

Quality and Accreditation Institute
Centre for Accreditation of Health & Social Care



Change Adapt Improve

**APPLICATION FORM
FOR
CERTIFICATION OF PERFORMANCE EVALUATION AND
LEARNING PROGRAMME IN HEALTHCARE
(QAI PEAL)**

Issue No.: 01

Issue Date: November 2025

Quality and Accreditation Institute		
Centre for Accreditation of Health & Social Care		
Doc. No.: QAI CAHSC 2402	Application Form for Certification of Performance Evaluation and Learning Programme in Healthcare (QAI PEAL)	
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CHANGE HISTORY

Sl. No.	Doc. No.	Current Issue No.	Revised Issue No.	Date of Issue	Reasons

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Information & Instructions for Completing an Application Form

1. Quality & Accreditation Institute (QAI)'s Centre for Accreditation of Health & Social Care (CAHSC) offers certification services to various types of healthcare organisations/ facilities.
2. Application shall be made in the prescribed form QAI CAHSC 2402 only. Application form can be downloaded from website as a word file. Applicant facility is requested to submit the following:
 - Soft copy of completed application forms (available on website)
 - Soft copy of Self-assessment tool kit along with referenced documents
 - Prescribed application fees
 - Soft copy of signed QAI-CAHSC 003 'Terms and Conditions for Maintaining Accreditation/ Certification'
3. The application and the details mentioned in point 2 shall be submitted to this mail ID: info@qai.org.in.
4. Incomplete application submitted may lead to delay in processing of your application.
5. The applicant Facility shall provide soft copy of appropriate document(s) in support of the information being provided in this application form.
6. Organisation is advised to familiarise itself with QAI CAHSC 2401 Information Brochure for Certification Standards for Performance Evaluation & Learning Programme in Healthcare and QAI CAHSC 003 'Terms and Conditions for Maintaining Accreditation/ Certification' before filling up this form.
7. The applicant shall intimate QAI CAHSC about any change in the information provided in this application such as scope applied for certification, personnel and location etc. within 15 days from the date of changes.

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DEMOGRAPHIC AND GENERAL DETAILS:

1. **Applying for** (please tick the relevant)

- a. **First Certification**
- b. **Renewal of Certification**

Date of 1st Certification _____

2. **Has the organisation received accreditation from any Accreditation Body, if yes, please write the name:**

3. **Name of the organisation:** (the same shall appear on the certificate)

4. **Contact Details of the organisation:**

Address: _____

City: _____

Pin code: _____

Email ID: _____

Contact No.: _____

Website: _____

5. **Legal Identity of the organisation with the date of registration**

6. **Goods and Services Tax (GST) Number, if applicable** (Please attach a copy of GST Registration Certificate):

7. **Micro, Small and Medium Enterprises (MSME) Registration Number, if applicable** (Please attach a copy of Registration Certificate):

8. **Name of the Parent Organisation, if part of a bigger organisation**

Telephone No. _____ E-mail _____

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9. Contact person(s):

a. Senior Management in the Hospital

Mr. /Ms. /Dr. _____

Designation: _____

Tel: _____

Mobile: _____

E-mail: _____

a. Person Coordinating with QAI:

Mr./Ms./Dr. _____

Designation: _____

Tel./ Mobile: _____

E-mail: _____

10. List the medical services provided by the organisation: (e.g. Medicines, Orthopaedics)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Details of organisation: list all the branches/ locations covered under the evaluation programme:

12. Application Fees:

Application fees (Rs.) _____

DD/At par cheque number/ bank transfer reference number _____

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13. Undertaking:

- We are familiar with the terms and conditions of maintaining accreditation/certification (QAI CAHSC 003), which is signed and enclosed with the application. We also undertake to abide by them.
- We agree to comply fully with the requirements of the certification programme.
- We agree to comply with certification procedures and pay all costs for any assessment carried out irrespective of the result.
- We agree to co-operate with the assessment team appointed by QAI CAHSC for examination of all relevant documents by them and their visits to those parts of the organisation that are part of the scope of certification.
- We undertake to satisfy all national, regional and local regulatory requirements, as applicable for the certification programme.
- All information provided in this application is true to the best of our knowledge and ability.

Authorised Signatory (Signature) _____

Name: _____

Designation: _____

Date: _____

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