

THE OUTLOOK – NEB RESEARCH & SURVEY BEST HOSPITAL SURVEY 2025

The Best Hospital Survey is an exercise to identify the best hospitals in India and provide guidance to the healthcare consumers. The rankings based on this survey will be published in **The OUTLOOK**. To be part of this Hospital Survey 2025, you need to fill in this form.

Kindly specify your hospital's eligibility to participate before going forward.

ELIGIBILITY

MULTI SPECIALITY HOSPITALS

To participate in the survey, ensure that the hospital meets all the requirements.

| | |
|---|---|
| Must have a minimum of 50 beds | 1 |
| Must have completed 2 years since started operation | 2 |
| Must have 5 or more specializations | 3 |

To participate in the survey, ensure that the hospital meets all the requirements.

SPECIALITY HOSPITALS

| | |
|---|---|
| Must have a minimum of 25 beds | 1 |
| Must have completed 2 years since started operation | 2 |

INSTRUCTIONS

Please read the points mentioned below.

1. The data provided by the hospital will be kept confidential and used for survey and ranking purpose only <http://nebresearchandsurvey.com/>
2. Please enter correct information in **CAPITAL LETTERS** only.
3. Do not leave any question blank. If any question is not applicable for the hospital, write "NA" in the space given.
4. The scanned copy of the duly completed questionnaire, signed by the administrative head of the hospital, should be sent to nebsurvey@gmail.com by **25th April 2025** or by post to **NEB RESEARCH, 102 HARESH ICHHA, N. S. ROAD – 4, VILE PARLE (WEST), MUMBAI – 400056**. Forms reaching us after 25th April 2025 will not be considered.
5. If you have any questions regarding this survey, you can write at nebsurvey@gmail.com
6. **The Subject Line of the mail while sending the response should be: The OUTLOOK-NEB Best Hospital Survey 2025 – (Hospital Name), (City)**

REPORTING PERIOD

Report data for a full 12-months period (unless otherwise mentioned) i.e. the last completed fiscal year (JAN 2024 to DEC 2024).

GENERAL HOSPITAL DETAILS

| | | | | | | | | | | | | | | |
|-----------|---|--|--|--|--|-----|--|--|--|--|--|--|--|--|
| 1 | Name of the Hospital | | | | | | | | | | | | | |
| 2 | Corporate or other group to which the participating entity belongs (if any) | | | | | | | | | | | | | |
| 3 | Associated Teaching College (if any) | | | | | | | | | | | | | |
| 4 | Address of the Hospital | | | | | | | | | | | | | |
| | City and Pin Code | | | | | | | | | | | | | |
| | State / UT | | | | | | | | | | | | | |
| 5a | Landline No. 1 (include city code) | | | | | | | | | | | | | |
| 5b | Landline No. 2 (include city code) | | | | | | | | | | | | | |
| 6a | Email ID | | | | | | | | | | | | | |
| 6b | Website | | | | | | | | | | | | | |
| 7a | Director / Hospital Administrator Name | | | | | | | | | | | | | |
| 7b | Designation | | | | | | | | | | | | | |
| 7c | Email | | | | | | | | | | | | | |
| 7d | Direct Landline No. (include city code) | | | | | --- | | | | | | | | |
| 7e | Mobile No. (10 digit mobile no.) | | | | | | | | | | | | | |
| 8a | Name of contact person for the survey | | | | | | | | | | | | | |
| 8b | Designation | | | | | | | | | | | | | |
| 9a | Email | | | | | | | | | | | | | |
| 9b | Mobile No. (10 digit mobile no.) | | | | | | | | | | | | | |
| 10 | Year in which the hospital was established/registered | | | | | | | | | | | | | |
| 11 | Year in which operations started | | | | | | | | | | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | |
|------------|--|------------|---|
| 12 | Type of Entity (Circle in the box corresponding to the relevant status) | Government | 1 |
| | | Private | 2 |
| | | Trust | 3 |
| 12a | Name of the trust (if Trust hospital) | _____ | |

| | | | |
|-----------|---|-----------------------|---|
| 13 | Accreditation (Circle in the boxes corresponding to the applicable accreditations) | NABH | 1 |
| | | JCI | 2 |
| | | ISO | 3 |
| | | NABL | 4 |
| | | Other (specify) _____ | 5 |
| | | Other (specify) _____ | 6 |
| | | Other (specify) _____ | 7 |
| | | None of the above | 9 |

| Bed Availability <i>Answer the following as per the status by FEB 2025</i> | | | | | |
|--|--------------------------------|--|--|--|--|
| 14a | Total no. of operating beds | | | | |
| 14b | No. of beds in ICU | | | | |
| 14c | No. of beds in emergency wards | | | | |

| Support Services | | |
|------------------|-----------------------------------|------------------------|
| 15a | Top 5 Equipment's of the Hospital | |
| 15b | Air Ambulance Service | In House Not Available |
| 15c | Blood Bank | In House Not Available |
| 15d | Management of Bio-medical Waste | In House Not Available |
| 15e | Pharmacy inside the hospital | In House Not Available |

| Other Support Services | | Availability (Circle the relevant one) | |
|------------------------|--------------|---|----|
| 15e | Coffee shop | Yes | No |
| 15f | Help Desk | Yes | No |
| 15g | Housekeeping | Yes | No |
| 15h | TPA Cell | Yes | No |

PATIENTS TREATED

Admissions

Answer the following for the year JAN 2024 to DEC 2024 only

| | | | | | | | | |
|-----|------------------------------------|--|--|--|---|--|--|--|
| 16a | Total no. of in-patient admissions | | | | | | | |
| 16b | Average bed occupancy | | | | % | | | |
| 16c | Average ICU bed occupancy | | | | % | | | |
| 16d | Average length of stay - | | | | . | | | |

OPD

Answer the following for the year JAN 2024 to DEC 2024 only

| | | | | | | | | |
|----|----------------------------------|--|--|--|--|--|--|--|
| 17 | Total attendance (new & old) OPD | | | | | | | |
|----|----------------------------------|--|--|--|--|--|--|--|

Surgeries

Answer the following for the year JAN 2024 to DEC 2024 only

| | | | | | | | | |
|-----|---------------------------|--|--|--|--|--|--|--|
| 18a | No. of operation theatres | | | | | | | |
| 18b | No. of surgeries | | | | | | | |

STAFFING

Answer the following section as per the status by FEB 2025

| | | | | | | | |
|-----|---|--|--|--|--|--|--|
| 19a | No. of Full Time Doctors (attached to your hospital only) | | | | | | |
| 19b | No. of Visiting Doctors | | | | | | |
| 20 | No. of Registered Nurses | | | | | | |
| 21 | No. of Trained Emergency Staff | | | | | | |

SECTION TO BE FILLED BY MULTI SPECIALITY HOSPITALS SPECIALITIES

As per the status on 31st Dec 2024 (Fill only those specialty which is present in your hospital)

Cardiology

| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| | | | | | | |

Oncology

| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| | | | | | | |

| Neurology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Gastroenterology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Liver Transplant | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Ophthalmology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Orthopaedics | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Pulmonology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Paediatrics | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Endocrinology and Diabetes | | | | | | |
|----------------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Infertility | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Neurosurgery | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Urology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Plastic surgery | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Nephrology | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

| Organ Transplant | | | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------|----------------------------|---|-------------------------|
| No. of Operating beds | Average bed occupancy (in %) | Total attendance (new & old) OPD | No. of in-patient admissions | No. of surgeries performed | No. of full time doctors attached to your hospital only | No. of visiting doctors |
| | | | | | | |

The above mentioned specializations are inclusive of both medicine and surgery. Example – Orthopedics would include all branches that fall under the specialization. For specializations wherein surgeries are not applicable, please write NA

RESEARCH PUBLICATION PUBLISHED (Last 5 years)
28a

| S. No. | Type | number of papers published |
|--------|------------------------|----------------------------|
| 1 | National\International | |
| 2 | International | |

MEDICAL EDUCATION
Please provide the details of the courses offered by your hospital
28b

| S. No. | Specializations | Type of courses offered (DNB / Diploma / Fellowship) | No. of Seats |
|--------|------------------|--|--------------|
| 01 | Cardiology | | |
| 02 | Oncology | | |
| 03 | Neurology | | |
| 04 | Gastroenterology | | |
| | Liver Transplant | | |
| 05 | Ophthalmology | | |
| 06 | Orthopedics' | | |
| 07 | Pulmonology | | |
| 08 | Pediatrics' | | |

| | | | |
|----|---------------------------------|--|--|
| 09 | Diabetes Care | | |
| 10 | Infertility | | |
| 11 | Others 1 _____ (please specify) | | |
| 12 | Others 2 _____ (please specify) | | |
| 13 | Others 3 _____ (please specify) | | |
| 14 | Others 4 _____ (please specify) | | |
| 15 | Others 5 _____ (please specify) | | |
| 16 | Others 6 _____ (please specify) | | |
| 17 | Others 7 _____ (please specify) | | |
| 18 | Others 8 _____ (please specify) | | |

DOCTORS CURRENTLY AFFILIATED FULL TIME WITH YOUR HOSPITAL (Don't fill if no full time Doctors present)

2
9

| Specialty | S. No | Name of Doctor | Mobile No. | Email ID |
|------------|-------|----------------|------------|----------|
| Cardiology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Oncology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Neurology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |

| | | | | |
|------------------|---|--|--|--|
| Gastroenterology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Liver Transplant | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Ophthalmology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Orthopaedics | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |

| | | | | |
|---------------|---|--|--|--|
| Pulmonology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Paediatrics | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Diabetes Care | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |

| | | | | |
|------------------|---|--|--|--|
| | 5 | | | |
| Infertility | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Neurosurgery | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Urology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Plastic Surgery | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Nephrology | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| Organ Transplant | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |

| S. No. | Type | Awards and Recognition of the Hospital (Last 3 years) Can mention Individual Doctor's achievement also who is full time associated with the Hospital from last 5 years |
|--------|---------------|--|
| 1 | National | |
| 2 | International | |

DECLARATION

I certify that the information provided is correct and complete and doesn't guarantee ranking in the feature to be published.

Place:

Date:

Signature, Name and Designation of the
authorized person with seal