

6. Whether the Hospital is recognized under any one or more of following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Under CGHS | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Under State Health Authority / Local Body | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Under any Medicinal Health Insurance Organization
(If, Yes, Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

7. Eligibility:

- a. NABH Accredited Ayush Hospitals.
 - b. Minimum 10 beds for each system
 - c. Already empaneled non NABH AYUSH hospitals are required to obtain NABH accreditation within one year otherwise their empanelment may be withdrawn
 - d. Teaching Hospitals attached with Colleges and approved by CCIM or NABH.
8. That the Hospital has the capability to submit bills / medical records in electronic format. That all billing will be done electronic format and medical records will be submitted in Electronic format.
9. Rates offered are for NABH accredited Hospitals. Non-NABH hospitals are eligible for 15% lesser rates.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital is not charging lesser rates from non-CGHS patients than the rates charged for CGHS / CGHS notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital will be liable for de-recognition by CGHS. The institution will be liable to pay compensation for any physical and or mental injuries caused to its beneficiaries or any financial loss caused to CGHS beneficiaries by its action.
5. That the Hospital has the capability to submit bills / medical records in electronic format. That all billing will be done electronic format and medical records will be submitted in Electronic format.
6. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
7. That the center has not been derecognized by CGHS or any state Government or other Organizations, after being empanelled.
8. That no investigation by central Government/ any State Government or any statutory Investigating agency is pending or contemplated against the Hospital.
9. The Hospital will duly communicate any changes in the infrastructure and manpower at the time and after the empanelment.
10. The hospital will provide all necessary information about patients of CGHS treated to the CGHS authorities as when required.
11. Undertaking that manpower and space requirements will be full filed as per NABH norms within stipulated time period and till such time claim 15% lesser rates on the offered rates.
12. Undertaking for submitting signed MOA on Rs. 100 Non Judicial Stamp Paper.

SIGNATURE OF APPLICANT OR AUTHORISED AGENT

LIST OF DOCUMENTS TO BE ENCLOSED

- (a) Copy of certificate or memo of State Health authority, if any, recognizing the Hospital.
- (b) Copy of Valid NABH Certificate, if available. For already empaneled Non NABH hospitals an undertaking is to be provided regarding obtaining NABH within one year.
- (c) Copy of audited balance sheet, profit and loss account for the last one year- (Main documents only- Summary sheet).
- (d) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.,
- (e) A copy of partnership deed / memorandum and articles of association, if any
- (f) Copies of all statutory requirements like BMW disposal management, Air and water consent, Drugs License, Green clearance, Fire clearance etc.,
- (g) Photo copy of PAN Card.
- (h) Name and address of their bankers along with crossed blank Cheque to facilitate ECS systems.
- (i) Copy of the existing list of rates approved by the Hospital for various services/ procedures being provided by it.
- (j) List of staff working in the Hospital including visiting specialists.
- (k) Any other documents relevant to empanelment.

SIGNATURE OF APPLICANT OR AUTHORISED AGENT

ANNUEXURE-III

ACCEPTANCE LETTER

Date: -

From,

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To
The Director, CGHS,
Nirman Bhawan, New Delhi.

Sub: - Acceptance of CGHS rates placed on the web site of CGHS and willingness to get empanelled under CGHS.

Sir,

I /Wehereby convey our acceptance for CGHS approved rates for (City) notified on web site of CGHS. Kindly consider our hospital for empanelment under CGHS in (City) and I / we undertake that in due course of time will obtain accreditation from NABH and not later than one year from the date of empanelment under CGHS.

Category:

Ayurveda

Yoga and Naturopathy

Unani

Siddha

Yours faithfully.

Signature/Signature
(With seal)