


SCHEDULE-XVII

Minimum constructed areas required for various units of Out Patient zone

Serial number	Description of Outpatient department or facility	Minimum constructed Areas required in square meters (Intake capacity wise)				Available Quantity	Deficiency
		60	100	150	200		
1.	Screening outpatient department including screening counters	15	20	30	40	15	Nil
	Minimum number of screening counters (number of counters may be increased depending on patient footfall)	2	2	3	4	2	Nil
2.	Atyayikachikitsa (emergency or causality) outpatient department including observation beds	30	30	40	40	30	Nil
3.	Swasthya Rakshana outpatient department including counselling cubicles	20	25	35	25x2	20	Nil
	Minimum number of counselling cubicles	1	2	3	2x2	1	Nil
4.	Kayachikitsa outpatient department	20	25	35	25x2	20	Nil
5.	Panchakarma outpatient department	20	25	35	25x2	20	Nil
6.	Shalya Chikitsa outpatient department	20	25	35	25x2	20	Nil
	Procedural room or minor operation theatre for outpatient department	20	20	30	30	20	Nil
7.	Shalakyachikitsa (Netra) outpatient department	25	30	45	30x2	25	Nil
8.	Shalakyachikitsa (Karna, Naasa and Mukha) outpatient department	25	30	45	30x2	25	Nil
9.	Prasuti-Streeroga (in case of two outpatient departments, one each for Prasuti and Streeroga)	20	25	35	25x2	20	Nil
	Procedural rooms (in case of two procedural rooms, one each for prasuti-Streeroga)	20	20	30	20x2	20	Nil
10.	Kaumarabhritya outpatient department	20	25	35	25x2	20	Nil
11.	Vishachikitsa outpatient department	20	25	35	25x2	20	Nil
12.	Speciality clinics	Not less than 25 per Outpatient Department				0	Nil
13.	Online consultation facility	20	20	20	20	20	Nil
14.	Outpatient department in-charge office	15	15	15	15	15	Nil
15.	Waiting area, drinking water facility, breast feeding area, toilets, area for wheel chair and stretcher, area for keeping housekeeping materials	150	200	250	300	150	Nil
16.	Drug stores and dispensary	40	45	60	80	40	Nil
<p>Note: The speciality clinics are over and above the minimum requirement and hence will not be accounted under minimum areas required.</p>							


Principal
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Signature of Member

Signature of Member

Signature of Chairman
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