other (Please Specify):

**Save**

CLICK SAVE BUTTON TO SAVE DATA AND THEN CONTINUE TO NEXT PAGE

**Save**

CLICK SAVE BUTTON TO SAVE DATA AND THEN CONTINUE TO NEXT PAGE

**Successfully Saved**

- **Click on next, Step 2 will be opened as below**

○ NOTE – In step 2 :

- Select type of establishment as Clinic and select type like single practitioner / consulting room / polyclinic / dental / any other.
- Select whether clinic attached with Lab / Blood bank / imaging service select Yes if avail or just select No.
- Type maintenance as AMC if you have any AMC agreement with service provider / supplier or else just type as On call basis
- Select system of medicine and list of services like allopathic / Ayurveda / siddha
- Fill area of the establishment with square meters (If you know the size of the room in square feet just google with square meter to square feet calculator)
- Fill number of OPD (Mostly 1 room for clinics)
- Fill number of IP as 0 if yours is a OPD Clinic / else you have any IP Beds then fill it.
- Select Biomedical waste as Through Common Facility
- Authorization field just select applied for
- Then click on Save - **Saved successfully message displayed below the save button if all the fields are filled**

1 Step 1      2 Step 2      3 Step 3      4 Step 4

**9. Type of clinical establishment \*:**

Clinic     
  Centre     
  Hospital

Single Practitioner

**10. Whether the clinical establishment \*:**

(a) is attached with Laboratory \*:

No

(b) is attached with Imaging Centre \*:

No

(c) is attached with Blood Banks \*:

No

(B) Based on Facilities

Blood bank/Centre having whole blood facility only     
  Blood bank/Centre having whole blood and component facility     
  Blood bank/Centre having whole blood and/or component facility with any other additional facility

**11. Details of the equipments maintained with :**

On call basis

**SYSTEM OF MEDICINE**

**12. Services offered \***

Allopathic

Allopathic

- Orthopaedics
- General Medicine
- Cardiology
- General Surgery
- Pathology Histo
- Medical Oncology
- Transfusion Medicine
- Pulmonology
- Surgical Gastro Enterology
- Any other
- Dermatology
- ENT
- Obstetrics and Gynecology
- Psychiatry
- Microbiology
- Surgical Oncology
- Paediatric Medicine
- Cardiac Thoracic Vascular Suregery
- Neurology
- Ophthalmology
- Oncology
- Paediatrics
- Radiology
- Biochemistry
- Dental Surgery
- Anaesthesia
- Urology
- Neuro Surgery
- Diabetology
- Nephrology
- General Practice
- Pathology Clinical
- Neonatology
- Maxillo Facial Surgery
- Critical Care Medicine
- Medical Gastro Enterology
- Plastic Surgery

**13. Area of the establishment (in square metres) \***

(a) Total area \*:

(b) Constructed Area \*:

**14. Out-Patient Department**

Total number of Out Patient Department Clinics \*

Speciality	Number Of Rooms	
<input type="text" value="General Medicine"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/>

**15. In-Patient Department**

(a) Total number of beds:

(b) Specialty-wise distribution of beds, please specify:

Speciality	Number Of beds	
<input type="text" value="General Medicine"/>	<input type="text" value="Number Of beds"/>	<input checked="" type="checkbox"/>
<input type="text" value="Speciality"/>	<input type="text" value="Number Of beds"/>	<input checked="" type="checkbox"/>

**16. Biomedical Waste Management**

(a) Method of treatment and/or disposal of bio-medical waste \*

(b) Whether authorization from Pollution Control Board/Pollution Control Committee obtained? \*

Yes       No       Applied for       Not Applied

CLICK SAVE BUTTON TO SAVE DATA AND CONTINUE NEXT PAGE

- **Click on next, Step 3 will be opened as below**

○ **NOTE – In step 3 :**

- **Fill number of staffs like Doctors / Nursing Staff / Attendant etc. along with qualification and registration number for Doctors.**
- **Then click on Save - Saved successfully message displayed below the save button if all the fields are filled**

### New Registration - Form I

1 — 
 2 — 
 3 — 
 4

Step 1                      Step 2                      Step 3                      Step 4

**17. Total number of Staff (as on date of application) \*:**

Number of permanent staff :

Number of temporary staff :

Category of Staff : Doctors  
if you have more than 10 doctors use bulk upload click here

Name	Qualification	Registration Number	Nature of Service temporary/Permanent	+
<input style="width: 100%;" type="text" value="Dr. Demo Doctor"/>	<input style="width: 100%;" type="text" value="mbbs"/>	<input style="width: 100%;" type="text" value="65432"/>	<input style="width: 100%;" type="text" value="Permanent"/>	×

Category of Staff : Nursing Staff  
if you have more than 10 Nursing Staff use bulk upload click here

Name	Qualification	Registration Number	Nature of Service temporary/Permanent	+
<input style="width: 100%;" type="text" value="Miss. Demo Staff"/>	<input style="width: 100%;" type="text" value="Diploma"/>	<input style="width: 100%;" type="text" value="Registration Number"/>	<input style="width: 100%;" type="text" value="Temporary"/>	×

Category of Staff : Para-medical Staff  
if you have more than 10 Para-medical Staffs use bulk upload click here

Name	Qualification	Nature of Service temporary/Permanent	+
<input style="width: 100%;" type="text" value="Name"/>	<input style="width: 100%;" type="text" value="Qualifications"/>	<input style="width: 100%;" type="text" value="--Select--"/>	×

Category of Staff : Pharmacists  
if you have more than 10 Pharmacists Staffs use bulk upload click here

Name	Qualification	Nature of Service temporary/Permanent	+
<input style="width: 100%;" type="text" value="Name"/>	<input style="width: 100%;" type="text" value="Qualifications"/>	<input style="width: 100%;" type="text" value="--Select--"/>	×



Category of Staff : Support Staff  
if you have more than 10 Support Staffs use bulk upload click here

Name	Qualification	Nature of Service temporary/Permanent	+
<input type="text" value="Name"/>	<input type="text" value="Qualifications"/>	--Select--	✕

Others, Please specify  
if you have more than 10 Others Staffs use bulk upload click here

Category of Staff	Name	Qualification	Nature of Service temporary/Permanent	+
Attendant	Demo Attendant	sslc	Temporary	✕

[Save](#)  
CLICK SAVE BUTTON TO SAVE DATA AND CONTINUE NEXT PAGE

[Previous](#)

- **Click on next, Step 4 will be opened as below**

- **NOTE – In step 4 :**

- **Mode of payment will be shown as online payment**
- **In this page you will be showed with a white box with Signature – click inside the box it will opens a file open dialog box in that select you signature image**
  - **(Before click on the white box make a scanned copy of your signature in image format)**
- **Click on preview to view your filled data, click on submit to load your filled data**
  - **(Before click on the Submit make ready of your payment sources like Credit card / Debit card / internet banking credentials)**

1 Step 1 — 2 Step 2 — 3 Step 3 — 4 Step 4


**18. Payment options for Registration Fees :**

Amount : RS.5,000  
Payment Mode

I / We hereby declare that the statement stated above are true and correct to the best of my/our knowledge and I/We shall abide by the Tamil Nadu Clinical Establishments (Regulation) Act, 1997 and the Rules made thereunder.

"Once the payment is completed, log in to your TNCEA account and download the acknowledgement. In case you do not find the acknowledgement for the successful submission of the application after completing the payment - ie the amount is debited from your bank account - Wait for 72 hours before attempting another payment. In rare instances the application may take 72 hours following payment to get updated as success."

Place :  
Date : 13-08-2019



Signature of the Authorised person of the clinical establishment Image Size 10kb to 50kb \*

[Preview](#)  
[Previous](#) [Submit](#)

**Dr. A. K. RAVIKUMAR**  
**COIMBATORE**