



## INODAYA Hospitals - Kakinada

Documentation code:

INH/IMS.Doc.No:16

### Policy on Document Control

Prepared date: 11/11/2025

Reference: IMS.6.a.NABH Standards – 6<sup>th</sup> Edition

Issue Date:11/11/2025

Issue no: 01

Review No: 0

Review date: 10/11/2026

The documentation control policy of INODAYA Hospitals – Kakinada constitutes of:

1. Master list – Apex document is the governing document that controls all policy documents across the organization. If there is any change in the master document – affected documents are changed to correspond with the changes made in the master list – Apex document
2. Policy for preparation of documents - Every document prepared follows the conventions as defined by the documentation control policy of INODAYA Hospitals – Kakinada. The conventions are as follows:
  - a. There shall be a Master List – Apex Document  
Manual – Hard Copy - with digital signatures
  - b. The Master List – Apex Document will be accessed only by the Administrator – INODAYA Hospitals – Kakinada & the Quality – Head of INODAYA Hospitals - Kakinada
  - c. All documents will be prepared by the Quality – Head, INODAYA Hospitals – Kakinada after series of discussions with respective process owners
  - d. All documents are approved only by the Administrator, INODAYA Hospitals – Kakinada – Chief Controller of Documents & the evidence of Approval will be digital signature of hard copies
  - e. Review / Amendment of documents is carried out only with the Approval of Managing Director, INODAYA Hospitals – Kakinada - Chief Controller of Documents
    - The evidence of Approval will be manual signature of hard copies of the Master List – Apex document
  - f. Every document will be prepared according to the below specifications:
    - i. All documents shall be of A4 size paper (Bonded) – 80 GSM

Prepared by:

Mr.T.Seetaramyya

Executive Quality

Verified by:

Dr. M. Gowtham Krishna

Medical director

Approved by:

Ms.Lakshmi Lavanya

Chief executive officer



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- ii. All documents are prepared in the Candara , Calibri– Font – Size 12
- iii. All documents shall contain a thick border – as evidenced in this document
- iv. All documents shall contain a header & footer specifying the following:
  1. Hospital Name & Logo
  2. Date of Preparation
  3. Document code
  4. Date of Issue
  5. Reference
  6. Revision Date
  7. Revision Number
  8. Amendment
  9. Version
  10. Document Status
  11. Prepared by
  12. Verified by
  13. Approved by
- v. Every page shall be identified according to the following convention: TRTMSH/NABH CHAPTER/Document number
- vi. All amendments shall be identified according to the following convention: TRTMSH/NABH CHAPTER/Document number/Amendment number
- vii. All documents shall contain version control & identification – the present documentation with regards to NABH process shall be named as version 5 & Revision -0 and Amend No – 0.

Prepared by: 	Verified by: 	Approved by: 
Mr.T.Seetaramyia	Dr. M. Gowtham Krishna	Ms.Lakshmi Lavanya
Executive Quality	Medical director	Chief executive officer



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- g. All Soft copy documents are marked with print restrictions & necessary restrictions will be placed in the digital copy to avoid unauthorized printing of the documents
- h. All pages shall contain the location of the document, security pertaining to the documents, access rights of the specified document & indexing conventions
- i. According to the predefined heading pertaining to NABH, each of the document shall contain the following headings:
  - i. Scope / Aim / Objective
  - ii. Definition
  - iii. Applicable areas
  - iv. Responsibility
  - v. Contents/Explanation/detailing or various processes
  - vi. Monitoring and analysis/indicators
  - vii. References
- j. All the policies and procedures shall be addressed in the apex manual

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