

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

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ORDERS

Imphal, the 2nd September, 2026

No.MC/Conf-ICU/CCU/2025-DHS: In pursuance of the Government of Manipur, Secretariat: Health Department, Office Memorandum No. MED-1603/19/2023-HS-HEALTH dated 1st July, 2026 and subsequent orders regarding accreditation and standardisation of ICU services in the State, it is hereby ordered that separate inspection visits shall be undertaken to all private hospitals desirous of opening and registration of their ICU services.

2. The inspection team for each district shall comprise representatives of the State ICU Coordination Committee, ICU Implementation Unit and the concerned District ICU Inspection Committee. The inspection shall generally be led by the Chairman or the In-charge of the State ICU Coordination Unit, as designated by the competent authority.

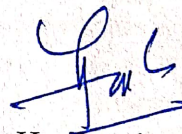
3. All private hospitals desirous of obtaining accreditation of their ICU services shall submit their application in the prescribed form to the Directorate of Health Services, Manipur, on or before 20th September, 2026.

4. The inspection team shall assess the ICU facilities with reference to the prescribed standards, including infrastructure, equipment, manpower, oxygen facilities, essential drugs, operational readiness and other applicable requirements, and submit its assessment report to the State ICU Coordination Committee for consideration and further necessary action.

5. The concerned private hospitals shall extend full cooperation to the inspection team and make available all relevant records, documents and facilities required for assessment.

6. With effect from 1st December, 2026, no ICU shall be permitted to function without the requisite Government permission and certification/accreditation.

This Order shall come into force with immediate effect.



(Dr. N. Hemantakumar Singh)
Director of Health Services, Manipur

Copy to:

1. The Commissioner-cum-Secretary (Health & FW), Government of Manipur, for information.
2. The Joint Secretary (Health & FW), Government of Manipur, for information.
3. The Chairman, State ICU Coordination Committee, Manipur.
4. Dr. Y. Premchandra Singh, Additional Director (Planning & Finance) & SNO Tele-ICU, In-charge, State ICU Coordination Committee, for necessary action.
5. Senior Consultant ICU/Nodal Officer, , ICU, Trauma & Emergency Division, DHS, Manipur
6. ICU Consultants, ICU Implementation Unit, DHS, Manipur
7. All Chief Medical Officers/Chairpersons of District ICU Inspection Committees concerned.
8. All concerned private hospitals.
9. Office File.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES, MANIPUR
ICU, TRAUMA & EMERGENCY SERVICE DIVISION
APPLICATION-CUM-SELF ASSESSMENT FORM
FOR ACCREDITATION OF ICU SERVICES OF PRIVATE HOSPITALS

To be submitted to:

Directorate of Health Services, Manipur

Last date for submission: 20th September 2026

PART – A : DETAILS OF HOSPITAL

1. **Name of Hospital:** _____
2. **Complete Address:** _____

3. **District:** _____
4. **Name of Hospital/Nodal Officer:** _____
5. **Designation:** _____ **Mobile:** _____
6. **Email:** _____

7. **Registration details of Hospital/Clinical Establishment:**

Registration No. _____ Date: _____

8. **Total Hospital Bed Strength:** _____ beds

9. **Type of Hospital:**

- ☐ General Hospital
☐ Multi-speciality Hospital
☐ Super-speciality Hospital
☐ Other: _____

10. **ICU for which accreditation is sought:**

- ☐ Level 1 ICU
☐ Level 2 ICU
☐ Level 3 ICU

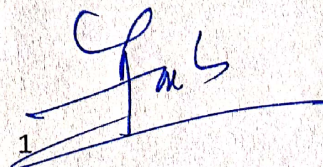
11. **Total ICU Beds:** _____

12. **Date of commencement of ICU:** _____

13. **Average ICU occupancy during last 6 months:** _____ %

14. **Existing ICU accreditation/certification, if any:**

- ☐ NABH ☐ Other _____ ☐ Nil


1

PART – B : ICU SELF-DECLARATION / SELF-ENTRY

Instruction: The hospital shall enter the actual available status against each item and attach supporting documents wherever applicable.

Sl. No.	Assessment area	Available/ Compliant	Not available/Non-compliant	Remarks / Details
1	Dedicated ICU area			
2	ICU bed strength			
3	Bed space/infrastructure as applicable to ICU level			
4	24×7 emergency power / generator / UPS backup			
5	Oxygen supply system			
6	Suction/vacuum facility			
7	Electrical/UPS outlets			
8	Multiparameter monitors			
9	Ventilators			
10	Non-invasive ventilators			
11	Infusion pumps			
12	Syringe pumps			
13	Defibrillator			
14	Crash cart and emergency drugs			
15	Emergency oxygen cylinders			
16	ECG facility			
17	ABG facility			
18	Imaging services			
19	Laboratory services			
20	Pharmacy services			

Sl. No.	Assessment area	Available/ Compliant	Not available/Non-compliant	Remarks / Details
21	Blood bank/blood storage access			
22	Ambulance service			
23	Infection prevention and control			
24	Biomedical waste management			
25	Fire and safety systems			
26	Nursing station/monitoring facility			
27	ICU medical staffing			
28	ICU nursing staffing			
29	ICU duty roster			
30	Specialist/interdisciplinary consultation			
31	Medical records/documentation			
32	Equipment maintenance/AMC			
33	ICU admission/discharge policy			
34	Referral/transfer arrangements			
35	Tele-ICU facility/linkage, if available			

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PART – C : MANPOWER SELF-ENTRY

A. ICU Specialist/In-charge

Name	Qualification	ICU experience	Full-time/Part-time	Professional time in ICU

B. ICU Doctors

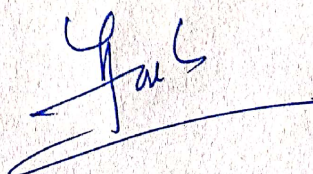
Name	Qualification	ICU experience	Duty status	Shift

C. ICU Nurses

Total ICU nurses	Trained ICU nurses	Nurses per shift	Nurse-patient ratio

D. Allied/Support Staff

Category	Sanctioned/Available	Trained/Qualified	Remarks
Technician			
Respiratory/other support			
Physiotherapy			
Dietician			
Other			



PART – D : EQUIPMENT SELF-ENTRY

Equipment	Required as applicable to ICU level	Available	Functional	Remarks
ICU beds				
Multiparameter monitors				
Invasive ventilators				
Non-invasive ventilators				
Defibrillators				
Infusion pumps				
Syringe pumps				
Portable suction				
ECG machine				
ABG analyser/access				
HFNC				
Transport ventilator				
Transport monitor				
Ultrasound				
Emergency/crash cart				
Other essential equipment				

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PART – E : SUPPORT SERVICES

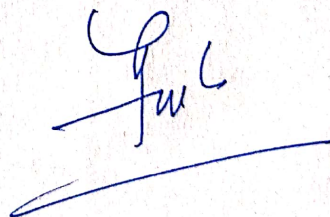
Please indicate availability:

Service	24×7 Available	Available but not 24×7	Not available	Remarks
Laboratory	☐	☐	☐	
ABG	☐	☐	☐	
Imaging	☐	☐	☐	
Pharmacy	☐	☐	☐	
Blood bank/blood access	☐	☐	☐	
Ambulance	☐	☐	☐	
Oxygen supply	☐	☐	☐	
Emergency referral	☐	☐	☐	
Infection control	☐	☐	☐	

Full

PART – F : DOCUMENTS TO BE ENCLOSED

- ☐ Hospital registration certificate
 - ☐ ICU registration/details
 - ☐ ICU floor plan/layout
 - ☐ ICU bed details
 - ☐ Manpower statement and qualifications
 - ☐ Duty roster
 - ☐ Equipment inventory
 - ☐ Equipment maintenance/AMC details
 - ☐ Oxygen system details
 - ☐ Ambulance details
 - ☐ Laboratory/imaging support details
 - ☐ Infection control arrangements
 - ☐ Fire and safety compliance
 - ☐ ICU admission/discharge policy
 - ☐ Referral/transfer arrangements
 - ☐ Existing accreditation/certification, if any
 - ☐ Other relevant documents
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PART – G : SELF-DECLARATION

I, , being the authorised representative of Hospital , hereby certify that the information furnished in this application-cum-self assessment form is true, complete and correct to the best of my knowledge.

I understand that the information furnished shall be subject to verification by the **State ICU Coordination Committee, ICU Implementation Unit and representatives of the concerned District ICU Inspection Committee.**

I further undertake to comply with the applicable ICU standards prescribed by the **Ministry of Health & Family Welfare/DGHS, Government of India**, and the requirements prescribed by the Government of Manipur.

Name: _____

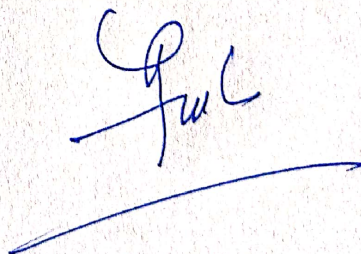
Designation: _____

Signature: _____

Mobile No.: _____

Date: _____

Official Seal of Hospital



PART – H : FOR OFFICIAL USE

Date of receipt of application: _____

District: _____

Application complete: ☐ Yes ☐ No

District ICU Inspection Committee:

- ☐ Recommended for State-level assessment
- ☐ Deficiencies communicated for rectification
- ☐ Not recommended

Major observations:

Name & Signature of CMO/Chairperson, District ICU Inspection Committee

Date: _____

State ICU Coordination Committee / ICU Implementation Unit

Date of inspection: _____

ICU level assessed: ☐ Level 1 ☐ Level 2 ☐ Level 3

Recommendation:

- ☐ Meets applicable requirements
- ☐ Meets requirements subject to rectification
- ☐ Does not meet requirements

Final decision: _____

Signature of authorised officer: _____

Date:

