

PRIME MINISTER'S SECRETARIAT (PUBLIC)
EARTHQUAKE RECONSTRUCTION & REHABILITATION AUTHORITY
(PLANNING WING)

APPLICATION FORM FOR NO OBJECTION CERTIFICATE FOR
CONSTRUCTION OF HEALTH CARE FACILITY (HCF)

1.	Name of organization	
2.	What is the location of Health Care Facility? a. Village b. Union Council c. District	
3.	What is the Catchment Population?	
4.	What is the type of Health Care Facility? (BHU/RHC/THQ/DHQ) a. Existing b. Proposed c. Avail of Land (other than permanent structure)	
5.	What is the type of construction? a. Prefab b. Permanent c. Age of Structure d. Cost/sq ft	
6.	What is the construction period ? a. Date of starting b. Date of completion	
7.	What is the Project Budget ?	
8.	Who will provide the funds for construction? a. Organization b. Government c. Donor Loan d. Others	
9.	Whether coordination with relevant authorities/organizations has been made to assess requirements and to avoid any duplication. ? a. Organization b. District (Yes/No) c. Province (Yes/No) d. ERRRA	

Contd.... P/2

10.	What is the staff/human resources requirement? (Provide details as per Annexure II) a. Doctors b. Paramedics c. Others	
11.	Who will provide staff, along with duration? a. Organization b. Government c. Duration	
12.	Who will provide the pay/allowances – along with duration? a. Organization b. Government c. Duration	
13.	Who will provide the equipment/medicine? a. Organization b. Government c. Duration	
14.	What will be the financial effects/running expenditure per month? a. Pay/allowances b. Medical supplies c. Other	
15.	What services package will be offered based on ERRA strategic document including disease early warning system (DEWS) ?	

Also attach following documents: -

1. Request letter addressed to Deputy Chairman ERRA
2. One copy of MOU (if any)
3. Construction plan/drawings
4. Approval of construction plan by ERRA (if any)
5. Annexure I & II

Annex I

Human Resources					
Name of Health Facility				District/tehsil	
S.No.	Sanctioned HR	BPS	Posted and Available	Gender	Plan to fill Vacant Posts
1					
2					
3					
4					
5					
6					
7					
8					

Annex II

List of Equipment/Furniture items etc.							
Name of Health Facility				District/tehsil			
S.No.	Equipment/furniture/item	No. Required	No. Available and functional	No. to be procured	Estimated Unit Cost	Estimated Total cost	
1							
2							
3							
4							
5							
6							
7							
8							