SCHEDULE XVII
Minimum constructed area required for various units of Out Patient zone

Serial number	Description of Outpatient department or facility	Minimum constructed Area required in square meters (Intake capacity wise)				Available Quantity	Deficiency
		60	100	150	200		
1.	*Screening out patient department including screening counters	15	20	30	40	10	
	Minimum number of screening counters (number of counters may be increased depending on patient footfall)	2	2	3	4	2	
2.	Atyayika chikitsa (emergency or causality) out patient department including observation beds	30	30	40	40	30	
3.	Swasthya Rakshana out patient department including counselling cubicles	20	25	35	25 x 2	25	
	Minimum number of counselling cubicles	1	2	3	2 x 2	1	
4.	Kayachikitsa out patient department	20	25	35	25 x 2	50	
5.	Panchakarma out patient department	20	25	35	25 x 2	45	
6.	Shalya Chikitsa out patient department	20	25	35	25 x 2	25	
	Procedural room or minor operation theatre for outpatient department	20	20	30	30	50	
7.	Shalakya chikitsa (Netra) out patient department	25	30	45	30 x 2	30	
8.	Shalakya chikitsa (Karna, Naasa and Mukha) out patient department	25	30	45	30 x 2	30	
9.	Prasuti-Streeroga (in case of two out patient departments, one each for Prasuti and Streeroga)	20	25	35	25 x 2	30	
	Procedural rooms (in case of two procedural rooms, one each for prasuti-Streeroga)	20	20	30	20 x 2	20	
10.	Kaumarabhritya out patient department	20	25	35	25 x 2	25	
11.	Visha chikitsa out patient department	20	25	35	25 x 2	13	
12.	Speciality clinics	Not less than 25per Out Patient Department				Available	
13.	Online consultation facility	20	20	20	20	Available	
14.	Out patient department in-charge office	15	15	15	15	15	
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	200	
16.	Drug stores and dispensary	40	45	60	80	45	

Note: The speciality clinics are over and above the minimum requirement and hence will not be accounted under minimum area required.

Signature of Member   Signature of Member   Signature of Chairman