



KPME Online Registration

Dr. Vivek Dorai

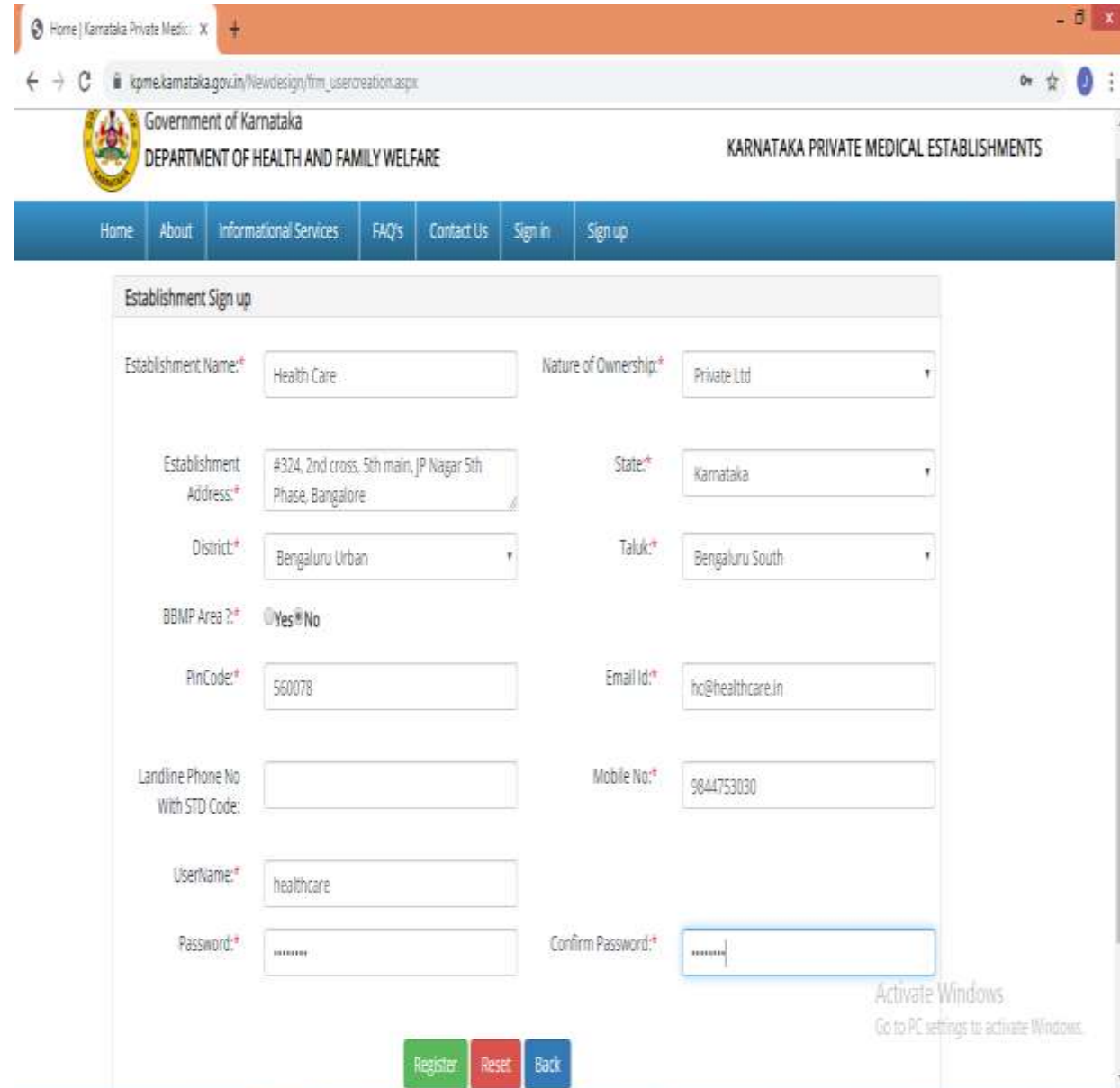
Deputy Director (medical-2)
Health and Family Welfare Dept.



Note: KPME Amendment Rules 2018 under Chapter-III, The registration or

Establishment Sign-up

- ✓ Establishers Need to Sign Up by providing their establishment details like Establishment name, Address, Category of establishment and so on.
- ✓ User has to give the Username and Password at the time of Sign Up.



The screenshot shows a web browser window with the URL kpme.karnataka.gov.in/Newdesign/firm_usercreation.aspx. The page header includes the Government of Karnataka logo and the text "DEPARTMENT OF HEALTH AND FAMILY WELFARE" and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". A navigation menu contains links for Home, About, Informational Services, FAQ's, Contact Us, Sign in, and Sign up.

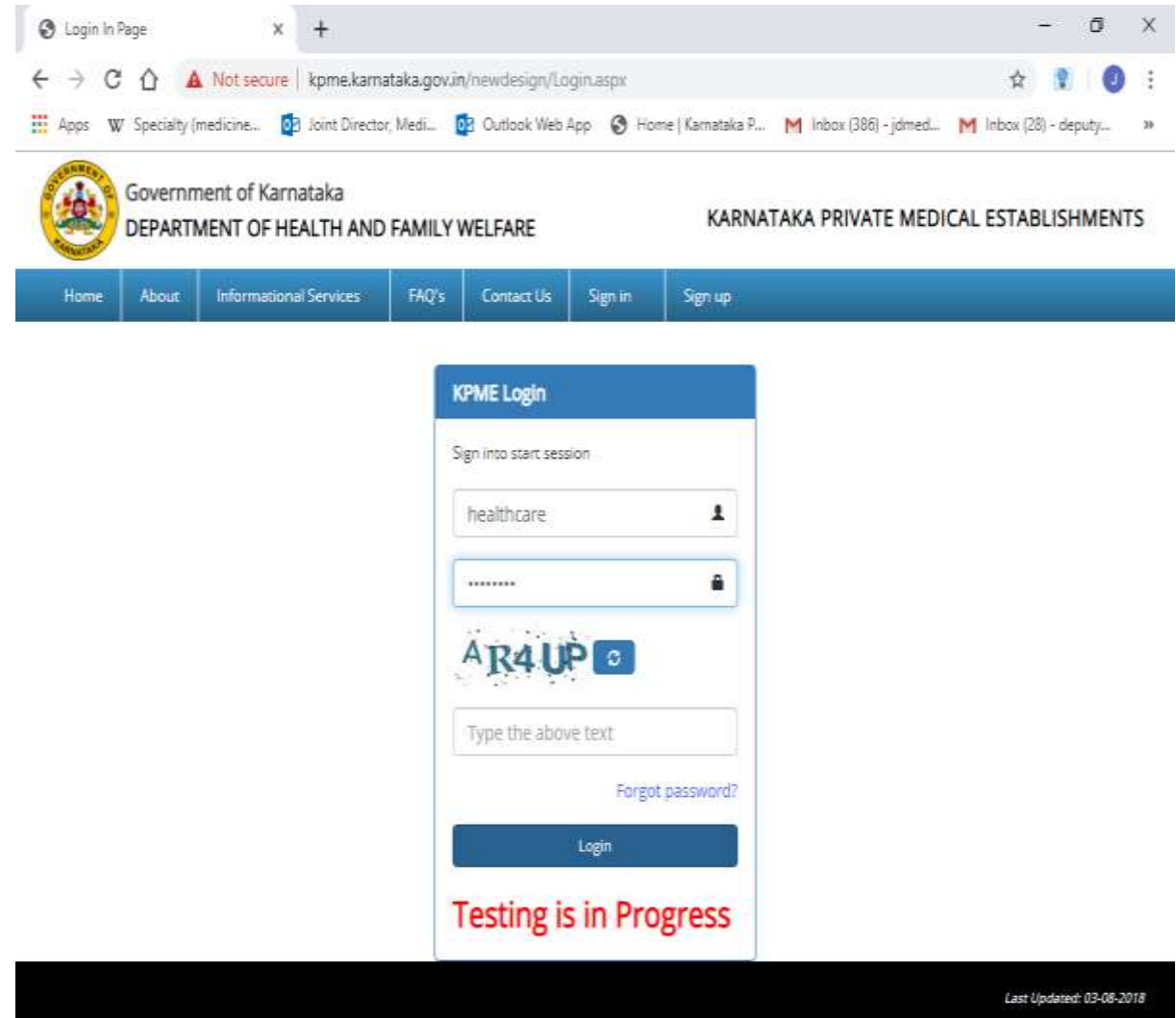
The main content area is titled "Establishment Sign up" and contains the following fields:

- Establishment Name: Health Care
- Nature of Ownership: Private Ltd
- Establishment Address: #324, 2nd cross, 5th main, JP Nagar 5th Phase, Bangalore
- State: Karnataka
- District: Bengaluru Urban
- Taluk: Bengaluru South
- BBMP Area?: Yes No
- PinCode: 560078
- Email Id: hc@healthcare.in
- Landline Phone No With STD Code: (empty)
- Mobile No: 9844753030
- UserName: healthcare
- Password: (masked with dots)
- Confirm Password: (masked with dots)

At the bottom of the form, there are three buttons: Register (green), Reset (red), and Back (blue). A Windows watermark is visible in the bottom right corner.

Establishment Login(Sign-In)

- ✓ Establishment has to login with the same Username and password of what he has provided at the time of Sign-up.



The screenshot shows a web browser window displaying the login page for the Karnataka Private Medical Establishments (KPME). The browser's address bar shows the URL `kpme.karnataka.gov.in/newdesign/Login.aspx`. The page header includes the Government of Karnataka logo, the text "Government of Karnataka DEPARTMENT OF HEALTH AND FAMILY WELFARE", and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". A navigation menu contains links for Home, About, Informational Services, FAQ's, Contact Us, Sign in, and Sign up. The main content area features a "KPME Login" form with the following elements:

- A heading "Sign into start session".
- A username input field containing "healthcare".
- A password input field with masked characters "*****".
- An "AR4UP" logo.
- A CAPTCHA input field with the text "Type the above text".
- A "Forgot password?" link.
- A "Login" button.
- A red banner at the bottom stating "Testing is in Progress".

At the bottom right of the page, there is a footer that reads "Last Updated: 03-08-2018".

Establishment Dashboard

- ✓ General Information of Establishment will be displayed in the Dashboard once logged into the portal.
- ✓ If the establishment has applied for any application, that application status are shown with remarks.
- ✓ Establishment will come to know at which stage his application is.



GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment Name: SAAHIL

Address: yamuna building, sector no 2, plot no 90 shivabasava nagar



Status: [Edit](#)

Remarks:

Application for Registration of Establishment-FORM-A

Establishment details

GENERAL INFORMATION

Computer Registration Number: 9039 Application Number: 5666

Establishment Specialities/Super Specialities Ownership Admin/Manager Human Resource Cert/Documents Internal Grievance Redressal Fee

Category: * Clinic/Polyclinic with Diagnostic Support

System of Medicine: * Allopathy

New /Existing Establishment? * New Existing

Specialities/Super Specialities * Yes No

Establishment Name: * SAAHIL

Establishment Address: yamuna building, sector no 2,plot no 90 shivabasava nagar

Latitude: * 12.9767

State: Karnataka

Taluk: Belagavi

LandLine Phone No. with STD Code: 0720446940

Website Address: yamuna building, sector no 2,p

Email ID: saahilkulloli@gmail.com

Nature of Ownership: Proprietary

Contact Person Mobile No: * 7204469401

Land Area (sq.ft): 100

Building Area (total built-up area in sq.ft): 1000

Longitude: * 77.6740117

District: Belagavi

Pincode: 590010

Mobile No: 7204469401

Fax No:

Establishment Start Date: * 20/09/2020

Contact/Liasion Person: * SRIKANTH

Is Government empanelled ? : * Yes No

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Update Reset

Save as Draft e-Sign & Submit

Speciality/Super speciality

GENERAL INFORMATION

Computer Registration Number: **9039** Application Number: **5666**

Establishment | **Specialities/Super Specialities** | Ownership | Admin/Manager | Human Resource | Cert/Documents | Internal Grievance Redressal | Fee

Application No: *

Details: Specialities Super Specialities

- MS OBG
- MS ENT
- MS Orthopaedics
- MS Ophthalmology
- MS General Surgery
- MD Paediatrics
- MD General Medicine
- MD Anaesthesia
- MD Psychiatry
- MD Pathology
- MD Microbiology
- MD Physiology
- MD Dermatology
-

Specialties	Type	Delete
MD Biochemistry	Specialties	<input type="button" value="Delete"/>

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Ownership Details

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment

Specialities/Super Specialities

Ownership

Admin/Manager

Human Resource

Cert/Documents

Internal Grievance Redressal

Fee

Application No: *

5666-Clinic/Polyclinic with Diagnostic Support

Name: *

Gender: *

Male Female Transgender

Age: *

Mobile No: *

Email Id: *

Whether a e Sign
Person ? *

Yes No

Latest Photo of
owner: *

Choose File No file chosen

((Maximum size 25 kb)

Save

Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft

e-Sign & Submit

Admin/Manager Details

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment

Specialities/Super Specialities

Ownership

Admin/Manager

Human Resource

Cert/Documents

Internal Grievance Redressal

Fee

Application No: *

5666-Clinic/Polyclinic with Diagnostic Support

If the Owner itself is an Admin/Manager

Name: *

Gender: *

Male Female Transgender

Age: *

Mobile No: *

Email Id: *

Designation: *

Administrator Manager

Upload Photo:

No file chosen

Save

Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft

e-Sign & Submit

Human Resource Details

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment

Specialities/Super Specialities

Ownership

Admin/Manager

Human Resource

Cert/Documents

Internal Grievance Redressal

Fee

Application No: *

5666-Clinic/Polyclinic with Diagnostic Support

Professional Type: *

----Select----

Council /Board
Affiliated To*

Name: *

Registration No: *

Job Type: *

---Select---

Qualification: *

Certificate: *

Choose File

No file chosen

Mobile No: *

.jpg or gif

Save

Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft

e-Sign & Submit



Home

New Establishment

Renew Establishment

saahilsk

Logout

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment	Specialities/Super Specialities	Ownership	Admin/Manager	Human Resource	Cert/Documents	Internal Grievance Redressal	Fee
Application No:*	5666-Clinic/Polyclinic with Diagnostic Support						
Professional Type:*	Medical			Council /Board Affiliated To*	--Select--		
Name:*				Registration No:*	--Select--		
Job Type:*	---Select---			Qualification:*	KMC		
Certificate:*	Choose File No file chosen .jpg or gif			Mobile No:*	KAUP		
				Save	Reset		
<input type="checkbox"/> I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge							
				Save as Draft	e-Sign & Submit		



Home

Renew Establishment

GENERAL INFORMATION

Computer Registration Number: 9039

Application

Establishment	Specialities/Super Specialities	Ownership	Admin/Manager	Human Resource	Cert/Docu
---------------	---------------------------------	-----------	---------------	----------------	-----------

Application No:* 5666-Clinic/Polyclinic with Diagnostic Support

Professional Type:* Medical

Council /Board Affiliated To*

Name:*

Registration No:*

Job Type:* ---Select---

Qualification:*

Certificate:* Choose File No file chosen
.jpg or gif

Mobile No:*

Save Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft e-Sign & Submit

- Select--
- Bachelor of Medicine, Bachelor of Surgery (MBBS)
- Bachelor of Ayurvedic Medicine and Surgery (BAMS)
- Bachelor of Homeopathic Medicine and Surgery (BHMS)
- Bachelor of Unani Medicine and Surgery (BUMS)
- Bachelor of Dental Surgery (BDS)
- Master of Dental Surgery (MDS)
- Bachelor of Naturopathy & Yogic Science (BNYS)
- Bachelor of Physiotherapy - BPT
- Bachelor of Naturopathy and Yoga - BNYS
- Bachelor of Siddha Medicine and Surgery - BSMS**
- Bachelor of Science in Cardiac or Cardiovascular Technology
- medictwo test,test (MBBS).

--Select--



Home

New Establishment

Renew Establishment

saahilsk

Logout

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment	Specialities/Super Specialities	Ownership	Admin/Manager	Human Resource	Cert/Documents	Internal Grievance Redressal	Fee
---------------	---------------------------------	-----------	---------------	----------------	----------------	------------------------------	-----

Application No:* 5666-Clinic/Polyclinic with Diagnostic Support

Professional Type:* Para Medical

Council /Board Affiliated To*

--Select--

Name:*

Registration No:*

--Select--

Job Type:* ---Select---

Qualification:*

KSNC

Certificate:* Choose File No file chosen

Mobile No:*

KSPC

.jpg or gif

Save Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft e-Sign & Submit



Home

Renew Establishment

GENERAL INFORMATION

Computer Registration Number: 9039

Application

Establishment	Specialities/Super Specialities	Ownership	Admin/Manager	Human Resource	Cert/Docu
---------------	---------------------------------	-----------	---------------	----------------	-----------

Application No:* 5666-Clinic/Polyclinic with Diagnostic Support

Professional Type:* Para Medical Council /Board Affiliated To*

Name:* Registration No:*

Job Type:* ---Select--- Qualification:*

Certificate:* Choose File No file chosen Mobile No:*

.jpg or gif

Save Reset

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft e-Sign & Submit

- Select--
- Certificate in X-Ray Technician
- Certificate in Lab Assistant/Technician
- Certificate in Dental Assistant
- Certificate in Operation Theatre Assistant
- Certificate in Nursing Care Assistant
- Certificate in ECG and CT Scan Technician
- Certificate in Dialysis Technician
- Certificate in Home Based Health Care
- Certificate in Rural Health Care
- Certificate in HIV and Family Education
- Certificate in Nutrition and Childcare
- Diploma in Physiotherapy
- Diploma in Occupational Therapy
- DOTT (Diploma in Operation Theatre Technology)
- Diploma in Dialysis Technology
- DMLT (Diploma in Medical Lab Technology)

--Select--

Certificates/Documents to be uploaded

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment

Specialities/Super Specialities

Ownership

Admin/Manager

Human Resource


Cert/Documents

Internal Grievance Redressal

Fee

Application No: 5666-Clinic/Polyclinic with Diagnostic Support

Certificate Name: -----Select-----

Expiry Date: 

Certificates / Documents

No file chosen

Attach .pdf file of max size 500 KB

Attachment Name	Expiry Date	Attachment Type		
Floor Plans			View	Delete
Front View Photograph			View	Delete
Occupancy Certificate		Khata Certificate	View	Delete
Fire Safety Certificate	19/11/2020		View	Delete
PCB Certificate	19/11/2020		View	Delete

I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Internal Grievance Redressal

GENERAL INFORMATION

Computer Registration Number: 9039

Application Number: 5666

Establishment

Specialities/Super Specialities

Ownership

Admin/Manager

Human Resource

Cert/Documents

Internal Grievance Redressal

Fee

Description: *

Contact Person: *

Mobile No: *

Email id: *

Save

- I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge

Save as Draft

e-Sign & Submit

Schedule of Charges

Karnataka Private Medical Establishment

The screenshot shows a web browser window with the URL `kpme.karnataka.gov.in/User/frnSchedule_D.aspx`. The page header includes the Government of Karnataka logo and the text "DEPARTMENT OF HEALTH AND FAMILY WELFARE" and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". A navigation bar contains "Home", "New Establishment", "Renew Establishment", and a user profile "healthcare" with a "Logout" link.

The main content area is titled "Schedule of Charges" and contains two input fields:

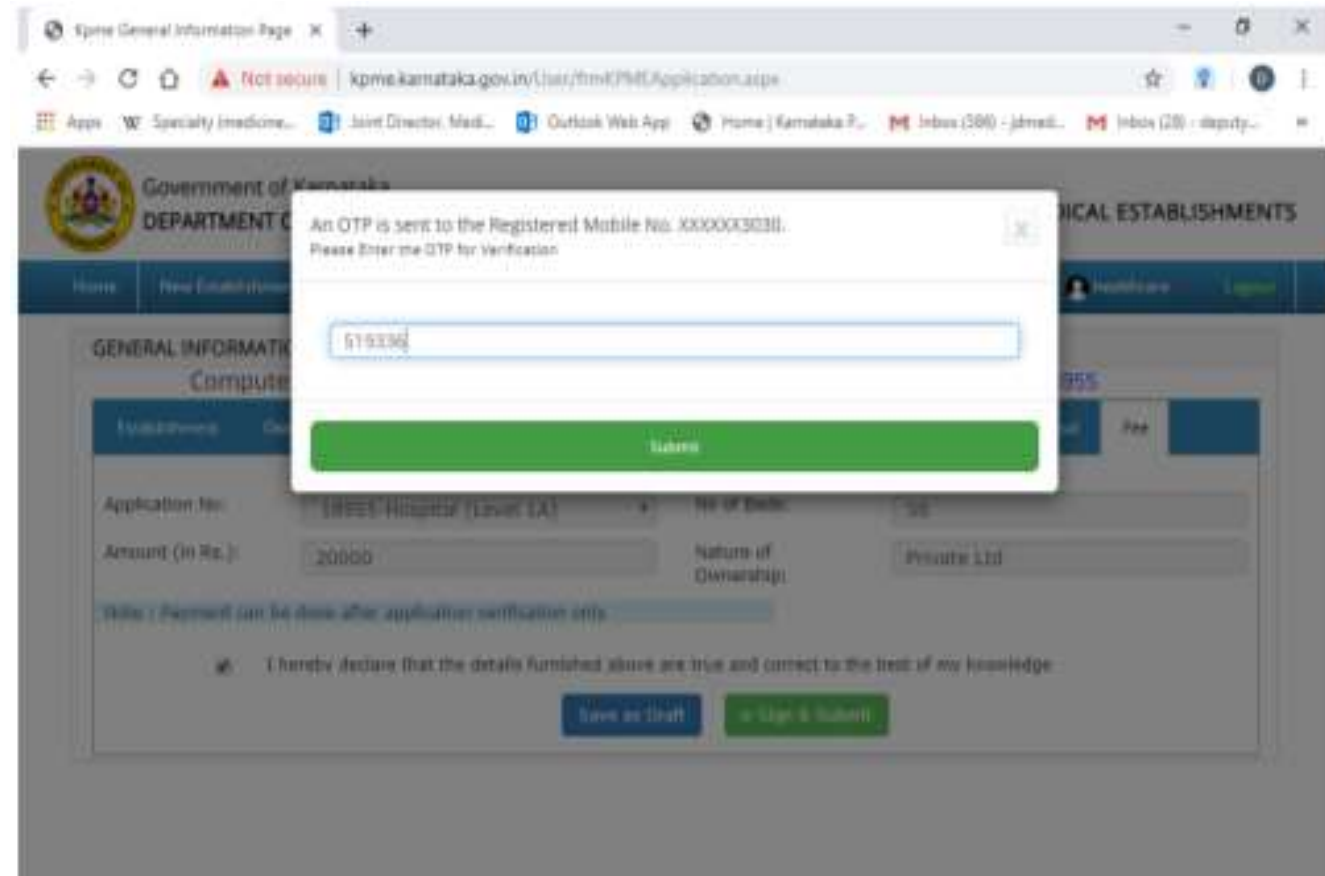
- Name of the Establishment: Health Care
- Registration Number: 1201

Below the input fields is a table with five tabs: "Consultation Fees", "Surgery Fees", "Treatment Charges", "Diagnostic Tests", and "Hospital Charges". The "Consultation Fees" tab is active, displaying a table with the following data:

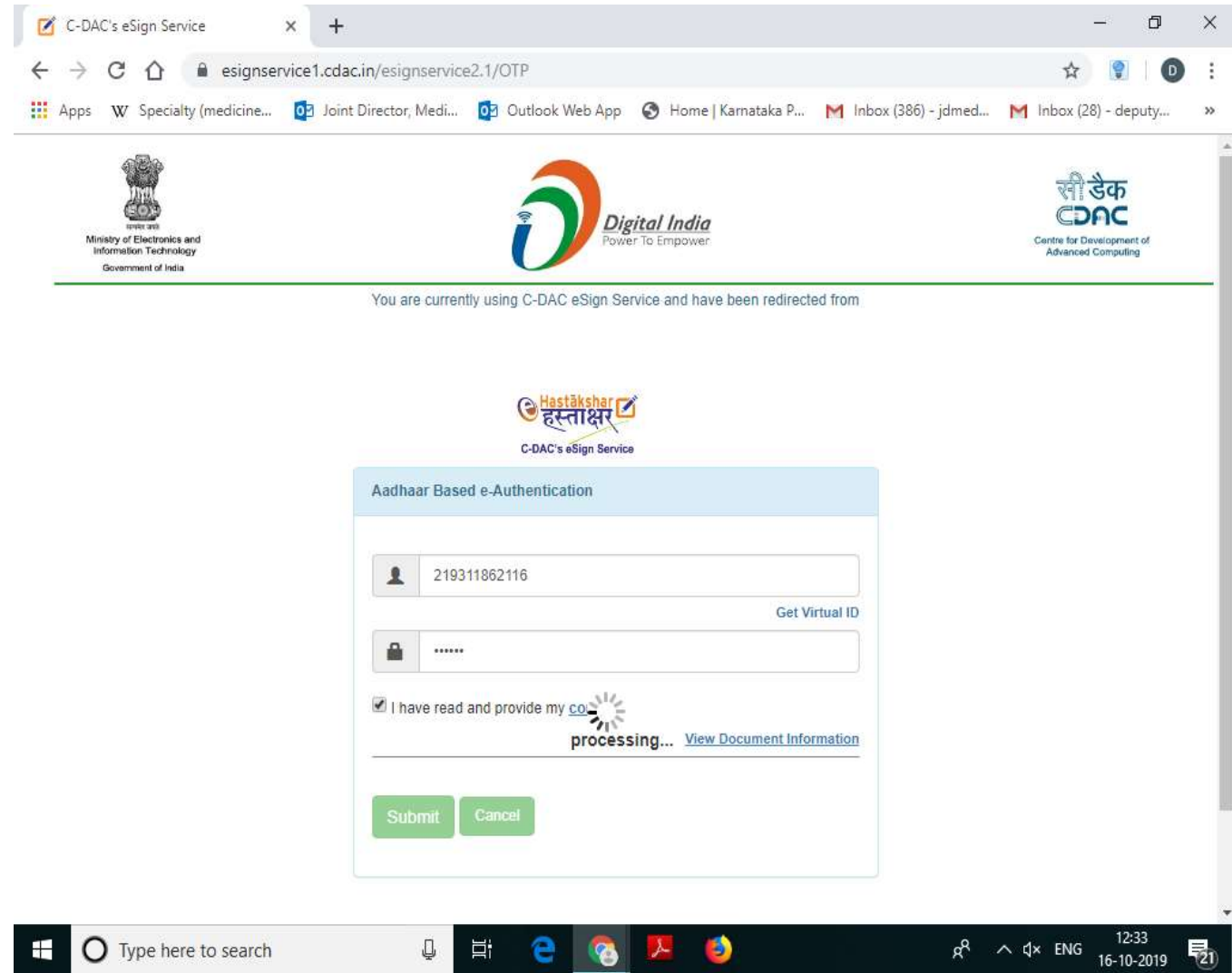
Sl No	Registration No.	Name of the Medical Professional	Consultation Fee (Rs.)
1	KMC2643188	Dr. Pranav	500.00

E-sign the Application

- ✓ Once the details are filled and saved, while submitting the application, User has to enter the OTP generated by KPME application (OTP will be sent to e-Sign person mobile number) Once OTP verified, Page is redirected to the e-sign page to do e-sign



- ✓ For e-Sign the application, user has to give his Aadhaar number and need to verify his identity by entering the
- OTP received to the mobile number linked with Aadhaar.
- ✓ Once e-Sign is done, User can proceed for the payment .
- ✓ User has been notified his application status in the Homepage.



Dashboard

- ✓ Once e-Sign process is completed, application status will be displayed as below in Dashboard.

GENERAL INFORMATION

Computer Registration Number: 9853 Application Number: 7136

Establishment Name: SREE NARAYANA MULTI SPECIALITY CLINIC AND DIAGNOSTICS unit of jeevamrutha healthcare services pvt ltd Address: NO 78, 15th Cross, Jayalakshamma Layout, Nagarabhavi 2nd Stage, Bangalore 560072

Submission/Esign Payment Inspection Approval

Status: Esign Done

Remarks:

Payment

- ✓ Payment amount is calculated based on establishment category.
- ✓ Payment amount has to be paid only by online mode.
- ✓ Once Payment is done successfully, application will be released for Inspection.

GENERAL INFORMATION

Computer Registration Number: 9853

Application Number: 7136

Establishment

Ownership

Admin/Manager

Human Resource

Cert/Documents

Internal Grievance Redressal

Fee

Application No:

7136-Clinic/Polyclinic with Diagnostic Support

No of Beds:

Amount (in Rs.):

5000

Nature of Ownership:

Private Ltd

Have You Done Your Payment

Yes No

Pay Now

[Check Payment Status](#)


After Payment check the payment status by clicking the check payment status

aggregator service charges may be applicable.

ಪಾವತಿ ವಿವರಗಳು \ Payment Details

ಪಾವತಿ ವಿಧ

Mode of Payment

Enter CAPTCHA Code 

⚠️ that, aggregator service charges may be applicable.

ಪಾವತಿ ವಿವರಗಳು \ Payment Details

ಪಾವತಿ ವಿಧ Mode of Payment *

ಇ-ಪಾವತಿ ವಿಧ Type of E-Payment

Enter CAPTCHA Code * ↻

Please note that, aggregator service charge

ಪಾವತಿ ವಿವರಗಳು \ Payment Details

ಪಾವತಿ ವಿಧ

Mode of Payment *

ಇ-ಪಾವತಿ ವಿಧ

Type of E-Payment *

Enter
CAPTCHA
Code

SK6SC1



I understand that my transaction does not qualify for any Charge back claims.

I accept that any chargeback is not automatic & for any chargeback claim the concerned government department shall be approached.

ನಲ್ಲಿಸು \ Submit

ಮರುಜೋಡಿಸು \ Reset

As per **RBI Guidelines** all cards (physical and virtual) shall be enabled for use only at contact-based points of us

Payment Details

- Debit/Credit Card
- Internet Banking
- BHIM UPI

Please enter your card details

Card Number



Expiry Date/Valid Thru

CVV/CVC 4-DBC

Name of the card holder

Use your GSTIN for claiming input tax (Optional)

Cancel

Order Summary

Order No.:
KP0221021000019840

Merchant Name:
Khajane II DOT Karnataka

Amount: 2500.00

Processing fee:

GST:

Total:

APM ID: PG_TRANS_396

to enable the card for such transaction by using Bank/C

Payment Details

- Debit/Credit Card
- Internet Banking
- BHIM UPI

- Please Select
- Allahabad Bank - Retail
 - Andhra Bank
 - Andhra Bank - Corporate
 - Axis Bank-Retail
 - Bank of Baroda
 - Bank of India
 - Bank of Maharashtra
 - Bharat Bank
 - Canara Bank
 - Catholic Syrian Bank
 - Central Bank of India - Retail
 - City Union Bank
- Please Select

Use your GSTIN for claiming input tax (Optional)

Pay Now

Cancel

Integrated Financial Management System
ಅರ್ಥಿಕ ಇಲಾಖೆ, ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Finance Department, Government of Karnataka

Order Summary

Order No.:
KP0221021000019840

Merchant Name:
Khajane II DOT Karnataka

Amount: 2500.00

Processing fee:




GST:

Total:

APM ID: PG_TRANS_396

As per **RBI Guidelines** all cards (physical and virtual) shall be enabled for use only at contact-based points of usage [viz. **ATM's and Point of Sale (POS) devices**] within India. For card not pres

Payment Details

-  Debit/Credit Card
-  Internet Banking
-  BHIM UPI

ENTER UPI ID *

Use your GSTIN for claiming input tax (Optional)

Pay Now

Cancel

Order Summary

Order No.:
KP0221021000019840

Merchant Name:
Khajane II DOT Karnataka

Amount:	2500.00
Processing fee:	0.00 INR
GST:	0.00 INR
Total:	2500.00 INR

APM ID: PG_TRANS_396

Status after the Payment

Home

New Establishment ▾

Renew Establishment

 SHUSHROOSHA ▾

Logout

GENERAL INFORMATION

Computer Registration Number: 8619

Application Number: 5308

Establishment Name: SHUSHROOSHA Dr.G.V. Pandit Memorial Hospital

Address: Eye Care Centre, Maternity and Infertility Centre, 3362/A, Opp.KSRTC Bus Stand, P.B.Road, HAVERI 581110



Status:

Payment Done

Remarks:

Payment Verification : This can be done by selecting the new establishment and then payment verification

The screenshot displays the KPME (Karnataka Private Medical Establishments) web application interface. The browser address bar shows the URL kpme.karnataka.gov.in/User/frmKPMEApplication.aspx. The page header includes the Government of Karnataka logo and the text "DEPARTMENT OF HEALTH AND FAMILY WELFARE" and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". The navigation menu contains "Home", "New Establishment", "Renew Establishment", and "Covid Vaccine Indent". A user profile "altius4321" is visible with a "Logout" button. A dropdown menu is open under "New Establishment", listing options like "General Information", "Schedule of Charges", "Communicable Disease", "Non-Communicable Disease", "Patient Information", "Specialty Wise Reports", "Specific Information", "Additional Report", and "Payment Verification". The "Payment Verification" option is highlighted with a red underline. The main content area shows an application form for "Hospital (Level 2)" with "Application Number: 12228". The form includes fields for "Specialties" (Allopathy), "Ownership" (New/Existing), "Address" (511, 4TH BLOCK, 1ST STAGE, HBR LAYOUT, BANGALORE), "Land Area (sq.ft)", "Building Area (total built-up area in sq.ft)", "Longitude", "District" (Bengaluru Urban), "Pincode" (560043), "Mobile No" (9448172819), "Fax No", and "Establishment Start Date" (15/06/2021). The Windows taskbar at the bottom shows the search bar, system tray with temperature (23°C), and date/time (9:25 AM 7/12/2021).

Select the Payment mode online and then click on Get Status

The screenshot shows a web browser window with the URL `kpme.karnataka.gov.in/User/Khajanee_Verifypayment.aspx`. The page header includes the Government of Karnataka logo and the text "DEPARTMENT OF HEALTH AND FAMILY WELFARE" and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". The navigation menu contains "Home", "New Establishment", "Renew Establishment", and "Covid Vaccine Indent" (marked with a "NEW" badge). The user is logged in as "altius4321" and can click "Logout".

The main content area is titled "Double Verification(Transaction Status)" and contains the following information:

Computer Registration Number:	17701
Application Number:	12228
Payment Mode:	<input checked="" type="radio"/> Online <input type="radio"/> Challan
Dept-Reference Number:	KP0621021000029457
Your Payment Status:	Payment Success

Below the transaction details, there is a green button labeled "GetStatus".

The Windows taskbar at the bottom shows the search bar, taskbar icons, system tray with temperature (23°C), time (9:19 AM), and date (7/12/2021).

If any Problem in the Payment contact Khajane Helpdesk

E-mail : k2.helpdesk@karnataka.gov.in

Phone number : 080-22288801

Next part is the process is of the department.

it consist of two steps

1. Inspection

2. Approval

INSPECTION:- Application Inspection by the Inspection Authority of the department

- Inspection Officer will login to the system using Username and Password.

KPME Login

Sign-in to start session

CTRHolal 

..... 

JE2C3 

Type the above text

[Forgot password?](#)

Login

7D. Composition of Inspection Committee -The inspection committee shall consist of two medical professionals with minimum experience of ten years with one of them being in the Government service and another being One of the two members representing the associations in the Authority.

Provided that in the event of none of the two non-official members representing the associations in the authority belonging to the system of medicine of the applicant establishment, the medical! professional from the government service longing to that system shall be chosen as one of the two members on the inspection committee.”

- After Successful login, to inspect the Application Details of Establishment,
- Click on Inspection menu and Select the Establishment Type from Select/drop down Box option as shown below and click select time slot.

List Of Applications For Inspection

Please Select the Type of Institution for Approval :

CR No	Application No	Establishment Name	Category Name	System Medicine	Address	Inspection Time Slot	Checklist
2164	1722	Sai Ortho care	Clinic/Polyclinic Only Consultation	Allopathy	Sai Ortho care, Tara towers, surathical	Schedule Inspection	Download
2300	1797	Shrinivasa Clinic	Clinic/Polyclinic with Dispensary	Ayurveda	Door No-1-34-3092/10, Ground Floor, Pais Complex, Kodikal Road	Inspection Completed	Download
2622	1943	Sanjivini Devi Clinic	Dental Lab or Clinic	Allopathy	2/269, Sanjivini Devi Clinic, Bajpe	Inspection Completed	Download
2627	1980	SUSHRUTH POLYCLINIC	Clinic/Polyclinic Only Consultation	Allopathy	SATHYAM ARCADE, SHOP NO. 2, PUMPWELL, MANGALORE-02	Inspection Completed	Download
3181	2163	VK dental clinic	Dental Lab or Clinic	Allopathy	VK dental clinic shop no 105 marian paradise avenue bikarnakatte nantoor mangalore	Inspection Completed	Download
		NOSTICS	Clinic/Polyclinic with Diagnostic	Allopathy	GROUND FLOOR, FALNIR HEALTH CENTRE, FALNIR	Inspection	Download

gov.in/Department/frm_Inspection.aspx#

The application details are shown as below and click next button

List Of Applications For Inspection

Please Select the Type of Institution for Approval :

New Establishment

Computer Registration Number: 2164

Application Number: 1722

General Information	Ownership	Manager/Owner	Human Resource	Attachments	Fee	Schedule of Charges
Registration Number	2164					
District	Dakshina Kannada					
Taluk	Mangaluru					
System of Medicine	Allopathy					
Category	Clinic/Polyclinic Only Consultation					
Beds	0					
Establishment Type	Private Ltd					
Establishment Name	Sai Ortho care					
Address	Sai Ortho care, Tara towers, surathkal					
Pincode	575014					
Start Date	07/06/2020					
Contact Name	DINESH					
Mobile No	9880119797					
Land Line No	0988011979					
E-mail	dineshkvn@gmail.com					
Fax No						
Owner Name	Dr Dinesh K V N					
land_area						
builtup_area						

Next

- After all the steps, Finally Inspection Officer need to select the Inspection date and time slot.
- Date should be selected after 2 days from today.

List Of Applications For Inspection

Please Select the Type of Institution for Approval :


Computer Registration Number: [2164](#) Application Number: [1722](#)

General Information Ownership Manager/Owner Human Resource Attachments Fee **Schedule of Charges**

Consultation Fees **Surgery Fees** Treatments

S No	Registration No	Name of the Medical Staff	Fees
1	67639	Dinesh.K.V.N	

[Previous](#)

Date of Inspection:  Time Slot:

[SAVE](#)

- In menu Checklist / Checklist for Inspection, select the Establishment type to check for the facilities. Then click select to download the checklist.

Navigation menu:

- Home
- Checklist**
 - Checklist For Inspection
- Reports
- Check Application Status

User: DKAMangl Logout

Checklist For Facilities

Please Select the Type of Institution for Inspection :

- Select----
- New Establishment**
- Existing Establishment
- Renewal Application

CR No	Application No	Establishement Name	Address	
2164	1722	Sai Ortho care		Select
2300	1797	Shrinivasa Clinic	Door No-1-34-3092/10, Ground Floor, Pais Complex, Kodikal Road	Select
2622	1943	Sanjivini Devi Clinic	2/269, Sanjivini Devi Clinic, Bajpe	Select
2627	1980	SUSHRUTH POLYCLINIC	SATHYAM ARCADE, SHOP NO. 2, PUMPWELL, MANGALORE-02	Select
3181	2163	VK dental clinic	VK dental clinic shop no 105 marian paradise avenue bikarnakatte nantoor mangalore	Select
3700	2394	APIS DIAGNOSTICS	GROUND FLOOR, FALNIR HEALTH CENTRE, FALNIR	Select
3926	2523	PARIN CLINIC	1ST FLOOR PARIN BUILDING, COLLECTORS GATE, BALMATTa, MANGALURU	Select
4255	2675	ZAHRA DENTAL CLINIC	JANAKI DHAMA BUILDING, KAMBLA CROSS ROAD, KUDROLI , MANGALORE	Select
		Natural Wellness Centre	4-5-485,Opp Canara Bank Apartments, C.G.Kamath Road, Karangalpady	Select

- By clicking select, Form-A Registration (pdf) is getting download and as shown as below.



Government of Karnataka

KARNATAKA PRIVATE MEDICAL ESTABLISHMENT

MEDICAL DIAGNOSTIC LABORATORY

Check List For Facilities

EstablishmentName	Shrinivasa Clinic	Owner Name	DR. K NISHANTH PAI
Category Name	Clinic/Polyclinic with Dispensary	Contact Cell	9964279421
Application Number	1797	Computer Registration Number	2300

Specification	Yes	No	Remarks
Infrastructure			
Reception/ Waiting Area - 125 sqft carpet area.			
consultation room Ancillary area/space - 70 sq ft carpet area including storage. Area specified under consultation room is only for single clinic and shall be multiplied accordingly by the number of consultation chambers. Ancillary area/space: Storage of records, reagents, consumables, stationary etc and eating area for staff.			
Store and Pharmacy - 40 sq.ft			
Pharmacy - The size should be adequate to contain 5 percent of the total clinical/hospitals visits to the OPD in one session at the rate of 0.8 m2 per patient. Pharmacy should have adequate medicine storage and dispensing facility for indoor and outdoor patients. The medical store may be part of pharmacy or separate and secured.			
Shall be well illuminated, ventilated and clean with adequate water supply.			
shall have a prominent board/signage displaying the name of the clinic/Hospital/Nursing homes/Dental/Laboratory/Imaging in local language at the gate or on the building. The following other signage shall be well displayed in the language understood by the local public in the area: a) Name of the doctors/laboratory technician/Radiologist/physician incharge with qualification/Experience and with			

Checklist also needs to be filled online by giving tick mark to yes or no as shown below

Home Inspection Checklist Invoke Reports Check Application Status CTRHolal Logout

List Of Applications For Inspection

Please Select the Type of Institution for Approval : New Establishment

Computer Registration Number: 9556 Application Number: 6945

General Information Ownership Manager/Owner Human Resource Attachments Fee Schedule of Charges

Consultation Fees Surgery Fees Treatments

S No	Registration No	Name of the Medical Staff	Fees
1	34482	Dr BENAKESH A R	50.00

Previous

Status Qualified Not Qualified

Date of Inspection: 01/12/2020

Time Slot: 10-12

Check List* [Click Here](#)

S No	Inspection Officer	Destination	
1	<input type="text"/>	--Select--	Remove
			Add New

Inspection/ Check List Report :*

Choose File No file chosen
only .jpg & .pdf files are allowed

SAVE

List Of Applications For Inspection

Please Select the Type of Institution for Approval : New Establishment

CHECKLIST		
Description	<input type="radio"/> Acpt.All <input checked="" type="radio"/> Rjct.All	Remarks
Infrastructure		
Reception/ Waiting Area - 125 sqft carpet area.	<input type="radio"/> Accept <input checked="" type="radio"/> Reject	
consultation room Ancillary area/space - 70 sq ft carpet area including storage. Area specified under consultation room is only for single clinic and shall be multiplied accordingly by the number of consultation chambers. Ancillary area/space: Storage of records, reagents, consumables, stationary etc and eating area for staff.	<input type="radio"/> Accept <input checked="" type="radio"/> Reject	
Observation & short stay facility (If applicable) - 65 sq. ft/bed	<input type="radio"/> Accept <input checked="" type="radio"/> Reject	
Shall be well illuminated, ventilated and clean with adequate water supply.	<input type="radio"/> Accept <input checked="" type="radio"/> Reject	

Inspection/ Check List Report : *

Choose File No file chosen
only .jpg & .pdf files are allowed

SAVE

And also need to upload checklist which is manual ticked on copy of checklist.

The designated officers need to sign the copy , scan and then upload in the portal, click on save to complete the inspection process

Home Inspection Checklist Invoice Reports Check Application Status CTRHolal Logout

List Of Applications For Inspection

Please Select the Type of Institution for Approval : New Establishment

Computer Registration Number: 9556 Application Number: 6945

General Information Ownership Manager/Owner Human Resource Attachments Fee Schedule of Charges

Consultation Fees Surgery Fees Treatments

S No	Registration No	Name of the Medical Staff	Fees
1	34482	Dr BENAKESH A R	50.00

Previous

Status Qualified Not Qualified


Date of Inspection: 01/12/2020

Time Slot: 10-12

Check List* [Click Here](#)

S No	Inspection Officer	Destination	
1	<input type="text"/>	--Select--	Remove
			Add New

Inspection/ Check List Report :*

Choose File No file chosen  only .jpg & .pdf files are allowed

SAVE

Computer Registration Number: 8156

Application Number: 4952

General Information Ownership Manager/Owner Human Resource Attachments Fee Schedule of Charges

Consultation Fees Surgery Fees Treatments

S No	Registration No	Name of the Medical Staff	Fees
1	24488	DR JAGANNATHA K	150.00

Previous

Status Qualified Not Qualified

Date of Inspection: 25/01/2021

Time Slot: 10-12

Remarks

Empty text box for Remarks

Check List*

Click Here

S No	Inspection Officer	Destination	
1	<input type="text"/>	--Select--	Remove
Add New			

Inspection/ Check List Report :*

Choose File No file chosen
only .jpg & .pdf files are allowed

In Menu, select Invoke / Inspection not Qualified, then select the Establishment type to check the list of applications which are not qualified for inspection.



List of Application for Inspection Not Satisfied

Please Select the Type of Institution for Approval :

New Establishment ▼

----Select----

New Establishment

Existing Establishment

Renewal Application

No Applications Available for Verification

In Menu, Inspection / Pending Application, select the Establishment type to view how many pending applications are there to inspect as shown as below.

The screenshot shows a navigation menu with the following items:

- Inspection
 - Inspection
 - Pending Inspection
 - Reschedule Inspection
- Reports
 - Check Application Status

At the bottom right of the menu, there is a user profile icon labeled 'DKAMangl' and a 'Logout' link.

List Of Applications For Inspection

Please Select the Type of Institution for Approval :

New Establishment ▼

---Select---

New Establishment

Existing Establishment

Renewal Application

CR No	Application No	Establishment Name	Category Name	System Medicine	Address	Inspection Time Slot	Checklist
2164	1722	Sai Ortho care	Clinic/Polyclinic Only Consultation	Allopathy	Sai Ortho care, Tara towers, surathkal	Schedule Inspection	Download
2300	1797	Shrinivasa Clinic	Clinic/Polyclinic with Dispensary	Ayurveda	Door No-1-34-3092/10, Ground Floor, Pais Complex, Kodikal Road	Inspection Completed	Download
2622	1943	Sanjivini Devi Clinic	Dental Lab or Clinic	Allopathy	2/269, Sanjivini Devi Clinic, Bajpe	Inspection Completed	Download
2627	1980	SUSHRUTH POLYCLINIC	Clinic/Polyclinic Only Consultation	Allopathy	SATHYAM ARCADE, SHOP NO. 2, PUMPWELL, MANGALORE-02	Inspection Completed	Download
3181	2163	VK dental clinic	Dental Lab or Clinic	Allopathy	VK dental clinic shop no 105 marian paradise avenue bicarnakatte nantoor mangalore	Inspection Completed	Download
gov.in/Department/frn_Inspection.aspx#		NOSTICS	Clinic/Polyclinic with Diagnostic	Allopathy	GROUND FLOOR, FALNIR HEALTH CENTRE, FALNIR	Inspection	Download

In Menu, Inspection / Reschedule Applications, Select the Establishment type to reschedule the date and time for Inspection. By clicking reschedule, date and time slot are need to change and save the details.

Home Inspection Checklist Invoice Reports Check Application Status Profile

List Of Applications For Reschedule

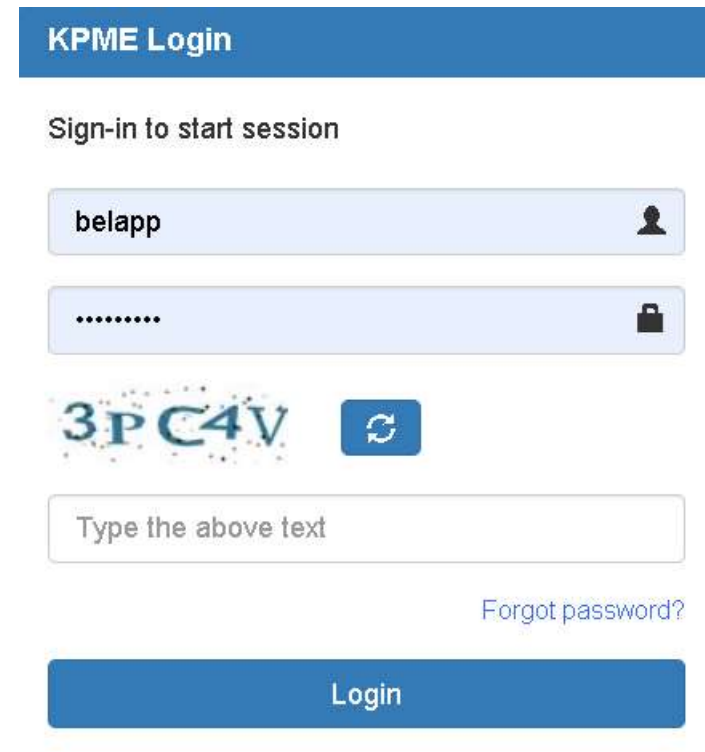
Please Select The Type Of Establishment:

CR No	Application No	Establishment Name	Address	
1169	17831	Krishna medicals	4th Cross Rd.Madhwa, 1st Stage	Reschedule

Next part is of Approver of certificate

APPROVER- Steps for Application Approver by the Approving Authority of the department.

- Approving Officer will login to the system using Username and Password.



The image shows a web interface for logging into the KPME system. At the top, there is a blue header with the text "KPME Login". Below the header, the text "Sign-in to start session" is displayed. The form consists of several elements: a username input field containing "belapp" with a user icon on the right; a password input field with masked characters "....." and a lock icon on the right; a CAPTCHA challenge showing the text "3PC4V" with a refresh button; a text input field for typing the CAPTCHA text, currently containing "Type the above text"; a link for "Forgot password?" located to the right of the CAPTCHA input; and a large blue "Login" button at the bottom.

- After Successful login, to approve the Application Details of Establishment is as shown below

The screenshot displays the KPME web application interface. At the top, the browser address bar shows the URL kpme.karnataka.gov.in/Department/MainPage.aspx. The page header includes the Government of Karnataka logo and the text "Government of Karnataka DEPARTMENT OF HEALTH AND FAMILY WELFARE" and "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". A navigation menu contains links for Home, Master, Search, Porting, Random Inspection, Reports, Check Application Status, User, and Logout.

The main content area is titled "Application Statistics" and features a dropdown menu for "District Name" set to "Bengaluru Rural". Below this, a grid of colored buttons displays the following statistics:

Category	Value
Submitted	101
Payment	20
Inspection	3
Approval	0
Draft	101
Pending	20
Pending	3
Pending	0
E-Sign	158
Success	138
In-Process	116
Success	19
Qualified	19
Not Qualified	0
New App	19
Renewal App	0

The Windows taskbar at the bottom shows the system tray with the date and time: 10:09 AM, 7/23/2021.

Click on Approval menu and Select the Establishment Type from Select/drop down Box option as shown below

Home

Approval ▾

- Approval
- Get Approved Applications
- Esign Certificate

Khajane Payment Details

Khajane Payment Details - Month Wise

BLUAPP Logout

List Of Application For Approval

Please Select the Type of Institution for Approval:

New Establishment ▾

----Select----

New Establishment

Existing Establishment

Renewal Application

CR No	Application No	Establishment Name	Address		
10964	7874	SIDDHI DIAGNOSTICS	No.1/B,1st Main Road,2nd Block,3	60079	Select Preview

After clicking select, the application details are shown as below and click next button.

By clicking next, Approvar can view all the details given once again.

General Information	Ownership	Manager/Owner	ManPower	Attachments	Fee	Schedule of Charges
Registration Number	9532					
District	Chitradurga					
Taluk	Holalkere					
System of Medicine	Homeopathy					
Category	Clinic/Polyclinic Only Consultation					
Beds	0					
Establishment Type	Proprietary					
Establishment Name	SREE LAKSHMI GOPAL CLINIC					
Address	AVALIHATTI ROAD SIDDARAMAPPA EXT HOLALKERE TALUK CHITRADURGA DIST					
Pincode	577526					
Start Date	01/10/2020					
Contact Name	DR GAGANDEEP G					
Mobile No	8880456805					
Land Line No	0					
E-mail	gagandeephsd@gmail.com					
Fax No						
Owner Name	Dr GAGANDEEP G					
land_area	500					
builtup_area	500					

[Next](#)

After all the steps, Approver had any remarks, fill it in remarks box and click approve button. OTP will sent to the registered mobile number .

Home Approval Reports Check Application Status Khajanee Payment Details Khajanee Payment Details - Month Wise CTRAPP Logout

Application Form

Computer Registration Number: 9532 Application Number: 6923

General Information Ownership Manager/Owner ManPower Attachments Fee Schedule of Charges

Consultation Fees Treatments

S No	Registration No	NameoftheMadicalStaff	Fees
1	14253	Dr GAGANDEEP G	70.00

Previous

Remarks:

Approve Certificate

Enter OTP and click Submit.

The screenshot shows a web browser window with the URL `kpme.karnataka.gov.in/Department/Approval.aspx`. The page title is "KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS". A modal window titled "Enter OTP" is open, with a text input field and a green "Submit" button. Below the modal, there is a "List Of Application For Approval" section with a dropdown menu set to "New Establishment". A table lists the following application:

CE No	Application No	Establishment Name	Address	Select	Preview
9532	8923	SREE LAKSHMI GOPAL CLINIC	AVALIHATTI ROAD SIDDARAMAPPA EXT HOLAHERI TALUK CHITRADURGA DIST		

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons, and the system tray with the time "10:44" and date "11-12-2020".

- Once OTP verified, Approver redirected to the e-sign page to do e-sign.
- Enter Aadhaar number and click get OTP button. OTP will sent to mobile number attached with Aadhaar

The screenshot displays a web browser window with the following elements:

- Browser Tab:** C-DAC's eSign Service
- Address Bar:** esignservice1.cdac.in/esignservice2.1/OTP
- Page Header:**
 - Ministry of Electronics and Information Technology, Government of India
 - Digital India, Power To Empower
 - सी डैक CDAC, Centre for Development of Advanced Computing
- Message:** You are currently using C-DAC eSign Service and have been redirected from
- Service Logo:** Hastakshar हस्ताक्षर, C-DAC's eSign Service
- Form Title:** Aadhaar Based e-Authentication
- Form Fields:**
 - Aadhaar Number: 219311862116
 - Virtual ID: [Empty field]
- Buttons:** Get Virtual ID, Submit, Cancel
- Text:** I have read and provide my consent. processing... [View Document Information](#)

The Windows taskbar at the bottom shows the search bar, task view, and several application icons. The system tray on the right indicates the time as 12:33 and the date as 16-10-2019.

After Successful E-sign, Approver will approve the application. Certificate will be generated after completion of E-sign successfully



Government of Karnataka
Department of Health and Family Welfare Services
District Registration and Grievance Redressal Authority



Bengaluru Urban

CERTIFICATE OF REGISTRATION

This is to certify that *Life Care Diagnostic Laboratory* located at *#65, 6th cross, 7th Main, Banashankari* owned by *Prathap Gupta* has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a *Clinic/Polyclinic Only Consultation* under *Allopathy* system of medicine.

Reg No: **BLU00057ALCOC**
Date of Issue: **19 Sep 2019**
Valid Till: **18 Sep 2024**
Place: **Bengaluru Urban**

Signature valid

Digitally signed by
Date: 2019.09.19 16:47:31
+05:30

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Bengaluru Urban

KPMEA

Modifications

During covid pandemic certain modification has been done to KPME portal .

1. No Requirement of Trade Licence

-Medical services which is an essential one, serves the community and are not trading bodies, based on grounds, the requirement of obtaining a trade licence is not mandatory and hereby is relaxed.

2. No Requirement of occupancy certificate

-Due to difficulty faced by the Private Establishment to upload the Occupancy certificate during online registrations, Chief Secretary, suggested to delete the Occupancy certificate and to go with the Khata/Tax paid/Lease agreement/Rental agreement certificate in place of Occupancy certificate

3. Auto Renewal

- Auto Renewal is introduced to simplify renewal process after payment of prescribed fees.
- There is no need to upload the documents.

4. No requirement of verifier

- Verifying process is an additional step in the process of registration & renewal, which is dispensed with henceforth. Documents shall be verified during the process of inspection.

5. Terms and Conditions

- It is described in detail about KPME.
- Act and important sections like (9), 10, 11 & 12 and the KPME Rules.
- Applicants should agree to the terms and conditions described in the KPME portal.

THANK YOU