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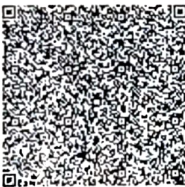
INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

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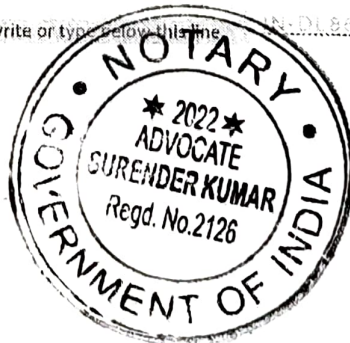
e-Stamp

Certificate No. : IN-DL85746375496390U
Certificate Issued Date : 09-Sep-2022 11:07 AM
Account Reference : IMPACC (IV)/ dl825403/ DELHI/ DL-DLH
Unique Doc. Reference : SUBIN-DL DL.82540351710852278881U
Purchased by : SANDHYASHI NEURO PANCHKARMA
Description of Document : Article 5 General Agreement
Property Description : Not Applicable
Consideration Price (Rs.) : 0
(Zero)
First Party : PRESIDENT OF INDIA THROUGH DIR RC ECHS I
Second Party : SANDHYASHI NEURO PANCHKARMA
Stamp Duty Paid By : SANDHYASHI NEURO PANCHKARMA
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



Please write or type below this line

IN-DL-85746375496390U



Surender Kumar

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shoilestamp.com' or using e-Stamp Mobile App of Stock Holding.
2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. The onus of checking the legitimacy is on the users of the certificate.

**APPLICATION FORM FOR EMPANELMENT OF AYURVEDIC,
YOGA & NATUROPATHY, UNANI AND SIDDHA "AYUSH" HOSPITALS
UNDER ECHS**

1. Name of the Hospital:

S	A	N	D	H	Y	A	S	H	I	N	E	U	R	O	P	A	N	C	H	K	A	R	M
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

2. Address of the Hospital:

B	F		4	5		S	M	A	L	I	M	A	R		B	A	G	H					
N	E	W		D	E	L	H	I	-	1	1	0	0	8	8								

3. Tel / fax / e-mail:

Telephone No	9	2	1	2	2	3	5	2	8	2													
Fax																							
e-mail / website address	S	N	C	U	R	O	P	A	N	C	H	K	A	R	M								

h.kumar@gmail.com

4. Ownership to be specified:

P	R	O	P	R	I	E	T	O	R	S	H	I	P										

5. Empanelment Applied for:

- (a) **Ayurveda**
- (b) **Yoga and Naturopathy**
- (c) **Unani**
- (d) **Siddha**
- (e) **Multi systems**

(Please tick the appropriate column)

Sub 4

Note:- Documents to be submitted as per annexure-II of application form.

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

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

S	D	I		G	E	N	E	R	A	L		I	N	S	U	R	A	N	C	E
D	A	R	A	M	O	U	N	T												
F	U	T	U	R	E		G	E	N	E	R	A	L	I						

7. Eligibility: DELHI HIGH COURT

- 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-ECHS patients than the rates charged for ECHS 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 ECHS. 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 ECHS 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 ECHS treated to the ECHS 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 Bill Processing Agency (BPA).
- (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

ACCEPTANCE LETTER

Date: -

From,

SANDHYASHI NEURO PANCH KOLMA
...RF-45:SHALIMAR BAGH DELHI-110028...

To

Regional Centre, ECHS

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

Sir,

I / We SANDHYASHI NEURO PANCH KOLMA hereby convey our acceptance for CGHS approved rates for DELHI (City) notified on web site of ECHS. Kindly consider our hospital for empanelment under ECHS in NEW DELHI (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 ECHS.

Category:

Ayurveda ✓

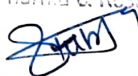
Yoga and Naturopathy

Unani

Siddha

Yours faithfully.

For Sandhya Pharma & Research Unit


Signature/Signature Proprietor
(With seal)



Rs 100 Stamp Paper

ANNEXURE - IV

MEMORANDUM OF AGREEMENT

Between

And

_____ (Regional Centre, ECHS)

This Agreement is made on the ____ day of _____, 2022 between the President of India acting through Director, Regional Centre, ECHS _____ (Station) for **Ex-Servicemen Contributory Health Scheme** (hereinafter called **ECHS**, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the **First Part**

AND


SANDHYA NEURO PHARMACY (B-45 SHAHJAHAN ROAD DELHI-110058)
..... (Name of the Hospital with Address) of the **Second Part**.

WHEREAS, **Ex- Servicemen Contributory Health Scheme** is providing comprehensive medical care facilities to the **ECHS Beneficiaries**.

AND WHEREAS, **ECHS** proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the Recognized Hospitals / Diagnostic Centers DELHI (Place).

AND WHEREAS, (Name of the Hospital) offered to give the following treatment / diagnostic facilities to the **ECHS Beneficiaries** in the Hospital.

SANDHYA NEURO PHARMACY (Unit of Sandhya Pharma and Research Unit)
.....
.....

For Sandhya Pharma
[Signature] Proprietor


NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:-

1. DEFINITIONS & INTERPRETATIONS

1.1 The following terms and expressions shall have the following meanings for purposes of this Memorandum of Agreement:

- 1.1.1 "Agreement" shall mean this agreement and all Schedules, supplements, appendices, appendages and modifications there of made in accordance with the terms of this Agreement.
- 1.1.2 "Benefit" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject
- 1.1.3 "Bill Processing Agency (BPA)" means the agency appointed by ECHS for processing of Data/ Bills of all ECHS beneficiaries (both serving and pensioner) attending the empanelled Hospitals and for making payment.
- 1.1.4 "Card" shall mean the ECHS Card, issued by any competent authority, of any ECHS city.
- 1.1.5 "Card Holder" shall mean a person having a ECHS Card holder.
- 1.1.6 "ECHS Beneficiary" shall mean a person who is eligible for coverage of ECHS and holds a valid ECHS card.
- 1.1.7 "Coverage" shall mean the types of persons to be eligible as the beneficiaries of the Scheme to health services provided under the Scheme, subject to the terms, conditions and limitations.
- 1.1.8 "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the earlier opportunity would be detrimental to the health of the patient or will jeopardize the life of the patient.
- 1.1.9 "Empanelment" shall mean the hospital / diagnostic center authorized by the ECHS for treatment purposes for a particular period.
- 1.1.10 "Hospital" shall mean the (Name of the Hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.
- 1.1.11 "De-recognition of Hospital" shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the ECHS beneficiaries after following certain procedure of inquiry
- 1.1.12 "Party" shall mean either the ECHS or the Hospital / Diagnostic Center and "Parties" shall mean the ECHS and the Hospital / Diagnostic Center.
- 1.1.13 "TPA" shall mean a Third Party Administrator authorized by ECHS to process the medical reimbursement claims or to carry out medical audit.
- 1.1.14 "Rate" — Charges for approved procedures / services as may be notified by ECHS from time to time.

Proprietor

2. APPROVED RATES TO BE CHARGED

The Hospital agrees that it shall charge from the ECHS beneficiary as per the rates for a particular procedure / package deal as prescribed by the department and attached as Annexure (rate list), which shall be an integral part of this Agreement.

- (a) It is clarified that the procedures sufficed with package treatment in annexure A2, Y2, N2, U2 & S2 are "Package treatment" and reimbursement shall be limited to the package rates.
- (a) The 'package rate' includes all charges pertaining to a particular treatment/procedure including registration charges, admission charges, accommodation charges, diet charges, cost of medicines, Panch Karma charges, Room charges, charges for Kshar sutra operation/procedure charges, Doctor/Consultant visit charges, Monitoring charges, operation theatre charges, procedural charges/Surgeon's fee, cost of disposable surgical charges and cost of all sundries used during hospitalization, routine investigations, physiotherapy charges etc. This also is inclusive of all sub-procedures and related procedures to complete the treatment.
- (b) No additional charge on account of extended period shall be allowed if that extension is due to any improperly conducted procedure.
- (c) Ward entitlement and rates for room charges will be as prescribed for AYUSH treatment under ECHS. Room rent is applicable only for treatment procedures for which there is no prescribed package rate and the accommodation charges shall include charges for occupation of bed, diet charges, charges for water and electricity supply, linen charges, nursing charges and routine up-keeping.
- (d) The prescribed rates as indicated in Annexure A2, Y2, N2, U2 & S2 shall become applicable after signing of MoA and acceptance of rates for which a period of 30 days would be given after issuance of notification. The validity of the present MOA will be for a period of 3 years

3. DURATION

The Agreement shall remain in force for a period of 3 years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for another year subject to fulfillment of all the terms and conditions of this Agreement and with mutual consent.

4. SUBMISSION OF BILLS TO BILL PROCESSING AGENCY

On completion of the treatment/ procedure (s) of the ECHS beneficiary, the Hospital shall submit credit bill along with other documents electronically (a scan copy) for pre-auditing by the BPA team through web access (Internet) and sharing of data will be through electronic media.

5. PAYMENTS

ECHS has appointed a Bill Processing Agency (BPA), for processing of Data/ Bills of all ECHS beneficiaries attending these Hospitals. ECHS would ensure that payment of hospital claims would be done in a time bound manner at the earliest possible from the date of submission of bills online on the BPA Portal.



Proprietor

ECHS beneficiary attending hospital in emergency in such a situation Hospital will intimate to BPA within 2 hours of admission and BPA will respond in 4 hours (however treatment will not be denied to any ECHS member and this is only an initiation of the e- workflow). Post discharge hospital would upload bills and download documents as per requirements of ECHS within 72 hours.

6. INFORMATION TO BE PROVIDED TO THE BPA BY HOSPITALS

ECHS beneficiary attending hospital with permission letter — upon admission hospital will verify and submit information of admission online to BPA within 2 hours. BPA will respond in 4 hours. Post discharge hospital would upload bills and download documents as per ECHS requirements within 72 hours. UTITSL will respond/clear the bill in seven working days.

7. INFRASTRUCTURE FOR INTERACTION WITH BPA

The Hospital should have:

- > Dedicated Personal Computer with at least Dual Core /Core 2 DUO processor and minimum 2 GB RAM supported by UPS. OS should be Windows. Dedicated Colour scanner with a minimum resolution 200dpi.
- > High Speed internet connectivity.
- > Necessary security systems should be taken care of.
- > A designated Nodal Person to interact with BPA.

The Hospital would be legally responsible for user authentication. The hospital will also facilitate authentication through Aadhar Card whenever asked by ECHS to do so.

8. PROCESSING OF CLAIMS / BILLS BY BPA

On behalf of ECHS, BPA will start the auditing of claims & bills submitted by HCOs after submission of the same through online Portal of BPA. During the course of the auditing, BPA will restrict the claims as per **ECHS** rules and regulations. BPA will also examine in terms of:

- Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments
- Whether the planned treatment is shown as emergency treatment
- Whether the diagnostic medical or surgical procedures that were not required were conducted by hospital including unnecessary investigations
- Maintaining database of such information of ECHS beneficiaries for future use.
- Whether the treatment procedures have been provided as per the approved rates and the packages.
- Whether procedures performed were only those for which permission has been granted

The BPA shall record their findings and intimate the same to the Hospital concerned with a copy endorsed to **ECHS** authority of the city. The payment of the bill/claim to the Hospital concerned will be made directly by the BPA after receipt of the physical bills in respect of **ECHS** beneficiaries, etc., who had taken treatment in these Private empanelled Hospital in a time bound manner.

BPA rendering services will charge from the Hospital 2% of the claimed amount per bill subject to a minimum of Rs. 12.50 and a maximum of Rs.750/-per claim (and service tax as applicable) or such amount as specified by **ECHS**. The Government may revise these rates without any notice.

Proprietor

9. CREDIT

On production of a valid permission by the ECHS—In case of emergency the hospital will provide credit to all ECHS beneficiaries. The hospital shall verify the ECHS card and the ECHS / Department is not liable to pay in cases of impersonation or treatment of ineligible persons.

10. MEDICAL AUDIT OF BILLS

There shall be a continuous Medical Audit of the services provided by the empaneled hospital.

11. TREATMENT IN EMERGENCY

> In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient availing ECHS facilities, on production of a valid ECHS card and the hospital shall submit the bill for reimbursement to the ECHS. The refusal to provide the treatment to bonafide ECHS beneficiaries in emergency cases without valid ground would attract disqualification for continuation of empanelment.

> REQUIREMENTS FOR OBTAINING TREATMENT/PROCEDURE:

Every patient is required to produce a valid **ECHS** card.

Treatment / Procedure on credit with referral/emergency should be performed for **ECHS BENEFICIARIES** -

- > Ayush Hospitals shall provide treatment on the basis of the authorization / referral letter issued by competent authority as per the procedure given in the Office Memorandum.
- > ECHS beneficiaries shall be attended to on priority.
- > Treatment procedure shall be carried out on the production of valid ECHS card and valid permission from the competent authority.
- > ECHS has the right to monitor the treatment/ procedure provided in the Hospital.

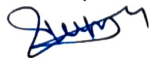
12. GENERAL CONDITIONS

All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package. For any material / additional procedure / investigation other than the condition for which the patient was initially permitted, would require the permission of the competent authority.

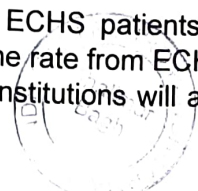
The package rate will be calculated as per the duration specified in the tender document under the 'treatment requirements'. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

In case the hospitals is charging less than the ECHS rates from non ECHS patients or institution for the said procedures then the hospital will also charge the same rate from ECHS. An authenticated list of rates being charged from non- ECHS patients or institutions will also be supplied to ECHS within 10 days of this Agreement.

For Sandhya Pharma & Research Unit



Proprietor



The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for ECHS beneficiary under this Agreement shall not be increased during the validity period of this Agreement.

The Hospital will intimate all instances of patients admitted on the basis of the Authority letter issued by the ECHS authorities in the prescribed format within one working day through fax / email (the number of which shall be notified) followed by post to ECHS / BPA.

The Hospital will intimate all instances of patients admitted as emergencies without prior permission to the ECHS authorities / BPA, in the prescribed format within one working day through fax / email (the number of which shall be notified) followed by post. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its discretion.

The Hospital shall provide reports on monthly basis by the 10th day of the succeeding calendar month in the prescribed format to the ECHS in respect of the beneficiaries treated / investigated.

The Hospital shall submit all the medical records in digital format.

The Hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital / diagnostic center who shall alone be responsible for the defect and / or deficiencies in rendering such services.

The Hospital agrees that during the In-patient treatment of the ECHS beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the ECHS which includes the cost of all the items. Appropriate action, including removing from ECHS empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by ECHS teams / appointed TPA.

13. CHANGES IN INFRASTRUCTURE / STAFF

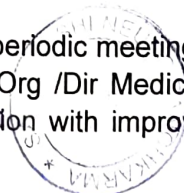
The Hospital shall immediately communicate to Managing Director Central Org /Deputy Managing Director Central Org /Dir Medical Central Org/ Dir Regional Centre (City) of ECHS about any change in the infrastructure / strength of staff. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of ECHS. The new establishment of the same Hospital / Diagnostic Center shall attract a fresh inspection, at the prescribed fee, for consideration of continuation of empanelment.

The Hospital will submit an annual report regarding number of referrals received, admitted, bills submitted to the ECHS and payment received, details of monthly report submitted to the Managing Director Central Org /Deputy Managing Director Central Org /Dir Medical Central Org ECHS / Dir Regional Centre of city, changes in the strength of doctors / staff and infrastructure if any. Annual audit report of the hospitals / diagnostic centers will also be submitted along with the statement.

Authorized signatory / representative of the hospital shall attend the periodic meetings held by Managing Director Central Org /Deputy Managing Director Central Org /Dir Medical Central Org / Director Regional Centre of ECHS (City) required in connection with improvement of working conditions.



Proprietor



During the visit by Managing Director Central Org /Deputy Managing Director Central Org /Dir Medical Central Org/Dir Regional Centre (city) including TPA, the Hospital authorities will cooperate in carrying out the inspection.

In case of any natural disaster / epidemic, the hospital shall fully cooperate with the Managing Director Central Org /Deputy Managing Director Central Org /Dir Medical Central Org of ECHS/ Dir Regional Centre of City and will convey / reveal all the required information, apart from providing treatment.

The Hospital will not make any commercial publicity projecting the name of ECHS /Ministry of Health & F.W. or Government of India. However, the fact of empanelment under ECHS shall be displayed at the premises of the empaneled center, indicating that the charges will be as per ECHS approved rates (approved CGHS rates list).

The hospital will investigate / treat the ECHS beneficiary patient only for the condition for which they are referred with permission, and in the specialty and / or purpose for which they are approved by ECHS. In case of unforeseen emergencies of these patients during admission for approved purpose / procedure, 'provisions of emergency' shall be applicable.

The Hospital shall not undertake treatment of referred cases in specialties for which it is not empaneled. But it will provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to ECHS authorities. However in such cases the Hospital will charge as per the CGHS rates only for the treatment provided.

The hospital will not refer the patient to other specialist / other hospital without prior permission of ECHS authorities. Prior intimation shall be given to ECHS whenever patient needs further referral.

14. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band/ pension. The Ayush Hospitals provide treatment as per the ward entitlement of ECHS beneficiaries.

Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.

Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.

General ward is defined as a hall that accommodates four to ten patients with necessary toilet facilities and other furnishings.

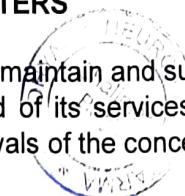
Treatment in higher Category of accommodation than the entitled category is not permissible.

15. DUTIES AND RESPONSIBILITIES OF HOSPITALS / DIAGNOSTIC CENTERS

It shall be the duty and responsibility of the Hospital at all times, to obtain, maintain and sustain the valid NABH Accreditation, recognition and high quality and standard of its services and healthcare and to have all statutory/ mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.



Proprietor



16. NON ASSIGNMENT

The Hospital shall not assign, in whole or in part, its obligations to perform under the agreement, except with the ECHS's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the ECHS. Any such assignment shall not relieve the Hospital / Diagnostic Center from any liability or obligation under this agreement

17. HOSPITAL'S / DIAGNOSTIC CENTR'S INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Hospital is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the ECHS. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

18. PERFORMANCE BANK GUARANTEE(PBG)

No Performance Bank Guarantee will be necessary to be provided by the hospital as approved vide MOD letter No. 22D(17)2018/WE)/D(Res-l) dated 07 Jun 2022 (**Annexure 1**).

19. DISCIPLINARY ACTION AGAINST EMPANELLED HOSPITALS

In case of any violation of the provisions of the MOA by the medical facilities empaneled with ECHS will be governed vide MoD ID No. 25(02)/2018/WE/D (Res) dated 10 Oct 2019 (**Annexure 2**).

20. LIQUIDATED DAMAGES

- a. The Hospital shall provide the services as per the requirements specified by the ECHS in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital / Diagnostic Center such as refusal of service or direct charging from the ECHS Beneficiaries or defective service and negligence. Dir Regional Centre ECHS (city) will empowered to initiate STOP REFERRAL.
- b. In case of repeated defaults by the Hospital, action will be taken for removing the Hospital from the empanelment of ECHS as well as termination of this Agreement
- c. For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the Hospital / Diagnostic Center and the ECHS shall have the right to issue a written warning to the Hospital / Diagnostic Center not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that Hospital / Diagnostic Center

21. TERMINATION FOR DEFAULT

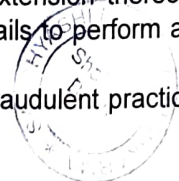
The department may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital / Diagnostic Center terminate the Agreement in whole or part.

If the Hospital / Diagnostic Center fails to provide any or all of the services for which has been recognized within the period(s) specified in the Agreement, or within any extension thereof if granted by the ECHS pursuant to Condition of Agreement or If the Hospital fails to perform any other obligation(s) under the Agreement.

If the Hospital in the judgment of the department has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

[Handwritten Signature]

Proprietor



22. INDEMNITY

The Hospital / Diagnostic Center shall at all times, indemnify and keep indemnified ECHS against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital / Diagnostic Center in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS in consequence to any action or suit being brought against the ECHS, along with (or otherwise), Hospital as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Hospital will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.

The Hospital will pay all indemnities arising from such incidents without any extra cost to ECHS and will not hold the ECHS responsible or obligated. ECHS may at its discretion and shall always be entirely at the cost of the Hospital defend such suit, either jointly with the Hospital or singly in case the latter chooses not to defend the case

23. ARBITRATION

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the **ECHS** and the Hospital / upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Director, General Health Services, Ministry of Health & FW, Government of India, who will give written award of his decision to the Parties. The decision of the Director General of Health Services will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Delhi / New Delhi.

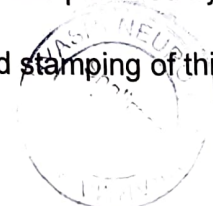
24. MISCELLANEOUS

- Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the ECHS and the Hospital.
- The Hospital shall not represent or hold itself out as agent of the ECHS.
- The ECHS will not be responsible in any way for any negligence or misconduct of the Hospital and its employees for any accident, injury or damage sustained or suffered by any ECHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the Hospital / Diagnostic Center or in the course of doing its work or perform their duties under this Agreement or otherwise.
- The Hospital shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the Hospital in particular where such change would have an impact on the performance of obligation under this Agreement.
- This Agreement can be modified or altered only on written agreement signed by both the parties.
- Should the hospital get wound up or partnership is dissolved, the ECHS shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.
- The Hospital shall bear all expenses incidental to the preparation and stamping of this agreement.

For Sandhya Pharma & Research Unit



Proprietor



25. OTHER SERVICES TO BE PROVIDED

The empanelled Hospital will, on the request of ECHS, agree to provide training to ECHS medical, Para-medical and nursing staff.

26. NOTICES

- a. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

ECHS: - Director ECHS Regional Centre (city)

Hospital Center with address:

(SANDHYASHI NEURO DIAGNOSTIC CENTRE DELHI-110078)

- b. A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with remarks like refused, left, premises locked, etc.

In WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

Signed by

Director ECHS Regional Centre(city)

For and on behalf of
The President of India

In the Presence of
(Witnesses)

- 1.
- 2.

Signed by

For and on behalf of (Hospital / Diagnostic Center) duly authorized vide Resolution No dated of (name of Hospital / Diagnostic Center)

In the presence of

(Witnesses)

- 1. NARI DUTT - 9854264022
- 2. DOLLY JHA - 8387094800



For Sandhya Pharma & Research Unit

Proprietor

F.No.25-1/2018/CGHS/JD AYUSH
Government of India
Ministry of Health & Family Welfare
Directorate General of Central Government Health Scheme

Nirman Bhawan, New Delhi

Date : 3rd Feb, 2022

Sub:- Empanelment of Private Day Care Therapy Centers for Ayurveda, Yoga & Naturopathy under CGHS.

With reference to the above mentioned subject attention is drawn to the OM of even no. dated 31.03.2021 vide which the under mentioned AYUSH Day Care Therapy Centers were empanelled for a period of one year with Non-NABH status.

Now the status of under mentioned Centers which is already empanelled under CGHS till 30.03.2022 has to be changed from Non-NABH to NABH from the issue of the OM as per the applicable CGHS rates and terms & conditions as contained in the O.M. dated 20 November, 2020.

S.No.	Name of the Hospital/Centre	System	NABH status
1.	SKK Ayurveda, C-2/95, Janakpuri, New Delhi-110058, Phone-9811446462, Email:- drtarungupta@rediffmail.com	Ayurveda	NABH
2.	Sandhyashi Neuro Panchkarma (A Unit of Sandya Pharma and Research Unit), BF 45, Shalimar Bagh, Delhi-110088, Phone- 9212735382, Email:- vikasgupta.1466@rediffmail.com	Ayurveda	NABH
3.	Sanjeevani Ayurveda, Shop No. 201-203, Mefcon Plaza, Plot-5, Sec-6, Dwarka, New Delhi-110075, Phone No. 8447137511, Email:- sanjeevanidwarka@gmail.com	Ayurveda	NABH
4.	Shri Vats Ayurvedic Chikitsalaya, 640/C, Chirag Delhi, New Delhi-110017, Phone-7982440732, Email:- drpushkarsharma2@gmail.com	Ayurveda	NABH
5.	Jeena Sikho Life Care Pvt. Ltd., C-34 Ground Floor, RDC, Raj Nagar, Ghaziabad-201017.	Ayurveda	NABH
6.	Jeena Sikho Life Care Pvt. Ltd., 83, 1st floor, Kundan Nagar, Laxmi Nagar, Delhi-110092.	Ayurveda	NABH

This issue with the approval of competent authority.

(Dr. Nikhilesh Chandra)
Director, CGHS

To,

To:

1. All Ministries/ Departments, Government of India.
2. Director, CGHS, Nirman Bhawan, New Delhi.
3. Addl. DDG (HQ) /All Additional Directors Joint Directors of CGHS cities outside Delhi
4. All Pay & Accounts Officers under CGHS.
5. Additional Director (HQ) /Additional Director (SZ) (CZ) (EZ) (NZ), CGHS, Delhi
6. JD (Gr.) /JD (R&H), CGHS Delhi.
7. CGHS Desk-I /Desk-II/CGHS-I/CGHS-II.Die. GHS, Nirman Bhawan, New Delhi
8. Estt.I/Estt.II/Estt.III/Estt.IV Sections, Ministry of Health & Family Welfare

For Sandhya Pharma & Research Unit

Zubair

Proprietor

9. Admn. I /Admn.II Sections of Dte. GHS.
10. Rajya Sabha/Lok Sabha Secretariat.
11. Registrar, Supreme Court of India/Punjab & Haryana High Court, Chandigarh.
12. U.P.S.C.
13. Finance Division.
14. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
15. PPS to Secretary (H&FW)/ Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare.
16. PPS to DGHS /SS&MD, NRHM/AS(H)/AS& DG (CGHS).
17. Swamy Publishers (P) Ltd., P.B. No. 2468, R.A. Puram, Chennai 600028.
18. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi.
19. All Staff Side Members of National Council (JCM) (as per list attached).
20. Office of the comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi.
21. All Offices /Sections/Desk in the Ministry.
22. UTI_ITSL 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
23. Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS website.
24. M.S. Ayurvedic Hospital, Ali Ganj, Lodhi Road, New Delhi.
25. CMO I/c AMSD, UMSD, HMSD, SMSD and CMO MRC (AYUSH).
26. Office Order folder.

For Sandhya Research Unit



Proprietor

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
F-17, KARKARDOOMA, DELHI-110032
(DELHI GOVT. EMPLOYEES HEALTH SCHEME)

F No 25(III)/DGEHS/ DHS/205/2011/Pt-III /13680-930 Dated 8/2/22

OFFICE MEMORANDUM

In Accordance to Cabinet Decision No 937 communicated vide OM No F 342/126/2004/H&FW/7553-63 dated 21 02 2005 and subsequent office memoranda with regard to Delhi Government Employees Health Scheme (DGEHS), the following Hospitals/Diagnostic Centers have been empanelled with immediate effect in addition to the existing empanelled hospitals/ diagnostic centers under DGEHS as per details mentioned below:

S No	Hospital Name	Hospital Address	Specialties under CGHS
1	Ansari Hospital	RZ-20F/B, Kailshpuri Road, Street No-6, Main Sagarpur, New Delhi-110046.	General Medicine, General Surgery, Gynae & Obs, Orthopaedic (including Joint Replacement), Respiratory Medicine, Cardiology, Medical & Surgical Gastroenterology, Neurology, Urology (including dialysis and lithotripsy) and Eye.
2	Malik Radix Health Care	C-217, 218, Nirman Vihar, Vikas Marg, New Delhi-110092.	General Medicine, General Surgery, Endoscopic/Laparoscopic procedures, Eye, ENT, Obstetrics and Gynaecology, Orthopedic surgery and Diagnostics
3	HOD House of Dentistry	B-16/8-A, Gamri Extension, Delhi-110053.	All Available Dental Care Facilities
4	Vitrana Healthcare LLP	SDC 14, Sector-23, Sanjay Nagar, Ghaziabad, (U.P.)-201002.	CT-Scan, Nuclear Medicine, PET-CT.
5	Smile Dental Clinic	82A, Deepshikha Building, Near Moti Bagh Gurudwara, New Delhi-11021.	All Available Dental Care Facilities
6	UB Ophthalmology LLP	B6, Ashoka Niketan, Delhi-110092.	Exclusive Eye Care Centre
7	Dr Chaudhry's Moral Hospital Pvt. Ltd.	C-1/2A, & C-1/1A, Yamuna Vihar, Delhi-110053	General Surgery including laproscopic surgery, Gynae. & Obst., Orthopaedic Surgery, Skin, Paediatrics, Psychiatry, Anaesthesiology, Dental, Eye, ENT and Diagnostics.
8	DALCO Healthcare	PVW-1, Concourse Paschim Vihar, West Metro Station, New Delhi-110063.	Ayurveda
9	Sandhyashi Neuro Panchkarma	BF-45, Near Canara Bank, Shalimar Bagh, Delhi-110088.	Ayurveda
10	Nidan Hospital	Murthal Road Sonapat (Haryana)-131001.	General Medicine, General Surgery, Gynae. & Obst., Orthopaedic (Including Joint Replacement), Physiotherapy, Cardiology-Non-Invasive, Paediatrics and Diagnostics and Interventional Cardiology
11	Gupta Multispeciality Hospital	B-20, (Opp. Ram Mandir), Vivek Vihar, Delhi-110095	General Medicine, General Surgery, Gynecology and Obst, Orthopedic, Eye, ENT, Endoscopic/Laparoscopic Surgery, Gastroenterology, Neurology, Urology, Nephrology, Dental and Diagnostics

For Sandhya Research Clinic

[Signature]

Proprietor



12/2/22

12	Dynex Diagnostic & Path Lab	C-40, Kirti Nagar Near Axis Bank New Delhi-110015	Laboratory Investigations
13	Bapu Nature Cure Hospital	Gandhi Nidhi, Mayur Vihar Phase-I, Delhi-110091	Ayurveda
14	Yogashram Sanjeevani Ayurveda	Shop No 201-203, Second Floor, Near Corporation Bank, Main Market, Sector-6, Dwarka, New Delhi-110078	Ayurveda
15	Amaltas Ayurveda	Flat No. 10, Ground Floor, Netaji Subhash Apartment, Pocket 1, Phase 2, Sector 13, Dwarka, New Delhi-110078	Ayurveda
16	Drishhti Eye & ENT Care	Plot No. 8, Sector-5, Vaishali, Ghaziabad U.P.	Exclusive Eye Care Centre
17	Dr. Chhabra's dental Clinic	1097, Sec.-4, Near Sec-4 Market, Gurgaon-122001	All Available Dental Care Facilities
18	Dr Sekhri Dental & Implant Clinic	3, Sukh Vihar (Tikona Park) Near Gagan Vihar, Delhi-110051.	All Available Dental Care Facilities
19	Teerthanker Aadinath Dental Care	Bright 11&12/1513, Wazirnagar, Kolla Mubarakpur, Opp. Axis Bank, Defence Colony, New Delhi-110003	All Available Dental Care Facilities
20	Narayana Superspeciality Hospital	Plot 3201, Block-V, DLF Phase-III, Gurugram, Haryana-122002.	General Medicine, General Surgery, Gynae. & Obst., Orthopaedic (Including spine surgery), Paediatrics, Cardiology, Cardiothoracic Surgery, Gastroenterology (Medical & Surgical), Nephrology, Neurology, Neurosurgery, Respiratory Medicine, Oncology (Medical, Radiation and Surgical) Urology, Vascular Surgery, Transplant Services (LTP, KTP), Eye, ENT and Diagnostics.
21	Dental Care Clinic	PD-1/, B & @B, Pitam Pura(Adjacent to N.D. Market) New Delhi-110088.	All Available Dental Care Facilities
22	National Imaging & Pathlabs	Plot No. - 1, Opp Metro Pillar No.-799, Vipin Garden, Near Dwarka More, Uttam Nagar, New Delhi-110059	X-ray, USG, CT Scan, Colour Doppler, OPG, MRI & Laboratory Investigations
23	Muskan Dental Care	11/26, West Patel Nagar, New Delhi -110008.	All Available Dental Care Facilities
24	Rama Brite Smiles Dental Care	2150, Sec-16A, Vasundhara, Ghaziabad-201012.	All Available Dental Care Facilities
25	Manav Hospital	Site No.-1, B-Block (Next to SBI), Kavi Nagar, Ghaziabad-201002	General Medicine, General Surgery, Gynae. & Obst., Orthopaedic (Including Joint Replacement), Eye and Diagnostics.
26	Aarogyam Clinic	U-1/34, Budh Vihar, Phase-1 Delhi-110086.	Ayurveda
27	S K K Ayurveda	C-2/95, Janakpuri, New Delhi-110058	Ayurveda
28	Bhagwan Mahavir Hospital	Sector-14, Ext., B M Marg Madhuban Chowk, Rohini, Delhi-110085	General Medicine, General Surgery, Gynae & Obs., Orthopaedic Surgery (including Joint Replacement), Respiratory Medicine (only Non-interventional), Medical Cardiology, Gastroenterology, Nephrology, Neurology, Neurosurgery, Oncology Urology (excluding dialysis and lithotripsy) Eye, ENT, Dental and Diagnostics

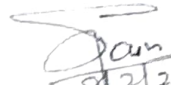
For Sandhya Pharma & Research Unit

Prof. [Signature]

22/22

30	Dr Khanna's Pathcare Pvt Ltd	A-43, Hauz Khas (Near Hauz Khas Police Station), New Delhi-110016	Laboratory Investigations
31	Shri Vats Ayurvedic Chikitsalaya	640/C, Chirag Delhi, New Delhi -110017	Ayurveda
32	Dr Lal Chandani Labs	M-20, GK-1, Main Road, New Delhi-110048	Laboratory Investigations, USG, Colour Doppler, 2D ECHO, X-ray
33	SBR Diagnostics Pvt. Ltd	C-61, Preet Vihar, Vikas Marg, Near Metro Pillar No - 79, Delhi-110092.	X-Ray, MRI, CT Scan, USG, Colour Doppler
34	Platinum Imaging Centre	C-62, Preet Vihar, New Delhi-110092.	CT Scan, Pet-CT Scan
34	Dr. Samir's Ganga Diagnostic & Imaging Centre Pvt. Ltd.	C-31, Ground Floor, Rajan Babu Road, Adarsh Nagar, Delhi-110033.	Diagnostics & Imaging Centre
35	Eye sciences	E-82, Ground Floor, Greater Kailash-I, New Delhi-110048.	Eye Center

The empanelment of the above hospitals /diagnostic centers has the approval of Competent Authority


8/2/22
(Dr. Sushma Jain)
Addl. Director, DGEHS

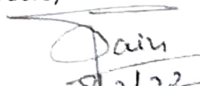
To,

The Concerned Chairman/CEO/ Director/Medical Supdt.
No. F. 25(III)/DGEHS/DHS/205/2011/PI-III/ 13680-930

Dated- 8/2/22

Copy for information to:-

1. Pr. Secy to Hon'ble Chief Minister, Govt. of NCT of Delhi
2. Secy. to Hon'ble Minister of Health, Govt. of NCT of Delhi
3. OSD to Chief Secretary, Govt of NCT of Delhi.
4. Pr. Secy. (Health) Govt. of NCT of Delhi
5. Registrar, Delhi High Court
6. All Heads of Department of Government of NCT of Delhi
7. Director Health Services, GNCTD
8. Medical Superintendent of all Hospitals under Govt. of NCT of Delhi.
9. Controller of Accounts, GNCTD (with request to forward a copy of OM to all PAOs)
10. All HOOs / CDMOs under DHS (with the request to inform all concerned)
11. All branches of DGHS (HQ)
12. CMO /Computer cell, DHS (HQ) (with the request to upload it on our website. http://health.delhigovt.nic.in/wps/wcm/connect/DoIT_Health/health/home/directorate+general+of+health+services/dgehs/important+office+memorandums+and+office+orders)
13. Guard file.


8/2/22
(Dr. Sushma Jain)
Addl. Director, DGEHS

For Sandhya Pharma Research Unit

Proprietor



**Unit Cost of Ayurvedic therapies / interventions in OPD/IPD offered to NABH
accredited empanelled Hospitals in CGHS.**

Therapy/Intervention		
S.No.	Treatment Name	Unit Cost in Rupees
1	Abhyanga	1145
2	Abhyanga-Sthanika	570
3	Abhyanga+Sweda	1280
4	Avagaha	765
5	Anjana	340
6	Aanchana (Traction)	480
7	Annalepa/Njavaratheppu-Full Body	1290
8	Annalepa/Njavaratheppu- Sthanikam	755
9	Aschothana	335
10	Agnikarma-Infra Red Coagulation (Package rate for full Course of treatment)	10,000
11	Agnikarma-High frequency Coagulation (Package rate for full Course of treatment)	10,000
12	Agnikarma-Radio frequency Coagulation (Package rate for full Course of treatment)	10,000
13	Achasnehapana/day	440
14	Bhedana (of Eye)	565
15	BhagnaBandhana (Fracture Bandage with Reduction & Immobilisation)	885
16	Choorma Pinda Sweda/Podikkizhi-Full Body	1210
17	Choorma Pinda Sweda/Podikkizhi- Sthanika/Ekangam	715
18	DhanyaPindaswedam/Dhanyakkizhi/Navadhanyakkizhi-Full Body	1245
19	Dhara/Sirodhara-Thaila	1420
20	Dhanyamladhara-Sthanika/Local-Katee Dhara etc	705
21	Dhoomapana	480
22	Dhoomapana	460
23	Dhanyamla Pindaweda/Dhanyamlakkizhi/Kaatikkizhi-Full Body	1240
24	Eshana	565
25	Greevavasthi	845
26	Gandoosha	390
27	Goshbanabandha	300
28	Jaloukavacharana	745
29	Jambeerapindasweda/Narangakkizhi-Full Body	1190
30	Januvasthi	845
31	Kabala	390
32	Kateevasthi	845

For Sandhya Research Unit

[Signature]

Proprietor

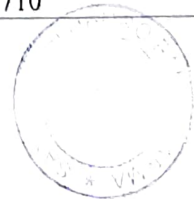


33	Kashayavasthi (Niroohavasthi)-Different varieties	1030
34	KashayaDhara-Full Body	1045
35	KashayaDhara-Ekangam/Local	635
36	KsheeraDhara (Medicated-different varieties)-Full Body	1155
37	KsheeraDhooma	735
38	Kshara Karma (Package rate for full course of treatment)	10,000
39	Ksharasoothra-Low level fistula (Package rate for full course of treatment)	10,000
40	Ksharasoothra-Middle level fistula (Package rate for full course of treatment)	10,000
41	Ksharasoothra-High level fistula (Package rate for full course of treatment)	10,000
42	Kshalana	355
43	Kshara Pathana (Package rate for full course of treatment)	10,000
44	Kamapoorana	350
45	Kuttanam	540
46	Lekhana	540
47	Lepa/Lepana-Local	390
48	Mathravasthi	350
49	MamsaPindaSweda/Mamsakkizhi-Full Body	1420
50	MamsaPindaSweda/Mamsakkizhi-Sthanikam/Ekangam	820
51	Mukhalepa	490
52	Moordhataila	315
53	Nadeesweda/Snigdhasweda-Full	580
54	Nadeesweda/Snigdhasweda-Ekangam/Local	450
55	Nethradhara/Akshiseka	595
56	Nasya	600
57	PathraPindaSweda/Ilakkizhi-full	1220
58	PathraPindaSweda/Ilakkizhi-Sthanika/Ekangam	720
59	Pizhichil/Kayaseka	1995
60	Pizhichil-Sthanikam/Ekangam/Local	1105
61	Pichu	410
62	Prushtavasthi	845
63	Putapaka	850
64	Prachanna	590
65	Pindi	450
66	ShashtikapindaSweda/Navarakkizhi-Full Body	1320
67	ShashtikapindaSweda/Navarakkizhi-Ekangam/Sthanikam	770
68	Sirovasthi	970
69	Snehapana/day	440
70	Sirolepa/Thalapothichil	1120
71	Siravayadha/Siravedha/Rakthamoksha	640
72	Taila Vasthi	710

For Sandhya Pharma Research Unit

Sandhya

Proprietor



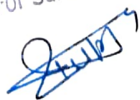
73	Thakradhara	1145
74	Thalam	410
75	Tharpana	735
76	Tailadaha (Package rate for full course of treatment)	10,000
77	Thakrapana	250
78	Utharavasthi	1100
79	Udwarthana	1095
80	Urovasthi	845
81	Upanaha/Upanahasweda	590
82	Vamana	745
83	Virechana	355
84	Valukasweda/Manalkkizhi-Full Body	1080
85	Vitalaka/Bitalaka	450
86	Yoniprakshalana	500
87	Yonidhavana	500
88	Yoni Pichu	460
89	Yoni Poorana	460
90	Yoni Dhoopana	335
91	Valukasweda/Manalkkizhi-Sthanikam	655
92	Ksheeradhara-Head	1095
93	Jambeerapindasweda/Narangakkizhi-Sthanika/Local	735
94	Dhanyapindasweda-Sthanika/Local	730
95	Dhanyamlapindasweda/Katikkizhi-Sthanika	705
96	Veshtanam	330
97	Agnikarma (Classical with Panchalohasalaka)	995

1. Determination of treatment expenditure for payment / reimbursement.

For the purpose of settlement of Ayurvedic treatment expenditure under CGHS following criteria shall be applied-

- The above unit rates of therapies / interventions shall be benchmarks for calculating treatment expenditure.
- The above unit rates are inclusive of the implication of materials medicines, accessories, equipments maintenance, manpower (Medical, Paramedical and Nursing) and diet used in imparting therapies.
- Pre and post procedure cost will be chargeable @ Rs. 75 per day.

For Sandhya Health Research Unit



Proprietor





SANDHYASHI NEURO PANCHKARMA
(A Unit of Sandhya Pharma & Research Unit)
(A CGHS/DGEHS Empanelled Centre and All Major TPA Covered)



Dear Sir

Contact Details Of Person:-

Ser. No	Appointment	Name	Mobile No	Email ID
1	Dr Rajni Gupta	Dr Rajni Gupta	9212735382	sneuropanchkarma@gmail.com

For Sandhya Pharma & Research Unit

Regard's

Dr Rajni Gupta



Sandhyashi Neuro Panchkarma
(A Unit of Sandhya Pharma and Research Unit)
B.F- 45, Near Canara Bank, Shalimar Bagh, Delhi- 110088
Mobile- 9212735382

For Sandhya Pharma & Research Unit

Proprietor



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAJNI GUPTA
RAMAN GUPTA

10/10/1983
Permanent Account Number
A.JNPG3905C

Signature



For Sandhya Pharma & Research Unit

Proprietor





भारत सरकार
GOVERNMENT OF INDIA



रजनी गुप्ता
Rajni Gupta
जन्म तिथि / DOB : 10/10/1983
पहिला / FEMALE



2944 5982 3435

आधार आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O: विकास गुप्ता, 229ए, गली
न-2, आम्बेडकर नगर, हैदर पुर,
शालीमार बाग, उत्तर पश्चिमी,
दिल्ली, 110088

Address:
W/O: Vikas Gupta, 229A, Gali
no-2, Ambedkar Nagar, Haider
Pur, Shalimar Bagh, North West
Delhi, Delhi, 110088



1947
1800 300 1947

help@uidai.gov.in

www
www.uidai.gov.in P.O. Box No.1947,
Bengaluru-560 001

For Sanctioning & Research Unit
Proprietor



MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:-

NAME OF ACCOUNT HOLDER	Somethya Pharmar Research Unit
COMPLETE CONTACT ADDRESS	BF-45 Shalimarbag.
TELEPHONE NUMBER/FAX/EMAIL	9212735382

B. BANK ACCOUNT DETAILS:-

BANK NAME	Kotak Mahindra bank.
BRANCH NAME WITH COMPLETE ADDRESS TELEPHONE NUMBER AND ADDRESS	Block 2 Pocket East Shalimarbag Newdelhi
WHETHER THE BRANCH IS COMPUTERISED	Yes.
WHETHER THE BRANCH IS RTGS ENABLED ? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE	KKBK0004628
IS THE BRANCH ALSO NEFT ENABLED	Yes.
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	Current.
COMPLETE BANK ACCOUNT NUMBER (LATEST)	9913511856
MICR CODE OF BANK	110485133

DATE EFFECT:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold that user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

For Somethya Pharmar Research Unit

(.....)

Signature of Customer

Proprietor

Date:-

Certify that the particulars furnished above are correct as per our records.

(Bank Stamp)

The information given above is true and correct as per our records. We confirm that the signature of the customer is correct as per our records.
For Kotak Mahindra Bank Ltd

(.....)

Signature of Banker

Date:-

Authorized Signatory
BH-39 Shalimar Bagh Branch
New Delhi-110088

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above Performa to the Department at earliest.



39, Block & Pocket: Bh East, Shalimar Bagh
New Delhi 110088 Delhi India
IFSC : KKBK0004628

Valid for three months from date of issue
दिनांक
Date

D	D	M	M	Y	Y	Y	Y		

Pay

रुपये Rupees

या धारक को Or Bearer

Cancelled Check

अदा करें।

₹	
---	--

खाता नं.
A/c No. 9913511856

KOTAK EDGE CURRENT ACCOUNT
CBS

For Sandhya Pharma And Research Unit

[Signature]

Authorised Signatory

Please sign above

13/10/2021

Payable At-par at all branch locations of Kotak Mahindra Bank Ltd.

⑈000207⑈ 1104851333⑈ 000189⑈ 29

For Sandhya Pharma *[Signature]* Research Unit

Proprietor





SI No. 004720

004720

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

National Accreditation Board for Hospitals & Healthcare Providers
5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co

SCOPE OF ACCREDITATION

Sandhyashi Neuro Panchkarma

Ground Floor, BF-1
Shalimar Bagh
New Delhi - 110088

Certificate No. PC-2021-0024

Valid from : September 27, 2021
Valid thru : September 26, 2024

- Panchakarma Treatments

For Sandhya Pharma & Research Unit
[Signature]
Proprietor



PC-2021-0024



NABH

NABH and the NABH Accreditation Standards for Hospitals are ISQua Accredited

[Signature]

Dr. Atul Mohan Kochhar
Chief Executive Officer



सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

e-Stamp

Certificate No. : IN-DL85744544818288U
Certificate Issued Date : 09-Sep-2022 11:05 AM
Account Reference : IMPACC (IV)/ dl825403/ DELHI/ DL-DLH
Unique Doc. Reference : SUBIN-DL82540351792887973802U
Purchased by : DR RAJNI GUPTA
Description of Document : Article 4 Affidavit
Property Description : Not Applicable
Consideration Price (Rs.) : 0
(Zero)
First Party : DR RAJNI GUPTA
Second Party : Not Applicable
Stamp Duty Paid By : DR RAJNI GUPTA
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



Please write or type below this line



For Sandhya Pharma & Research Unit


Proprietor



Statutory Alert:

1. The authenticity of this e-stamp certificate should be verified at www.ahkstamp.com/ or using e-Stamp Mobile App of Stock Holding Company of India.
2. The details on this Certificate are available on the website / Mobile / App and are available on the website / Mobile / App and are available on the website / Mobile / App.
3. In case of any discrepancy please inform the Competent Authority.

AFFIDAVIT

I, **DR. RAJNI GUPTA** W/O **DR. VIKAS GUPTA** R/O 229-A, GALI NO.2, AMBEDKAR NAGAR, HAIDERPUR, DELHI-110088, do hereby solemnly affirm and declare as under:-

1. That I am citizen of India.
2. That I am sole Proprietor of **M/S SANDHYASHI NEURO PANCHKARMA** situated at BF-45, SHALIMAR BAGH, DELHI-110088.
3. That this is my true and correct statement.



DEPONENT

VERIFICATION

Verified at Delhi on this 9 AUG 2022, that the contents of above affidavit are true and correct with the best of knowledge and belief.


DEPONENT



ATTESTED

NOTARY PUBLIC
DELHI (INDIA)
9 AUG 2022

M/S Sandhya Pharma And Research Unit
BALANCE SHEET AS AT 31ST MARCH 2021

LIABILITIES	AMOUNT	ASSETS	AMOUNT
PROPRIETOR'S CAPITAL A/C		FIXED ASSETS	
Mrs. Rajni Gupta	2214886.00	As per Annexure attached	1428972.15
		CURRENT ASSETS	
		Stock In Trade	727913.85
		Cash In Hand	<u>132560.00</u>
CURRENT LIABILITIES			860473.85
Sundry Creditors:	<u>74560.00</u>		
	74560.00		
	<u><u>2289446.00</u></u>		<u><u>2289446.00</u></u>

For M/s Sandhya Pharma And Research Unit

For Sandhya Pharma & Research Unit
 Proprietor
 Mrs. Rajni Gupta


 Proprietor

Place: Delhi
 Dated:- 03-10-2021




M/S Sandhya Pharma And Research Unit
PROFIT & LOSS ACCOUNT FOR THE PERIOD ENDED ON 31'ST MARCH 2021

EXPENDITURE	AMOUNT	INCOME	AMOUNT
Medical Expenses	65200.00	Revenue Receipts	1151000.00
Professional Charges	18000.00	Intt on FDR	78501.00
Staff Welfare	16520.00		
Business Promotion	18320.00		
Bank Charges & Interest	10230.00		
Electricity	18000.00		
Rent	24000.00		
Depreciation	244781.85		
Salary & Wages	120000.00		
Postage	8560.00		
Travelling Expenses	5520.00		
Water Charges	4145.15		
Printing & Stationery	11200.00		
Advertisement Expenses	11023.00		
Net Profit Trf to Prop. Capital A/c	<u>654001.00</u>		<u>1229501.00</u>
	<u>1229501.00</u>		<u>1229501.00</u>

For M/s Sandhya Pharma And Research Unit

Rajni Gupta


For Sandhya Pharma & Research Unit
 Proprietor
 Mrs. Rajni Gupta

 Proprietor



Place: Delhi
 Dated:- 03-10-2021

M/S Sandhya Pharma And Research Unit
Capital Accounts of Mrs. Rajni Gupta As On 31st March 2021

PARTICULAR	AMOUNT
Opening Balance 01-04-2020	
Add:-	1920885.00
Net Profit For The Year	<u>654001.00</u>
Less :-	<u>2574886.00</u>
LIC	150000.00
Drawings	<u>360000.00</u>
Closing Balance	<u>2214886.00</u>

For Sandhya Pharma & Research Unit

Proprietor



M/S Sandhya Pharma And Research Unit
Schedule Of Fixed Assets Attached To And Forming Part Of The Balance Sheet
As At 31ST March 2021

Particulars Block of Assets	Rate of Dep. in %	W.D.V AS ON 1/4/20	ADDITION		SALE	Total as On 31/3/21	Depre- ciation	W.D.V As At On 31/3/21
			Before Sep	after Sep				
1	2	3	4	5	6	7	8	9
Furniture & Fixtures	10%	135882.00				135882.00	13588.20	122293.80
Inverter	15%	7779.00				7779.00	1167.05	6611.95
Computer	40%	2048.00				2048.00	819.00	1229.00
Medical Equipments	15%	1411369.00				1411369.00	211705.25	1199663.75
Air Conditioner	15%	11483.00				11483.00	1722.95	9760.05
Car	15%	105193.00				105193.00	15779.40	89413.60
TOTAL		1673754.00	0.00	0.00	0.00	1673754.00	244781.85	1428972.15

For M/s Sandhya Pharma And Research Unit

Proprietor
Mrs. Rajni Gupta

Rajni Gupta


Place: Delhi
Dated:- 03-10-2021

For Sandhya Pharma & Research Unit

 Proprietor





Government of India
Form GST REG-06
[See Rule 10(1)]

Registration Certificate

Registration Number : 07AJNPG3905C1ZJ

1.	Legal Name	RAJNI GUPTA			
2.	Trade Name, if any	SANDHYA PHARMA AND RESEARCH UNIT			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	GROUND FLOOR, BF-1, SHALIMAR BAGH, DELHI, North West Delhi, Delhi, 110088			
5.	Date of Liability				
6.	Period of Validity	From	11/05/2018	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority				
Signature		Signature Not Verified Digitally signed by DS GOODS AND SERVICES TAX NETWORK 1 Date: 2018.05.11 00:15:40 IST			
Name					
Designation					
Jurisdictional Office					
9.	Date of issue of Certificate	11/05/2018			
Note: The registration certificate is required to be prominently displayed at all places of business in the State.					

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 11/05/2018.

For Sandhya Pharma & Research Unit
Proprietor





GSTIN 07AJNPG3905C1ZJ
Legal Name RAJNI GUPTA
Trade Name, if any SANDHYA PHARMA AND RESEARCH UNIT

Details of Additional Places of Business

Total Number of Additional Places of Business in the State 0

For Sandhya Pharma & Research Unit
[Signature]
Proprietor





GSTIN

07AJNPG3905C1ZJ

Legal Name

RAJNI GUPTA

Trade Name, if any

SANDHYA PHARMA AND RESEARCH UNIT

Details of Proprietor

1



Name

RAJNI GUPTA

Designation/Status

PROPRIETOR

Resident of State

Delhi

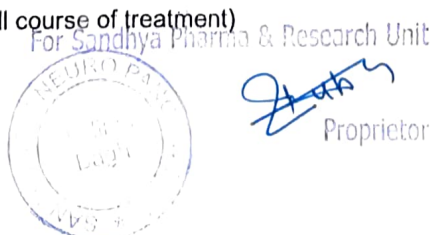
For Sandhya Pharma & Research Unit

Proprietor



TARRIF LIST HOSPITAL

S.NO.	TREATMENT NAME	UNIT COST IN RS.
1	Abhyanga	1720
2	Abhyanga-Sthanika	855
3	Abhyanga+ Sweda	1920
4	Avagaha	1150
5	Anjana	510
6	Aanchana (Traction)	720
7	Annalepa/Njavaratheppu-full Body	1950
8	Annalepa/Njavaratheppu-sthanikam	1150
9	Aschothana	500
10	Agnikarma-Infra red Coagulation (package rate for full course of treatment)	15000
11	Agnikarma-High frequency coagulation (Package rate for full course of treatment)	15000
12	Agnikarma-Radio frequency Coagulation (Package rate for full Course of treatment)	15000
13	Achasnehapana/day	660
14	Bhedana (of Eye)	850
15	Bhagna Bandhana (Fracture Bandage with Reduction & Immobilisation)	1325
16	Choorana Pinda sweda/Podikkizhi-Full body	1800
17	Choorana Pinda sweda/Podikkizhi- Sthanika/Ekangam	1075
18	Dhanya Pindaswedam/Dhanyakkizhi/Navadhayakkizhi-Full Body	1860
19	Dhara/Sirodhara-Thaila	2130
20	Dhanyamladhara-Sthanika/local-Katee Dhara etc	1050
21	Dhoopana	720
22	Dhoomapana	700
23	Dhayamla Pindaweda/dhanyamlakkizhi/Kaatikkizhi-Full body	1850
24	Eshana	790
25	Greevavasthi	1260
26	Gandoosha	585
27	Goshbanabandha	450
28	Jaloukavacharna	1120
29	Jambeerapindasweda/narangakkizhi- full body	1785
30	Januvasthi	1260
31	kabala	585
32	kateevasthi	1260
33	Kashayavasthi (Niroohavasthi)-Different varieties	1545
34	KashayaDhara- Full Body	1560
35	KashayaDhara- Ekangam/Local	950
36	KsheeraDhara (Medicated-different varieties)- Full Body	1730
37	KsheeraDhooma	1100
38	Kshara karma (Package rate for full course of treatment)	15000
39	Ksharasoothra-Low level fistula (package rate for full course of treatment)	15000
40	Ksharasoothra-High level fistula (package rate for full course of treatment)	15000
41	Kaharasoothra-Middle level fistula (package rate for full course of treatment)	15000
42	Kshalana	530
43	Kshara Pathana (Package rate for full course of treatment)	15000
44	Karnapoorana	525
45	Kuttanam	800
46	Lekhana	800
47	Lepa/Lepana-Local	580



48	Mathravasthi	525
49	MamsaPindaSweda/Mamsakkizhi-Full Body	2130
50	MamsaPindaSweda/Mamsakkizhi-Sthanikam/Ekangam	1230
51	Mukhalepa	735
52	Moordhataila	470
53	Nadeesweda/Snigdhasweda-Full	870
54	Nadeesweda/Snigdhasweda-Ekangam/Local	675
55	Nethadhara/Akshiseka	890
56	Nasya	900
57	PathraPindaSweda/Ilakkizhi-Full	1830
58	PathraPindaSweda/Ilakkizhi-Sthanika/Ekangam	1080
59	Pizhichil/Kayaseka	2990
60	Pizhichil-Sthanikam/Ekangam/Local	1650
61	Pichu	615
62	Prushtavasthi	1260
63	Putapaka	1275
64	Prachanna	885
65	Pindi	675
66	ShashtikapindaSweda/Navarakkizhi-Full Body	1980
67	ShashtikapindaSweda/Navarakkizhi-Ekangam/Sthanikam	1150
68	Sirovasthi	1450
69	Snehapana/day	660
70	Sirolepa/Thalapothichil	1680
71	Siravayadha/Siravedha/rakthamoksha	960
72	Taila Vasthi	1060
73	Thakradhara	1700
74	Thalam	615
75	Tharpana	1100
76	Tailadaha (Package rate for full course of treatment)	15000
77	Thakrapana	375
78	Utharavasthi	1650
79	Udwarthana	1650
80	Urovasthi	1260
81	Upanaha/Upanahasweda	880
82	vamana	2200
83	Virechana	750
84	valukasweda/manalkkizhi-full body	1620
85	Vitalaka/Bitalaka	675
86	Yoniprakashalana	750
87	Yonidhavana	750
88	Yoni Pichu	700
89	Yoni Poorana	700
90	Yoni Dhoopana	500
91	Valukasweda/Manalkkizhi-Sthanikam	980
92	Ksheeradhara-Head	1650
93	Jambeerapindasweda/Narangakkizhi/Local	1100
94	Dhanyamlapindasweda-Sthanika/Local	1100
95	Dhanyamlapindasweda/Katikkizhi-Sthanika	1050
96	Veshtanam	495
97	Agnikarma (Classical with panchalohasalaka)	1500



For Sandhya Pharma & Research Unit

Sandhya Bagthi

Proprietor



+91-11-47528106 / 07
+91-9560896389



info@biotic.co.in
www.biotic.co.in



46-47, SSI Industrial Area,
G.T. Karnal Road, Delhi-110033

Unique ID:7006

Agreement No:

1-Jun-22

To,

Sandhyashi Neuro Panchkarma
B F-45, Shalimar Bagh, Near Canara Bank, Delhi, State - DELHI, PIN - 110088

Subject: Renewal of services of collection, transportation, treatment and disposal of Bio-Medical Waste

Dear Sir,

Greetings of the day!

We highly appreciate the opportunity you have given us to serve your esteemed healthcare establishment and hope for your cooperation in future as well.

In reference to your service agreement having Unique ID:7006, we hereby feel glad to renew the agreement for the period 1-Jun-22 to 31-May-23 on the below rates for being a Clinic:

No of Beds: 0
Minimum Disposal Charges: Rs. 10692
Billing Type: Yearly in Advance
Bio Medical Waste limit: 15 Kg per month
Extra Bio Medical Waste collected shall be charged @ Rs. 25/- per Kg

Please note that Occupier must intimate the Operator in writing in advance, preferably over an email, if the HCF is closed due to any reason. In absence of such intimation, Occupier shall be liable to pay the service charges. Other terms & conditions of service agreement remains same. Kindly treat this letter as renewal of previous service agreement no with dedication for safe & healthy environment.

Thanking You,

Yours Truly

For Biotic Waste Solutions Pvt. Ltd.

(Authorized Signatory)
Name: Ankit Gupta
Designation: Marketing Head
Contact No: 9899910083, 9560896389; ankit@biotic.co.in, care@biotic.co.in

For Sandhyashi Neuro Panchkarma

(Authorized Signatory)
Name: Dr. Rajni Gupta
Designation: PROPRIETOR
Contact No:8368009669

For Sandhya Pharma & Research Unit

Proprietor



Authorized by
Delhi Pollution Control Committee

Green Clean Process

Biotic follows all compliances under the Biomedical waste handling rules 2016. As experts in medical waste management. Biotic helps you stay in full compliance regarding the disposal of your regulated waste



DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi)

4th & 5th Floor, ISBT Building Kashmere Gate, Delhi 110006

visit us at: <https://dpccocmms.nic.in>

(AUTHORIZATION UNDER BIO MEDICAL WASTE MANAGEMENT RULES, 2016)

File number of authorization : DPCC/(11)(5)(01)/2020/BMW/NST/AUTH/4747125

Application No: 4747124

Date: 23/11/2020

1. M/s Sandhyashi Neuro Panchkarma an occupier of the facility located at B.f 45 Shalimar Bagh 110088 is hereby granted this authorization for Generation, Segregation, of Biomedical Waste at the premises and for Transportation, Treatment and Disposal of Bio-Medical Waste through Common Bio-Medical Waste Treatment Facility (CBMWTF) authorized by Delhi Pollution Control Committee.
2. Number of beds of HCF : 3
3. Quantity of Biomedical waste handled : 0.15 (Kg/day)
4. This authorization shall be in force for a period of Five Years and valid up to 09/11/2025.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Digitally signed by PANKAJ KAPIL
Date: 2020.12.01 16:20:56 +05'30'

PANKAJ KAPIL

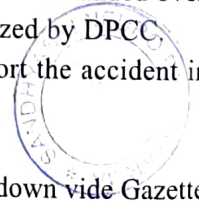
Signature.....

Designation

-:-Terms and Conditions:-:-

1. The occupier shall comply with the provisions of Bio-Medical Waste Management Rules, 2016 as amended to date.
2. The authorization or its renewal shall be produced for inspection at the request of any officer authorized by DPCC.
3. The occupier shall ensure that bio-medical waste is not mixed with other wastes and is segregated into containers / bags at the point of generation in accordance with Schedule-I (part I).
4. The occupier shall have a valid agreement with the operator of a facility authorized by DPCC for collection, transportation, treatment & disposal of the bio-medical waste.
5. The Occupier shall hand over the bio-medical waste timely to the authorized operator of a facility duly segregated, labelled, tagged and kept in proper containers for the collection, transportation, treatment & disposal as per Rules.
6. The occupier shall inform the prescribed authority immediately in case the operator of facility does not collect the bio medical waste with in the intended time or as per the agreed time.
7. The occupier shall maintain records of the Bio-Medical Waste generated and disposed of/ handed over. The record shall be made available, for inspection & verification, to any officer authorized by DPCC.
8. In case of any major accident involving Bio-Medical Waste, the occupier shall report the accident in Form-I, prescribed under the Rules, to DPCC.
9. In case the Occupier is having a DG Set, he shall comply with the noise standards laid down vide Gazette Notification of Ministry of Environment, Forest & Climate Change (MoEF&CC), Government of India

For Sandhya Pharma & Research Unit



AUDIT

PROBATION

Dated 17.05.2002 and 12.07.2004, as amended to date, for the Diesel Generator Set(s). Stack height with the DG Set shall be as per the following formula, H is equal to h plus $(0.2 \times \text{square root of KVA})$ where ' H ' is Total Height of stack in meter, ' h ' is Height of the building in meters where the Generator Set is installed and KVA is capacity of the D.G. set in KVA).

10. The Occupier shall also ensure proper collection and disposal of bio-medical waste containing mercury through the vendor authorize for the purpose. The occupier shall phase out mercury based equipment e.g. thermometers and B.P. Measuring Equipment.

11. The Occupier shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal.

12. The Occupier is required to display the authorization at a prominent place in its premises for view of general public.

13. If the Occupier is having laundry facility and/or not connected to the public sewer, the Occupier is required to install requisite treatment system before its discharge to meet the standards as prescribed under BMW Rules, 2016.

14. The Occupier shall use only non-chlorinated plastic bags & gloves as per Notification dated 16 th March, 2018 published by MOEF&CC.

15. The Occupier shall establish a Bar-Code System for bags or containers containing bio-medical waste to be sent out of the premises for the further treatment & disposal in accordance with the guidelines issued by CPCB.

16. The Occupier shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralization prior to mixing with other generated effluent from HCF, if any.

17. The Occupier shall immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis-B & Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunization Policy or the guidelines of the Ministry of Health & Family Welfare issued from time to time.

18. The Occupier shall ensure occupational safety of all its health care workers & others involved in handling of bio-medical waste by providing appropriate & adequate personal protective equipment.

19. The Occupier shall conduct health check-up at the time of induction & at least once in a year for all its health care workers others involved in handling of bio-medical waste & shall maintain records for the same.

20. The Occupier shall develop its own website by 15 th March, 2020 and shall make available the annual report on its website.

21. The Occupier shall provide training to all its health care workers and others, involved in handling of bio-medical waste at the time of induction & thereafter at regular intervals & the details of training programmes conducted, number of personnel trained & number of personnel not undergone any training shall be provided in the Annual Report.

22. The Occupier shall submit the Annual Report in Form-IV by 30th June every year, including information about the categories and quantities of bio-medical waste generated from 1st January to 31st December of the preceding year.

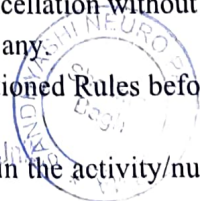
23. The Occupier shall submit the copy of fresh valid agreement with CBWTF to this office within 15 days of expiry of previous agreement or in case of any change.

24. Submission of false information shall make the authorization liable for cancellation without any notice.

25. The Occupier shall use only Piped Natural Gas (PNG) as fuel in boilers, if any.

26. The occupier shall apply for renewal of authorization under the aforementioned Rules before one month of the expiry of this authorization.

27. The Occupier shall apply for fresh Authorization in case of any change in the activity/number of beds etc.



[Handwritten signature]

Proprietor

28. In case of violation of any of above said conditions, penal action will be initiated against the Occupier including withdrawal of authorization/consent etc.

29. In case of failure to comply with any of the above conditions and / or with any provision of the Act or of these Rules, authorization issued to the Occupier may be suspended or cancelled as per the provisions under sub-rule 10 (2) of Bio- Medical Waste Management Rules, 2016, as amended to date.

30. This Authorization is being issued with the condition to submit a copy of DMC Certificate, Undertaking, Aadhar Card within 30 days of issue of this Authorization, failing which this Authorization shall deemed to be automatically canceled/ suspended.

30. This Authorization is being issued with the condition to submit a copy of DMC Certificate within 30 days of issue of this Authorization, failing which this Authorization shall deemed to be automatically canceled/ suspended.

To,

Sandhyashi Neuro Panchkarma
B.f 45 Shalimar Bagh
110088

For Sandhya Pharma & Research Unit

Proprietor



GSTIN No. 07AQOPR4202P1ZA
PAN No. AQOPR4202P



FIRE SHAPE INDUSTRIES

MFG. & GOVT. SUPPLYERS OF FIRE FIGHTING EQUIPMENT

Shop No. 38, Chara Mandi, Zakhira, New Delhi - 110015

Mobile: 9540010874, 8700629439

Email: fireshapeindustries@gmail.com

FIRE PROTECTION & SAFETY ENGINEERS

Ref. No.....

Dated 10/06/2021.....

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the New Supply of Fire Extinguishers, installed at M/S SANDHYASHI NEURO PANCHKARMA (A UNIT OF SANDHYA PHARMA & RESEARCH UNIT), BF - 45, SHALIMAR BAGH, JHULELAL TEMPLE ROAD, NEW DELHI - 110088. Is in being thoroughly Inspected / Checked and will work in case of any fire emergency, (For Validity of these cylinder, Ensure Safety Seal should be intact) We have installed these Fire Cylinders are proper places as per our best of knowledge. Warranty of Fire Cylinders are for 02 Years, detail is as under: -

SL. No	Make/ Brand	Capacity	NOS.	VALIDITY
1.	SUPPLY OF NEW ABC TYPE FIRE EXTINGUISHERS. "SAVE MAX" Brand (MAP 90%)	2 KGS.	01	JUNE 10, 2021 TO JUNE 09, 2023
2.	SUPPLY OF NEW ABC TYPE FIRE EXTINGUISHERS. "SAVE MAX" Brand (MAP 90%)	04 KGS.	02	JUNE 10, 2021 TO JUNE 09, 2023

For FIRE SHAPE INDUSTRIES

Authorised Signatory



For Sandhya Pharma & Research Unit

Proprietor



Visit us: www.fireshapeindustries.in

A.B. Fire Safety Systems

An ISO 9001:2008 Company

IS 15651-2004



2132 CM L NO 2713154



Test & Warranty Certificate

Buyer's Name & Address

M/s. Shree Industries / F/W. To Sandhya
Neuro Panch Karma (A unit of Sandhya Pharma
Research unit)

Item : FIRE EXTINGUISHER Other.....

Type : ABC Dry Powder BC Dry Powder AFFF Water CO₂ Carbon Dioxide

Capacity : 2 kg / 4 kg Quantity : One / Two Nos.....

Serial No(s) : 2 Nos. 646
A 1663 / 1664

Performance tested as per B.I.S. Specification : IS 683.....

Hydro Tested to : 35 kgf/cm² 250 kgf/cm²

Note: In order to protect your right, please keep the original purchase receipt for the proof of buying A B Fire Safety Systems's dealers. No warranty can be offered without the original purchase receipt.

We warrants its enclosed to be free from defects in materials and workmanship under normal use and service for a period of five years from date of purchase. We makes no other express warranty for this product. No agent, representative, dealer, or employee of the Company has the authority to increase or alter the obligation or limitation of this Warranty. The Company's obligation of this Warranty to repair, shall be limited at our works only, for five years commencing from the date of purchase if found defective in material or workmanship, under normal use and service.

During the initial one-year period commencing with the date of purchase, such repair or replacement shall be made without charge. During the latter four years of Warranty period, such repair or replacement shall be made at a charge to the Customer not to exceed the manufacturer's cost.

The Company shall not be obligated to repair to replace units, which are found to be in need of repair because of damage, unreasonable use, modifications, or alterations occurring after the date of purchase. The duration of any implied Warranty including that of merchantability or fitness for any particular purchase, shall be limited to the period of five years commencing with the date of purchase. In no case shall the Company be liable for any consequential or incidental damages for breach of this or any other Warranty expressed or implied whatsoever, even if the loss of damage is caused by the Company's negligence or fault.

For Sandhya Pharma Research Unit
[Signature]
Proprietor

for A.B. Fire Safety Systems
[Signature]

Q.C.I / Authorized Signatory

Quality Certificate

FIRE SHAPE INDUSTRIES

Shop No. 30, Chara Mandi, Zakhira, New Delhi - 110015
Mobile: 9540010874, 8700629439
Email: fireshapeindustries@gmail.com

FIRE PROTECTION & SAFETY ENGINEERS

Mfg. & Suppliers of:
Fire Fighting Equipments, General Order Suppliers & Govt. Contractors

Ref. No.....

10/06/2021
Dated

TO WHOMSOEVER IT MAY CONCERN

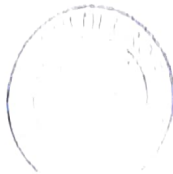
This is to certify that the New Supply of Fire Extinguishers, installed at. M/S SANDHYASHI NEURO PANCHKARMA (A UNIT OF SANDHYA PHARMA & RESEARCH UNIT), BF - 1, SHALIMAR BAGH, JHULELAL TEMPLE ROAD, OPP.: CANARA BANK, NEW DELHI - 110088. Is in being thoroughly Inspected / Checked and will work in case of any fire emergency, (For Validity of those cylinder, Ensure Safety Seal should be intact) We have installed these Fire Cylinders are proper places as per our best of knowldge. Warranty of Fire Cylinders are for 02 Years, detail is as under: -

SL. No	Make/ Brand	Capacity	NOS.	VALIDITY
1.	SUPPLY OF NEW ABC TYPE FIRE EXTINGUISHERS. "SAVE MAX" Brand (MAP 90%)	2 KGS.	01	JUNE 10, 2021 TO JUNE 09, 2023
2.	SUPPLY OF NEW ABC TYPE FIRE EXTINGUISHERS. "SAVE MAX" Brand (MAP 90%)	04 KGS.	02	JUNE 10, 2021 TO JUNE 09, 2023

For FIRE SHAPE INDUSTRIES
Authorized Signatory
NEW DELHI

For Sandhya Pharma & Research Unit

Proprietor





भारतीय मानक ब्यूरो
BUREAU OF INDIAN STANDARDS
हरियाणा शाखा कार्यालय
Haryana Branch Office

Address: Plot No 4 A, Madhya Park
Sector 77-B, Chandigarh 160019
Phones: 0172 2650199
Fax: 0172-2650665
E-Mail: mdch1@bis.org.in
web: http://www.bis.org.in

सी एम/एस संख्या CML/NO	लाइसेंस धारी का पता सहित नाम NAME OF THE LICENSEE WITH THE ADDRESS	उत्पाद का नाम NAME OF THE PRODUCT	भा मा संख्या IS NO.
2730754	M/s. A B Fire Safety Systems 175, Sector 53, Phase-V, HSIIDC, Industrial Estate Kundli Sonapat, Distt: Sonapat, Haryana	Portable Fire Extinguishers- Performance and Construction	15683 :2018

पुष्ठांकन संख्या 5 दिनांक,
ENDORSEMENT NO.5 DATED 22-11-19

लाइसेंस 07-10-2019 तक वैध था,

Whereas, the licence was valid upto 07-10-2019,

अब, नवीनीकरण के परिणामस्वरूप पुष्ठांकन संख्या 4, में दिये गये अनुज्ञप्ति की वैधता को
आठ अक्टूबर दो हजार उन्नीस से सात अक्टूबर दो हजार बीस तक बढ़ा दिया गया है।

Now, consequent upon renewal, the validity of the endorsement No.4 has been extended from
Eightleth October Two Thousand Nineteen and to Seventleth October Two Thousand and Tw

लाइसेंस की अन्य नियमन व शर्तें समान हैं।

Other terms and conditions of Licence remain the same.

अभिहित प्राधिकारी के हस्ताक्षर

पी के गुप्ता
वैज्ञानिक-सी

For Sandhya Pharma & Research Unit

Proprietor



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UNDERTAKING

To Whom So Ever It May Concern

I hereby declare that Ayush day care centers are not covered under Green Clearance Act

Sincerely

For Regd's Pharma & Research Unit

Dr Rajni Gupta

Proprietor



Sandhyashi Neuro Panchkarma
(A Unit of Sandhya Pharma and Research Unit)
B.F- 45, Near Canara Bank, Shalimar Bagh, Delhi- 110088

Mobile- 9212735382

For Sandhya Pharma & Research Unit

Proprietor





UNDERTAKING

To Whom So Ever It May Concern

I hereby declare that as per Indian law, drug license is not required in Delhi NCR Ayurvedic clinics.

Sincerely

For Sandhya Pharma & Research Unit

Regards

Dr Rajni Gupta

Proprietor



Sandhyashi Neuro Panchkarma
(A Unit of Sandhya Pharma and Research Unit)
B.F- 45, Near Canara Bank, Shalimar Bagh, Delhi- 110088
Mobile- 9212735382

Sandhyashi Neuro Panchkarma
Shalimar Bagh
For Sandhya Pharma & Research Unit



SANDHYASHI NEURO PANCHKARMA

(A Unit of Sandhya Pharma Research Unit)
BF-45 Near Canara Bank, Shalimar Bagh, Delhi-110088

Dr. Vikas Gupta

B.A.M.S., M.D.(Am)Mba(Hcs)D.I.P., C.K.S.V,
Senior Anorectal Surgeon & Marma Specialist
Jewel Of Ayurveda L.M.A.(Ayus)Award
M: 7428177717

Dr. Rajni Gupta

(B.A.M.S. C.G.O., D.I.P., C.K.S.V.)
Senior Panchkarma Specialist
Dr.A.P.J. Abdul Kalam Award
M: 9212735382

05/03/2021

Date :

S.N	Name of the Employee	Qualification	Designation	Department	Employee ID
1	Dr Rajni Gupta	BAMS,DIP,MD. Naturopathy	Medical Superintendent	Doctor	SNP-001
2	Dr Vikas Gupta	BAMS,DIP,CKSV,MBA/HCS	Dy Medical Superintendent	Doctor	SNP-002
3	Sandhya Gupta	Ayurveda Nursing and Therapist	Nursing and Therapist	Therapist	SNP-003
4	Dharmender Kumar	Ayurveda Nursing and Therapist	Therapist	Therapist	SNP-004
5	Parveen Kumar Sharma	D. A.N.PT/1704	Therapist	Therapist	SNP-005
6	Vaishali	Ayurveda Nursing and Therapist	Therapist	Therapist	SNP-006
7	Dolly jha	Receptionist Certificate	Receptionist	Reception	SNP-007
8	Ravinder Kumar	Pharmacist	Pharmacist	Pharmacy	SNP-008
9	Mala	Housekeeping Certificate	Housekeeping	Housekeeping	SNP-010

For Sandhya Pharma & Research Unit

Proprietor



Not Valid For Medico Legal Case

Add : BF-45, Near Canara Bank, Shalimar Bagh, Delhi-110088

HIGH COURT OF DELHI AT NEW DELHI

No. 3630 /G-12/Genl.II/DHC
Dated: 8/12/21

From

The Registrar General,
Delhi High Court,
New Delhi.

To

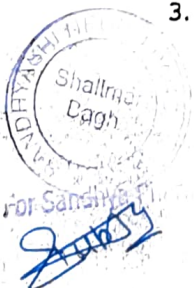
The General Manager,
Sandhyashi Neuro Panchkarma
(A Unit of Sandya Pharma and Research Unit),
BF-45, Near Canara Bank,
Shalimar Bagh,
Delhi-110088.

Sub:- **Cashless treatment/Investigation of the officer/officials of this Court and their dependent family members.**

Sir/Madam,

I am directed to refer to your letter dated nil conveying your willingness, on the subject above and to inform you that the following guidelines should be observed by your HCO while providing OPD/IPD medical facilities to officers/officials of this Court and their dependent family members:-

1. Employees of High Court of Delhi holding valid CGHS cards as well as CS(MA) permission letter, where no permission is required for conducting medical Treatment/Tests/investigation, the same may be conducted in respect of High Court employees and their dependant family members on the basis of CGHS card/CS(MA) letter of the patient and the Identity Card of employee of the High Court of Delhi, on credit/cashless basis, on production of valid Government Specialist/CMO-Incharge prescription, as per CGHS/CS(MA) Rules.
2. The Medical prescription issued by a CGHS Medical Officer/Government Specialist prescribing diagnostic tests/Investigations shall be treated as **valid for a single use within a period of one month from the date of prescription unless specifically provided otherwise by the Govt. Specialist in the prescription**, about the date or period after which the prescribed tests are to be conducted for a routine check up or follow up treatment. The Medical prescription would require revalidation or issue of a fresh prescription from the prescribing CGHS doctor/Government Specialist for getting the prescribed tests done after expiry of the validity period of one month the case may be.
3. In view of the O.M. dated 09.11.2017, 15.01.2018 and 18.07.2018 issued by the Ministry of Health & Family Welfare, Government of India, there is no requirement for seeking permission letters from the employees of this Court who have approached the hospital for availing cashless treatment and after providing them relevant treatment, the said hospital may raise bills in the name of Registrar General, Delhi High Court for payment along with copies of CGHS card, Identity Card of employee, Irrespective of Indoor Patient Department (IPD) or Outdoor Patient Department (OPD) treatment;
4. The hospital shall submit the emergency certificate (if any), Discharge Summary (if any), bills, diagnostic reports, self attested copies of CGHS card/CS(MA) letter and prescription issued by Govt. specialist. as the case may



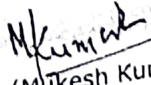
Proprietor

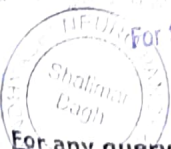

5. In case of emergency admission of the officers/officials of the High Court of Delhi and their dependant family members hospital will not refuse admission or demand an advance payment from employees of High Court of Delhi. In such cases, the hospital will provide credit facilities to the patient on production of CGHS card/CS(MA) letter and Identity card of High Court of Delhi. The hospital will issue emergency certificate in respect of the patient admitted and on the basis of same, High Court of Delhi will issue authorization letter/Certificate in this regard.
6. The Officers/Officials of the High Court of Delhi and their dependent family members who are admitted/hospitalized while taking regular treatment, the hospital will provide credit/cashless facility to them after obtaining copy of prescription issued by the Govt. Specialist; self attested copies of CGHS card/CS(MA) letter and Identity Card of the employee of the High Court. As such, there is no requirement of authorization letter from the High Court of Delhi. The hospital shall send the bills to the Registrar General, Delhi High Court alongwith other documents as given in Para 4 above, for reimbursement.
7. The hospital is required to follow the terms and conditions of Memorandum of Understanding (MOU) signed with CGHS and provide the services as per CGHS approved rates/packages and guidelines notified from time to time.
8. The hospital shall obtain written consent from the Officers/Officials of High Court of Delhi, to pay extra cost of implants, stents and devices for which the CGHS has prescribed rates ceiling for reimbursement.
9. The hospitals/diagnostic centres shall also follow all the guidelines issued by the Government of India, from time to time, in this regard.
10. All or any dispute(s)/claim(s) arising out of this arrangement may be settled by means of resolution meetings or clarification/opinion of CGHS, Ministry of Health & Family Welfare, Government of India.

I am, therefore, directed to request you to commence, with immediate effect, providing medical facilities both OPD/IPD as per CGHS/CS(MA) Rules to the officers and officials of this Court and their dependent family members on credit basis and raise the bills in respect thereof to the Registrar General, High Court of Delhi for payment on principal to principal basis.

Thanking You.

Yours faithfully


(Mukesh Kumar)
Deputy Registrar(Genl.-Admn.-II)
For Registrar General


For Sandhya Health Research Unit

Proprietor
For any query please feel free to contact :

Registrar (Genl.-Admn.II), Ph. 23070946 (Off.), e-mail - rga-2.dhc@nic.in
Joint Registrar (Genl. II), Ph. 23388257 (Off.)
Administrative Officer (Judl.)(Genl.II), Mob. No. 9650908776, e-mail- aojgeneral2.dhc@nic.in

MEMORANDUM OF UNDERSTANDING

This **MEMORANDUM OF UNDERSTANDING** (the "MOU") is made and entered into on the Date : **18/7/2022**

Sandhya hospital (A Unit of sandhya Healthcare) having its [principal place of business/ registered offices] at **B 48 sector 5 bawana industrial area delhi , Bawana , Delhi , Delhi , 110039**

And

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED, a company incorporated under the [Indian] Companies Act, 1956, as amended and having its registered office at **Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083.**

RECITALS

1. Future Generali is in the business of general insurance and inter alia providing health insurance services.
2. Future Generali has entered into arrangements with organizations / individuals (the "Clients") pursuant to which Future Generali is required to arrange and manage certain healthcare services for the benefit of persons communicated to Future Generali by the Clients or individual members (hereinafter referred to as the "Member" or "Beneficiary").
3. The Hospital / Healthcare Provider has represented to Future Generali that it has necessary license, permissions, accreditations, resources, skills and expertise to provide the medical services to the Members /Policyholder/Beneficiary of Future Generali or to perform other services under this Agreement.
4. Relying on the representation, Future Generali has agreed to avail the services of the Hospital / Healthcare Provider.
5. Future Generali has entered into arrangements with several Hospital / Healthcare Providers and has established a network of Hospital / Healthcare Providers for providing identified healthcare services to the Members (the "Preferred Provider Network"). The Hospital / Healthcare Provider is desirous to join the said network of Providers and is willing to extend medical facilities and treatment to Members covered under such healthcare management plan on the agreed terms and conditions.
6. Future Generali desires to enter into this MOU with the Hospital / Healthcare Provider to ensure that the healthcare services specified herein (the "Identified Services") are provided to the Members, and the Hospital desires to enter into this MOU with Future Generali to provide such services to the Members and become part of the Preferred Provider Network.

NOW THEREFORE, in consideration of the above premises and the mutual covenants contained herein and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged), the parties hereto hereby agree as follows:

ARTICLE 1 – IDENTIFICATION

- 1.1 Members shall present an identity card issued by Future Generali and an Authorization Letter duly signed by the authorized signatory of Future Generali at the Hospital / Healthcare Provider to avail of any Identified Services.

Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

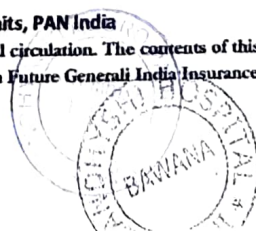
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FGH/CLM/PNH/03/04

For Sandhya Hospital & Research Unit



Proprietor



SANDHYA HOSPITAL


Auth. Signatory

ARTICLE 2 - SCOPE OF SERVICES PROVIDED BY THE NETWORK PROVIDER

- 2.1 The process for Cashless Services is to be followed as per **Annexure D** of this MoU. The turnaround time for various activities is specified in the subsequent clauses of this MoU.
- 2.2 The Hospital / Healthcare Provider shall admit Members upon the production of the identity card issued by Future Generali and / or an Authorization Letter as per **Annexure A** duly signed by the authorized signatory of Future Generali. The Hospital / Healthcare Provider shall ensure that no Member is required to make deposits of any amount as a pre-condition or condition of admission. If the admission has been made only on the basis of an Identity card, the Hospital / Healthcare Provider shall inform the local/nearest Future Generali office within a period of 24 hrs. From the time of admission and obtain an Authorization Letter for the same before the patient is discharged.
- 2.3 Upon admission, a Member shall be entitled to a room or such facilities as communicated by Future Generali in the Authorization Letter. Admission to a room or ward or provision of any facility, which is beyond the scope of a Member's entitlement, shall only be with the prior written approval of Future Generali.
- 2.4 All members of Future Generali are entitled to the lowest category of Single Private Rooms or rooms below that category available in the Hospital / Healthcare Provider. For example, if the Hospital / Healthcare Provider has Deluxe Room, Super Deluxe Room & Suite Room (in increasing order of room rent), Future Generali members shall be provided Single Private Rooms only. Recommendation of higher class rooms even on self-pay basis is strictly prohibited unless there is a written consent from Future Generali in this regard. However, a member may choose a lower class accommodation below the Single Private AC category and the Hospital / Healthcare Provider must provide the same.
- 2.5 All members of Future Generali are entitled for maximum of Single Private AC or any Room Category below that. Future Generali may also specify room rent or room type restrictions on the authorization letter and in such cases the member may be provided accommodation in lower class rooms below the of Single Private category.
- 2.6 Further the cost of list of items mentioned in Annexure K are to be subsumed into the Room Charges only.
- 2.7 The Hospital / Healthcare Provider shall ensure that the Members are admitted into the Hospital / Healthcare Provider and are provided Identified Services on an urgent and preferred basis. Where the Hospital / Healthcare Provider is unable to admit a Member on account of actual non-availability of accommodation or does not have the facility to provide the Identified Service, the Hospital / Healthcare Provider shall, in good faith, make best efforts to arrange for the admission of the Member or the provision of such services to such Member in another Hospital / Healthcare Provider /nursing home that is part of the Preferred Provider Network.
- 2.8 The Provider will have his facility covered by proper indemnity policy including error, omission and professional indemnity and agrees to keep such policies in force during entire tenure of the agreement.
- 2.9 The Provider shall ensure that best medical treatment / facilities is extended to the beneficiary and allow Future Generali officials to visit the beneficiary and access the indoor papers or discuss the treatment

Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

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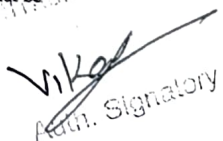
FGH/CLM/PNH/03/09



Proprietor



Proprietor

2

Auth. Signatory

- being given to the beneficiary with the doctor. Future Generali shall however not interfere with the medical treatment of the patient.
- 2.10 Access to medical records shall be provided to Future Generali representatives or the patient on production of consent letter from patient. The pre authorization form and claim form carry the consent of the patient to allow Future Generali to obtain indoor case notes and all other related clinical details from the Hospital / Healthcare Provider. The Hospital / Healthcare Provider shall provide physical copies of all such documents on demand without introducing any new formalities or procedures.
- 2.11 The access and provision of medical records shall be applicable to both cashless and reimbursement cases in the Hospital / Healthcare Provider.
- 2.12 The agreement is subject to the detailed tariff schedule submitted by the Provider which has to be agreed by Future Generali. Provider agrees to have medical Audit / bills audit on periodical basis as and when necessary with Future Generali audit team.
- 2.13 The Provider agrees to comply with the statutory requirement and follow the law of the land in relation to the matters covered under this agreement.
- 2.14 Future Generali will conduct an orientation program for the concerned staff orienting them about the procedure to be followed for servicing their policyholders. The Hospital / Healthcare Provider thereafter shall be responsible for communicating the admission guidelines to new staff on a regular basis.
- 2.15 Future Generali may visit the provider premises without prior intimation for site inspection and review.

ARTICLE 3 - MEDICAL SERVICES

Outpatient Services

- 3.1 The Provider will provide outpatient services only on the basis of the Authorization Letter subject to the amount and required services mentioned in the Authorization Letter. The Provider must ensure to check the identity of the beneficiary before imparting the services.

Planned Hospitalization

- 3.2 The admission has to be on the basis of the Authorization Letter issued by Future Generali. The Provider shall assist the beneficiary in the completion of the Preauthorization Form as per Annexure B. Future Generali authorizes payment only after receipt of intimation and the necessary medical details mentioned therein, based on which the eligibility of coverage shall be ascertained and in the Authorization Letter shall be issued.
- 3.3 In case, the ailment is not covered or the given medical data is not sufficient for the medical team of helpdesk to confirm the eligibility, Future Generali can deny the authorization of payment. Denial of authorization of payment as per Annexure C in no way means denial of treatment. The Provider shall then deal with such cases as per their normal rules and regulations.
- 3.4 The Authorization Letter shall mention the amount authorized, class of admission, eligibility of beneficiary or various sub limits for rooms & board, surgical fees etc. as per the benefit plan of the insured. The


Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

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FGH/CLM/PNH/03/04

For Sandhya Hospital Research Unit

Proprietor


Auth. Signatory

SANDHYA HOSPITAL

- Provider must ensure that the services provided to the member are as per the specifications on the Authorization Letter.
- 3.5 The authorization of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Non-medical items like Telephone usage, relative food, Hospital / Healthcare Provider registration fees etc. must be collected directly from the insured unless coverage of such expenses has been approved by Future Generali in the Authorization Letter. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.
 - 3.6 The Provider must inform Future Generali during the course of hospitalization in case the estimated cost of treatment exceeds the amount mentioned in the Authorization Letter and check for availability of further limit. In cases where the final amount mentioned in the Authorization Letter is less than the estimated treatment cost, the Provider shall follow their norms of deposit/ running bills etc.
 - 3.7 The Hospital / Healthcare Provider shall extend complete assistance to the member in completing the pre authorization formalities. The Hospital / Healthcare Provider shall not ask the member to complete pre authorization formalities on his / her own through the treating doctor.
 - 3.8 The Hospital / Healthcare Provider shall extend full cooperation in obtaining any information sought by the member or Future Generali India Insurance and not ask the member to obtain such information from the treating doctor without assistance from the Hospital / Healthcare Provider.
 - 3.9 All information sought by Future Generali or the member shall be provided within a reasonable time frame which shall not exceed 4 working hours.
 - 3.10 The Hospital / Healthcare Provider shall not charge any kind of deposits or advance for whatsoever reason from the member unless the preauthorization process has been completed and Future Generali has taken a final decision on the case.
 - 3.11 Future Generali shall send a documented response to the preauthorization request within 4 hours of receipt of the preauthorization request. The response shall be in the form of an authorization, denial or query for more information.

ARTICLE 4 - EMERGENCY ADMISSION

- 4.1 Emergency patients shall be accorded highest priority and any deficiency in service due to preauthorization process or any other formalities shall be treated as gross violation of the MoU.
- 4.2 In case of emergencies, the Provider shall admit the member on the basis of the identity card and without an Authorization Letter. However, the Provider shall inform the help desk of Future Generali and send the completed Preauthorization Form within 24 hours or next working day of admission for obtaining the authorization of payment.
- 4.3 In the event of an emergency, the Hospital / Healthcare Provider may admit the Member in such higher or lower category of accommodation as is available at that time and shall transfer the Member to the category of accommodation mentioned in the Authorization Letter upon it becoming available.

Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

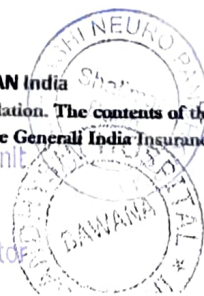
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FGH/CLM/PNH/03/04

For Sandhya Research Unit



Proprietor



SANDHYA NEURO-PAIN HOSPITAL


Auth. Signatory

ARTICLE 5 –BILLING TERMS

- 5.1 The Hospital / Healthcare Provider shall follow the structure as agreed between both parties without any deviation.
- 5.2 The Hospital / Healthcare Provider tariff shall remain fixed for a period of 3 year from the date of signing the MoU or this tariff (whichever is later). Any changes after this period shall be with mutual consent.
- 5.3 Whereas The Insurance Regulatory and Development Authority of India (IRDAI) has issued Modification Guidelines on 27th September 2019 for standardization in Health Insurance dated July 2016. The Authority in the said guidelines has mandated that items which are part of room/surgical procedure/ treatment (including diagnostics) as mentioned in the lists II, III, IV shall not be billed to the policyholders by the Network hospital for cashless services. The Hospital shall ensure necessary compliance on the same. A copy of IRDAI's Modification guidelines dated 27th September 2019 on Standardization in Health Insurance along with the List are as mentioned in Annexure K
- 5.4 The package charges may be inclusive of all expenses, however the costs against items listed in Annexure K, shall be categorically subsumed in Room / Procedure (Surgical) / Treatment charges unless otherwise specified. All Bed Charges are inclusive of Nursing Charges. The Professional Charges are the same for Night Time Visit & Emergency Visit. The Professional Charges will remain the same for Specialist & Super Specialist. No Separate RMO Charges (Duty Doctor) must be billed for FGH Client. Registration Charges / Admssion Charges / Administrative Charges are not to be billed for FGH Client. Collection of Admission deposit / Security Deposit must not be done for FGH Client.
- 5.5 In case a patient is admitted to the ICU directly, the charges for procedure / surgery shall be according to the tariff rates applicable to Semi Private Room Category. At the time of transfer from ICU, patients will be entitled for Semi Private Room Category.
- 5.6 Upon discharge, the invoice/bill for Identified Services shall be presented to the Member for signature, however while subsumed all charges shall be segregated as per list mentioned in annexure K All non-medical expenses like registration fees, admission fees, telephone charges, food bills of attendants; ambulance charges, toiletries etc. shall be recovered from the member at the time of the discharge.
- 5.7 The bill will have time of admission and time of discharge written on the copy. The billing shall be as per the published tariff of the Hospital / Healthcare Provider. Any changes in tariff must be notified by the Hospital / Healthcare Provider in advance to impact billing.
- 5.8 Wherever institutions such as Hospital / Healthcare Provider / nursing homes / clinics performing cardiac procedures using Coronary Stents and orthopedic knee implants are billing directly to the patients, they shall be required to comply with the ceiling prices fixed as per the guidelines issued by the National Pharmaceuticals Pricing Authority.
- 5.9 Institutions such as Hospitals / Healthcare Providers / nursing homes / clinics utilizing Coronary Stents and Orthopedic Knee implants shall specifically and separately mention the cost of the coronary stent / orthopedic knee implants along with its brand name, name of the manufacturer / importer / batch no. and other details, if any, in their billing to the patients or their representatives and the bills / estimate sent to the insurance company.

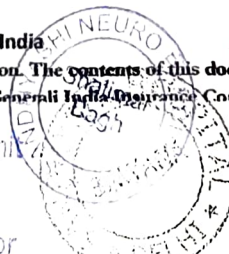
Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

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For Sandhya Hospital & Research Unit



Proprietor



For SANDHYASIS HOSPITAL


Auth. Signatory

5.10 The bill shall be sent to Future Generali office within 2 days of discharge of patient. The Final docket for onward submission to Future Generali for payment must contain the following.

- Original signed Claim Form of Future Generali
- Copy of beneficiary ID card with legible ID number
- Copy of Authorization Letter
- Original final bill with detailed break up of various billing heads as per Annexure F
- Original and complete discharge card / death summary mentioning duration of ailment and duration of other disorders / cause of death as per Annexure E
- Copies of Investigation reports with corresponding prescription / request
- Original pharmacy bill if supplied by Hospital / Healthcare Provider with corresponding request
- Copy of birth / death certificate, if applicable
- Status of deposit paid, if any by beneficiary

ARTICLE 6 – PAYMENT TERMS

6.1 All Invoices for Identified Services actually provided by the Hospital / Healthcare Provider and submitted to Future Generali, shall be paid to the Hospital / Healthcare Provider within 55 days from the day on which Future Generali receives any such invoice together with all supporting documents.

6.2 A Discount of 15% discount on total hospital bill. Shall be offered by the Hospital / Healthcare Provider in acknowledgement of the goodwill generated by this MOU. This shall not be applicable on any package rates agreed upon between Future Generali India Insurance and the provider. The Hospital / Healthcare Provider shall also offer the following Benefits in addition to the agreed discount structure:

Discount of ___% on OPD Consultations & Investigations

Discount of ___% on Health Check-up Packages

Discount of ___% on Items purchased from In House pharmacy

Complimentary health camps / health awareness sessions at corporate sites-NA

Health checkup camps / health awareness sessions on discounted price -NA

6.3 No service charge / surcharge / administrative charge or any such similar charges which are applied as a percentage of the total bill shall be levied on the Hospital / Healthcare Provider bills of Future Generali patients. This shall be applicable to cashless and reimbursement hospitalizations of Future Generali patients.

6.4 Any statutory taxes as notified by law shall be applied by both parties at the time of billing and settlement of bills.

6.5 Future Generali shall make a deduction of 10% on the total payable amount for all bills received 2 days after the discharge of the patient. The Hospital / Healthcare Provider must intimate Future Generali of the discharge of the patient as well as dispatch of the bill to avoid the above penalty due to delay in courier or postal services.

6.6 All claim payments shall be done electronically through National Electronic Fund Transfer (NEFT) only. The Hospital / Healthcare Provider must submit the duly filled NEFT Form to Future Generali after

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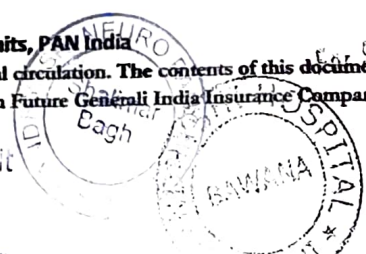
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Medical, Claims & Research Unit



Proprietor



Vikal
Authorized Signatory

- approval by their banker. Any change in bank account details must be intimated to Future Generali in advance to avoid any wrong transfers.
- 6.7 Future Generali shall not be responsible for any wrong transfers due to wrong details provided by the Hospital / Healthcare Provider in the NEFT form.
- 6.8 The Hospital / Healthcare Provider agrees to follow the pricing structure agreed to between both parties without any deviation.
- 6.9 For any two procedures done simultaneously utilizing similar resources, the amount payable shall be 100% of the major surgery and 50% of the second surgery.
- 6.10 If the procedure is done on an emergency basis (defined as the period between 9 PM to 7 AM and holidays), then an additional amount of 20% of the package rate shall be payable for the procedure.
- 6.11 Any stay above those mentioned in the pricing structure shall be clarified by the Hospital / Healthcare Provider with complete clinical details. Frequent deviation from the package shall be viewed as a measure to circumvent the pricing structure.
- 6.12 For procedures not defined within the pricing structure, the Hospital / Healthcare Provider shall employ rational and logical reasons for billing. Any clarifications sought by Future Generali regarding the bill shall be provided by the Hospital / Healthcare Provider.
- 6.13 The Hospital / Healthcare Provider shall offer a choice of General Ward, Semi Private Rooms and Single Private Rooms only to all members of Future Generali. Any effort made by the Hospital / Healthcare Provider to communicate to the customer that better room categories are available and not permitted by Future Generali shall be construed as violation of this MoU.
- 6.14 In case a customer insists on a higher room category, the Hospital / Healthcare Provider may ask the member to obtain an approval from Future Generali India Insurance stating that the Hospital / Healthcare Provider is not authorized to provide rooms above a Single Private AC category.
- 6.15 Efforts by the Hospital / Healthcare Provider to utilize a lower room category by convincing the customer would be treated as a positive factor and ensure promotion of the Hospital / Healthcare Provider in the Preferred Provider categorization given by Future Generali.
- 6.16 The Hospital / Healthcare Provider shall not disclose, display, discuss, share or circulate this document and its enclosures to / with any third party other than its own staff.
- 6.17 Any clarifications / issues on the standard pricing structure shall be sought from the concerned persons in Future Generali General Insurance only. Future Generali and the provider shall conduct a regular review of outstanding payments and ensured that the accounts are reconciled on a periodic basis between both parties.
- 6.18 The pricing structure shall remain in force for a period of 3 years from the date of this agreement or the date of acceptance whichever is later. Any revisions will be through mutual discussions and agreement only.

ARTICLE 7 – CONFIDENTIAL INFORMATION

7.1 For the purposes of this Agreement, "Confidential Information" means all or any information (whether or not recorded in documentary form or on computer disk or tape) relating to: -

7.1.1 the Identified Services to be provided to the Clients of Future Generali or any of its Affiliates;

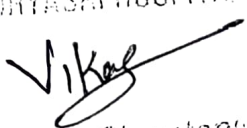
Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

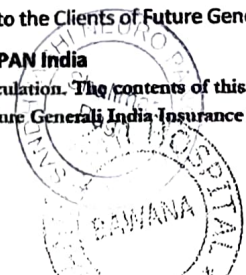
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For Sandhya Nirmaa & Research Unit

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- 7.1.2 the business and affairs of both parties or any of its Affiliates, including corporate plans, management systems, accounting and other records, finances, research and development projects of computer programs, assembly, quality control, installation and operating procedures, operating manuals, technical and marketing information, designs, data and know-how of both parties or any of its Affiliates; and
- 7.1.3 All documents marked confidential as also all medical reports and personal information of the Members.

Confidential Information shall however not include any such information, which shall have come into the public domain as a consequence of any action or event, which is not attributable to any breach by either party of any of its obligations under this MOU.

- 7.2 Both parties and each of the party's officers, employees, agents and representatives agree that the terms and conditions of this MOU and other information as mentioned above are confidential and shall not be disclosed to any third party without prior written consent from the non-disclosing party, unless such disclosure is required by law.
- 7.3 Both parties and each of the party's officers, employees, agents and representative shall return to the other party upon request and in any event, upon the termination of this MOU, all documents, computer disks and tapes and other tangible items in their possession or under their control which belong to the other party or which refer to or contain any Confidential Information
- 7.4 Without prejudice to any other right or remedy of either party, each party shall indemnify the other in full against all liability, loss, damages, costs and expenses (including legal expenses) awarded against or incurred or paid by one party as a result of or in connection with breach by the other party or any of its officers, employees, agents or representatives of any of the provisions of this Article.
- 7.5 The Hospital represents and warrants that it has a robust data and information security systems/framework in operation for protection of all data/information that may be shared by Future Generali with the Hospital or which data/information comes to the possession of the Hospital . The Hospital undertakes to ensure that the said information security system/framework is regularly updated and kept in operation at all times during the term of the said Agreement. The Company may audit, inspect and verify the information security system/ information security operating environment of the Hospital, during normal business hours, to ensure that the Hospital is maintaining adequate controls and security measures and to ensure that its information/data is not subject to any severe risk and may appoint third party to conduct any applicable audit or inspection referred to this clause.

ARTICLE 8 – LIMITATIONS OF LIABILITY AND INDEMNITY

- 8.1 The Hospital / Healthcare Provider agrees that it shall be responsible in any manner whatsoever for any claims, arising from any deficiency in service or any failure to provide identified service.
- 8.2 Future Generali shall not be liable or responsible for any acts, Omission or commission of the Doctors and other medical or non-medical staff of the Provider.
- 8.3 The Hospital / Healthcare Provider shall indemnify and keep Future Generali indemnified against all losses, claims, suits and/ or judgments against Future Generali or any other liability suffered by

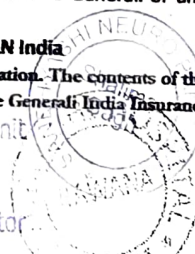
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For SANDHYA HOSPITAL & RESEARCH UNIT


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Future Generali, including reasonable attorney's fees and costs, which results from any default directly attributable to the act of the Hospital / Healthcare Provider with respect to the Agreement.

- 8.4 In the event of any proceeding, litigation or suit against Future Generali by any regulatory agency or in the event of any court action or other proceeding initiated by any third party against Future Generali arising out of any of the acts directly attributable to the Diagnostic Centre, the Hospital / Healthcare Provider shall assist Future Generali in the preparation of its defense against such action or proceeding and co-operate with Future Generali and its attorneys thereof.
- 8.5 If during the subsistence of this agreement it is noticed by Future Generali that the reports/invoices submitted by the Hospital / Healthcare Provider are manipulated, forged or prepared in any fraudulent manner, Future Generali shall immediately report the case to General Insurance Council (GIC) for appropriate action to be taken against the Hospital / Healthcare Provider under the Protocol for Action Against Fraud issued by the General Insurance Council, The order passed by GIC shall be binding on both parties which may include immediate blacklisting of the Hospital / Healthcare Provider.
- 8.6 Notwithstanding anything to the contrary in this Agreement, neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this Agreement if such failure or delay is caused by acts of God, strikes, lock-outs, embargoes, war, riots, civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

ARTICLE 9 - REPRESENTATIONS AND WARRANTIES

Each party represents that:

- 9.1 It has the power and authorization to enter into this MOU and perform its obligations hereunder and the execution of this MOU does not violate or is consistent with its by laws and other constituent documents.
- 9.2 It holds valid license as per the regulatory requirement to perform the services as contemplated under this Agreement.
- 9.3 The individual(s) signing this MOU on its behalf, whose name appears below, has the authorization to execute and deliver this MOU.

ARTICLE 10 - MISCELLANEOUS

- 10.1 This MOU shall come into force from the date hereof. Any amendments in the clauses of the Agreement can be effected only in writing with the consent of both the Parties hereto.
- 10.2 Either party may terminate this MOU upon 30 days' notice in writing to the other party, provided however that in the event of a material breach by either party of the terms hereof, the other party may terminate this MOU with immediate effect. Future Generali reserves the right to inform the Clients, its Customers, regulator and the Public at large about the termination along with the reasons of

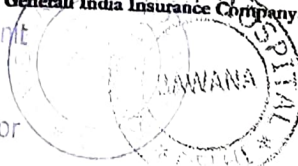
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termination of the agreement, by any method as they deem fit.

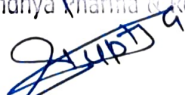
- 10.3 This MOU shall be governed by the laws of India and any disputes between the parties with respect to the subject matter hereof shall be referred to sole arbitrator to be appointed by Future Generali who shall conduct its proceedings in accordance with the Arbitration and Conciliation Act, 1996, as amended, from time to time. Subject to arbitration, the Courts at Pune shall have exclusive jurisdiction over any matter arising out of this MOU.
- 10.4 In the event of a failure by the Hospital / Healthcare Provider to accept the identity card issued by Future Generali or the Authorization Letter signed by the authorized signatory of the Client, or upon a breach by the Hospital / Healthcare Provider of the terms of Article 1 hereof, the Hospital / Healthcare Provider shall be liable in such manner as may be agreed upon by the parties from time to time.
- 10.5 Neither party shall transfer its rights or obligations in any manner what so ever without the prior consent of the other.
- 10.6 The insurer reserves the right to cancel or otherwise modify the agreement in case of any fraud, misrepresentation, inadequacy of service or other non-compliance or default on the part of the network provider provided no such cancellation or modification shall be done by the insurer unless the network provider is given an opportunity of being heard.
- 10.7 The insurer shall reserves the right to cancel or otherwise modify the agreement in case of fraud in relation to affairs of insurer includes any act, omission, concealment of any fact or abuse of position committed by any person or any other person with the connivance in any manner, with intent to deceive, to gain undue advantage from, or to injure the interests of the insurance company
- 10.8 Hospital/Health care Provider shall reserve the right to cancel the MOU and opt out of Network service for reasons of inadequacy of services by the Insurance Company..
- 10.9 Hospital / Healthcare Provider should register themselves with the Registry of Hospitals / Healthcare Providers in Network of Insurance (ROHINI) of IIB and should renew its subsequent renewals regularly. Provider should intimate the latest ROHINI registration number to the insurer for their record purpose.
- 10.10 Hospital / Healthcare Provider should meet with the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals and Healthcare providers (NABH) or state level certificate (or higher level certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC) for operating in the cashless network of insurer.
- 10.11 The Hospital/Healthcare Provider shall provide the required details/information as per Table A and Table B annexed with the MOU as Annexure - L for publication on Future Generali's website and other required information as mentioned in IRDAI/HLT/CIR/MISC/145/06/2020 dated June 2020 to ensure compliance with said IRDAI Regulations. .
- 10.12 The Hospital/Healthcare Provider agree and allow the Insurer to disclose the web address of the Hospital/Healthcare Provider to enable the policyholders to visit the website of the hospitals for required information.
- 10.13 Both the parties agrees to display the rates agreed for providing health services to the Policyholders.
- 10.14 Due to any change in law, if this agreement is required to be amended in any manner, the same shall be carried out in order to comply with such amendment/ change in law and Hospital / Healthcare

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For Sandhya Pharma & Research Unit



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Provider shall not object to any such request made by Future Generali.

ARTICLE 11 – CODE OF CONDUCT, CUSTOMER SERVICES & RELATIONS

- 11.1 The Hospital / Healthcare Provider staff shall not discuss any payment issues or problems with the customer or convey any issues that they have with Future Generali to the customer.
- 11.2 In case the Hospital / Healthcare Provider has any issues, the same needs to be clarified urgently with Future Generali. Any harassment or denial of service to the customer without prior notice to us shall be construed as violation of the MoU.
- 11.3 The Hospital / Healthcare Provider shall ensure that Future Generali contact details and posters sent along with this communication shall be displayed in prominent areas including the reception.
- 11.4 Future Generali shall conduct surprise checks at the Hospital / Healthcare Provider to ensure display of posters and also check the knowledge of the Hospital / Healthcare Provider staff about the cashless process of Future Generali and recognition of ID cards. Any deficiencies shall be regarded as violation of the MoU.
- 11.5 The first violation of any of the terms and conditions of the MoU shall lead to removal of the "Preferred" status of the Hospital / Healthcare Provider.
- 11.6 Any further violation shall lead to delisting of the Hospital / Healthcare Provider from the network of Future Generali General Insurance. Future Generali shall follow the process for de-empowerment as per Annexure G.
- 11.7 The adherence to all terms and conditions of the MoU and a proven reasonable pricing of all cases will lead to promotion of the Hospital / Healthcare Provider in the Preferred Provider category. Proven reasonable pricing would mean a low average claim size for similar procedures across similar Hospital / Healthcare Provider.

Article 12- Audit Rights

1. Future Generali may visit the Hospital/Health provider premises without prior intimation for site inspection and review/audit. All contracts, agreements, correspondence, books, records, accounts and other information in the possession of the Hospital and relating to FGI business in accordance with this MOU shall be available for inspection by FGI or its representatives and FGI's internal and statutory/other auditors as required.
2. Hospital/Health provider shall disclose to FG all information with regard to the services and the activities performed by them in relation to this Agreement and make available all records, data and information relating thereto as and when desired by FG. That the Hospital/Health provider shall permit designated employees/representatives of FG to enter upon the premises of the Hospital/Health provider where the records relating to the services are kept for the inspection of all such documents and records including but not limited to the computer system and any other related information which may be required by FG, as and when required by FG. For the avoidance of doubt, access to the records at Hospital/Health provider's premises shall not include access to the storage area or any restricted areas as determined by Hospital/Health provider.

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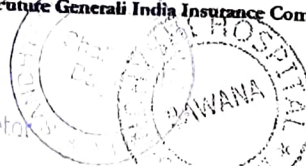
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For SANDHYASHI HOSPITAL


Auth. Signatory

3. The Hospital/Health provider Provider shall co-operate in good faith with FG to correct any practice, which are found to be deficient during the audit within a reasonable time as specified by FG after receipt of the audit report from FG. FG shall always ensure confidentiality of the Documents and findings of the audits, however, if required, FG may share the relevant audit observations with its statutory auditors, any Internal committee of FG including but not limited to the audit committee of the board of directors of FG or any other governmental/ statutory/ judicial/ quasi-judicial body.

IN WITNESS WHEREOF, the parties have caused this MOU to be executed by their respective duly authorized representatives.

Sandhya hospital (A Unit of sandhya Healthcare) – 5 Units Common MOU

Sr No	Hospital Name	address	city	Rohini Number
1	Sandhyashi Neuro Panchkarma	Bf-45, Near Canara Bank, Shalimar Bagh , Shalimar Bagh (North West Delh , Delhi , Delhi , 110088	New delhi	8900080498648
2	Sandhyashi hospital (A Unit of sandhya Healthcare)	B 48 sector 5 bawana industrial area delhi , Bawana , Delhi , Delhi , 110039	New delhi	8900080447080
3	Sandhya Healthcare Ayurvedic Hospital (A Unit of sandhya healthcare)	229/ A Gali No2 Ambedkar Nagar, Haiderpur , Shalimar Bagh (North West Delh , Delhi , Delhi , 110088	New delhi	8900080498655
4	Sandhya Jani Devi Health Resort (A Unit Of sandhya healthcare)	Manaklao, Jodhpur, Rajasthan , 342305	Jodhpur	8900080496576
5	Sandhya Hot Spring healthcare	Tattapani, Next to Naldehra Golf Course, Shimla Hills Sunni, Shimla , , Chaba , Suni , Himachal Pradesh , 171301	Shimla	8900080455436

For and on behalf of
Future Generali India Insurance Company Limited

Mr. Ashish Saxena
Head- Health Claims & Networking

For and on behalf of
Sandhya hospital (A Unit of Sandhya Healthcare)
For SANDHYASHI HOSPITAL

Name: DR. VIKAS GUPTA
Designation - MEDICAL SUPERINTENDENT

Sandhya hospital (A Unit of Sandhya Healthcare), 5 Units, PAN India

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"IDENTIFIED SERVICES"

- Medical Services
- Priority Admission without deposit
- Negotiated benefits If any
- Credit Facility
- Direct billing arrangement with document support

Annexure A – Cashless Authorization Letter

Annexure B – Preauthorization Form

Annexure C – Cashless Denial Letter

Annexure D – Procedure for Cashless Facility

Annexure E – Procedure to Furnish the Standard Discharge Summary

Annexure F – Procedure to Furnish the Standard Billing Format

Annexure G – Procedure for De-Empanelment of Network Providers

Annexure H – Non Payable / Non-Medical Items

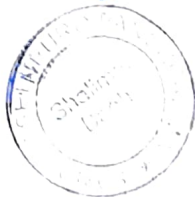
Annexure I – Protocol For Action against Fraud

Annexure J – Circular by NPPA for capping the price for knee implants

Annexure K – Modification Guidelines on 27TH September 2019 Issued by IRDAI

Annexure L- Table A and Table B

For Sandhya Healthcare Research Unit



Proprietor

For SANDHYASHI HOSPITAL



Vikas
Auth. Signatory

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Greetings from Paramount Tpa Pvt Ltd !!!

Paramount TPA Welcomes you on board for our Edelweiss General Insurance Company Ltd. Kindly Extend the cashless facility to our Paramount card holders.

Your Hospital has been Empanelled with Edelweiss General Insurance Company Ltd. w.o.f

Provider Details

Name of Hospital : SANDHYASHI NEURO PANCHKARMA CENTER

Location Of Provider : DELHI

Provider Code : 202279

MOU : Start Date : 19-05-2022

Tariff : Start Date : 19-05-2022

Tariff : End Date : 18-05-2024

Agreed Discount : 10% DISCOUNT ON FINAL BILL EXCLUDING DOCTOR FEE.

Note : In case any Updation / Change in your Hospital data base & renewal of Tariff, kindly contact to (kiran.air@paramounttpa.com)

For Quick Cashless-Approval kindly log on to web Portal www.paramounttpa.com to avail E cashless benefits. Please refer below LogIn ID & Password.

LogIn: 200600

Password: SFQEWONK

Enclosures:

- E-Cashless PPT / Cashless Claim File Submission PPT
- Standard IRDA Pre-Authorization Form
- Self Declaration Form

For Sandhya Neuro Research Unit
Proprietor



To,

Provider Name: Sandhyashi Neuro Panchkarma

**Address: (Bf-45, Near Canara Bank, Shalimar Bagh Shalimar Bagh (North West Delh Delhi
110088**

Subject: Confirmation of empanelment of your hospital

Dear Sir / Madam,

Greetings from SBI General Insurance Company Limited.

We confirm the empanelment of your hospital on the network of SBI General Insurance for direct cashless for SBI customers. Please find enclosed one copy of the agreement duly signed and stamped by SBI General Insurance Company. You may retain the agreement till the expiry and subsequent renewal.

Please note the following important details:

1. **Provider Code** for your hospital is **SBIGHS003164**
2. This agreement is only for customers who are directly serviced by SBI General Insurance. The terms of this agreement shall NOT APPLY to customers serviced by any Third-Party Administrator (TPA).
3. Our operations shall start only from 1st June 2022. You shall receive an intimation for the same on e-mail.
4. A welcome kit comprising of sample cards and communication formats will also be sent to you in due course before commencement of operations. You will not be required to follow up for the same with us.
5. It is mandatory to renew your hospital registration certificate and any other associated licenses within the stipulated time and share the renewed documents with us on e-mail.
6. All physical correspondence must be sent at the following address only:

Mr. Raj Thopate

Provider Network Team, SBI General Insurance

6th / 9th Floor, Westport, Pan Card Club Road, Baner, Pune – 411 045.

In case you have any queries or concerns, please feel free to connect with us at provider.health@sbigeneral.in or +91 8999368125. We look forward to a long and fruitful business association with your esteemed Hospital

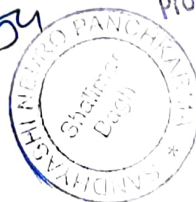
Regards,



Bishwajit Nayak

Head – Health Claims

For Sandhya Panchkarma Research Centre
Proprietor



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAJNI GUPTA

RAMAN GUPTA

10/10/1983

Permanent Account Number

AJNPG3905C

Signature



For Sandhya Research Unit

Proprietor





SANDHYASHI NEURO PANCHKARMA
(A Unit of Sandhya Pharma & Research Unit)
(A CGHS/DGEHS Empanelled Centre and All Major TPA Covered)



Dear Sir

Contact Details Of Person:-

Ser. No	Appointment	Name	Mobile No	Email ID
1	Dr Rajni Gupta	Dr Rajni Gupta	9212735382	sneuropanchkarma@gmail.com

Regards
For Sandhya Pharma & Research Unit


Dr Rajni Gupta

Proprietor



Sandhyashi Neuro Panchkarma
(A Unit of Sandhya Pharma and Research Unit)
B.F- 45, Near Canara Bank, Shalimar Bagh, Delhi- 110088
Mobile- 9212735382

