

## **Application Form for Empanelment of AYUSH Hospitals (Ayurveda, Yoga & Naturopathy, Unani and Siddha) under CGHS**

1. Name of Hospital:

## 2. Address of the Hospital:

3. Tel/Fax/e-mail/Address:

#### 4. Ownership to be specified:

5. Empanelment applied for: (Please tick the appropriate Column)

- a) Ayurveda
- b) Yoga & Naturopathy
- c) Unani
- d) Siddha

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

- a) Under CGHS
- b) Under State health Authority/Local.Body
- c) Under any Medicinal Health Insurance Organization (If yes, specify)

7. Eligibility Criteria:

- a. NABH Accredited AYUSH Hospital.
- b. Minimum 10 beds for each system.
- c. 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 record will be submitted in Electronic format.

Date:

Place:

Signature of Applicant/ Authorized Agent

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

**CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital is not charging lesser rates from non-CGHS patients than the rates charged for CGHS/CGHS notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital will be liable for de-recognition by CGHS. The institution will be liable to pay compensation for any physical and or mental injuries caused to its beneficiaries or any financial loss caused to CGHS beneficiaries by its action.
5. That the Hospital has the capability to submit bills/medical records in electronic format. That all billing will be done in 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 de-recognized 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 CMS treated to the CGHS authorities as when required.
11. Undertaking for submitting signed MOA on Rs. 100 Non Judicial Stamp Paper.
12. Hospitals will cooperate in every situation if or when CGHS Inspection committee will visit the Hospital.
13. Undertaking in the name of the owner of the Hospital for no on-going dispute with any person / organization in any terms including land, property, etc.

Date:

Place:

Signature of Applicant/ Authorized Agent

**LIST OF DOCUMENTS TO BE ENCLOSED**

1. Copy of certificate or memo of State Health Authority, if any, recognizing the Hospital
2. Copy of Valid NABH Certificate.
3. Copy of audited balance sheet, profit and loss account for the last 3 years-(Main documents only-Summary sheet).
4. Copy of legal status, place of registration and principal place of business of the Hospital or partnership firm, etc.
5. A copy of partnership deed/memorandum and articles of association, if any.
6. Copies of Certificates of all statutory requirements like BMW disposal management, Air and Water consent, Drug License, Green clearance, Fire clearance, etc.
7. Photo copy of PAN card.
8. Name and Address of their bankers along with crossed blank cheque to facilitate ECS system.
9. Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it as well as copy of approved rate list issued by CGHS.
10. List of staff working in the Hospital including visiting specialists.
11. Undertaking in the name of the owner of the Hospital for no on-going dispute with any person / organization in any terms including land, property, etc.
12. DD of Rs. 2000/- in favour of PAO, CGHS New Delhi as application fee.
13. Any other documents relevant to empanelment.

Date:

Place:

Signature of Applicant/ Authorized Agent

**ACCEPTANCE LETTER**

Dated:-

From,

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.....  
.....  
.....

To,

The Director, CGHS  
CGHS Bhawan, R.K Puram, Sec-13  
New Delhi-66

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

Sir,

I/We..... hereby convey our acceptance for CGHS approved rates for .....(City) notified on website of CGHS. Kindly consider our Hospital for empanelment under CGHS in .....(City).

Category:

1. Ayurveda
2. Yoga & Naturopathy
3. Unani
4. Siddha

Yours faithfully,

(Signature & Name with stamp)