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सुखी व सम्पन्न जीने के लिए



JEENA SIKHO LIFECARE LIMITED

JAIPUR, E-19, New light Colony, Gopal Pura Mod, Under Bhaskar Flyover
Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

PRIVILEGING FORM FOR DOCTOR

Name of the Doctor :Dr. Rahul Sharma

Employee ID- JS 11370

Designation: Doctor

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our Hospital, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
Identification of Dravyas/aushadhis	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Preparation of Kashayasi.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Supervising poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Vaman	<u>yes</u>	<u>yes</u>	<u>yes</u>
Supervising Nasya	<u>yes</u>	<u>yes</u>	<u>yes</u>
Supervising other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD:

Dr. Alok kumar



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Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

PRIVILEGING FORM FOR DOCTOR

Name of the Doctor :Dr. Alok Kumar

Employee ID- JS 13012

Designation: Doctor

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our Hospital, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
Identification of Dravyas/ausadhis	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Preparation of Kashayasi.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Supervising poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising Vaman	<u>yes</u>	<u>yes</u>	<u>yes</u>
Supervising Nasya	<u>yes</u>	<u>yes</u>	<u>yes</u>
Supervising other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD:

Dr. Alok kumar



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gurumanishi

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Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

PRIVILEGING FORM FOR THERAPISTS

Name of the Therapist: Rohini pandey

Employee ID- JS12882

Designation: Female therapist

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our clinic, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
Identification of Dravyas/ausadhis	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Preparation of Kashayas i.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Performing poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Performing Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Vaman	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing Nasya	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD: Dr. Alok kumar

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Contact No.: 95726-95726, Email ID: shuddhihospital.jaipur@jeenasikho.co.in

PRIVILEGING FORM FOR THERAPISTS

Name of the Therapist: Nisha kumari

Employee ID- JS13180

Designation: Female therapist

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our clinic, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

Privileging for	Requested (Mark - Y/N)	Approved (Mark - Y/N)	Deferred (Mark - Y/N)
General Privileges:			
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Preparation of Kashayas i.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Performing poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Performing Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Vaman	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing Nasya	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD: Dr. Alok kumar

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PRIVILEGING FORM FOR THERAPISTS

Name of the Therapist: Nitish kumar

Employee ID- JS13041

Designation: Male therapist

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our clinic, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

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General Privileges:			
Identification of Dravyas/ausadhis	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Preparation of Kashayas i.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Performing poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Performing Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Vaman	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing Nasya	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD: Dr. Alok kumar

Dr. Alok kumar
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PRIVILEGING FORM FOR THERAPISTS

Name of the Therapist: Kavindra kumar

Employee ID- JS13045

Designation: Male therapist

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our clinic, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

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Preparation of Kashayasi.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Performing poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Performing Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Swedana,	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Vaman	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing Nasya	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing other procedures-Lepa, Pichu, StanikaVasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD: Dr. Alok kumar

Dr. Alok kumar
9/10/2021
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Ref. No. **PRIVILEGING FORM FOR THERAPISTS**

Dated

Name of the Therapist: Manish kumar

Employee ID- JS13094

Designation: Male therapist

Dept : Panchakarma hospital

Privileging:

Based on the evaluation of credentials and request of Assessor Sir and considering the facilities and requirements of our clinic, hereby the grant the following privileges – permission to perform the below mentioned activities independently - to him/her.

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Preparation of Kashayas i.e, Panchakarma preparation	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Core Privileges (Dept. Specific)			
Performing poorva karmas	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Performing Panchakarma procedures-Snehana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Swedana	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Basti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Supervising/Performing Vaman	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing Nasya	<u>No</u>	<u>No</u>	<u>No</u>
Supervising/Performing other procedures-Lepa, Pichu, Stanika Vasti	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

HOD:

Dr. Alok kumar

Dr. Alok Kumar
4/10/2024
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