

Hospital Registration Form

Facility profile submitted to NurtureNaija for onboarding review.

A. Facility details

Registered facility name

Trading / brand name (if different)

Facility type (Hospital / Clinic / Diagnostic centre / Maternity home)

CAC / RC registration number

Ownership (Private / Public / Faith-based / NGO)

Year established

B. Location & contact

Street address

City / LGA

State

Primary phone

WhatsApp line

Facility email

C. Administrative contact

Full name

Role / title

Direct phone

Email

D. Capacity

Total bed capacity

Number of medical doctors on staff

Number of nurses / midwives

Operating hours

Authorised signatory (name & title)

Signature

Date

Official stamp