



**MEDICAL COUNCIL OF MALAWI
DATA VERIFICATION FORM**

FACILITY INFORMATION	
FACILITY NAME	
REGISTRATION NUMBER	
PHYSICAL LOCATION	CITY/TOWN/DISTRICT
BUILDING/PLOT NUMBER	POSTAL ADDRESS
FACILITY PHONE NUMBER	E-MAIL ADDRESS
CONTACT PERSON	
QUALIFICATIONS OF CONTACT PERSON	
PHONE NUMBER	E-MAIL ADDRESS
FACILITY OWNERSHIP	FACILITY LEVELS
GOVERNMENT/PUBLIC ENTITY ()	CENTRAL HOSPITAL ()
FAITH BASED ()	URBAN HOSPITAL ()
PRIVATE / COMMERCIAL / FEE PAYING ()	DISTRICT HOSPITAL ()
PRIVATE/ NON FEE PAYING ()	COMMUNITY HOSPITAL ()
COMPANY ()	RURAL HOSPITAL ()
INSTITUTIONAL ()	HEALTH CENTRE ()
NON GOVERNMENTAL ORGANIZATION ()	DISPENSARY ()
OTHER.....	HEALTH POST ()
NAME OF REFERRAL FACILITY	
DISTANCE TO REFERRAL FACILITY (KM)	
CATCHMENT POPULATION	
OFFICIAL USE ONLY	
MCM REGISTRY OFFICER VERIFYING	SIGNATURE
DATE:.....	