

# Indian Dietetic Association



## **Eligibility/ Audit Form for Recognition And Re-recognition Of Hospitals for RD Students**

*(To be filled by the hospitals by 31<sup>st</sup> of March every year)*

Tick appropriately

1. Name of hospital:

Government/Public sector

Semi-government

Private (corporate)

a. Is the hospital accredited?

Specify the accreditation: \_\_\_\_\_

Address of hospital:

Street :

City :

State :

Country :

Pin code :

Bed strength :

2. Type of hospital

Single super specialty, if yes specify \_\_\_\_\_

Please tick the appropriate box for Departments available.

Endocrinology

Cardiac

Medicine

Surgery

Nephrology

Gastroenterology

Intensive care

Pediatric care

Any other





5. Documents to be submitted:

1. RD certificate / experience certificates of all eligible dieticians wanting to train students. Experience certificates should be signed by hospital authority.
  2. Job description of all dieticians
  3. C.V of all dieticians eligible to take RD interns.
  4. List of students trained during the last curriculum year from August (Form in Annexure 1)
1. Physical audit will be conducted for all the new hospitals to be recognized by RD Board representative.
  2. All hospitals to be re-recognized need to submit this form every year before 31<sup>st</sup> March / any change in staffing.
  3. However audit for any hospital can be conducted anytime with prior intimation at the discretion of the board.

Chief Dietician:

Medical Director / CEO /:  
Hospital Authority /administrator

Signature:

Signature:

Mobile no.:

Mobile no:

Email ID:

Email ID:



**FOR OFFICE USE ONLY**  
**Approval certificate for 20\_\_\_\_ - 20\_\_\_\_**

This is to certify that \_\_\_\_\_ hospital is eligible to take \_\_\_\_\_ students per year by the following trainers for 3/6 months RD internship:

- 1.
- 2.
- 3.
- 4.

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Signature  
(Chairperson, RD Board)