AMALTAS
Institute of Medical Sciences
(A Unit Of Amaltas Educational Welfare Society)

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Amaltas Institute of Medical Sciences

Preamble

This Memorandum of Understanding (MoU) is established on 25.09.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Amaltas Institute of Medical Sciences**, located at Bangar Villega, Ujjain Dewas Rd, Dewas, Bangar, Madhya Pradesh 455001, jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 25.09.2022 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

26/9/22

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

25/9/22

Amaltas Institute of Medical Sciences
Madhya Pradesh
Signature and Date

SUSHIL KUMAR THAKUR

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Parul® University

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Parul University

Preamble

This Memorandum of Understanding (MoU) is established on 25.10.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Parul University**, located at Post Limda, Waghodia, Gujarat 391760, jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

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- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

28/10/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY BAREILLY Pin-243006

25/10/22

Parul University

Gujarat

Signature and Date

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Zydus
Medical College and Hospital

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Zydus Medical College and Hospital

Preamble

This Memorandum of Understanding (MoU) is established on 29.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Zydus Medical College and Hospital**, located at Muvaalia, Rabdal, Gujarat 389151, jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

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3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 29.07.2022 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

29/7/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

29/7/22

Zydus Medical College and Hospital

Gujarat

Signature and Date

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TEERTHANKER MAHAVEER UNIVERSITY
Moradabad
Accredited with NAAC A Grade
12-B Status from UGC

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Teerthanker Mahaveer University

Preamble

This Memorandum of Understanding (MoU) is established on 14.06.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Teerthanker Mahaveer University**, located at Delhi Road, NH9, Moradabad, Uttar Pradesh 244001, jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 14.06.2022 and will remain valid for a period of Two Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

14/6/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

14/06/22

Teerthanker Mahaveer University

Moradabad, Uttar Pradesh

Signature and Date

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
YBN University

Effective Date: 19th September 2022

This Memorandum of Understanding (MoU) is entered into on 19.09.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **YBN University**, located at Power Grid Road, Rajaulatu, Namkum, Ranchi, Ulatu, Jharkhand 834010. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 19.09.2022 and executed by the authorized representatives of both Parties.

19/9/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

19/9/22

YBN University

Ranchi

Signature and Date

SUSHIL KUMAR THAKUR

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INTEGRAL UNIVERSITY

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Integral University

Preamble

This Memorandum of Understanding (MoU) is established on 12.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Integral University**, located at Kursi Rd, Dashauli, Uttar Pradesh 226026, Maharashtra jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

   Academic Enhancement and Research Collaboration

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

2. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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3. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

4. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

5. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

6. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

7. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

8. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

9. **Collaboration in Academic Events**

   Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

10. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

SUSHIL KUMAR THAKUR

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 12.07.2022 and will remain valid for a period of Two Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

17/7/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

12/07/22

Integral University

Uttar Pradesh

Signature and Date

SUSHIL KUMAR THAKUR

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D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
DY Patil Dental School

Effective Date: 23rd June 2022

This Memorandum of Understanding (MoU) is entered into on 23.06.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **DY Patil Dental School**, located at Ajeenkya DY Patil University, DY Patil University Rd, Charholi Budruk, Pune, Maharashtra 412105. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

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4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.

SUSHIL KUMAR THAKUR

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 23.06.2022 and executed by the authorized representatives of both Parties.

23/6/22

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

23/06/22

DY Patil Dental School
Pune, Maharashtra
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Varun Arjun College of Pharmacy

Effective Date: 18th August 2022

This Memorandum of Understanding (MoU) is entered into on 18.08.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Varun Arjun College of Pharmacy**, located at NH-24, Banthra Shahjahanpur (U.P) Pin-242307. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Five Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 18.08.2022 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

18/08/2022

Varun Arjun College of Pharmacy
Shahjahanpur
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Keshlata College of Nursing

Effective Date: 18th October 2022

This Memorandum of Understanding (MoU) is entered into on 18.10.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Keshlata College of Nursing**, located at Delapeer, Rajendra Nagar, Bareilly, Uttar Pradesh 243122. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 18.10.2022 and executed by the authorized representatives of both Parties.

18/10/22

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

18/10/22

Keshlata College of Nursing
Rajendra Nagar, Bareilly
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Keshlata Institute of Paramedical Sciences

Preamble

This Memorandum of Understanding (MoU) is established on 29.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Keshlata Institute of Paramedical Sciences**, located at Keshlata Hospital , Delapeer, Stadium Road, Bareilly ,243122 jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

SUSHIL KUMAR THAKUR

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 29.07.2022 and will remain valid for a period of Two Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

29/7/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

29/07/22

Keshlata Institute of Paramedical Sciences

Bareilly

Signature and Date

SUSHIL KUMAR THAKUR

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अमृत विचार
एक सम्पूर्ण अखबार

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Amrit Vichar

Effective Date: 05th July 2022

This Memorandum of Understanding (MoU) is entered into on 05.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Amrit Vichar**, located at 932, Katra Chand Khan, Opp. Bharat Petrol Pump, Pilibhit Bypass Road, Bareilly (U.P)-243001. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

SUSHIL KUMAR THAKUR

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4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Five Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.

SUSHIL KUMAR THAKUR

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 05.07.2022 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

05.07.22

Amrit Vichar
Bareilly (U.P)
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Rama Medical College Hospital & Research Centre

Preamble

This Memorandum of Understanding (MoU) is established on 12.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Rama Medical College Hospital & Research Centre**, located at Railway Station, Rama University, Rama City, GT Rd, near Mandhana, Mandhana, Uttar Pradesh 209217, Maharashtra jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 12.07.2022 and will remain valid for a period of Two Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

12/7/2022

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

12/07/2022

Rama Medical College Hospital & Research Centre

Mandhana, Uttar Pradesh

Signature and Date

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Utkarsh School of Management & Technology

Effective Date: 23rd September 2022

This Memorandum of Understanding (MoU) is entered into on 23.09.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Utkarsh School of Management & Technology**, located at Vill-Kharrua, Rampur Road Bareilly-243502. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 23.09.2022 and executed by the authorized representatives of both Parties.

28/09/22

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY U.P.-243006

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

23/09/2022

Utkarsh School of Management & Technology

Rampur Road Bareilly

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Lotus Institute of Management

Effective Date: 25th August 2022

This Memorandum of Understanding (MoU) is entered into on 25.08.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Lotus Institute of Management**, located at 16TH KM Bareilly Lucknow Road, Rajau Post Office, Bareilly, Uttar Pradesh 243123. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 25.08.2022 and executed by the authorized representatives of both Parties.

28/8/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

25/08/22

Lotus Institute of Management

Bareilly, Uttar Pradesh

Signature and Date

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MEMORANDUM OF UNDERSTANDING
BETWEEN
FACULTY OF PARAMEDICAL SCIENCES,
BAREILLY INTERNATIONAL UNIVERSITY BAREILLY
AND
LENSKART EYETECH

I. INTRODUCTION

This binding MEMORANDUM OF UNDERSTANDING ("**Memorandum**"), is dated 29th June 2022 executed at New Delhi, between FACULTY OF PARAMEDICAL SCIENCES, BAREILLY INTERNATIONAL UNIVERSITY BAREILLY ("**Partner**"), An organization established under the laws of India with its registered office at complete Rohilkhand Medical College Campus, Pilibhit by Pass Road, Bareilly. (U.P) – 243006 represented by Dr. Pushpendra Kannojia ; and Lenskart Eyetech having its registered office at W-123, Greater Kailash – II , New Delhi 110048 represented by Sumit Marda collectively referred to as the "**Parties**" and individually as a "**Party**".

II. PREAMBLE

WHEREAS, FACULTY OF PARAMEDICAL SCIENCES, BAREILLY INTERNATIONAL UNIVERSITY BAREILLY, the Partner, is an organization established with the goal of providing education in the field of optometry

WHEREAS, Lenskart EyeTech PVT LTD is a private company formed under the laws of India for undertaking activities in the field of vision correction, conducting eye checkups and spreading awareness about the importance of improving eye health.

WHEREAS, this Memorandum has as its objective the collaboration and participation of both organizations for the purposes of providing learning platform on retail Optometry, through an internship program of 6 months for a period of 3 years

THEREFORE, the Parties wish to continue working together and in compliance with the following clauses set forth below:

III. GOAL

The Parties have agreed to work together towards
Providing exposure on Retail Optometry, Customer service and Eyewear products which will help to improve the Dispensing standards of Indian optometry

The Parties agree and acknowledge to collaborate on the following areas:

1) The interns will be provided by the college/institution and Lenskart will give opportunity for the selected interns to observe and learn for the entire period.
2) The Internship program will include one week basic training on retail optometry which will be held at selected locations decided by Lenskart.
3) The Lenskart stores for the interns to be present during their internship period will be selected by Lenskart.
4) Lenskart will provide support in learning during the agreed tenure. Accommodation, travel, food and other expenses would be worn by the interns.
5) There is no financial agreement executed by Lenskart and the party for this internship purpose dated from 29th June 2022 to 29th June 2025

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6) the Lenskart is not responsible for any fees which are collected from students by the college for the internship program which is provided by Lenskart to interns
7) The selection of students will be done by the Lenskart academic team by examination or by interview on merit only.
8) It is mandatory for the interns to be available in the store from 11am-6pm for 6 days in a week .one day will be off for the students which will be decided by the internship in charge
9) Students should be well disciplined as per the standard of the Lenskart code of conduct in dressing and grooming. The dress code and the guidance will be provided by internship in charge.
10) A learning badge provided by Lenskart to interns has to be worn all the time while in store.
11) Students will be monitored on their daily learnings as a part of internship
12) Daily attendance and the activity assigned to students will be monitored by the assigned internship trainers
13) Any activity of the interns which affect adverse to the good reputation of the Lenskart will be terminated without any notice
14) Certification will be done on the last day of the program on successful completion of the internship without any breach.
15) Lenskart will not be responsible for any other academic related matters by the students.

IV. RESPONSIBILITIES AND OBLIGATIONS OF PARTNER

The Partner is responsible for undertaking and ensuring the following:

The college should arrange the platform for the selection of the students to the internship program

V. REPRESENTATIONS & WARRANTIES OF THE PARTNER

The Partner represents and warrants to Lenskart as follows:

a. It is validly incorporated, it has taken the requisite licenses and approvals in respect of this Memorandum and it has the power and authority to execute this Memorandum.

b. It is an entity validly executed/organized and incorporated in India.

c. It is compliant with and continues to be compliant with all applicable laws including foreign exchange and tax laws.

d. It holds valid licenses, registrations and approvals necessary for the purposes of the activities contemplated in this Memorandum.

e. It has undertaken similar activities and projects as contemplated in this Memorandum and has the necessary expertise, resources and personnel to deliver the agreed goals/milestones.

f. There is no legal proceeding or litigation pending or threatened against the Partner.

g. The Partner is an educational organization of good standing and is not on any warning list or defaulter list of any of the government authorities.

VI. DUE DILIGENCE

Lenskart may request copies of documents on the registration , university collaboration etc ,if it meets appropriate standards of capacity, competence, and financial accountability. These documents include but are not limited to the following: a certificate of incorporation, a list of projects undertaken by it, a list of the names of all of its board members and principal officers, tax registrations, foreign donations, FDI status, copies of Partner's bylaws and

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articles of incorporation. The Partner agrees to notify Lenskart immediately of any change in its status or operations, or if any official judicial, legislative, or administrative proceeding is instituted against it. Such due diligence shall not absolve the Partner of its obligations under this Memorandum.

VII. PRINCIPAL CONTACTS

The Principal Contacts for each one of the organizations is:

I. Partner:

Dr. Pushpendra Kannojia

II. Lenskart EyeTech

Jijitha prabha P

Such Principal Contacts may be changed in writing from time to time by their respective representatives.

VIII. USE OF INTELLECTUAL PROPERTY

The Parties agree that any intellectual property, which is created or developed through activities and arrangements pertaining to the center specified under this Memorandum, shall be exclusively owned by Lenskart and used for non-profit, and non-commercial purposes after prior written consent of Lenskart.

The Partner also agrees and acknowledges that the Partner shall not issue any press releases or otherwise make any public statements with respect to the arrangement contemplated herein without the prior consent of Lenskart.

IX. EFFECTIVE DATES AND AMENDMENTS

This Memorandum shall take effect upon signing by both Parties and shall remain in effect for a period of 1 year from that date unless earlier terminated.

Neither Party may assign or transfer all or any portion of this Memorandum without the prior written consent of the other Party.

The Memorandum may be renewed at the end of this period by mutual written agreement by both Parties.

The provisions of this Memorandum may only be amended or waived by mutual written agreement by both Parties.

Lenskart may terminate this Memorandum (and any related agreement, work plan and budget, if executed/agreed) at any time and for any reason by giving thirty (30) days prior written notice to the Partner.

X. TRANSFER OF FUNDS

The Parties acknowledge and agree that this Memorandum does not create any financial or funding obligation on either Party, and that such obligations shall arise only upon joint execution of a subsequent agreement or work plan (if entered between the Parties) that specifically defines the terms and nature of such obligations and that references this Memorandum. Such subsequent agreements or work plans, and budgets, will be subject to funding being specifically available for the purposes outlined therein.

XI. NO JOINT VENTURE

Notwithstanding the terms "Partners" herein, the Parties agree that they are not entering into a legal partnership, joint venture or other such business arrangement, nor is the purpose of the Parties to enter into a commercial

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undertaking for monetary gain. Neither of the Parties will refer to or treat the arrangements under this Memorandum as a legal partnership or take any action inconsistent with such intention.

XII. GOVERNING LAWS AND JURISDICTION

This Memorandum shall be governed by Indian laws. All the issues and disputes arising out of this Memorandum shall be subject to the non-exclusive jurisdiction of the courts in New Delhi.

XIII. INDEMNITY

The Partner agrees to indemnify and hold harmless Lenskart from and against any and all claims, lawsuits, actions, damages, loss, costs and expenses (including attorneys' fees), and demands, by third parties, that in any manner result from the Partner's breach of obligations and undertakings in this Memorandum or its omission or negligence or willful misconduct or default. Lenskart's liability under or arising out of this Memorandum shall be restricted to the last invoice payable by it.

XIV. ENTIRETY

This Memorandum including all Annexes, embodies the entire and complete understanding and agreement between the Parties and supersedes all prior agreements, documents and correspondences executed by the Parties.

FOR College

FOR Lenskart Eyetech

Dr. Pushpendra Kannojia

Principal

Faculty of Paramedical Sciences,

Bareilly International University, Bareilly

PRINCIPAL
FACULTY OF PARAMEDICAL SCIENCES
BAREILLY

Mr Japin Padmanabhan Charan

HOD-Optometry

Lenskart.com

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Gmail

Pushpendra Kanojjia <rcpsbareilly@gmail.com>

LK Club Launch

1 message

Jijitha Prabha <jijitha.prabha@lenskartacademy.com> Wed, Oct 12, 2022 at 5:06 PM
To: vishnuoptom11@gmail.com, Pushpendra Kanojjia <rcpsbareilly@gmail.com>

Dear all!

Greetings for the day!
It was a great time our team had interacting with the upcoming optometry students in your campus!
Thank you for coordinating it so well.

I am glad to inform you that we are planning to launch the "Lenskart Club" in Pan India optometry colleges,through which we will keep giving/arranging lectures/workshops/engagement programs on relevant topics in the field of Optometry.
Also we will be celebrating Optometry related days, conducting Quiz/Demo making and many other activities for all year optometry students which LK will fund with.

We may need 9-10 active students(3 from each year) as LK brand ambassadors and a faculty from the college who can monitor the programs through the LK club.
I request if you can check the possibility and share with me the list of these students and the faculty along with their contact number to create a whatsapp group for further communication.

Please note that we will officially launch this very soon once we create the group for the Club activities.

Please contact me for any further queries.

--
Thanks & Regards
Jijitha prabha
Internship & UpScale in charge
Lenskart academy
09746846679

This email may contain confidential and/or privileged information. If you are not the intended recipient (or have received this e-mail in error) please notify the sender immediately and delete this e-mail. Any unauthorized copying, disclosure or distribution of this e-mail, or the material in this e-mail is strictly prohibited. Any views or opinions presented are solely those of the author and do not necessarily represent those of Lenskart.

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MEMORANDUM OF UNDERSTANDING
INTERNSHIP AGREEMENT OF RESPONSIBILITES

Introduction:

This memorandum of understanding (MOU) establishes a basis for mutual understanding between the **Soul Healthcare, Kashipur (U.K)**, the URB Pharma Pvt. Ltd. (Bareilly) and the college intern **BIU College of Pharmacy Bareilly (U.P),** in the implementation of the internship concept as joint partners in this relationship.

Objective of the MOU:

The objectives of the MOU are:

- To promote and enhance academic interest between BIU College of Pharmacy and Soul Healthcare.
- To provide advice for the implementation of quality education at BIU College of Pharmacy.
- To encourage bright student of BIU College of Pharmacy to go for summer and winter industrial training at Soul Healthcare and to invite the industry for placement.
- To promote scientific temperament among the students and community.
- To involve in outreach activities for the benefit of the society.
- To promote research / continuing education activities between industry & college.
- This internship is designed to strengthen a student's job skills by integrating education with closely related practical work experiences in the field of Industrial Training and research facility.
- To share infrastructure for mutual growth and progress.
- BIU College of Pharmacy agrees to coordinate with Soul Healthcare in development of their initiatives to improve and expand support to corporate interaction for the students overall improvement.

Technical areas of Collaboration:

- To conduct Quality Improvement Programs to improve quality of teaching staff of BIU College of Pharmacy through short-term training at industry.
- Provide academic interaction by delivering special lectures at Soul Healthcare on relevance to modern Pharmaceutical Industry.
- To provide summer training for third and final year students of the college.
- Guidance for enhancement in infrastructural development of BIU College of Pharmacy.

Responsibilities of Faculty Coordinator:

The faculty coordinator assumes overall responsibility for consultation with the company and interns on objectives, agreements and other job-related tasks. The faculty coordinator is available to the student intern in an advisory capacity with respect to assisting the student intern to achieve the stated objective of the internship. The role of the faculty coordinator involves:

- Conducting an individual pre-placement orientation and introducing the student intern to the nature and purpose of the internship.
- Orienting and introducing the company supervisor to the purpose and objectives of the internship.
- Consulting with the company supervisor and student intern on a regular basis regarding the student intern's performance.
- Assuming responsibility for the removal of a student intern from the internship setting, whenever necessary.

Responsibilities of Student Intern:

As the student intern enters the company, he or she is expected to assume, as much as possible, the role of a regular staff member. The responsibilities include:

1. Adhering to company work hours, policies, procedures and rules governing professional staff behavior.
2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information.
3. Assuming personal and professional responsibilities for his or her actions and activities.
4. Maintaining professional relationships with company employees, customers and so forth.
5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.
6. Relating and applying knowledge acquired in the academic setting to the company setting.

SOUL HEALTH CARE (INDIA) PVT. LTD. KASHIPUR

Soul Healthcare (I) Private Limited

An ISO 9001:2008 Certified & GMP Compliance Company

Corporate Office : 7th Km Jaspur Road, 2 1 713 (Uttarakhand) INDIA ,

Phone No. +91- 5947-221028 , +91-92194235 ealthcare2015@gmail.com

Registered Office : 252 Sanjay Marg, Patel Nagar (New), Distt. Rampur (Uttar Pardesh) INDIA

SUSHIL KUMAR THAKUR

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7. Developing a self-awareness in regard to attitudes, values, behavior patterns and so forth that influence work.
8. Preparing for and utilizing conferences and other opportunities of learning afforded in the company.
9. Being consistent and punctual in the submission of all work assignments to the supervisor and faculty coordinator.
10. Providing the faculty coordinator with periodic progress reports.
11. Notify your supervisor in advance, if you are unable to attend work or need to adjust your schedule.
12. Record, review and sign weekly time logs and submit to agency supervisor and faculty advisor.

Responsibilities of Agency/Department:

It is the responsibility of the employer to provide direct on-the-job supervision of the student intern that includes the following:

1. Orienting the student intern to the company's structure and operation.
2. Orienting the student intern to the company's policies and procedures regarding appropriate dress, office hours and applicable leave policies.
3. Introducing the student intern to the appropriate professional and clerical staff.
4. Providing the student intern with adequate resources necessary to accomplish job objectives.
5. Orienting the student intern to the policies and procedures of the personnel department.
6. Affording the student intern the opportunity to identify with the supervisor as a professional staff person by jointly participating in
7. Assigning and supervising the completion of tasks and responsibilities that are consistent with the student intern's role in the company.
8. Consulting the faculty coordinator in the event that the supervisor becomes aware of personal, communication or other problems
9. Providing regularly scheduled supervisory conferences with the student intern.
10. Participating in joint and individual conferences with the student intern and faculty coordinator regarding the student intern's performance.
11. Submitting an evaluation on the student intern's job performance.

ACCPETED AND AGREED:

BIU College of Pharmacy Bareilly (U.P)

Dr. Pushpendra Kannojia
Principal
BIU College of Pharmacy
Bareilly International University
Bareilly (U.P) – 243006

Signature .....
Date 05/02/2023
Phone Number 08650 80485

PRINCIPAL
BIU COLLEGE OF PHARMACY
BAREILLY

Soul Healthcare, Kashipur (U.K)

Plant Head

Signature.....
Date...5/02/2023
Phone Number.9897979013

SOUL HEALTHCARE (INDIA) PVT. LTD. KASHIPUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Maiden Pharmaceuticals Limited

Effective Date: 23rd July 2022

This Memorandum of Understanding (MoU) is entered into on 23.07.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Maiden Pharmaceuticals Limited**, located at 1594/9, IIIrd Floor, M.J. Bidg. Bhagirath Palace, Chandni Chowk Delhi-11000. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 23.07.2022 and executed by the authorized representatives of both Parties.

23/7/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

23/7/22

Maiden Pharmaceuticals Limited

Delhi

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Lotus Institute of Pharmacy

Effective Date: 27th August 2022

This Memorandum of Understanding (MoU) is entered into on 27.08.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Lotus Institute of Pharmacy**, located at 16TH KM Bareilly Lucknow Road, Rajau Post Office, Bareilly, Uttar Pradesh 243123. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 27.08.2022 and executed by the authorized representatives of both Parties.

27/8/22

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

27/08/22

Lotus Institute of Pharmacy

Bareilly, Uttar Pradesh

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
MATS University

Effective Date: 21th September 2022

This Memorandum of Understanding (MoU) is entered into on 21.09.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **MATS University**, located at Aarang – Kharora, Highway, Arang, Chhattisgarh 493441. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

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CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 21.09.2022 and executed by the authorized representatives of both Parties.

21/09/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

21/09/21

MATS University

Raipur

Signature and Date

SUSHIL KUMAR THAKUR

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स्व. श्री राधेश्याम सक्सेना मेमोरियल

जेन्या हॉस्पिटल एवं रिसर्च सेन्टर

मयूर बिहार कॉलोनी, मेडिकल कॉलेज गेट नं.1 के सामने, झाँसी

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Jainya Hospital and Research Centre

Effective Date: 21st June 2022

This Memorandum of Understanding (MoU) is entered into on 21.06.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Jainya Hospital and Research Centre**, located at Mayur Vihar Colony, Medical College Gate No-1, Jhansi. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 21.06.2022 and executed by the authorized representatives of both Parties.

21/6/22

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

21/06/22

Jainya Hospital and Research Centre
Jhansi
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING

Between Chandralok Institute Of Medical Science, Bareilly And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

14/07/2022

SUSHIL KUMAR THAKUR

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Memorandum of Understanding

Rohilkhand College Of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Chandralok Institute Of Medical Sciences, Bareilly (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College Of Nursing, Bareilly* Mentor Institute and *Chandralok Institute Of Medical Sciences, Bareilly* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute(low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College Of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Chandralok Institute Of Medical Sciences, Bareilly* has expressed its willingness to work with *Rohilkhand College Of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on ***14/07/2022*** (hereinafter the '**Effective Date**') and shall continue for a period of 1 (one) years ending on **13/07/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual)and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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would provide the activity tracker and tool to track progress on performance standards)

- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
- In discussion with its Faculty, Principal & Owner, identify the areas of improvement where it needs support from a Mentor Institute and the areas where they can do self-improvement.
- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
- Work with Mentor Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices

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3. Anti-poaching

Mentor Institute and Mentee Institute agree not to directly or indirectly employ, offer to employ, or otherwise engage any employee, faculty, contractor, or agent of the other Party during the term of this Agreement and for a period of Twelve (12) months thereafter without the prior written consent of the other Party.

4. Confidentiality

Mentor Institute and Mentee Institute undertake to respect and protect the confidentiality of all the information acquired as a result of or pursuant to this Agreement and will not, without the other Party's prior written consent, disclose any such information to a third party (except UPSMF), unless it is required to do so by any applicable law or regulation or is specifically authorised to do so hereunder or by any separate agreement, especially where the provision of such information is the object or part of the service to be provided by the Mentor Institute.

5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would causea material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would causea material adverse effect to the execution of this MOU; and / or
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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	**Mentee Institute**
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	*Chandralok Institute Of Medical Sciences, Bareilly* Tel: 0581 - 2520216 Fax: 0581 - 2520216 Email: chandralokinstitutebareilly@gmail.com Contact: 8859491000 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

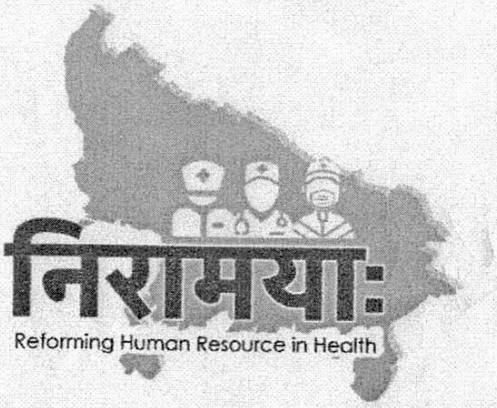
This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly	*Chandralok Institute Of Medical Sciences, Bareilly*
By 14/07/2023 Principal Rohilkhand College of Nursing Bareilly	By Neema J. Singh Principal Chandralok Institute of Medical Sciences Bareilly
Name: Dr. Priyanka A Masih Title: Principal	Name: Mrs. Neema J Singh Title: Principal
In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly	In the presence of: Witness: Name: Mr. Sudhanshu Mishra, Manager, Chandralok Institute Of Medical Sciences, Bareilly
Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Address: Rajau Paraspur, Post & Tehsil-Faridpur, Bareilly, (U.P.), 243123

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MEMORANDUM OF UNDERSTANDING

Between Dr. Pratap Singh Malik College of Nursing, Bilaspur And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

24/07/2022

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Memorandum of Understanding

Rohilkhand College of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Dr. Pratap Singh Malik College of Nursing, Bilaspur (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College of Nursing, Bareilly* Mentor Institute and *Dr. Pratap Singh Malik College of Nursing, Bilaspur* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Dr. Pratap Singh Malik College of Nursing, Bilaspur* has expressed its willingness to work with *Rohilkhand College of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on ***24/07/2022*** (hereinafter the '**Effective Date**') and shall continue for a period of 1 (one) years ending on **23/07/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual) and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
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- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
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- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices

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5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
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In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days (**'Cure Period'**) and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

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In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

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Mentor Institute	**Mentee Institute**
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	*Dr. Pratap Singh Malik College of Nursing, Bilaspur* Tel: Fax: Email: dr_psm@yahoo.com Contact: 6395837683 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

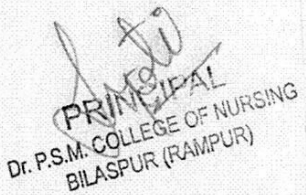
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9. Governing Law and Dispute resolution:

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly By  Principal Rohilkhand College of N Bar Name: Dr. Priyanka A Masih Title: Principal In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Dr. Pratap Singh Malik College of Nursing, Bilaspur By  PRINCIPAL Dr. P.S.M. COLLEGE OF NURSING BILASPUR (RAMPUR) Name: Mrs. Jyoti Bala Title: Principal In the presence of: Witness: Name: Mr. Rajendra Kumar, Senior Nursing Tutor, Dr. Pratap Singh Malik College of Nursing, Bilaspur Address: Near Mankara Police Chowki, Lala Wala Bagh, Nainital Road, Bilaspur, Rampur (U.P.), 244921

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This Memorandum of Understanding ("MOU") is made in Bareilly on this **5th day of October, 2022.**

By and between

M/s. Ebek Med Edventures Private Limited, a company incorporated under the Companies Act, 1956 having its office at 141, Kutchery Road, Mylapore, Chennai 600 004, Tamil Nadu, India represented by its Chairman **G. Sreekanthan** as its authorized signatory hereinafter referred to as"EbekMed".

AND

Rohilkhand College of Nursing, Bareilly International University located at Bareilly, Uttar Pradesh, India, hereinafter referred to as "The Institution" which expression, unless repugnant to the context or meaning thereof, shall mean and include its successors, permitted assigns and affiliates) and represented by its Principal – Dr. Priyanka A Masih as its authorized signatory.

EbekMed and The Institution shall hereinafter be collectively referred to as "Parties" and individually as a "Party".

WHEREAS:

EbekMed is a 100% subsidiary of Ebek Language Laboratories Private Limited, an authorized test delivery partner of OET. It provides quality Healthcare English language solutions ("NursEng") to nursing colleges, deemed-to Universities, working healthcare professionals and hospitals across India. EbekMed has introduced specialized courses for students studying in medicine, nursing, physiotherapy and pharmacy streams.

The Institution is interested in making the NursEng course mandatory or 150 students minimum. The Institution is therefore interested in associating with EbekMed to offer these healthcare English courses. EbekMed has agreed to the same subject to certain terms and conditions mutually agreed between the Parties.

The Parties are desirous of recording the terms of the collaboration agreed to between them.

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NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth herein, the Parties hereto hereby agree as follows:

1. TERM

1.1. This MoU shall come into effect on this date and shall be valid for a period of three years ("Initial Term") unless otherwise extended in writing by the Parties or terminated in accordance with the terms hereof.

2. GRANT OF RIGHTS

2.1. The Institution hereby grants to EbekMed the exclusive right to train and conduct the NursEng Course within the premises of the Institutions and EbekMed hereby accepts the same.

3. OBLIGATIONS OF EBEKMED

3.1. EbekMed shall plan with The Institution for the conduct of the course.

3.2. EbekMed shall provide the Preparation Provider Certificate to The Institution.

3.3. EbekMed shall assist the institution in creating awareness amongst the parents and students on the importance of English for better career opportunities.

3.4. EbekMed shall provide the necessary course material for each student according to their language levels.

3.5. EbekMed shall depute required number of trainers for the conduct of face-to- face training programme.

3.6. EbekMed shall provide a designated coordinator for smooth progress of the programme.

3.7. EbekMed shall complete the course for each batch in five months from the date of commencement.

3.8. EbekMed shall conduct the Cambridge English Exams for levels A2-B1 and B1.

3.9. EbekMed shall conduct OET Plus for level B1-B2.

3.10. EbekMed shall be responsible for the complete organization and conduct of the Cambridge English Exams and OET Plus exam on the test dates as per stringent rules laid by Cambridge English and OET.

3.11. EbekMed shall provide the result of final exams to The Institution.

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3.12. EbekMed shall hand over the Cambridge English and OET Plus Certificates to The Institution to be handed over to the students

3.13. EbekMed will identify potential candidates from the final year and help them in the preparation for OET exams.

4. OBLIGATIONS OF THE INSTITUTION

4.1. The Institution agrees in creating awareness amongst the students studying in nursing and paramedical streams about the introduction of healthcare English course.

4.2. The Institution agrees to work on a suitable time table for face-to- face training.

4.3. The Institution shall share the details of the students in the format given by EbekMed for creation of login credentials.

4.4. The Institution shall provide proper space and seating allocation for the EbekMed trainer.

4.5. The Institution shall not employ or use EbekMed trainers for 3 years from the end of this agreement.

4.6. The Institution shall provide audio visual facilities in the classroom.

4.7. The Institution shall provide high speed internet for the conduct of classes and exams.

4.8. The Institution shall appoint a coordinator for the smooth process of the programme.

4.9. The Institution shall select a date for the final exams.

4.10. The Institution shall provide classrooms with high-speed Wi-Fi internet for the conduct of final exams.

The Institution shall distribute the certificates to the students on receipt of the same from EbekMed.

5. COMMERCIAL TERMS

5.1. The course fees for the various levels are listed in Annexure II and will be applicable for each academic year.

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6. PAYMENT TERMS

6.1. The students shall pay in the fees directly to the Ebek as follows:

6.1.1. The course fees shall be paid in two installments. The first installment of 50% will be paid before the commencement of face-to-face training. The balance 50% will be paid at the end of the 15th week of the course.

6.1.2. The course fees can be paid by cheque or Demand Draft in the name of EbekMed Edventures Private Limited. The payment can also be made directly to EbekMed's Bank Account.

6.2. The Institution shall facilitate collection of fees, on behalf of Ebek, from the students who enrolled in the NursEng course.

7. CONFIDENTIALITY

7.1. Each Party shall keep confidential and shall not without the prior consent in writing of the disclosing Party copy or disclose to any third party the content of any documents or information (whether of a commercial, financial or technical nature or which is identified as being confidential) acquired or received in writing, orally or in any other tangible or intangible from the other Party in connection with this MoU, such information referred to as "Confidential Information".

8. EMPLOYMENT

8.1. The Institution shall not take in to employment on a full time or part time, any of EbekMed's trainers for 3 years from the end of this MoU.

9. TERMINATION

9.1. This MOU may be terminated:

9.1.1. By unanimous consent after clearing all pending dues on either side.

9.1.2. In the event of any lawful authority ordering the Parties to terminate this MoU.

10. APPLICABLE LAW AND ARBITRATION

10.1. This Agreement shall be governed by Indian law.

10.2. Any dispute arising out of or in connection with this MoU, including any question regarding its existence, validity or termination, shall be referred to and finally resolved by arbitration at Chennai, India in accordance with the Indian Arbitration and

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Conciliation Act, 1996. The arbitration shall be conducted by three (3) arbitrators with each Party appointing an arbitrator and the two arbitrators so appointed appointing the third and presiding arbitrator. The language of the arbitration shall be English.

10.3. No Party shall disclose to any third party except legal advisors the existence, nature, content, or outcome of any arbitration, or purported arbitration, brought in respect of this MOU.

IN WITNESS WHEREOF the Parties have executed and delivered this MoU as of the date first above written.

For EbekMed Edventures Private Limited

Authorised Signatory

For Rohilkhand College of Nursing
Principal
Rohilkhand College of Nursing
Bareilly

Authorised Signatory

Witness 1:

(BIPLOB BHAUTA)

(DR. Anil. P)

Witness 2:

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ANNEXURE – I

S.No	Year of Study	No of Students
1	B.Sc. 1st year	
2	B.Sc. 2nd year	
3	B.Sc. 3rd year	
4	B.Sc. 4th year	
5	GNM 1st year	
6	GNM 2nd year	
7	GNM 3rd year	

For EbekMed Edventures Private Limited

Authorised Signatory

For Rohilkhand College of Nursing

Principal
Rohilkhand College of Nursing
Bareilly

Authorised Signatory

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ANNEXURE – II

Commercials for the year 2022-23

S.No	Year	Fees	Tax	Total
1	Level A2-B1	Rs 6000	Rs 1080	Rs 7080
2	Level B1	Rs 6000	Rs 1080	Rs 7080
3	Level B1-B2	Rs 6000	Rs 1080	Rs 7080

For EbekMed Edventures Private Limited

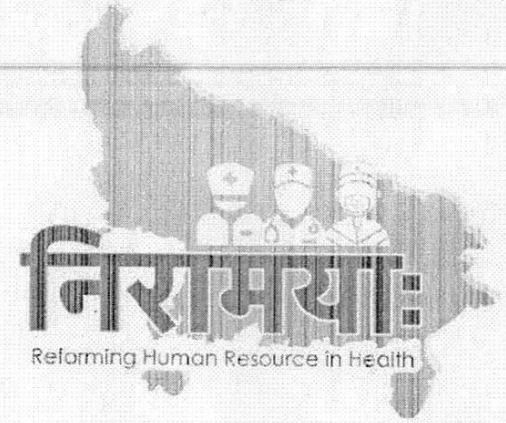
Authorised Signatory

For Rohilkhand College of Nursing

Principal
Rohilkhand College of Nursing
Bareilly

Authorised Signatory

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MEMORANDUM OF UNDERSTANDING

Between Ganga Sheel School of Nursing, Bareilly And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

14/08/2022

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Memorandum of Understanding

Rohilkhand College of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Ganga Sheel School of Nursing, Bareilly (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College of Nursing, Bareilly* Mentor Institute and *Ganga Sheel School of Nursing, Bareilly* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Ganga Sheel School of Nursing, Bareilly* has expressed its willingness to work with *Rohilkhand College of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on *14/08/2022* (hereinafter the '**Effective Date**') and shall continue for a period of 1 (one) years ending on 13/08/2023.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual) and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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would provide the activity tracker and tool to track progress on performance standards)

- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
- In discussion with its Faculty, Principal & Owner, identify the areas of improvement where it needs support from a Mentor Institute and the areas where they can do self-improvement.
- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
- Work with Mentor Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices

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- Inform UPSMF in case of separation from or joining to the Mentor Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

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3. Anti-poaching

Mentor Institute and Mentee Institute agree not to directly or indirectly employ, offer to employ, or otherwise engage any employee, faculty, contractor, or agent of the other Party during the term of this Agreement and for a period of Twelve (12) months thereafter without the prior written consent of the other Party.

4. Confidentiality

Mentor Institute and Mentee Institute undertake to respect and protect the confidentiality of all the information acquired as a result of or pursuant to this Agreement and will not, without the other Party's prior written consent, disclose any such information to a third party (except UPSMF), unless it is required to do so by any applicable law or regulation or is specifically authorised to do so hereunder or by any separate agreement, especially where the provision of such information is the object or part of the service to be provided by the Mentor Institute.

5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would causea material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentee Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentor Institute will issue a Default Notice asking Mentee Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentee Institute fails to rectify the default within the Cure Period, Mentor Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	Mentee Institute
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	Ganga Sheel School of Nursing, Bareilly Tel: Fax: Email: principalgssn@gmail.com Contact: 9991418383 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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Reason: your signing reason here
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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly	Ganga Sheel School of Nursing, Bareilly
By Principal Rohilkhand College of Nursing Bareilly Name: Dr. Priyanka A Masih Title: Principal In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly	By Name: Dr. N.K Gupta Title: Chairman In the presence of: Witness: Name: Mrs. Jincy M Varghese, Vice-Principal, Ganga Sheel School of Nursing, Bareilly
Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Address: Village – Manpuria Janki Prasad, Bisalpur Road, Bareilly, (U.P.), 243123

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MEMORANDUM OF UNDERSTANDING

Between Hari Bandhu Nursing & Paramedical Institute, Varanasi And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

19/07/2022

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Memorandum of Understanding

Rohilkhand College Of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Hari Bandhu Nursing & Paramedical Institute, Varanasi (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College Of Nursing, Bareilly* Mentor Institute and *Hari Bandhu Nursing & Paramedical Institute, Varanasi* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College Of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Hari Bandhu Nursing & Paramedical Institute, Varanasi* has expressed its willingness to work with *Rohilkhand College Of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on ***19/07/2022*** (hereinafter the '**Effective Date**') and shall continue for a period of 1 (one) years ending on **18/07/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual)and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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would provide the activity tracker and tool to track progress on performance standards)

- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
- In discussion with its Faculty, Principal & Owner, identify the areas of improvement where it needs support from a Mentor Institute and the areas where they can do self-improvement.
- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
- Work with Mentor Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices

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- Provide any other support required for overall coordination of Supportive Supervision Program.

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3. Anti-poaching

Mentor Institute and Mentee Institute agree not to directly or indirectly employ, offer to employ, or otherwise engage any employee, faculty, contractor, or agent of the other Party during the term of this Agreement and for a period of Twelve (12) months thereafter without the prior written consent of the other Party.

4. Confidentiality

Mentor Institute and Mentee Institute undertake to respect and protect the confidentiality of all the information acquired as a result of or pursuant to this Agreement and will not, without the other Party's prior written consent, disclose any such information to a third party (except UPSMF), unless it is required to do so by any applicable law or regulation or is specifically authorised to do so hereunder or by any separate agreement, especially where the provision of such information is the object or part of the service to be provided by the Mentor Institute.

5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentee Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentor Institute will issue a Default Notice asking Mentee Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentee Institute fails to rectify the default within the Cure Period, Mentor Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	**Mentee Institute**
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	Hari Bandhu Nursing & Paramedical Institute, Varanasi Tel: 0542 - 2591100 Fax: 0542 - 2591100 Email: haribandhutrust@gmail.com Contact: 8072094165 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

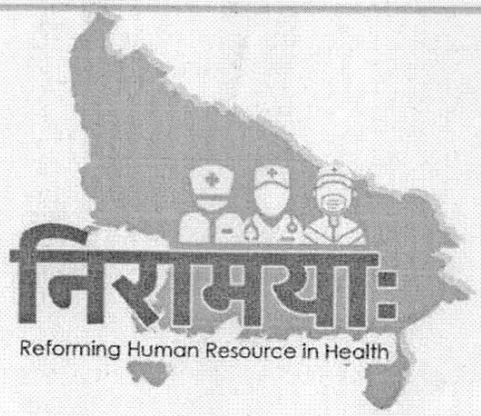
This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly By Principal Rohilkhand College of Nursing Bareilly Name: Dr. Priyanka A Masih Title: Principal In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Hari Bandhu Nursing & Paramedical Institute, Varanasi By Principal Hari Bandhu Nursing & Paramedical Institute Madhukar Nagar Colony Ruppanpur Natue Varanasi Name: Mr. S Vijaya Kumar Title: Principal In the presence of: Witness: Name: Mrs. Sajeetha, Senior Nursing Tutor, Hari Bandhu Nursing & Paramedical Institute, Varanasi Address: Madhukar Nagar Colony, Ruppanpur Natui, Sarnath, Varanasi (U.P.), 221007

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MEMORANDUM OF UNDERSTANDING

Between Sanjay Gandhi School of Nursing, Puranpur And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

22/07/2022

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Memorandum of Understanding

Rohilkhand College of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Sanjay Gandhi School of Nursing, Puranpur (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College of Nursing, Bareilly* Mentor Institute and *Sanjay Gandhi School of Nursing, Puranpur* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Sanjay Gandhi School of Nursing, Puranpur* has expressed its willingness to work with *Rohilkhand College of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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1. Duration

This Agreement shall come into effect on ***22/07/2022*** (hereinafter the '**Effective Date**') and shall continue for a period of 1 (one) years ending on **21/07/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual) and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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would provide the activity tracker and tool to track progress on performance standards)

- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
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- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
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5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would causea material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentee Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentor Institute will issue a Default Notice asking Mentee Institute to rectify the default within 30 days ('**Cure Period**') and submit the compliance report. In case, Mentee Institute fails to rectify the default within the Cure Period, Mentor Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	**Mentee Institute**
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	Sanjay Gandhi School of Nursing, Puranpur Tel: Fax: Email: sanjaynursing@rediffmail.com Contact: 7088187800 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly	Sanjay Gandhi School of Nursing, Puranpur
By Principal Rohilkhand College of Nursing Bareilly	By Mrs Rajveer Kaur Principal Sanjay Gandhi School of N... Puranpur Pilibhit (U.P.)
Name: Dr. Priyanka A Masih Title: Principal	Name: Mrs. Rajveer Kaur Title: Principal
In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly	In the presence of: Witness: Name:
Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Address: Nabadia Sultanpur P.O. Udaikaranpur, Teh- Puranpur, Distt. Pilibhit, (U.P.), 262122

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निरामयाः
Reforming Human Resource in Health

MEMORANDUM OF UNDERSTANDING

Between Varun Arjun College of Nursing, Banthra, Shahjahanpur And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

23/09/2022

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Memorandum of Understanding

Rohilkhand College of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Varun Arjun College of Nursing, Banthra, Shahjahanpur (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College of Nursing, Bareilly* Mentor Institute and *Varun Arjun College of Nursing, Banthra, Shahjahanpur* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Varun Arjun College of Nursing, Banthra, Shahjahanpur* has expressed its willingness to work with *Rohilkhand College of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

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NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on ***23/09/2022*** (hereinafter the **'Effective Date'**) and shall continue for a period of 1 (one) years ending on **22/09/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual) and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF

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would provide the activity tracker and tool to track progress on performance standards)

- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
- In discussion with its Faculty, Principal & Owner, identify the areas of improvement where it needs support from a Mentor Institute and the areas where they can do self-improvement.
- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
- Work with Mentor Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices

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- Inform UPSMF in case of separation from or joining to the Mentor Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

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3. Anti-poaching

Mentor Institute and Mentee Institute agree not to directly or indirectly employ, offer to employ, or otherwise engage any employee, faculty, contractor, or agent of the other Party during the term of this Agreement and for a period of Twelve (12) months thereafter without the prior written consent of the other Party.

4. Confidentiality

Mentor Institute and Mentee Institute undertake to respect and protect the confidentiality of all the information acquired as a result of or pursuant to this Agreement and will not, without the other Party's prior written consent, disclose any such information to a third party (except UPSMF), unless it is required to do so by any applicable law or regulation or is specifically authorised to do so hereunder or by any separate agreement, especially where the provision of such information is the object or part of the service to be provided by the Mentor Institute.

5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. Termination on default by Mentor Institute

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days (**'Cure Period'**) and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	**Mentee Institute**
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	Varun Arjun College of Nursing, Banthra, Shahjahanpur Tel: 05842-276507 Fax: Email: vacn2019@gmail.com Contact: 9412151327 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

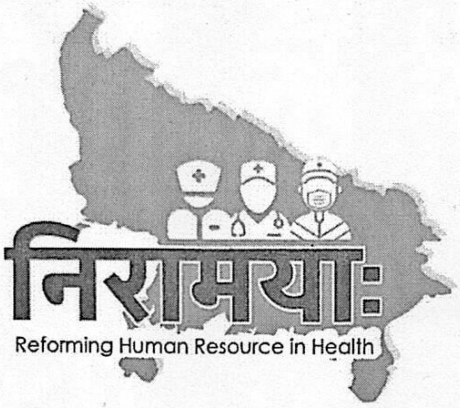
This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly	Varun Arjun College of Nursing, Banthra, Shahjahanpur
By Principal Rohilkhand College of Nursing Bareilly	By Varun Arjun College of Nursing Banthara Shahjahanpur
Name: Dr. Priyanka A Masih Title: Principal	Name: Mr. Deepak Pachauri Title: Vice-Principal
In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly	In the presence of: Witness: Name: Ms. Renuka, Nursing Tutor, Varun Arjun College of Nursing, Banthra, Shahjahanpur
Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	Address: Varun Arjun Medical College & Rohilkhand Hospital, Banthra, Shahjahanpur, (U.P.), 242307

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MEMORANDUM OF UNDERSTANDING

Between Vardan College of Nursing, Bareilly And Rohilkhand College Of Nursing, Bareilly

Date of signing MoU

27/07/2022

SUSHIL KUMAR THAKUR

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Memorandum of Understanding

Rohilkhand College of Nursing, Bareilly (hereinafter referred to as "**Mentor Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

AND

Vardan College of Nursing, Bareilly (hereinafter referred to as "**Mentee Institute**" which expression shall unless it be repugnant to the context or otherwise, deemed to mean and include its successors and permitted assigns)

Hereafter, *Rohilkhand College of Nursing, Bareilly* Mentor Institute and *Vardan College of Nursing, Bareilly* Mentee Institute are collectively referred to as **Parties**

Whereas,

A. Government of Uttar Pradesh has been taking up various steps to establish quality in the healthcare system in the state;
B. Nursing cadre, which underpins the entire healthcare system, is one of the components where quality improvement needs have been identified;
C. At present, substantial number of nursing personnel (>90%) in the healthcare system of the state of Uttar Pradesh are trained in private sector nursing institutions and ensuring quality nursing education in these institutions would ensure a long-term impact on healthcare in the state;
D. In its pursuit to instill quality in Nursing education, Government of Uttar Pradesh in the leadership of honorable Chief Minister launched **Mission Niramaya** ("**Mission**"). Under the Mission, UPSMF with the help of its technical partner Jhpiego, amongst various components, has also conceptualized a Supportive Supervision Program, wherein Mentor Institute (high performing institute) have been identified which can support Mentee Institute (low-performing institute) to perform better. Through this process quality within each institution will be ensured.
E. After rigorous screening process, 12 Nursing Institutes have been identified to play the role of Mentor Institute in Phase 1;
F. *Rohilkhand College of Nursing, Bareilly* is amongst one of the selected Mentor Institute;
G. *Vardan College of Nursing, Bareilly* has expressed its willingness to work with *Rohilkhand College of Nursing, Bareilly* to improve the quality of education at the Mentee Institute under the Supportive Supervision Programs of Mission Niramaya.

NOW THEREFORE this Memorandum of Understanding (MOU) has been entered between the Parties under Supportive Supervision Program wherein Mentor Institute

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will assist in quality improvement of Mentee Institutes across Uttar Pradesh. In consideration of the mutual covenants, promises, assurances, representations and provisions set forth herein, the Parties hereto agree as follows:

1. Duration

This Agreement shall come into effect on ***27/07/2022*** (hereinafter the **'Effective Date'**) and shall continue for a period of 1 (one) years ending on **26/07/2023**.

2. Obligations of the Parties

Mentor Institute

- In discussion with Mentee Institute, jointly conduct physical validation of Mentee Institute, if required, for baseline assessment of nursing education in Mentee Institute using performance standards tool; and on the basis drawn action plan for improvement and identify the areas of support and for Mentee Institute.
- In discussion with Mentee Institute of Owner, Principal and Faculty, identify the areas of support the Mentor Institute can offer to a Mentee Institute.
- In discussion with Mentee Institute, jointly develop an action plan incorporating mode of engagement (physical/virtual) and intervention/s (giving information/sharing formats/capacity building training {no of faculty to be trained}/exposure visits/documentation/motivation/communication/planning with timelines and performance measurement mechanism (indicators to show completion of support, etc. to support Mentee Institute for quality improvement.
- Assist Mentee Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Timely deliver the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified.
- Ensure constitution of QI team in Mentee Institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members which will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- Facilitate visits by the representatives of Mentee Institute to NESC (Nursing Education Study Centre) to understand about the best practices (at the cost of Mentee Institute).
- Inform UPSMF on activity tracker for quality improvement (QI) on the progress and share the baseline and quarterly validated scores on performance standards (UPSMF would provide the activity tracker and tool to track progress on performance standards)

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- Inform UPSMF in case of separation from or joining to the Mentor Institute, any Mentee Institute.
- Provide any other support required for overall coordination of Supportive Supervision Program.

Mentee Institute

- Orient the owner, management, principal, faculty and staff of the institute on MoU and quality improvement process.
- Nominate the faculty and ensure constitution of Quality Improvement (QI) team in its institute comprising 2 nodal persons + 4/6 (depending on selected set of performance standards) section in-charges among the faculty members who will take over the role of technical support from Mentor Institute after 1 year of engagement between Mentor and Mentee Institutes.
- In discussion with Mentor Institute, facilitate joint physical validation of performance standards of institute, for baseline assessment of nursing education using performance standards tool; and on this basis identify the areas of improvement and drawn an action plan for improvement.
- In discussion with its Faculty, Principal & Owner, identify the areas of improvement where it needs support from a Mentor Institute and the areas where they can do self-improvement.
- In discussion with Mentor Institute, jointly develop an action plan incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to work with Mentor Institute for self-quality improvement.
- Work with Mentor Institute in developing quality monitoring framework, which will be used to measure performance of Parties under this MOU.
- Ensure timely availability of resources for delivery of quality improvement program as per mode of engagement / intervention decided.
- Ensure in time and spirits, due participation of its faculty in training and other interventions jointly planned with Mentor Institute.
- Periodically conduct, with the help of Mentor Institute, assessment and improvise action plan in its Institute every quarterly.
- Share the quarterly self-assessment of performance standards and action plan with Mentor Institute.
- Financially support the quality improvement program (for e.g. travel cost, stay and HR honorarium, etc.) as agreed with Mentor Institute as per the terms of this MOU.
- Make visits to NESC of the Mentor Institute to understand about the best practices
- Inform UPSMF in case of separation from or joining to the Mentor Institute.

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- Provide any other support required for overall coordination of Supportive Supervision Program.

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3. Anti-poaching

Mentor Institute and Mentee Institute agree not to directly or indirectly employ, offer to employ, or otherwise engage any employee, faculty, contractor, or agent of the other Party during the term of this Agreement and for a period of Twelve (12) months thereafter without the prior written consent of the other Party.

4. Confidentiality

Mentor Institute and Mentee Institute undertake to respect and protect the confidentiality of all the information acquired as a result of or pursuant to this Agreement and will not, without the other Party's prior written consent, disclose any such information to a third party (except UPSMF), unless it is required to do so by any applicable law or regulation or is specifically authorised to do so hereunder or by any separate agreement, especially where the provision of such information is the object or part of the service to be provided by the Mentor Institute.

5. Monitoring Mechanism

The review of Quality Improvement processes and interventions would be conducted by the Mentor and Mentee Institute once every three months.

In the review meeting, Mentee institute and Mentor Institute will jointly present on ground status update against the targets, consolidated insights from interventions, areas of improvement which needs to be factored in the action plan.

A copy of the quarterly update will be sent to UPSMF by the Mentee Institute.

6. Termination of MOU

Condition for Termination: MOU may be terminated in case of any of the following:

A. <u>Termination on default by Mentor Institute</u>

Mentee Institute may terminate the MOU, if Mentor Institute fails to:

- Develop an action plan in discussion with Mentee Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Delays in delivery of the quality improvement program through the mode of engagement / intervention decided in the manner to help Mentee Institute achieve quality improvement in the areas identified and such delays continues for a period of 90 days; and / or
- Mentor Institute is in breach of Clause 3 and 4 of this MOU; and / or

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- Mentor Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would causea material adverse effect to the execution of this MOU; and / or
- Mentor Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentee Institute will issue a Default Notice asking Mentor Institute to rectify the default within 30 days (**'Cure Period'**) and submit the compliance report. In case, Mentor Institute fails to rectify the default within the Cure Period, Mentee Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

B. Termination on default by Mentee Institute

Mentor Institute may terminate the MOU, if Mentee Institute fails to:

- Develop an action plan in discussion with Mentor Institute, incorporating mode of engagement / intervention with timelines, performance measurement mechanism, etc. to support Mentee Institute for quality improvement; and / or
- Make available the resources for delivery of quality improvement program as per mode of engagement / intervention decided; and / or
- Nominate the faculty and ensure constitution of QI team in its institute comprising 2 nodal persons + 6 section in-charges among the faculty members within 2 months of engagement between Mentor and Mentee Institutes; and / or
- Ensure in time and spirits, due participation of its faculty in training and other interventions planned by Mentor Institute; and / or
- Delays the payment relating to the financial support for the quality improvement program (for e.g. travel cost, stay, infrastructure, etc.) as agreed with Mentor Institute as per the terms of this MOU and such delay continues for a period of 45 days; and / or
- Mentee Institute is in breach of Clause 3 and 4 of this MOU; and / or
- Mentee Institute has been, or is in the process of being liquidated, dissolved, wound-up, amalgamated or reconstituted in a manner that would cause a material adverse effect to the execution of this MOU; and / or
- Mentee Institute issues a Termination Notice in violation of this MOU; or the Mentor Institute commits a default in complying with any other provision of this MOU.

In case of any of the above default, Mentor Institute will issue a Default Notice asking Mentee Institute to rectify the default within 30 days (**'Cure Period'**) and submit the compliance report. In case, Mentee Institute fails to rectify the default within the Cure Period, Mentor Institute may terminate the MOU with immediate effect and communicate the same to UPSMF in writing.

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C. Termination on completion of MOU Duration

MOU will get terminated on completion of MOU Duration as specified herein unless mutually extended by Parties in writing.

D. Termination on MoU becoming unenforceable

In case due to any act or event, which is beyond the capacity of Parties, renders the MoU substantially or completely unenforceable, either Party may terminate this MoU with immediate effect.

7. Communication

Any communication or other document which may be shared by either Party under this MOU shall be given in writing in person or by pre-paid recorded delivery post, email or by facsimile transmission. In relation to a notice given under this MOU, any such notice or other document shall be addressed to the other Party's principal or registered office address as set out below:

Mentor Institute	Mentee Institute
Rohilkhand College of Nursing, Bareilly Tel: 0581 – 2526011, 2526012 Fax: 0581 – 2526054, 2303345 Email: rcnbareilly11@gmail.com Contact: 9368382930 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO	Vardan College of Nursing, Bareilly Tel: 0581- 2510507 Fax: Email: vardancollege1@gmail.com Contact: 8077871622 With a copy to: Uttar Pradesh State Medical Faculty (UPSMF) / JHPIEGO

8. Amendment

Any amendment to this MOU shall be made by mutual written consent of both the Parties.

9. Governing Law and Dispute resolution:

This MOU shall be governed by and construed in accordance with the laws of India. Parties shall resort to resolve any disagreement / dispute / grievance amicably. In case Parties fail to resolve amicably, such matter will be addressed under the guidance of Secretary, Uttar Pradesh State Medical Faculty.

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IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement as of the date and year hereinabove first written.

Rohilkhand College of Nursing, Bareilly	Vardan College of Nursing, Bareilly
By Principal Rohilkhand College of Nursing Bareilly Name: Dr. Priyanka A Masih Title: Principal In the presence of: Witness: Name: Mr. Mukesh Singh, Assistant Professor, Rohilkhand College of Nursing, Bareilly Address: Rohilkhand Medical College Campus, Pilibhit Bypass Road, Bareilly (U.P.), 243006	By PRINCIPAL VARDAN COLLEGE OF NURSING Name: Mr. Akhil Rodgers Title: Principal In the presence of: Witness: Name: Mrs. Sarita Jacob, Vice-Principal, Vardan College of Nursing, Bareilly Address: Village – Kaimua Tehsil Aonla, Bareilly, (U.P.), 243402

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उप क्षेत्रीय कार्यालय
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
Sub Regional Office
Employees' State Insurance Corporation
(Ministry of Labour & Employment, Govt. of India)

सत्यमेव जयते

द्वितीय तल, कर्मचारी राज्य बीमा निगम अस्पताल परिसर, सरोजिनी नगर, लखनऊ-226023, उ०प्र०
2nd floor, ESIC Hospital Complex, Sarojini Nagar, Lucknow-226023, U.P.
दूरभाष सं०—0522—2471337, 2471338, 2471343
E-mail- sro.lucknow@esic.nic.in

पत्रांक:—30/SRO/LKO/Cash/18/Tie-up Hospital

दिनाँक—18/04/2023

परिपत्र

विषय : उप क्षेत्रीय कार्यालय (SRO), कर्मचारी राज्य बीमा निगम (ESIC), लखनऊ के सेवारत कार्मिकों एवं उनके आश्रितों की चिकित्सा सुविधा हेतु अनुमोदित अस्पतालों एवं परीक्षण केन्द्रों की अद्यतन सूची।

सभी सम्बन्धित अधिकारियों एवं कर्मचारियों को सूचित किया जाता है कि वर्ष 2023–24 के अन्तर्गत **सी.जी.एच.एस. से अधिसूचित** निम्न अस्पतालों/परीक्षण केन्द्रों को सक्षम अधिकारी ने सूचीबद्ध करने की स्वीकृति प्रदान कर दी है। सभी सम्बन्धित कार्मिकों एवं उनके आश्रितजनों (CSMA के अन्तर्गत) की चिकित्सा सुविधा हेतु प्राधिकृत चिकित्साधिकारी से सन्दर्भ कराने के पश्चात् CGHS द्वारा अनुमोदित दरों पर OPD उपचार (Cash), तथा IPD एवं Emergency उपचार **(Cashless)** प्राप्त कर सकते हैं।

समस्त उपचार हेतु–

क्रमांक	अस्पताल का नाम	पता
1	T.S. Mishra Medical College & Hospital	Opp: Amausi Railway Station, Amausi, Lucknow-226008
2	Charak Hospital & Research Centre	Near Safed Masjid, Hardoi Road, Dubagga, Lucknow-226003
3	Nova Hospital	Patrakarpuram Crossing, Vikas Khand-1, Gomti Nagar, Lucknow-226010
4	SKD Hospital	KBC-27, Sec-B, LDA Colony, Kanpur Road, Lucknow-226005
5	Shekhar Hospital Pvt. Ltd.	B-Block, Church Road, Indira Nagar, Lucknow-226016
6	K. K. Hospital	87/88, Nabiullah Road, River Bank Colony, Near Suraj Kund Park, Daliganj, Lucknow
7	Vivekanand Poly Clinic & Institute of Medical Science	Vivekananda Puram, Lucknow-226007
8	Lucknow Metro Hospital & Trauma Centre	1/25, Vijay Khand, Gomti Nagar, Lucknow-226010
9	Rohilkhand Medical College & Hospital	Opp: Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly-243006

समस्त जाँच हेतु निदान केन्द्र (Diagnostic Centres)–

क्रमांक	अस्पताल का नाम	पता
1	Indira Diagnostic Center & Blood Bank	1st Floor, Indradeep Complex, Sanjay Gandhi Puram, Faizabad Road, Lucknow-226016
2	Promila Diagnostic Center	Shanti Complex, Near kukrail Pul, Faizabad Road, Lucknow.
3	Charakdhar Diagnostic Pvt. Ltd.	292/05, Tulsi Das Marg, Chowk, Lucknow-226003
4	Nidan Diagnostic Centre	NH-A, Vivek Khand-2, Gomti Nagar, Lucknow-226010
5	Ipsum Medicare Pvt. Ltd.	KS-14, Aliganj Housing Scheme, Sitapur Road, Lucknow-226024
6	Delhi Institute of Functional Imaging	B-108, Sector-C, Mahanagar, Lucknow-226006

आँख के उपचार हेतु–

क्रमांक	अस्पताल का नाम	पता
1	Eye-Q Vision Pvt.Ltd	1- 3/299, Vishal khand-3, Gomti Nagar, Lucknow-226010 2- E-2025, Near Dena Bank, Rajajipuram, Lucknow-226012 3- B-60, Near India Overseas Bank, Aliganj, Lucknow-226024
2	Sun Eye Hospital & LASER Centre	57 B, Singar Nagar, Alambagh, Lucknow, UP-226005
3	Abhinav Drishti Eye Hospital	B-719, Sector-C, Mahanagar, Lucknow

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4	Chandra Mother & Eye Care	4/43 Vivek Khand, Gomti Nagar, Lucknow
5	Lucknow Eye Centre	2D/NH-01, Vrindavan-2, Raebareli Road, Lucknow-226029
6	Lucknow Eye Hospital (A Unit Of Perfect Vision Clinic Pvt. Ltd.)	82/031, Guru Govind Singh Marg, Lalkuan, Lucknow-226019
7	Prakash Netra Kendra Pvt. Ltd.	NH-2, Vipul Khand-4, Gomti Nagar, Lucknow-226010
8	Mohan Eye Institute	179, Civil Lines, Station Road, Opposite Pancham Hotel, Bareilly-243001
9	Raj Eye Hospital Pvt. Ltd.	Chhatra Sangh Chauraha, Cantt. Road, Gorakhpur-273001

दाँत के उपचार हेतु–

क्रमांक	अस्पताल का नाम	पता
1	Astha Dental Solutions	4/41, Vishal Khand, Gomti Nagar, Lucknow-226010
2	Shagun Dental Care Laser and Implant Centre	S-52, 1st Floor, Gole Market, Mahanagar, Lucknow-226006
3	Satya Shiv Dental Clinic	UGF-7, 8, Milan Tower Complex, Kursi Road, Near Gayatri Mandir, Lucknow-226022
4	Grover Dental & Medical Centre	A-9/A, Nirala Nagar, Opp. Vivekanand Hospital, Lucknow-226020
5	Muskan Dental Clinic	NF-13, 1st Floor, Karamat Market, opp. Good Bakery, Nishatganj, Lucknow

1. **उपर्युक्त समस्त अस्पताल/निदान/परीक्षण केन्द्रों का अनुबन्धन 31.03.2024 तक है।**
2. समस्त प्रभारी चिकित्साधिकारी, कर्मचारी राज्य बीमा औषधालय, लखनऊ परिक्षेत्र से अनुरोध है कि दिनांक–17.06.2014 को उ0प्र0 सरकार द्वारा जारी शासनादेश सं0–584/छत्तीस–6–2014–12(सा.)/2014 में निर्दिष्ट अनुदेशों के अनुपालन में **उप क्षेत्रीय कार्यालय (SRO), कर्मचारी राज्य बीमा निगम (ESIC), लखनऊ** के सेवारत कार्मिकों एवं उनके आश्रितजनों को कैशलेस उपचार हेतु सीधे उक्त टाई–अप अस्पतालों/डायग्नोस्टिक सेण्टरों में रेफर करना सुनिश्चित करें।
3. चिकित्सा अधीक्षक (प्रभारी)/प्रबन्ध निदेशक, उपर्युक्त अस्पताल/निदान/परीक्षण केन्द्र, से अनुरोध है कि **उप क्षेत्रीय कार्यालय (SRO), कर्मचारी राज्य बीमा निगम (ESIC), लखनऊ** के सेवारत कार्मिकों एवं उनके आश्रितजनों को कार्मिकों के **पहचान–पत्र/मेडिकल कार्ड के आधार पर** चिकित्सा सुविधा देना सुनिश्चित करें।
4. उक्त सूचीबद्ध अस्पतालों से चिकित्सा सुविधा, बीमित व्यक्तियों **(IP) हेतु नहीं** है।

यह पत्र उप निदेशक (प्रभारी) के अनुमोदन से जारी किया जा रहा है।

भवदीय

(सनत कुमार बिस्वास)
सहायक निदेशक

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषितः–

1. सभी शाखाएं, उप क्षेत्रीय कार्यालय, लखनऊ।
2. सभी शाखा कार्यालय, कर्मचारी राज्य बीमा निगम, लखनऊ एवं लखनऊ परिक्षेत्र।
3. चिकित्सा अधीक्षक, कर्मचारी राज्य बीमा निगम अस्पताल, सरोजनी नगर, लखनऊ को सूचनार्थ प्रेषित।
4. संबंधित अस्पताल/डाइग्नोस्टिक सेंटर को इस आशय के साथ प्रेषित कि **उप क्षेत्रीय कार्यालय (SRO), कर्मचारी राज्य बीमा निगम (ESIC), लखनऊ** के सेवारत कार्मिकों एवं उनके आश्रितजनों को सी.जी.एच.एस.**(CGHS)** द्वारा अनुमोदित दरों पर OPD उपचार (Cash), तथा IPD एवं Emergency उपचार **(Cashless)** उपलब्ध कराना सुनिश्चित करें।
5. मुख्य चिकित्सा अधिकारी, कर्मचारी राज्य बीमा योजना, श्रम चिकित्सा सेवायें, उ0प्र0, लखनऊ।
6. मेडिकल रेफरी, उप क्षेत्रीय कार्यालय (SRO), कर्मचारी राज्य बीमा निगम (ESIC), लखनऊ।
7. सभी कर्मचारी राज्य बीमा औषधालय, लखनऊ परिक्षेत्र को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।
8. सूचना पट्ट।

(सनत कुमार बिस्वास)
सहायक निदेशक

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Certificate Issued Date	:	11-Oct-2022 11:11 AM
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Draft MOA for Empanelment under CGHS 2022

Memorandum of Agreement (MoA) between

ADDITIONAL DIRECTOR, CGHS

AND

ROHILKHAND MEDICAL COLLEGE AND HOSPITAL, BAREILLY

Additional Director
Central Government Health Scheme
Lucknow

Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This Agreement is made on the 27th day of February, 2023 , between the President of India acting through ADDITIONAL DIRECTOR, Central Government Health Scheme, Ministry of Health & F.W., Government of India having its office at ...Lucknow..... (hereinafter called CGHS, which expression shall, unless repugnant to the context or meaning thereof, be deemed to meanand include its successors and assigns) of the **First Part**

AND

Rohilkhand Medical College and Hospital *(Name of the Hospital with Address)* of the **Second Part.**

WHEREAS the Central Government Health Scheme is providing comprehensive medical care facilities to the Central Government Employees / Pensioners and such other categories of beneficiaries as are decided from time to time.

AND WHEREAS, CGHS proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the Private empanelled Hospitals, exclusive eye hospitals/Centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging Centres in Bareilly.

AND WHEREAS, Rohilkhand Medical College and Hospital has agreed to give the treatment / diagnostic facilities available in the HCO to the CGHS Beneficiaries in the Health Care Organization at the rates offered by CGHS:

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

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 ofthis Agreement:

1.1.1 "Agreement" shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof 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 Clearing Agency "(BCA) means the agency appointed by CGHS for processing of Data/ Bills of all CGHS beneficiaries (both serving and pensioner) attending the empanelled Private Hospitals

1.1.4 "Card" shall mean the CGHS Card, issued by any competent authority, of any CGHS city.

1.1.5 "Card Holder" shall mean a person having a CGHS Card.

1.1.6 "CGHS Beneficiary" shall mean a person who is eligible for coverage of CGHSand hold a valid CGHS card for the benefit.

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.

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1.1.8 "Diagnostic Center" shall mean the *(Name of the Diagnostic Center)* performing tests / investigations

1.1.9 "Imaging Centre" shall mean the (Name of the Imaging Centre) performing X-ray, CT Scan, MRI, USG, etc.,

1.1.10 "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

1.1.11 "Empanelment" shall mean the hospitals, exclusive eye hospitals/Centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging Centres authorized by the CGHS for treatment/ investigation purposes for a particular period.

1.1.12 "Hospital" shall mean the *(Name of the Hospital)* while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

1.1.13 "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 CGHS beneficiaries after following certain procedure of inquiry

1.1.14 "Party" shall mean either the CGHS or the Hospital and "Parties" shall mean both the CGHS and the Hospital.

1.1.15 "CGHS "Package Rate" shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CGHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges (xi)Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon s fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

Package rates also include two pre-operative consultations and two post-operative consultations.

In case of Surgical procedures, whose name is not listed under CGHS rate list, the rates given under other minor/major surgery under each specialty shall be applicable. It cannot be added as an additional procedure to primary surgical package.

Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower.

If there is no CGHS prescribed ceiling rate for any implant reimbursement shall be limited to 60% of the MRP including GST & HCOs cannot charge more than that amount from CGHS beneficiaries

In case a beneficiary demands a specific Brand of Stent / Implant and give his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable.

During In-patient treatment of the CGHS ben[illegible] hospital will not ask the beneficiary or his / her attendant to purc[illegible]ely the medicines / sundries / equipment or accessories / [illegible] will provide the treatment within the package rate, fixed by th[illegible] includes the cost of all the items.

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Additional Director
Central Government Health Scheme
Lucknow

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However, the following items are not admissible for reimbursement:
Toiletries
Sanitary napkins
Talcum powder
Mouth fresheners

In cases of conservative treatment / where there is no CGHS package rate the admissible amount is calculated item-wise (as defined under package rate) at CGHS rates or as per AIIMS rates (if there is no CGHS rate) or as per actual if there is no CGHS /AIIMS rate available for any of the items.

Package rates envisage up to a maximum duration of indoor treatment as follows:

Upto 12 days for Specialized (Super Specialties) treatment
Upto 7 days for other Major Surgeries
Upto3 days for/ Laparoscopic surgeries / elective Angioplasty / normal deliveries and
1 day for day care / Minor (OPD) surgeries.

No additional charge on account of extended period of stay shall be allowed if that extension is due to infection or the consequences of surgical procedure/ faulty investigation procedure etc.

However, it should be ensured that the patient is admitted as inpatient, for minimum required period (specially under conservative treatment) to avoid iatrogenic/ hospital acquired infections, which are responsible for increased morbidity and avoidable prolonged stay.

Treatment in Casualty (Emergency) / OPD treatment for injections, infusion, etc. shall be treated as short term admission and Rs.500/- would be reimbursable for all categories of beneficiaries.

However, if the beneficiary has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement , investigations charges at approved rates, doctors visit charges (not more than 2 visits per day per specialists / consultants) and cost of medicines for additional stay).If more than one specialist is required to be consulted for treatment then the bills would be accepted only with proper justification of visits of different specialist

The empanelled health Care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid CGHS Card with prior permission or under emergency. In case of any instance of overcharging, the overcharged amount over and above CGHS rate (except inadmissible items and difference paid due to implant/stent of a specific brand chosen by CGHS beneficiary) shall be paid to the beneficiary and shall be recovered from the pending bills of the hospital.

If any empanelled health care Organization charges from CGHS beneficiary for any expenses incurred over and above package rates vis-à-vis medicine, consumables, sundry etc., which are purchased from external agencies on specific authorization of treating doctor / staff of the hospital and if they are not falling under the list of inadmissible items,

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reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

1.1.16. "BCA" shall mean a Third-Party Administrator authorized by CGHS to process the medical reimbursement claims or to carry out medical audit.

2. DURATION OF AGREEMENT

The Agreement shall remain in force for a period of 2 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 of both parties.

3. CONDITIONS FOR PROVIDING TREATMENT/SERVICES

A. GENERAL CONDITIONS

The hospitals, Exclusive Eye hospitals/ Centers, Exclusive Dental Clinics and Diagnostic Centers shall be **empanelled for all facilities/services available** in the health care organization as **approved by NABH/NABL/QCI or its equivalents such as Joint Commission International (JCI), ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Health Care (ISQua) shall be considered as accredited equivalent to NABH** and shall not be empanelled for selected specialties/ facilities.

The Hospitals, Exclusive Eye Hospitals/Centres, Exclusive Dental clinics, Diagnostic Laboratories/ Imaging Centres shall investigate / **treat the CGHS beneficiaries only for the condition for which they are referred with due authorization letter or admitted in emergency. It must be strictly adhered to. Any violation shall be viewed seriously.**

In case of unforeseen emergencies of these patients during admission for approved procedure, 'provisions of emergency treatment' shall be applicable.

It is agreed that CGHS beneficiaries shall be attended to on priority.

CGHS has the right to monitor the treatment provided in the Private Hospitals, exclusive eye hospitals/Centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging Centres.

B. AUTHORISATION LETTER FOR TREATMENT

The treatment/procedure shall be performed on the basis of the advice of the Govt. Specialist/ Medical Officer of the concerned CGHS dispensary in case of listed treatment procedures. Wherever the advice is from Specialist of empaneled hospital, endorsement by CGHS is needed except in case of CGHS beneficiaries aged 75 years and above. Department / Ministry in case of serving employees and on the production of a valid CGHS card by the beneficiary.
In case of unlisted investigations/ procedures, for which CGHS rates are not prescribed, approval of competent authority is mandatory except in emergency cases.

C. INVESTIGATIONS PRIOR TO ADMISSION

All routine, related investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package. However, specialized investigation would be reimbursed in addition to package rate.

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D. ADDITIONAL PROCEDURES/INVESTIGATIONS

For any material / additional procedure / investigation other than the condition for which the patient was initially admitted,it would require the permission of the competent authority except under emergency.

E. OPD CONSULTATION:

Empanelled hospital shall provide Consultation from Specialists of empanelled hospitals at CGHS rates in all Specialties available in the hospital / included in the scope of services recommended by NABH in case of NABH Accredited HCOs.

Empanelled hospitals cannot exclude any specialties available / included in scope of services approved by NABH.

In case of CGHS beneficiaries aged 75 years and above, no referral is required.
Empanelled hospitals should strictly follow the guidelines issued by the Government from time to time in this regard.

F. PROCEDURE WHERE EMERGENCY CASE NEEDS TREATMENT IN A SPECIALITY(s) WHICH ARE NOT AVAILABLE IN THE HOSPITAL

The Hospital shall provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to CGHS authorities. However, in such cases the Hospital will charge as per the CGHS rates only for the treatment provided In non-emergency cases the hospital shall not admit CGHS beneficiaries, if facility is not available.

G. CHANGES IN INFRASTRUCTURE/STAFF TO BE NOTIFIED TO CGHS

The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall immediately communicate to Additional Director / Joint Director of CGHS of concerned city about any change in the infrastructure /Shifting of premises. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of CGHS. The new establishment of the same Hospital shall attract a fresh inspection, at the prescribed fee, for consideration of continuation of empanelment.

H. ANNUAL REPORT

The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging will submit an annual report regarding number of referrals received, admitted CGHS beneficiaries, bills submitted to the CGHS and payment received, details of monthly report submitted to the Additional Directors / Joint Additional Directors of CGHS of concerned City. Annual audit report of the hospitals will also be submitted along with the statement.

The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging shall submit all the medical records in digital format.

I. EMR / EHR

The empanelled health Care Organizations (except eye hospital/Centre, dental clinics, Diagnostic Labs/Imaging Centres) shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by Ministry of Health & Family Welfare from time to time.

J. EMPANELMENT WITH AUTONOMOUS BODIES

All empanelled hospitals/ diagnostic Centres/ Exclusive Eye/ Dental clinics shall also agree for empanelment with any autonomous bodies of undertaking on

Additional Director
Central Government Health Scheme

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Bareilly

same terms & conditions as with CGHS, on recommendation of Ministry of Health & Family Welfare.

K. MEETINGS

Authorized signatory / representative of the empanelled health care organizations shall attend the periodic meetings held by Additional Director / A.D. / J.D. / Department / Establishment of CGHS required in connection with improvement of working conditions and for redressal of grievances.

L. INSPECTIONS

During the visit by Additional Director / Joint Director/ CMO In-charge of the dispensary or any other authorized representative of the Ministry of Health / Additional Directorate General of Health Services / concerned Department, including BCA, the empanelled health care organization's authorities will cooperate in carrying out the inspection.

M. AID TO PUBLIC HEALTH AUTHORITIES

In case of any natural disaster / epidemic, the empanelled health care organizations shall fully cooperate with the Ministry of Health / Additional Directorate General of Health Services. Additional Director / Joint Director of CGHS of concerned city and will convey / reveal all the required information, apart from providing treatment.

N. NO COMMERCIAL PUBLICITY

The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre will not make any commercial publicity projecting the name of CGHS / Ministry of Health & F.W. or Government of India. However, the fact of empanelment under CGHS shall be displayed at the premises of the empanelled health Care Organization indicating that the charges will be as per CGHS approved rates.

O. RENEWAL OF NABH/NABL ACCREDITATION

Empanelled HCOs shall ensure that the NABH / NABL accreditation is renewed timely, failing **which the rates of non-NABL/NABH shall be paid.**

P. VALIDITY OF QCI RECOMMENDATION

QCI – recommendation for empanelment shall be treated as valid for a maximum of three years after which they are required to get revalidation certificate.

Q. VALIDITY OF PBG

The empanelled HCO shall ensure that the PBG is valid for at least 6 months on expiry of empanelment and shall ensure that it is revalidated in time.
In case of penalty against the empanelled HCO and encashment of part of PBG by CGHS HCO shall ensure that the PBG is restored to 100% amount.

4. TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient:

- Acute Coronary Syndromes (Coronary Artery Bypass Graft / Percutaneous Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia Cardiac Tamponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete [illegible] and Stokes Adam attack, Acute Aortic Dissection.
- Acute Limb Ischemia, Rupture of Aneurysm, [illegible] Shock and peripheral circulatory failure.

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- ❖ Cerebro-Vascular Attack-Stokes, Sudden unconsciousness, Head injury, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- ❖ Respiratory failure, decompensated lung disease
- ❖ Acute Abdomen pain.
- ❖ Road Traffic Accidents / with injuries including fall.
- ❖ Severe Hemorrhage due to any cause.
- ❖ Acute poisoning.
- ❖ Acute Renal Failure.
- ❖ Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies.
- ❖ Electric shock.
- ❖ Any other life threatening condition.

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 whether the patient is a serving employee or a pensioner availing CGHS facilities, on production of a valid CGHS card and the hospital shall submit the bill for reimbursement to the concerned Deptt. / Ministry / CGHS. The hospital shall not ask for any referral letter from CGHS/ Department in case of emergency treatment.

The refusal to provide the treatment to bonafide CGHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment.

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 own discretion.

The Hospital will intimate all instances of patients admitted as emergencies without prior permission to the CGHS authorities / BCA appointed by CGHS within the prescribed time.

The hospital shall not admit beneficiaries which does not require immediate treatment under the clause of emergency admission and in case of any such violation suitable action shall be taken against erring HCO.

5. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band/ pension. These entitlements are amended from time to time and the latest order in this regards needs to be followed. The entitlement is as follows: -

S. No.	Basic Pay drawn/Basic Pension	Entitlement
1.	UptoRs. 47,600/-	General Ward
2.	Rs. 47,601/- to 63,100/-	Semi-Private Ward
3.	Rs. 63,101/- and above	Private Ward

a. 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.

b. Semiprivate Ward is defined as a hospital room in which two to three patients are accommodated and which has attached toilet facili... ssary furnishings.

c. General ward is defined as a hall that accommodate... patients.

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

6. APPROVED RATES TO BE CHARGED

The empanelled health care organization shall charge from the CGHS beneficiary as per the rates for a particular procedure / package deal as prescribed by the CGHS and attached as Annexure (rate list), which shall be an integral part of this Agreement. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at http://msotransparent.nic.in/cghsnew/index.asp

If any HCO charges lower rates (lower than to CGHS rate/discounted rates) from any private/ public organization, the HCO shall immediately intimate to CGHS & charge lower/discounted rate from CGHS beneficiaries also. Any default in this regard is liable to invite suitable action against the Health Care Organizations including suspension of their empanelment.

The package rate will be calculated as per the duration specified in the tender document 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.

The rate being charged will not be more than what is being charged for same procedure from other (non-CGHS) patients or Organizations. An authenticated list of rates being charged from other non-CGHS Organizations will also be supplied to CGHS within 30 days of this Agreement.

7. MODE OF PAYMENT FOR TREATMENT OF BENEFICIARIES

For serving employees (other than CGHS/ DGHS /Ministry of H&FW), the payment will be made by the patient, and he/she will claim reimbursement from his/her office subject to the approved ceiling rates.

In respect of the following categories of beneficiaries, treatment / procedures/services shall be undertaken/provided on credit:

a. Pensioners,
b. Ex-Members of Parliament,
c. Serving CGHS/DGHS / Ministry of H&FW employees,
d. Freedom Fighters,
e. Sitting Members of Parliament

Such other categories of CGHS cardholders as notified by the Government.

Deputy Medical Superintendent & Administrative Officer Rohilkhand Medical College & Hospital Bareilly

In respect of a), b) and d) no payment shall be sought from them, and the bills should be submitted to CGHS through the BCA irrespective of city where the CGHS card is registered.

In respect of (e) no payment shall be sought from them, and the bills should be submitted to Rajya Sabha Secretariat or Lok Sabha Secretariat as the case may be.
In respect of (c) no payment shall be sought from them, and the bills should be submitted to CGHS/DGHS / Ministry of H&FW employees as the case may be.

8. BILL CLEARING AGENCY (BCA)

Additional Director Government Health Scheme Lucknow

Bill clearing Agency (BCA) would charge a processing fee [illegible] amed amount and service tax thereon with a minimum of Rs.12.50/- and Rs.250/- per bill. CGHS reserves the right to revise these charges from time

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10. SUBMISSION OF HOPSITAL BILL – ORDER OF DOCUMENTS

The documents in bill should be arranged as per the following order:

a) Copy of CGHS Card
b) Copy of Permission Letter in non-emergencies / beneficiaries up to 75 yrs. age
c) Emergency Certificate – with details
d) Copy of the Discharge Summary- in detail –
e) Copy of valid NABH/NABL certificate
f) Hospital Bill for payment – consolidated followed by break-up bill in chronological order
g) Legible Copy of day-to-day medical notes signed by treating Doctor and progress chartin chronological order
h) Copies of investigation in chronological order
i) Copy of invoice pertaining to Implant along with sticker if any- even if hospital purchased in bulk copy of invoice relevant to the batch number shall be enclosed.
j) Any other relevant document

In case documents are not arranged in proper chronological order, the bill may be returned.

11. DISCOUNT ON MEDICINES & DISPOSABLES

The empanelled Hospitals shall agree to a minimum discount of 20% on the price of Medicines (including Chemotherapeutic Medicines)

12. PRESCRIPTION OF MEDICINES BY GENERIC NAME ONLY

MCI guidelines regarding prescribing drug must be followed. Hence, **prescriptions of** Specialists of empanelled HCOs must contain Generic name of the medicine on IPD / OPD Prescriptions.

Specialists of empanelled hospitals shall not prescribe medicines of equivocal value(not of proven value)and items that come under the category of nutritional substances and are prescribed for prophylaxis only.

13. CHEMOTHERAPY MEDICINES

Empanelled HCOs shall accept Chemotherapy medicines procured by CGHS; However, if, the Chemotherapy medicines are issued by HCO, they shall certify that the medicines were not issued through CGHS, failing which the bill is liable to be returned.

14. NOTIFICATION OF NODAL OFFICERS

Empanelled health care Organizations shall notify two Nodal officers for CGHS beneficiaries, one of them being of the rank of Deputy MS/Addl. MS, who can be contacted by CGHS beneficiaries in case of any eventuality.

Deputy Medical Superintendent & Administrative Officer Rohilkhand Medical College & Hospital Bareilly

15. INFORMATION TO BE PROVIDED TO THE BCA& CGHS BY HOSPITALS

EMERGENCY ADMISSIONS

The Hospital will intimate to the BCA and to CGHS within two (2) hours of such admission and the BCA will respond with due authorization in four (4) hours. Treatment in no case would be delayed or denied because authorization by the BCA is only confirmation of the e-workflow in respect of such patient. Post discharge, the hospital would upload bills and other documents as per requirement of CGHS within seventy two (72) hours.

Government Health Scheme Lucknow

REFERRED ADMISSIONS

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Where the CGHS beneficiary visits the hospital with a proper referral and authorization letter, the hospital will verify and submit information of admission to the BCA and to CGHS online. The BCA would respond with an authorization within four (4) hours. Post discharge, the hospital would upload bills and other documents as per requirement of CGHS within seventy-two (72) hours.

16. SUBMISSION OF BILLS TO BILL CLEARING AGENCY

In case of Pensioners, etc., where credit bills are sent to CGHS, the Private Empanelled health care Organizations shall submit electronic bill to the Bill Clearing Agency for processing of bills. However, the data shall be preserved by the hospitals as per the relevant rules and guidelines.

In case of serving employees, the bills shall be submitted to concerned department in caseof employees of CGHS/DGHS & Ministry of Health & Family Welfare. In other cases of serving employees the beneficiaries would submit the claim to their concerned department.

17. PROCESSING OF CLAIMS/BILLS BY THE BCA

CGHS would ensure that subject to fulfillment of prescribed conditions, payment of hospital claims (admissible amount) is done expeditiously. Recoveries, if any, will be affected from future bills of health care Organizations.

The BCA during the course of the auditing will restrict the claims as per CGHS rules and regulations. BCA will also examine in terms of

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

Deputy Medical Superintendent & Administrative Officer Rohilkhand Medical College & Hospital Bareilly

The BCA shall record their findings and intimate the same to the Private Hospital concerned with a copy endorsed to CGHS authority of the city. The payment of the bill/claim to the Private Hospital concerned will be made directly by CGHS in respect of CGHS pensioner beneficiaries, etc.

18. MEDICAL AUDIT OF BILLS

There shall be a continuous Medical Audit of the services provided by the empanelled Private Hospital.

19. DUTIES AND RESPONSIBILITIES OF EMPANELLED HEALTH CARE ORGANIZATIONS

It shall be the duty and responsibility of the empanelled Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Laboratory/ Imaging Centre at all times, to obtain, maintain and sustain the valid registration, 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.

Additional Director Central Government Health Scheme Lucknow

20. NON-ASSIGNMENT

The empanelled Hospital, Exclusive Eye Centre, Exclusive Dental Clinic, Diagnostic Laboratory/ Imaging Centre shall not assign, in whole or in part, its obligations under the agreement.

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except with the CGHS's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the CGHS. Any such assignment shall not relieve the Hospital/ Eye Centre/Dental clinic/ Diagnostic Centre from any liability or obligation under this agreement

21. EMPANELLED HEALTH CARE ORGANIZATION'S INTEGRITY AND OBLIGAITONS DURING AGREEMENT PERIOD

The empanelled Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre 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, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre is obliged to act within its own authority and abide by the directives issued by the CGHS. The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre 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.

22. PERFORMANCE BANK GUARANTEE (PBG)

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee valid for a period of 30 months i.e. six months beyond empanelment period to ensure efficient service and to safeguard against any default:

Hospitals/Cancer Units	Rs. 10.00 lac
Eye Centres	Rs.2.00 lac
Dental Clinics	Rs.2.00 lac
Diagnostic Centres	Rs. 2.00.lac

(PBG for charitable Organizations would be 50% of above amount)

In case of health Care Organizations already empanelled under CGHS they shall submit a new Performance Bank Guarantee after the validity of the existing performance guarantee is over.

23. FORFEITURE OF PERFORMANCE BANK GUARANTEE AND REMOVAL FROM LIST OF EMPANELLED ORGANIZATIONS

In case of any violation of the provisions of the MOA by the health care Organizations empanelled under CGHS such as:

1. refusal of service,
2. undertaking unnecessary procedures,
3. prescribing unnecessary drugs/tests
4. over billing
5. reduction in staff/ infrastructure/ equipment etc. after the hospital/ has been empanelled.
6. non-submission of the report, habitual late submission or submission incorrect data in the report
7. refusal of credit to eligible beneficiaries and direct charging
8. if not recommended by NABH/NABL/QCI at any stage

Additional Director
Central Government Health Scheme
Lucknow

Dr. Sushil Kumar
Medical Superintendent
Administrative Officer
Bareilly Medical College & Hospital

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9. discrimination against CGHS beneficiaries vis-à-vis general patients.

The amount of 15% of Performance Bank Guarantee will be forfeited and the CGHS shall have the right to de-recognize/ suspend empanelment of the health Care Organization as the case may be. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by CGHS teams at random.
The decision of the CGHS will be final.

24. LIQUIDATED DAMAGES

a. The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall provide the services as per the requirements specified by the CGHS in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital such as refusal of service or direct charging from the CGHS Beneficiaries or defective service and negligence, the amount equivalent to 15% of the amount of Performance Bank Guarantee will be charged as agreed Liquidated Damages by the CGHS, however, the total amount of the Performance Bank Guarantee will be maintained intact being a revolving Guarantee.
b. In case of repeated defaults by the Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre, the total amount of Performance Bank Guarantee will be forfeited and action will be taken for removing the Health Care Organization from the empanelment of CGHS 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, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre and the CGHS shall have the right to issue a written warning to the health Care Organization not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that particular Health Care Organization or suspension of empanelment from CGHS/ de-recognition from CGHS.

25. TERMINATION FOR DEFAULT

The CGHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part:

If the empanelled Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension thereof if granted by the CGHS pursuant to Condition of Agreement or If the Health Care Organization fails to perform any other obligation(s) under the Agreement.

If the Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre in the judgment of the CGHS has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

26. INDEMNITY

The empanelled Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall at all times, indemnify and keep indemnified CGHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Health Care Organization in execution of or in connection with the services under this Agreement and against any loss or damage to CGHS / the Government in consequence to any action or suit being brought against the CGHS / the Government, along with (or otherwise), Health Care Orga... Party for anything done or purported to be done in the course of the executi... agement. The Health Care Organization will at all times abide by the Jo... other statutory requirements prevalent in India and will keep free and inde... from all

Deputy Medical Superintendent & Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Additional Director
Central Government Health Scheme

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demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.

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

27. ARBITRATION

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the CGHS and the Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings.

23. 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 CGHS and the Health Care Organization. The Health Care Organization shall work or perform their duties under this Agreement or otherwise.
- The Health Care Organization agrees that any liability arising due to any default or negligence in not represent or hold itself out as agent of the CGHS.
- The CGHS will not be responsible in any way for any negligence or misconduct of the Health Care Organization and its employees for any accident, injury or damage sustained or suffered by any CGHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- The Hospital/ Exclusive Eye Centre/Exclusive Dental clinic/ Diagnostic Laboratory/ Imaging Centre shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the 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/ Exclusive Eye Centre/Exclusive Dental clinic/ Diagnostic Laboratory/ Imaging Centre get wound up or partnership is dissolved, the CGHS 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 Health Care Organization during the period when the Agreement was in force.
- The Hospital, Exclusive Eye Centre, Exclusive Dental clinic, Diagnostic Laboratory/ Imaging Centre shall bear all expenses incidental to the preparation and stamping of this agreement.

29. OTHER SERVICES TO BE PROVIDED

The empanelled **Private Health Care Organization** will, on the request of CGHS, agree to provide training to CGHS medical, Para-medical and nursing staff.

Additional Director
Central Government Health Scheme
Lucknow

Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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30. NOTICES

30.1 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.

CGHS: Additional Director CGHS, Ministry of Health & FW, Government of India of Concerned CGHS City

Hospital with address:
Rohilkhand Medical College and Hospital, Opp Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly

30.2 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

Additional Director, Central Government Health Scheme
Ministry of Health & Family Welfare, Government of India
For and on behalf of
The President of India

Additional Director
Central Government Health Scheme
Lucknow

In the Presence of
(Witnesses)

1. RAJAT MISHRA

2. A.K. Shukla

Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Signed by
For and on behalf of
Rohilkhand Medical College & Hospital
Duly authorized vide
Resolution No. 2021/12 dated 12.8.2022
of (name of Hospital)

In the presence of
(Witnesses)

1.

2.

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INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

Certificate No.	:	IN-UP42346321226292T
Certificate Issued Date	:	03-Mar-2021 04:17 PM
Account Reference	:	NEWIMPACC (SV)/ up14223604/ BAREILLY SADAR/ UP-BLY
Unique Doc. Reference	:	SUBIN-UPUP14223604730842734587O9T
Purchased by	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Description of Document	:	Article 19 Certificate or other Document
Property Description	:	Not Applicable
Consideration Price (Rs.)	:	
First Party	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Second Party	:	Not Applicable
Stamp Duty Paid By	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

MEMORANDUM OF AGREEMENT

An agreement made and entered into on this 12th day of Sep 2022 (month & year) between the President of India, acting through Director, Regional Centre ECHS, Bareilly (Station), for Ex Servicemen Contributory Health Scheme, (hereinafter called "ECHS" which expression, unless excluded by or repugnant to the subject or context, shall include its successors-in-office and assigns) of the **First Part**

AND

Dr Faiz Shamsi S/o Mr. Ziaur Rehman the authorized signatory of **Rohilkhand Medical College and Hospital** (hereinafter called ("Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre, Physiotherapy Centre, etc) which expression unless excluded by or repugnant to the subject or context, shall mean to include its legal representative, successors and permitted assigns) of the **Second Part**.

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DIRECTOR
REGIONAL CENTRE ECHS

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Dr. Faiz Shamsi
Authorized Signatory

WHEREAS **Rohilkhand Medical College and Hospital, Bareilly** (name of corporate body/firm/trust/owner of medical facility), had applied for Empanelment under ECHS for treatment of the members of ECHS and their dependent beneficiaries, and ECHS proposes to extend empanelment to **Rohilkhand Medical College and Hospital, Bareilly** (name of Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc) for treatment of ECHS members and their dependent beneficiaries for the treatment / diagnostic facilities as given in the **Annexure II of Appendix A** to Government Sanction Letter No 22B(03)/2020/WE/D (Ro-1) dated 02 Jul 2020.

The said MoA shall be effective/ in operation with effect from 19 Sep 2022 (date with year) (i.e. Day of signing of MoA).

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

1. **List of Appendices and Annexure**. Under mentioned Appendices and Annexure shall deemed to be an integral part of this Agreement: -

(a) **Appendix – A** Admissions, treatment and rates in empanelled hospitals

(b) **Appendix – B.** Procedure for taking action against medical facilities empanelled with ECHS.

(c) **Appendix – C.** Agreement with respect to the Online Bill Processing.

(d) **Appendix – D.** Format for Feedback on Empanelled Medical Facilities.

(d) **Annexure – I.** List of Polyclinics which are authorized to issue the referral form.

(e) **Annexure – II.** Attested photocopy of the relevant Annexure to the Government Sanction Letter for Empanelment giving out the facilities for which the hospital / diagnostic / imaging facility is empanelled for.

(f) **Annexure – III.** Rate List (CGHS /Negotiated rates provided less than CGHS rates/ECHS rates).

2. **Definitions and Interpretations**. The following terms and expressions shall have the following meanings for purposes of this Agreement: -

(a) "**Agreement**" shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.

(b) "**Medical Facility**" shall mean Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre etc under this agreement providing medical investigation, treatment and the health care for ECHS beneficiaries.

COL
DIRECTOR
REGIONAL CENTRE (ECHS)

Dr. Faiz Shafi
Authorized Signatory

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Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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WHEREAS Rohilkhand Medical College and Hospital (name of corporate body/firm/trust/owner of medical facility), had applied for Empanelment under ECHS for treatment of the members of ECHS and their dependent beneficiaries, and ECHS proposes to extend empanelment to _____(name of Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc) for treatment of ECHS members and their dependent beneficiaries for the treatment / diagnostic facilities as given in the **Annexure II of Appendix A** to Government Sanction Letter No _____ dated _____.

The said MoA shall be effective/ in operation with effect from _____ (date with year) (i.e. Day of signing of MoA).

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

1. **List of Appendices and Annexure**. Under mentioned Appendices and Annexure shall deemed to be an integral part of this Agreement:-

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DIRECTOR
REGIONAL CENTRE (ECHS)
BAREILLY

Dr. Faiz Shamim
Authorized Signatory

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Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

(c) "**Benefit**" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the policies/rulings issued by Central Org ECHS/Govt of India (MoD).

(d) "**Bill Processing Agency**" (BPA) means the agency appointed by ECHS for processing of **Bills/ Data** of all ECHS beneficiaries attending the empanelled Private medical facilities.

(e) "**Card**" shall mean the ECHS Card / authorisation document issued by ECHS authority.

(f) "**Card Holder**" shall mean an entitled person having a ECHS Card/authorisation document.

(g) "**ECHS Beneficiary**" shall mean a person who is eligible for coverage of ECHS and holds a valid ECHS card/authorisation document for the benefit.

(h) "**Coverage**" shall mean the financial limit under ECHS scheme for treatment of ECHS beneficiaries. Scheme being cap less and cashless, no charges will be levied on ECHS beneficiary by Empanelled medical facility even in emergency, when ECHS beneficiary gets admitted/treated for a particular specialty which is not empanelled.

(j) "**Diagnostic Center**" shall mean the (Name of the Diagnostic Center) performing tests/Investigations.

(k) "**Imaging Centre**" shall mean the (Name of the Imaging Centre) performing X-ray, CT Scan, MRI, USG, etc.

(l) **Emergency**. Emergency shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

(m) "**Empanelment**" shall mean the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc authorized by the ECHS for treatment/ investigation purposes for a particular period.

(n) "**Dis-empanelment of Medical Facility**" shall mean removal of Empanelled medical facility on account of adopting unethical practices or fraudulent means in providing medical treatment to ECHS beneficiary or not following the good industry practices of the health care for the ECHS beneficiaries or violation of MoA or being beyond the requirement of ECHS as decided by Central Org, ECHS.

(o) "**Party**" shall mean either the ECHS or the medical facility and "Parties" shall mean both the ECHS and the medical facility.

(p) "**Health Care Organisation (HCO)**" shall mean the (name of the hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

COL
DIRECTOR
REGIONAL CENTRE (ECHS)

Dr. Faiz
Authorized
Administrator
Rohilkhand Medical College & Hospital
Bareilly

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Conditions for Providing Treatment/Services

3. **General Conditions**. The following will be governed in general conditions:-

(a) The hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall be empanelled for all facilities/services available in the healthcare organisation as approved by NABH/NABL/QCI and shall not be empanelled for the selected specialties/facilities.

(b) Hospital being NABH/NABL Accredited, would offer all the services within NABH/NABL Scope to ECHS beneficiaries in order to claim NABH/NABL rates, failing which, they will be entitled for Non-NABH/Non-NABL rates.

(c). The Hospital will be paid NABH/NABL rates subject to continued accreditation by NABH/NABL. If renewal of NABH/NABL Accreditation is not submitted prior to the expiry of current scope, Hospital will be paid Non NABH/Non NABL rates. Renewed NABH/NABL Scope will be ratified by MoD in the form of GL Note to enable payment at NABH/NABL rates.

(d) The hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall investigate/treat the ECHS beneficiary only for the condition for which they are referred with due authorisation letter.

(d) In case of unforeseen emergency of these patient during admission for approved 'procedure, **'provisions of emergency treatment'** shall be applicable.

(e) It is agreed that ECHS beneficiaries shall be attended to on PRIORITY.

(f) ECHS has the right to monitor the treatment provided in the HCO.

4. **CGHS empanelled hospitals on empanelment with ECHS will adhere only to the ECHS empanelment norms for ECHS beneficiaries.**

5. **Authorisation Letter for Treatment**. The treatment/procedure shall be performed on the basis of the authorisation letter issued by the concerned ECHS Polyclinic and on the production of a valid ECHS card by the beneficiary.

6. **Investigation Prior to Admission**. All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure as a part of package.

7. **Additional Procedure/Investigation**. 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 except in the emergency.

8. **Procedure Where Referred Case Needs Specialised Treatment Not Available in The Hospital**. HCO shall not undertake treatment of referred cases in specialities which are not available in the hospital. But it will provide necessary treatment to stabilize the patient and transport the patient safely to nearest recognized hospital under intimation to ECHS

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DIRECTOR
REGIONAL CENTRE (ECHS)

Dr. Faiz S
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authorities. However, in such cases the Hospital will charge as per the CGHS rates only for the treatment provided.

9. **Admissions, Treatment and Rates in Empanelled Hospitals**. Admission, treatment and rates in empanelled hospitals will be guided by the provisions mentioned in **Appendix A**.

10. **Revision of Rates**. The medical facility is not at liberty to revise the rates suo moto. The Rates fixed by the CGHS/ECHS shall continue to hold good unless revised. In case the notified rates are not acceptable to the empanelled medical facility, or for any other reason, the medical facility no longer wishes to continue on the list under ECHS, it can apply for exclusion/removal from the panel by giving 30 days notice. **However, for patients undergoing treatment in the hospital shall continue to avail the treatment till the individual is discharged.**

Emergency Admission

11. In emergency, patient shall be admitted and life & limb saving treatment will be given on production of ECHS card by the members, even in the absence of referral form. In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member or a pensioner availing ECHS facilities. The refusal to provide the treatment to bonafide ECHS beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment. The treatment should not be delayed even if the ECHS beneficiary is not in possession of the ECHS card which can be brought later. All emergencies will be treated on cashless basis till stabilization even if the specialty concerned for management of the case is not empanelled. The hospital will inform the **nearest Polyclinic / Online** about such emergency admission within 02 (Two) hours or as amended from time to time. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an **emergency which is illustrative only and not exhaustive**, depending on the condition of the patient:-

(a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade. Acute Left Ventricular Failure/Severe Congestive Cardiac Failure. Accelerated hypertension, complete dissection of Aorta etc.

(b) Vascular Catastrophies including Acute limb ischemia, Rupture of aneurysm, medical & surgical shock and peripheral circulatory failure.

(c) Cerebro-Vascular Accidents including strokes, neurological emergencies including coma, cerbro-meningeal infections, convulsions, acute paralysis, acute visual loss.

(d) Acute Respiratory Emergencies including Respiratory failure and de-compensated lung disease.

(e) Acute abdomen including acute obstetrical and gynecological emergencies.

(f) Life threatening injuries including Road traffic accidents, Head injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.

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(g) Acute poisonings, Monkey/Dog and snake bite.

(h) Acute endocrine emergencies including Diabetic Ketoacidosis.

(j) Heat stroke and cold injuries of life threatening nature.

(k) Acute Renal Failure.

(l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/ military tuberculosis etc.

(m) Acute Manifestation of Psychiatric disorders. **[Refer Appx `D' of Central Organisation letter No B/49778/AG/ECHS/Policy dated 13 Nov 2007].**

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with the Empanelled hospital.

12. **Appropriateness of Emergency**. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority including while processing of hospital bills. In case emergency is not proved, disciplinary action against the medical facility may be initiated including penal deductions.

13. "**Entitlements for Various Types of Wards**". ECHS beneficiaries are entitled to facilities of private, semi-private or general ward as per category given below as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017 :-

Ser No	Category	Ward Entitlement
(i)	Recruit to Havs & equivalent in Navy & Air Force	General
(ii)	Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt)	Semi Private
(iii)	All officers	Private

Definitions of Wards are as Under:-

(a) **Private Ward**. Private ward is defined as 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.

(b) **Semi Private Ward**. Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toiled facilities and necessary furnishing.

(c) **General Ward** General ward is defined as a hall that accommodates four to ten patients.

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Treatment in higher Category of accommodation than the entitled category is not permissible except if on payment to hospital by beneficiary of the difference between entitled category rates and the actually availed rates on the beneficiaries choice.

Information to Be Provided to The BPA by Hospitals

14. **Emergency Admissions**. Hospital will intimate to the BPA and to ECHS within two (02) hours of such admission and the BPA will respond with due authorisation in four (04) hours. Treatment in no case would be delayed or denied because authorisation by the BPA is only confirmation of the e-work flow in respect of such patient. Post discharge the hospital would upload bills and other documents as the requirements of ECHS within the time lines laid down.

15. **Referred Admissions**. Where the ECHS beneficiary visits the hosp with a proper referral and authorisation letter, the hospital will verify and submit information of admission to the BPA and to ECHS online. The BPA would respond with an authorisation within four (04) hours. Post discharge the hospital would upload bills and other documents as per the requirements of ECHS within the time lines laid down.

16. **Processing of Claims/Bills By The BPA**. The BPA during the course of auditing will restrict the claims as per ECHS/CGHS/Govt of India (MoD) rules and regulations. BPA will also examine in terms of following:-

(a) Appropriateness of treatment including screening of patients records to identify unnecessary admissions and unwarranted treatments.

(b) Whether the planned treatment is shown as emergency treatment.

(c) Whether the diagnostic medical or surgical procedures that were not required were conducted by hospital including unnecessary investigations.

(d) Maintaining database of such information of ECHS beneficiaries for future use.

(e) Whether the treatment procedures have been provided as per the approved rates and the packages.

(f) Whether procedures performed were only those for which permission has been granted.

17. Procedure for taking action against medical facilities empanelled with ECHS will be governed vide MoD/DoESW letter No. 25(02)/2018/WE/D(Res-1) dated 10.10.2019 given in **Appendix B.**

Duties and Responsibilities of Empanelled HCO

18. It shall be the duty and responsibility of HCO at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and health care and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities under or as per the existing law.

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19. The HCO 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 HCO from any liability or obligation under this agreement.

20. **Services Being Provided by Hosp**. Rohilkhand Medical College and Hospital (Name of Medical facility) NABH/NON NABH/NABL/NON NABL, is recognized under ECHS for treatment of the ECHS members and their dependant beneficiaries for **Services attached at Annexure II (Copy of the relevant Annexure to the Government Sanction Letter to be attached)** (subject to the conditions hereinafter mentioned) NABH hospital to get NABL rates and their integrated laboratory have to be NABL accreditated. The hospitals would follow the rules and procedures as mentioned in the Policies uploaded on the ECHS Site (www.echs.gov.in) including SOP for Online Billing / Authentication / integration with other application of ECHS and amendments issued from time to time. ECHS has all rights to install any equipment/device in the premises of empanelled medical facilities for the benefit of ECHS beneficiaries. Necessary support including expenditure on infrastructure and manpower will be provided by the concerned Medical Facilities by given date without any additional lien on agreed MoA. The facility will be developed by the empanelled facility by the date and time as specified by Central Org ECHS.

21. **Notification of Nodal Officers**. Empanelled hospital shall notify three Nodal officers for ECHS beneficiaries, one of them must be holding the designation of owner/CEO, who can be contacted by ECHS beneficiaries in case of any eventuality. Any change in these Nodal officers must be intimated to the Regional Centre immediately so that the respective Polyclinics can be informed of the same. These details must also be displayed boldly at the reception of the empanelled hospital.

The name, designation, email id and mobile number of the Nodal Officers will be specified as under:-

Ser No	Name	Designation	Mobile No	Email ID
(a)	Dr Keshav Agarwal	Owner/CEO	05812526011	rsbyrmch@gmail.com
(b)	Dr Bhushan Kumar	MS/Dy MS/Addl MS	05812526012	rsbyrmch@gmail.com
(c)	Dr Faiz Shamsi	Corporate Affairs/ Auth Signatory	8171790347	rsbyrmch@gmail.com

22. **Annual Report**. HCO will submit an annual report regarding number of referrals received, admitted ECHS beneficiaries, bills submitted to the ECHS and payment received, details of monthly report submitted to the Additional Directors/Joint Additional Directors ECHS of concerned city. Annual audit report of the hospitals will also be submitted along with the statement. HCO shall submit all the medical records in digital format.

23. **EMR (Electronic Medical Records)/ EHR (Electronic Health Reports).** The empanelled Health Care Organization (Except Eye Hospital/Centre, Dental Clinics, Diagnostic Lab/Imaging Centres) shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by Ministry of Health & Family Welfare within one year of its empanelment.

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24. **No Commercial Publicity**. HCO will not make any commercial publicity projecting the name of ECHS. However, the fact of empanelment under ECHS shall be displayed at the premises of the empanelled Health Care Organisation.

25. **Meetings**. Authorized signatory / representative of the empanelled hospital shall attend the periodic meetings held by Regional Centre required in connection with improvement of working conditions and for Redressal of Grievances. Concerned billing staff must also attend such periodic interactive sessions conducted by the Regional Centre so as to resolve the outstanding issues.

26. **Inspections**. There shall be continuous Medical Audit of the services provided by the empanelled medical facility. During the visit by authorized representative of Polyclinics/ Stn Cdrs/ Regional Centres/ Central Organisation including BPA, the empanelled medical facility authorities will cooperate in carrying out the inspection. It shall be the duty and responsibility of the empanelled medical facility (Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre) at all times, to obtain, maintain and sustain the valid registration, 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".

27. **Integrity and Obligations of Empanelled Medical Facilities During Agreement Period**. The empanelled medical facility 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 medical facility is obliged to act within its own authority and abide by the directives issued by the ECHS. The medical facility 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.

28. **Application Form for Empanelment**. The terms and conditions stipulated in the Application for Empanelment with ECHS shall be read as part of this agreement.

29. **Agreement with respect to the Online Bill Processing & Patient Feedback**. The medical facility must abide by the instructions as given at **Appendix C** i.e. Agreement with respect to the Online Bill Processing. The Bill Processing fees will be charged as per the rates given in the above mentioned Appendix. ECHS reserves the right to revise these charges from time to time. All digitally signed bills will be uploaded on BPA's portal and the summary of final bills will be authenticated and duly signed alongwith Mobile Number by the primary beneficiary or any of the dependent holding a valid ECHS card. For Diagnostic labs having multiple collection centre and providing reports online, the referral issued by polyclinic will be authenticated and duly signed alongwith the Mobile Number by the beneficiary on the referral at the time of collection of sample. The same will be uploaded on the BPA portal. All IPD patients will be provided feedback proforma as per format given at **Appendix D**. The feedback proforma is to be obtained from the patient or any of the dependent holding a valid ECHS card. The feedback proforma is mandatorily to be attached with the bills on the BPA portal, failing which the claim will be forwarded to NMI basket. A Mobile Application for ECHS beneficiaries is also being developed which will enable beneficiaries to submit feedback through online mode which will be integrated with the BPA portal.

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30. The hospital shall raise bills in the BPA portal online in respect of the treated ECHS members, within seven days of the completion of the treatment/discharge of the patient or last OPD date.

31. **TDS**. Tax deduction at source as per Section 194J of the Income Tax Act, 1961 for Technical (Medical Expense) and professional Services fee for bills submitted for payment, shall be deducted after processing for reimbursement. Any other instructions issued by Govt authorities are binding.

32. **Changes in Infrastructure / Staff To Be Notified To ECHS**. The medical facility shall immediately communicate to Regional Centre about **any closure of empanelled facility/renovation of infrastructure/shifting of premises.** The empanelment will be temporarily withheld in case of shifting of the facility to any other location. The new establishment of the same Hospital shall attract a fresh certification from QCI/NABH/NABL etc. for consideration of continuation of empanelment.

33. **Retention of Payment**. The ECHS shall have a lien and also reserves the right to retain and set off against any sum which may, from time to time be due to and payable to the hospital hereunder, any claim which the ECHS may have against the hospital under this or any other agreement. Retention of payment for audit liabilities/beneficiary liabilities or any other liability will be done by ECHS. In case dues against the empanelled facility is higher than the credit facility, empanelled facility will ensure payment.

34. **Audit by ECHS**. The hospital shall provide access to the financial and medical records for assessment and review by medical and financial auditors of the ECHS, as and when required and the decision of ECHS on necessity or requirement shall be final. Any third party / internal organisation hired / ordered by ECHS authorities to carry out surprise inspection / audit of the facility will be provided access to Medical as well as financial records by the empanelled hospitals. All medical documents / records / bills pertaining to the ECHS beneficiary will be retained in hard copy as well as soft copy till finalization of audit by CAG / CDA. No record shall be destroyed without obtaining written confirmation from Central Organisation ECHS.

35. **Performance Bank Guarantee(PBG)**. Healthcare organisaitons that are recommended for empanelment after the initial assessment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months, i.e six months beyond empanelment period to ensure efficient service and to safeguard against any default. Following PBG will be applicable:-

(a) For CGHS covered cities/areas the PBG rates would be same as in the CGHS.

(b) For non CGHS covered cities/area/other cities/Nepal the following graded PBG system will be as follows:-

(i) Hospitals	-	Rs 02 Lakhs
(ii) Eye/Dental/Physio Centres, Diagnostic/Imaging Labs	-	Rs 50,000/- (0.5 Lakhs)

(PBG for charitable organizations would be 50% of above amount)

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36. **Forfeiture of PBG.** Action to be taken against hospitals regarding Forfeiture of PBG is indicated in **Appendix B**.

37. The Performance Bank Guarantee shall be forfeited and the ECHS shall have the right to de-recognize the medical facility as the case may be. Such action could be initiated on the basis of a complaint, input from other sources, medical audit or inspections carried out by ECHS teams at random. The decision of the Ministry of Defense, Department of ESW in this regard shall be final.

38. **Indemnity**. The empanelled medical facility shall at all times, indemnify and keep indemnified ECHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the medical facility in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS / the Government, alongwith (or otherwise), medical facility as a Party for anything done or purported to be done in the course of the execution of this Agreement. The medical facility 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 medical facility negligence or misconduct. The medical facility will pay all indemnities arising from such incidents without any extra cost to ECHS and will not hold the ECHS responsible or obligated. ECHS / the Government may at its discretion and shall always be entirely at the cost of the medical facility defend such suit, either jointly with the medical facility enter or singly in case the latter chooses not to defend the case.

39. **Dissolution of Partnership**. Should the medical facility 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 medical facility or their heirs and legal representatives from the liability in respect of the services provided by the medical facility during the period when the Agreement was in force. The medical facility shall notify the Regional Centre of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

40. **Modification to Agreement**. This agreement may be modified or altered only after written confirmation from Central Org ECHS.

41. **Termination of Agreement**. The Regional Centre will obtain written concurrence of the Central Organisation, ECHS before taking the any decision of terminating the Agreement. The ECHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the medical facility terminate the Agreement in whole or part without assigning any reason after giving 30 days notice:-

(a) **Termination for Default**.

(i) If the empanelled medical facility fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement or within any extension thereof if granted by the ECHS pursuant to Condition of Agreement.

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(ii) If the medical facility in the judgment of the ECHS has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

(iii) **Bribe or Malpractice**. In the event of any bribes, commission, gifts or advantage being given, promised or offered by or on behalf of the medical facility or any of them for their agent or anyone else on their behalf to any member, the family of any member or representative of the ECHS in relation to the obtaining or execution of this or any other Agreement with the ECHS, then the ECHS shall, not withstanding any criminal liability which the medical facility may incur, cancel and/or terminate this Agreement and/or any other agreement entered into by the ECHS holding the medical facility liable for any loss or damages resulting from any such cancellation. Any question or dispute as to the commission of any offence under this clause shall be decided by the ECHS in such manner and in such evidence of information as it shall think fit and sufficient and its decision shall be final, conclusive and binding upon the medical facility.

(iv) In case of any wrong doings as specified in Memorandum of Agreement by one medical facility of a particular group, ECHS reserves the right to remove all empanelled medical facility of that particular group from its empanelled list of medical facility.

(v) If the medical facility fails to perform any other obligation(s) under the Agreement.

(b) **Dis-Empanelment**. Appropriate action, including removal 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 BPA (Bill Processing Agency).

(c) **Notice for Termination of Agreement**. The Agreement may be terminated by either party serving 30 days notice in writing, upon the other party and the notice given by the EHCS shall be valid if given and signed by the competent authority on behalf of the ECHS.

(d) **Authority to Issue Notice**. Subject as otherwise, provided in this contract, all notices may be given or taken by the ECHS or by any officer for the time being entrusted with functions of ECHS.

(e) **Delivery of Notices**. All notice and reference hereunder shall be deemed to have been duly served and given to the medical facility if delivered to the medical facility or their authorized agent or sent by registered post/speed post to the address of the hospital stated hereinbefore and to the ECHS if delivered to the Director, Regional Centre ECHS or sent by registered post/speed post or left at his office during office hours on any working days. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post to the other Party's address as below (in case of change in address, the same will be informed immediately to the other Party). The confirmation for this effect/ delivery notice be given on email or any other digital means of communications will also be held valid:-

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DIRECTOR
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Address of Medical Facility	Address of the Regional Centre
Rohilkhand Medical College and Hospital Opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly Pin - 243006	**Regional Centre ECHS Bareilly** **Opp to KV No 2** **Near Natraj Cinema** **Bareilly Cantt** **Bareilly** **PIN-243001**

42. **Arbitration**. Any dispute or difference whatsoever arising between the parties to this agreement out of our relating to the construction, meaning, scope, operation or effect of this agreement or the validity of the breach thereof shall be resolved between the empanelled facility and the Regional Centre with mutual deliberation. If any of the party in not satisfied, the matter will be referred to Central Org ECHS for arbitration by mutual deliberation. Even after this, if the issue remains unresolved, it will be referred to an arbitrator to be appointed by mutual consent of both parties herein. If the parties cannot agree on appointment of the Arbitrator within a period of one month from notification by one party to the other of existence of such dispute, then the Arbitrator shall be nominated by the Secretary, Department of Legal Affairs, Ministry of Law and Justice. The provisions of the arbitration and conciliation Act, 1996 will be applicable and the award made hereunder shall be final and binding upon the parties hereto, subject to legal remedies available under the law. Such differences shall be deemed to be a submission to arbitration under the Indian Arbitration and Conciliations Act. 1996, or of any modifications, Rules or reenactments thereof. The Arbitration proceedings will be held at New Delhi. Non adherence of this process will be considered adequate for termination of contract after 30 days notice.

43. **Administrative Cost**. The administrative cost of the documentation and creation of all infrastructure including manpower & hardware resources and bandwidth as well as recurring and all other expenses required by the medical facility for the purpose of this Agreement shall be borne by the medical facility.

44. **Retention of Agreement**. The Original copy of this Agreement shall be kept at the office of Director, Regional Center ECHS, Bareilly and a true copy shall be retained in the office of the medical facility. One extra copy to be provided at CO ECHS. Once digilocker concept is implemented, the docs can be kept in dig locker as well.

45. **Duration of Agreement**. This Agreement shall remain in force for a period of 02 years from 19 Sep 2022 (Day of signing of MoA) to 18 Sep 2024 (date), extendable on mutual agreement depending upon under mentioned conditions (whichever is the earliest) :-

(a) Two years or

(b) Till the Performance Bank Guarantee is valid or

(c) In case of CGHS Empanelled medical facilities, the date till empanelment with CGHS is valid. In case of CGHS Empanelled medical facilities, such medical facilities will inform the Regional Centre whenever their CGHS Empanelment expires and that they will automatically apply for renewal of CGHS Empanelment.

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REGIONAL CENTRE (ECHS)

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(d) Till central/ State Govt does not suspend/terminate the facilities for conduct of medical business.

46. The empanelled facility will give copy of all diagnostic tests results, incl MRI/X-Ray/USG etc alongwith treatment rendered besides discharge summary and summary of bills to the beneficiary for further management of patient without any extra cost.

Miscellaneous

47. In addition to the above the following miscellaneous aspects will be applicable:-

(a) The healthcare organisation agrees that any liability arising due to any default or negligence will not represent or hold itself as agent of the ECHS.

(b) ECHS will not be responsible in any way for any negligence or misconduct of the healthcare organisation 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 or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and or deficiencies and rendering such services.

(c) Hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc shall notify to the ECHS of any material change in the status where such change would have an impact on the performance of obligation under this Agreement.

(d) This Agreement can be modify or altered only on written Agreement signed by both the parties.

(e) Should the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc get wound up or partnership is dissolve, ECHS shall have the right to terminate the Agreement. The termination of agreement shall not relive the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Healthcare organisation during the period when the Agreement was in force.

Dr. Faiz Shamsi
Authorized Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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DIRECTOR
REGIONAL CENTRE (ECHS)
BAREILLY

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In witness whereof, Director, Regional Centre ECHS, Bareilly for and on behalf of the President of India and the above named medical facility have hereunto set their respective hands and seal the date and year first above written.

COL
DIRECTOR
REGIONAL CENTRE (ECHS)
BAREILLY

Signature of Director, Regional Centre ECHS Bareilly, for and in behalf of the President India (With stamp of Name & Designation)

Dr. Faiz Shamsi
Authorized Signatory

Signature of Authorised Signatory of the Hosp (With Stamp of name & of Designation)

Dr Faiz Shamsi
Deputy Medical Superintendent
and Administrative officer

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

REGIONAL CENTRE (ECHS) PIN-900496 BAREILLY

Witness of the signature of Director, Regional Centre ECHS Bareilly,

(With Stamp of Name & Designation)

Witness of the signatory of the hosp With Stamp of Name & Designation)

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Annexure-I
(Refers to Paragraph 1 of Appendix A of Memorandum of Agreement)

LIST OF POLYCLINICS UNDER THE REGIONAL CENTRE BREILLY

The following Polyclinics are authorized to issue referrals directly to the Empanelled Medical Facilities (Due to change in command & control matrix, grouping of Polyclinics under a Regional Center, ECHS may change and therefore the facility will remain open only to those Polyclinics which are under concerned Regional Centre unless otherwise specified):-

(a) Bareilly
(b) Moradabad
(c) Rampur
(d) Badaun
(e) Agra
(f) Firozabad
(g) Mainpuri
(h) Etah
(j) Bulandshahr
(k) Meerut
(l) Bijnor
(m) Baghpat
(n) Muzaffarnagar
(o) Shahjahanpur
(p) Haldwani
(q) Rudrapur
(r) Dharchula
(s) Pithoragarh
(t) Banbasa
(u) Almora
(v) Bageshwar
(w) Ranikhet
(x) Hempur

Note:- No referral is issued in the name of any empanelled medical facility. Patient can choose any emp hospital in the AOR of this RC for his treatment.

Dr. Faiz Shamsi
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Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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REGIONAL CENTRE (ECHS)
BAREILLY

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Appendix A
(Refers to Paragraph 09 of
Memorandum of Agreement)

ADMISSION AND TREATMENT IN EMPANELLED HOSPITALS

1. **ECHS Polyclinics Initiating Referrals**. Medical facility shall investigate / treat the ECHS beneficiaries only for the condition(s) for which they are referred with due referral form issued from either of the polyclinics as per **Annexure-I** attached. The referred cases would be issued referral form duly signed by Medical Officer and Officer-in-Charge of Polyclinic under his seal and signature bearing name also (in the online M/S System signature of MO may not be there on the referral form. However, OIC Polyclinic signature/stamp has to be present on referral form). The referrals generated online over the ECHS mobile application / customized application of ECHS for referrals shall be integrated into the hospitals HIS and referrals will be activated after authentication of the beneficiary through the authentication system deployed in the medical facility premises.

2. HCO will provide the facilities as per Government Sanction Letter attached at **Annexure II.**

3. HCO will establish the following set up:-

(a) The HCO will set up a help-desk for beneficiaries within 07 days of signing of this agreement. This help-desk must be situated in the facility of the HCO in such a way that it is easily visible, easily accessible to the beneficiaries.

(b) The help desk will be equipped with all the necessary hardware and software as well as internet connectivity as required by BPA to establish the identity of the ECHS beneficiary. Specifications of necessary hardware and software have been provided in Appx 'B'.

(c) The help desk shall be manned by an Arogya Mitra (AM) for facilitating the beneficiary in accessing the benefits. Arogya Mitra will need to be hired by the HCO at their own cost and they should get them trained before starting the operations. The guidelines for engagement of Arogya Mitras are as follows:-

(i) Receive beneficiary at the HCO.

(ii) Guide Beneficiary regarding ECHS and process to be followed in the HCO for taking the treatment.

(iii) Carryout the process of Beneficiary identification for such persons who are beneficiaries of ECHS.

(iv) Take photograph of the beneficiary.

(v) Carryout the Aadhaar based identifications for such beneficiaries who are carrying Aadhaar.

(vi) If the person is not carrying Aadhaar Card, [illegible] identification through other defined government issued ID.

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Authorized Signatory

Administrative Officer
Medical College & Hospital
Bareilly

(vii) Scan the identification documents as per the guidelines and upload through the software.

(viii) Send the result of beneficiary identification process to Polyclinic for approval.

(ix) After getting confirmation from polyclinic refer the patient to doctor for consultation.

(x) On advise of the doctor admit the patient in the HCO.

(xi) Enter all the relevant details of package and other information as provided by the doctor on the ECHS software.

(xii) At the time of discharge enter all the relevant details and discharge summary in the ECHS software.

4. If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for other procedures would be added to the package charges of the first major procedure.

5. Empanelled facility will prescribe generic medicines. Branded medicines may be prescribed when no generic is available or absolutely essential.

6. An empanelled facility whose rates for a procedure/test/facility are lower than the approved rates shall charge the beneficiaries as per actual. If the beneficiary willingly prefers a medical facility which is in excess of approved/ package deal rates, the excess charges would be borne by the beneficiaries.

7. Any legal liability arising out of services availed by ECHS beneficiary shall be dealt with by the empanelled facilities who shall alone be responsible. ECHS will not have any legal liability in such cases.

8. **Further Referral to Other Hosps**. The hospital would not refer the ECHS cases further to other institute, and if it does so, it will be at their own arrangements and ECHS would not be responsible to the other institute for any liability. Payment for such outsourced services will be made by the empanelled hospital and charges at CGHS rates will be applicable. The expenditure of such institutes will be paid by the empanelled facility and will not be recovered from the patients. Payment in such cases would also be restricted to CGHS/AIIMS/ECHS approved rates only as the case may be.

9. **Refusal to Treat ECHS Patients**. The hospital would not refuse for treatment/procedures/ investigation to referred cases on flimsy ground. The refusal to provide the treatment to bonafide ECHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without any valid ground, would attract disciplinary action including disqualification for continuation of empanelment. In case of non availability of bed, the empanelled facility will transfer the patient to some other facility as selected by the patient with its own transport arrangement. In addition, following will also be adhered to:-

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Medical College & Hospital
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(a) The Hospital would itself obtain prior approval required for those procedures, implants and tests not listed in CGHS rate list and for extended hospitalisation, and will not ask ESM or his/her representative for this purpose.

(b) The hospital would prescribe Generic Medicine as far as possible and desist from intending to write and prescribed branded medicines.

(c) The hospital would provide treatment to ECHS members referred from all the polyclinics under AOR of the Regional Centre.

10. **Documentation during Admission Responsibility of Hospital**. Any documentation required during the admission of the patient, for example obtaining sanction for unlisted procedures, permission for extended admission, implants etc will be carried out by hospital itself and patient or his/her attendants would not be made to obtain these on behalf of the hospital. The hospital can send these documents through online / mobile application / e-mail / fax for obtaining in-principle approval followed by hard copy to be sent to concerned polyclinic/ authority. The treatment should not stop / delayed for want of such approvals/sanctions. The hospital should justify the procedure/treatment carried out in such cases. In case of operationalisation of digital process, as and when implemented, physical copies may not be required. However, decision of ECHS authority will be final.

ECHS Package Rate

11. **"Package Rate"** As issued by CGHS/ECHS/AIIMS rates shall mean all inclusive – including lump sum cost of inpatient treatment/day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to):-

(a) Registration Charges.

(b) Admission Charges.

(c) Accommodation charges including patient diet.

(d) Operation charges.

(e) Injection Charges.

(f) Dressing Charges.

(g) Doctor/Consultant visit charges.

(h) ICU/ICCU charges

(j) Monitoring Charges.

(k) Transfusion and Blood processing charges.

(l) Pre-Anesthetic Checkup and Anesthesia Charges.

(m) Operation Theater Charges.

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(n) Procedural Charges/Surgeon's fee.

(o) Cost of surgical disposables and all sundries used during hospitalization.

(p) Cost of medicines and consumables.

(q) Related routine and essential investigation.

(r) Physiotherapy charges etc.

(s) Nursing Care charges etc.

12. Package rate also includes two pre operative consultation and two post operative consultations.

13. Cost of implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. In case a beneficiary demands a specific Brand of Stent/Implant and gives his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable.

14. **Implants and Medicines**. The medical facility will enclose pouches/stickers/warranty certificate from supplier in case of implants/stents where to be paid in addition to package rate. No medicines will be charged more than MRP. MRP of medicines/ consumables will be checked/ compared with rates quoted in CIMS/MIMS/NPPA/standard online drug website by BPA and ECHS authorities. All Medicines/Equipment costing more than 5000/- (Rupees five thousand) per unit will be supported by certificate from the medical facility that these have been charged at the rate less than or equal to MRP. Discount on medicines and consumables should be provided, if approved by Govt.

15. During in-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items. However, the following items are not admissible for reimbursement:-

(a) Toiletries (b) Sanitary Napkins

(c) Talcum Powder (d) Mouth Fresheners

16. In case of conservative treatment/where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates, if there is no CGHS rate for a particular item.

17. The services would be extended on billing system to referred cases for agreed upon period. Charges would be levied for a particular procedure / package deal as prescribed by the CGHS as per rates approved by ECHS (**Annexure III attached**). **Under no circumstances will rates be exceeded. Where CGHS rates are not available AIIMS rates / (TATA MEMORIAL HOSPITAL rates for Oncology Cases) will be applicable.** If no rates are available then particular hospital rates will be applicable. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at

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REGIONAL CENTRE (ECHS

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Rohilkhand Medical College & Hospital

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http://msotransparent.nic.in/cghsnew/index.asp. The rate being charged will not be more than what is being charged for same procedure from other (non-ECHS) patients or Organisations. The rates fixed by Govt. regulator will be binding.

18. 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/faulty investigation procedure etc.

19. Package rates envisage up to maximum duration of indoor treatment as follows:-

(a) Upto 12 days for Specialized (Super Specialties) treatment.

(b) Upto 07 days for other Major Surgeries.

(c) Upto 03 days for Laparoscopic surgeries/elective Angioplasty/normal deliveries and 01 day for day care/Minor (OPD) surgeries.

20. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visit per day per visit by specialists/consultants) and cost of medicines for additional stay.

21. The empanelled health care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid ECHS Card with prior permission or under emergency. In case of any instance of overcharging the overcharged amount over and above CGHS rate (except inadmissible items and difference paid due to implant/stent of specific brand chosen by CGHS beneficiary) shall be paid to the beneficiary and shall be recovered from the pending bills of the hospitals.

22. If any empanelled health care Organization charges from ECHS beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc, which are purchased from external sources, based on specific authorization of treating doctor/staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

23. **Allopathic System of Medicines**. The rates will be applicable for allopathic system of medicine only.

24. **Monitoring of Treatment**. ECHS has the right to monitor by all possible means the treatment provided in (the Private Hospitals, exclusive eye hospitals/centres, exclusive dental clinics/labs, Diagnostic Laboratories/ Imaging centres, etc) a medical facility.

25. **No Purchase of Medicines by ECHS Beneficiaries**. During treatment/ investigation / procedures of the ECHS beneficiaries, the empanelled medical facility shall not ask the members to purchase separately the medicines, blood & blood products from outside but bear the cost on its own, as the scheme being capless and cashless for the ECHS beneficiary and package deal rate fixed includes [illegible] of drugs, surgical

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Bareilly

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instruments and other medicines etc as given in the SOP for online billing and amendments issued from time to time.

26. **Second Procedure – Minor Procedure**. If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for the other procedures would be added to the package charges of the first major procedure. In case procedure is carried of in/on paired limb/organ, full payment for both will be made.

27. The revised rates and policies governing the CGHS rates being notified by Govt of India, Ministry of Health and Family Welfare and Ministry of defence from time to time will be incorporated by default.

Dr. Faiz Shamsi
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Appendix B
(Refers to Paragraph 17 of Memorandum of Agreement)

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Appendix 'B' 225 17

No. 25(02)/2018/WE/D (Res)
Government of India
Ministry of Defence
(Department of Ex-Servicemen Welfare)

Sena Bhawan, New Delhi-110011.
Dated 10th October, 2019

The Managing Director
Central Organisation
Ex-Servicemen Contributory Health Scheme
Dhanayve Marg,
Gopinath Circle,
Delhi Cantt

Subject: Procedure for taking action against medical facilities empanelled with ECHS and delegation of powers thereof to MD, ECHS.

In the light of the decisions contained in Para 6 (d) of the Minutes of meeting held under the Chairmanship of Secretary, ESW on 10.08.2015, circulated vide MoD/DoESW ID No. 22B (02)/2013/ US(WE)/D(Res) dated 25.08.2015, the Competent Authority has decided to issue this order.

2. The Provisions regarding actions to be taken against private empanelled medical facilities in case of unsatisfactory performance / unethical practices / medical negligence / violations of provisions of MoA are contained in the following orders of MoD :-

(a) Para 7 and Para 13 of MoD letter No 22B (04)/2010/US (WE)/D (Res) dated 18.02.2011.

(b) MoD letter No 22D (04)/2011/US (WE)/D (Res) dated 22.07.2011.

3. In continuation of the provisions contained in the above mentioned letters of MoD, the procedure for taking action against private empanelled medical facilities by CO ECHS and Ministry of Defence (MoD), Deptt of Ex-Servicemen Welfare (DoESW) and delegation of powers in this regard shall be as indicated in the following paragraphs.

4. Cases of violation of conditions of MoA are categorised as Level I, Level II and Level [illegible] under. It is clarified that the list is illustrative and not exhaustive

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(a) Level I - Violations would include committing the following actions on the first occasion:-

(i) Refusal of service.

(ii) Discrimination against ECHS beneficiaries vis-a-vis others.

(iii) Refusal of treatment on credit to eligible beneficiaries and charging directly from them.

(iv) Non authentication of ECHS beneficiaries through system as laid down by ECHS from time to time.

(b) Level II - Violations would include the following offences:-

(i) Reduction in staff/ infrastructure/ equipment after empanelment with ECHS.

(ii) Undertaking unnecessary procedures.

(iii) Prescribing unnecessary drugs/tests.

(iv) Overbilling.

(v) Non submission of the report, habitual late submission or submission of incorrect data in the report.

(vi) Repetition of Level I violations despite issue of warning to the HCO by CO ECHS.

(c) Level III - Violations would include repetition of Level I and Level II violations despite imposition of financial penalties and the following offences:-

(i) Not providing access to financial and medical records to ECHS authorised persons during visit to the hospital/ medical facility

(ii) Criminal offences by staff of the hospital against any beneficiary or dependent, like rape, molestation etc.

Procedure for Handling Complaints.

5. While dealing with complaints, instructions of Central Vigilance Commission, (CVC) on action on complaints shall be kept in mind. On receipt of a complaint whether directly or from MoD/DoESW against an empanelled

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hospital or as a part of surprise check, MD, ECHS shall seek a preliminary inquiry report from the Director of concerned Regional Centre. The inquiry shall be conducted by an officer nominated by Director of concerned Regional Centre as authorized by MD, ECHS within a period of one month.

6. If the complaint is found to be prima facie true but it is felt that the complaint is not conclusively proven on the basis of documents/statements and further detailed enquiry is required, then MD, ECHS shall order a detailed inquiry by an officer of the RC other than the officer who conducted the preliminary inquiry. If required MD, ECHS may constitute / request appropriate authority to constitute a Board of Officers for this purpose which shall not include the officer who conducted the preliminary inquiry. The inquiry Officer/ Board shall issue detailed Show Cause Notice to the empanelled medical facility. The Show Cause notice should clearly spell out the allegations and the conclusions of the preliminary inquiry together with the grounds on which such conclusions were reached. The inquiry Officer/ Board shall make such inquiry as it deems fit. The Board shall also take statements of all the parties concerned. Finally the inquiry Officer/ Board shall submit its findings along with all the documents, show cause notice, reply to show cause notice, statements made by the parties etc to Director Regional Centre. On receipt of this report, the Director, Regional Centre concerned shall submit the inquiry report along with his views/recommendations with detailed reasons to MD, ECHS.

7. Where the case is considered fit for issue of warning only or the complaint is proven in preliminary enquiry on the basis of documents/statements, detailed inquiry may be dispensed with by MD, ECHS.

8. MD, ECHS shall take the following course of action depending on the gravity of the lapse as indicated in para 4 above:

(i) In case of violations of Level I nature, Director Regional Centre will issue a warning to the empanelled medical facility. Repetition of Level I violations will be treated as Level II violations.

(ii) If the violation is considered Level II in nature and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall impose suitable financial penalty from the amount of PBG and / or impose 'Stop Referral' upto three months upon the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DoESW for information. However, the total amount of PBG shall be maintained by the hospital being a revolving guarantee.

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(iii) If the lapse is of Level III nature, and proven in the enquiry with documentary evidences and/or statements, MD ECHS shall issue an order for forfeiture of total amount of PBG and / or issue an order of stop referral for a period of three months against the medical facility concerned and submit the complete details of the case within seven working days to MoD/ DoESW for information.

(iv) Where, as per provision of para 11 of this letter, the case is fit for dis-empanelment, and the case is proven in an enquiry, the order for "stop referral" shall be issued by MD, ECHS " until further orders". In this case complete details of the case shall be submitted by MD, ECHS to MoD/ DoESW indicating the reasons and justification for issue of stop referral within 7 working days and proposal for disempanelment will be submitted to MoD/ DoESW within 30 working days.

(v) For overbilling and unnecessary procedure, the extra amount so charged shall also be deducted from the pending/future bills of the medical facility.

(vi) For offence listed in para 4(c) (ii) i.e. criminal offences by staff of a medical facility against any ECHS beneficiary, where FIR has been lodged by the concerned ECHS beneficiary, MD, ECHS shall issue stop referral orders against that medical facility which shall remain in force till final outcome of the police investigations. Based on the final outcome of the police investigations, the case shall be processed further by MD, ECHS for either revocation of the stop referral or for disempanelment.

9. In all cases mentioned at Para 8 (i) to (vi) above, MD ECHS shall record detailed reasons in writing for taking / recommending to MoD/DoESW action against the empanelled medical facility.

Appeal Against Imposition of financial penalties and Stop Referral.

10. The affected medical facility shall have the right to appeal to MoD/DoESW against imposition of financial penalties from the PBG and in case of issue of stop referrals by MD, ECHS. The last para of order of MD, ECHS shall clearly, state "You may if you so desire, prefer an appeal against this decision in writing to MoD/ DoESW by post or by email." MoD/DoESW shall consider the appeal and upon examination pass such orders as it deems fit.

...5/-

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Dis-empanelment.

11. In the following cases MD ECHS shall send to MoD/DoESW a detailed proposal for dis-empanelment of medical facility within 30 working days of issue of Stop Referral orders against empanelled medical facility.

(a) Where the medical facility has committed fraudulent activities;

(b) Where, there is proven case of Major/serious negligence in treatment leading to loss of life/limb or grave damage to the health of the ECHS Patient.

(c) Where there is repetition of violations of the provisions of MoA despite issue of written warnings to the management of the medical facility and subsequent imposition of financial penalties.

(d) If a medical facility is, at any point of time, found unfit for empanelment with ECHS by NABH/NABL/QCI.

12. Once dis-empanelled, the medical facility shall be debarred from fresh empanelment for a period of 5 years from the date of order of disempanelment. However if there is 100% change of ownership of the medical facility, the 5 years moratorium shall not be applicable to it and it will be eligible to apply for fresh empanelment immediately after change of ownership. The moratorium shall remain in force even if there is part (less than 100%) change in ownership.

Revocation of Stop Referral.

13. In cases, which are not covered under para 11 above and where MD ECHS has issued orders for Stop Referral against any medical facility for a period of three months, MD, ECHS shall write (by email and by post) to the management of medical facility within seven working days from the date of order of stop referral and offer them an opportunity to make improvement / take corrective measures and submit their reply within 30 days from the date of sending the email. In case the medical facility seeks more time to produce evidence of having taken corrective measures and the reasons for seeking additional time (which would be limited to 10 days) are considered reasonable, the same shall be granted by MD ECHS. If it is found that corrective measures have been taken by the medical facility, MD ECHS may revoke the stop referral within a period of 30 days from the receipt of reply from the medical facility, Such revocation shall be intimated to the MoD/ DoESW with detailed justification of the decision taken within seven working days from the date of revocation. If the medical facility does not take the required corrective measures or does not give any reply within 30/40 days, MD ECHS shall send a case for dis-empanelment of the said medical facility to MoD/ DoESW within 30 days from the last date of

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submission of reply by the medical facility. In such cases, the Stop Referral shall be extended by MD ECHS till "further orders".

Extension of MoA.

14. Extension of MoA requires the medical facility to submit signed MoA with requisite documents to concerned RC well before the date of expiry of MoA for signature by Director, Regional Centre. The MoA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and no arbitration case has been filed by the medical facility against ECHS/MOD which is pending in arbitration court as on the due date of renewal of MoA and no court case has been filed by a medical facility against ECHS/MOD which is pending decision as on the due date of renewal of MoA, and no order for stop referral has been issued against that medical facility prior to the due date of renewal. In such cases, extension of MoA shall not be done until a final decision has been taken by MoD/ DoESW. In all such cases MD, ECHS shall clearly intimate to MoD/DoESW that MoA of the empanelled medical facility has not been renewed along with reasons for doing so. MD, ECHS shall also intimate the decision of not renewing the MoA along with reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of existing MoA. Where an empanelled medical facility does not seek renewal, Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MoA to submit renewal documents. If, the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MoA, MD, ECHS will recommend disempanelment of the medical facility to MoD/ DoESW.

15. As per the provisions of MoD letter 22D (04)/2011/US (WE)/D(Res) dated 22 Jul 2011, MoA / contract of empanelled hospitals can be suspended / terminated only with the approval of MoD/DOESW. Hence, issue of notice for termination of MoAs to empanelled medical facilities by giving 30 days notice and subsequent action of termination of the MoA of any empanelled hospital can be done by MD ECHS only after obtaining prior approval of MoD/DoESW.

16. This issues with the concurrence of MoD (Fin/Pen) vide their 32(20)/2018/FIN/PEN dated 18.9.2019.

(A.K. Karn)
Under Secretary to the Government of India
Telefax: 23014946

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3. SO to the Chief of Army Staff
4. SO to the Chief of Navy Staff
5. SO to the Chief of Air Staff
6. PPS to Secretary, ESW.
7. PS to JS, ESW
8. PS to JS & Addl. FA (RK)
9. M/S UTI-ITSL
10. CGDA

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Appendix C
(Refers to Paragraph 29 of Memorandum of Agreement)

AGREEMENT FOR AUTHENTICATION OF BENEFICIARIES AND ONLINE BILL PROCESSING

The parties shall abide by the following undertakings for the purpose of bill processing:-

1. **Hospital Admission Intimation**. Hospital will intimate to the BPA and to ECHS within two (02) hours of emergency / referred admission and the BPA will respond with due authorisation in four (04) hours. Subsequently the empanelled hospital will intimate BPA with the **complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 48 hours / 5 working days of admission** (since it might take time to establish line of treatment). Waiver upto 30 days can be given by Director Regional Centre on justification. Beyond 30 days no waiver will be accorded. This intimation will be authorized by the concerned authority (Nearest Polyclinic in case of Emergency Admission). Treatment in no case would be delayed or denied because of pending authorization by the BPA as it is only confirmation of the e-workflow in respect of such patient.

2. **Uploading of Claim within Seven Working Days**. After the patient is discharged (or date of last visit to hospital in case of OPD), the hospital will upload the claim on the BPA web based application alongwith the related documents (as given in the list of documents to be attached on the BPA web based application) within 07 working days after the date of discharge or from the date of last OPD. Waiver for intimation upto 30 days and uploading upto 60 days can be obtained from Regional Centre. Post this duration, Hospital can upload the claim provided 30% of the application/projected amount to be recovered/deducted from the approved amount. In case of regular dialysis, chemotherapy or radiation therapy, the claims should be uploaded monthly (at the end of the month) for the treatment provided during the month. The claims uploaded will be digitally signed and any other instructions on the said subject will be binding.

3. **Documents for Claims**. All supporting documents of the claim to be submitted at respective Regional Center ECHS within 60 days. On order from ECHS, all documents shall be uploaded in **digital format duly digitally signed** alongwith the authentication slip generated from the authentication system online into the BPA portal. The final bill will be signed alongwith the mobile number by the primary beneficiary or any of the dependent holding valid ECHS card. All documents shall be uploaded along with the claim. Diagnostic labs shall obtain such signatures in the manner prescribed above on the referral form. Mobile number of the patient/NOK also be noted on the referral form. Duration and modalities for handling physical copies of the bills will be in conformity with instructions as issued by Central Org ECHS from time to time.

4. **List of Documents Required for Claims Processing**. The bills would be scrutinized by the BPA and ECHS authorities and would contain documents as mentioned in the SOP for online billing and on BPA Site (Others□ Notifications □Notice Type □ Documents Checklist) Authentication slip (generated by KIOSK) duly endorsed with the photograph of the beneficiary to be uploaded.

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5. **Need More Information - Replies to Queries**. Hospital must reply to the query (NMI) raised by BPA / Regional Centre / Central Org on the bills within the **timelines as given below or as amended by ECHS**. In case the NMI is not replied within the stipulated time period, the **claims would be processed on available documents** and the amount deducted for non-submission of reply will not be under the purview of either the „Review Request by Hospital" or „Arbitration Clause".

(a) **NMI raised by Verifier** – 90 days.

(b) **NMI raised by BPA** – 60 days.

(c) **NMI raised by Regional Centre / Central Org** – 30 days.

6. **Review Request by Hospitals**. The hospital must also monitor the claims that have been authorized for payment by the BPA Validator and submit their justifications on the observations/deductions during the "Review Request by Hospitals Window" so as to avoid any requirement of arbitration at a later stage or agree to the amount recommended for approval by the BPA/JD (HS). Absence of any remarks or justification will be automatically considered as hospital has no points to offer for the deductions made by the BPA/ JD (HS). This review request window is available to the hospitals for **96 hours** once JD (HS) has authorized the claim approval by CFA and is excluded from the TAT for processing of claims.

7. **Medical Reports Format**. The hospital shall submit all the medical reports in digital form as well as in physical form or as instructed by CO ECHS from time to time.

8. **Time Action Taken (TAT) – Counting of Days**. The hospital agrees that the actual processing shall start when physical copies of the bills submitted by the hospitals to the concerned Regional Centre, ECHS and are verified by BPA verifiers on behalf of ECHS and counting of days shall start from such date for the purpose of deduction of discount payable by hospitals to ECHS. In case of query raised on the bills the TAT for the purpose of Discount shall start from the date of reply to last query. In case of digital billing when implemented, it will start from the date when digitally signed computed documents are submitted. TAT will exclude the days earmarked for arbitration.

9. **Audit by BPA**. The BPA will audit the medical claims of the ECHS Beneficiaries in respect of the treatment taken by them in the Empanelled Hospital and make recommendations for onward payment to ECHS in a time bound manner as follows:-

Audited by	Time Allotted	Remarks
BPA Scrutinizer	90 days	The claim is received at verifier. If the claim is correct, it will move to BPA validator and if any query is raised at verifier stage (NMI), it will move to NMI Basket. If the NMI is replied within 90 calendar days from the date of submission of claim online, the claim moves to BPA validator for normal processing.
BPA Validator	60 days	The claim is received at validator stage. If the claim is correct, it will move to JD (HS) and if any query is raised at validator stage (NMI), it will move to NMI Basket. If the NMI is replied within 60 calendar days from the date of query raised by validator, the claim moves to JD (HS) for normal processing, and if not, claim will shift to JD(HS) for processing whatever is information is available.

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10. Hospital to take care to reply to the query raised by BPA on the bills within a reasonable time of not more than 30 days failing which the claim will automatically be forwarded to the next stage.

11. **Personnel for Processing of Claims**. Hospitals must have minimum two persons dedicated for uploading, monitoring and processing of claims. Hospitals should ensure that in case of change in this claim processing staff, the new staff is trained at Regional Centre for smooth, efficient and early settlement of claims. The claimed amount will be limited to CGHS approved rates.

12. **Hardware & Manpower Required for Processing of Claims**. The hospital will have the following hardware & Manpower for uploading and processing of claims (Though it may not be exclusive to ECHS) :-

(a) Authentication system to be obtained from Smart Card Making Agency contracted by ECHS.

(b) Authentication software – to integrate with Smart Card.

(c) Desktop PCs for uploading of claims:-

Sl No.	No. of Beds	Minimum PCs required
(i)	Upto 50	One Terminal
(ii)	50 to 100	Two Terminals
(iii)	Above 100	Three Terminals & increments thereof at the scale of one terminal for each multiple of 50 beds.

(d) Manpower requirement for uploading of claims with minimum qualification of DOEACC 'O' Level or equivalent :-

Sl No.	No. of Beds	Manpower required
(i)	Upto 50	Two IT qualified operators for process of claims.
(ii)	50 to 100	Four IT qualified operators for process of claims.
(iii)	Above 100	Six IT qualified operators for process of claims & increments thereof in multiple of 50 beds.

(e) **Document Scanner** Color/Grayscale/B&W, 200 DPI, Flatbed /Document feeder, Multiple Page Size, Duplex.

(f) **Dedicated internet Leased Line** of atleast 8 Mbps or more or can explore MPLS services with higher bandwidth.

(g) Integration of Hospital HIS with BPA Software & Smart Card Software.

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13. **BPA Fee**.

(a) **Medical Facility Claims**. The processing fee as on date is 2% of the claimed amount and service tax thereon subject to a minimum of Rs 12.50 and a maximum of Rs 750/- which shall be recovered from the amount due to the empanelled facility. The same shall be reviewed from time to time on the Govt orders and shall be recovered from medical facility as per applicable rates.

(b) **Individual Claims**. The BPA fee remain same as per the medical facility claim however, in case of individual reimbursement claim BPA fee shall be paid by ECHS.

14. **Discount**. The Hospital shall agree for deduction of 2% of admissible amount if payments are made with 10 working days from the date of verification of physical bills by the Verifier to the BPA or reply to the last query or digitally signed bills received by the validator whichever is later. The discount will be admissible on the approved amount.

15. **Updation of Policies**. The Hospital must keep itself updated about the policies promulgated for treatment of ECHS beneficiaries and reimbursement of claims including the rates as issued or updated from time to time. Ignorance of policies may affect the claimed amount. The latest policies will be updated on ECHS website – http://www.echs.gov.in. The empanelled facility should maintain copy of all such documents.

16. **No Direct Interaction with BPA**. The Hospital should not interact directly with the BPA, however, will forward all his issues / queries to the Regional Centre, which shall be bound to resolve such issues either itself or by forwarding it to concerned authorities including BPA.

17. **FIFO**. The claims would strictly be processed on **First – in – First – out (FIFO)** basis and this rule would not be defined by the Regional Centre and neither the Hospital should try to exert any kind of influence to bypass this rule. Central Org ECHS can modify the same in the interest of the organization.

18. **Opting For Higher Standard**. ECHS member opting for advanced surgery/procedure/accommodation etc can be charged the difference of amount than entitle after obtaining proper consent certificate.

19. Wef 01 Apr 2019, payment of ECHS bills will be done by CDA Meerut, Hence PAN & TAN details to be furnished by Hospital.

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Appendix 'D'
(Refers to Paragraph 29 of MoA)

FORMAT FOR FEEDBACK ON EMPANELLED MEDICAL FACILITIES

_____ **(Name of the Emp Med Facility)**

Sl No.	Rating Aspects		Rating from 1 to 10
(a)	**Quality of Treatment**		
	(i)	Availability of Specialist	
	(ii)	Bed Availability as per entitlement	
	(iii)	Degree of Relief	
(b)	**Health of Hospital**		
	(i)	Hygiene, Sanitation	
	(ii)	Behavior/Professionalism of Doctors and Staff	
Overall Satisfaction			

SCALE OF RATING

Numerical Grading	Rating
to 3	Poor
to 5	Average
6 to 7	Good
8 to 10	Excellent

FINAL RATING (Please Tick)

Rating	
Poor	
Average	
Good	
Excellent	

Note: - Specific Comments (if any) _____

Signature of ECHS beneficiaries/NOK _____
Mobile/Tel No./E-mail _____

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(Refers to Paragraph 28 of MoA)

TERMS AND CONDITIONS

Cashless Services

1. The Hospital, Diagnostic Centre, Dental Centre/Lab ,Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre/Physiotherapy Centre etc shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.

2. The Hospital will not be at liberty to revise the rate suo moto.

Treatment in Emergency

3. In grave emergency, patient shall be admitted and life & limb saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic and BPA about the admission within 02 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

(a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection of Aorta etc.

(b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.

(c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.

(d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.

(e) Acute abdomen including acute obstetrical and gynecological emergencies.

(f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.

(g) Acute Poisonings monkey/dogs and Snake bite.

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(h) Acute endocrine emergencies including Diabetic Ketoacidosis.

(j) Heat stroke and cold injuries of life threatening nature.

(k) Acute Renal Failure.

(l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

(m) Acute Manifestation of Psychiatric disorders . (Refer Appx 'D' of Central Org letter No. B/49778/AG/ECHS/Policy dated 13 Nov 2007)/

(n) Dialysis treatment.

(o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with Empanelled hospital.

Corrupt and Fraudulent Practices

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.

5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers designed to hike the bills or misguide the beneficiaries or any such practice adhered to.

6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

Interpretation of the Clauses in the Application Document

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

Right to Accept any Application and to Reject any or All Applications

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

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Monitoring and Medical Audit

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.

10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

Exit from the Panel

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

Package Rates

12. Package rate as issued by CGHS/ECHS/AIIMS shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) :-

(a) Registration charges.

(b) Admission charges.

(c) Accommodation charges including patients diet.

(d) Operation charges.

(e) Injection charges.

(f) Dressing charges.

(g) Doctor/Consultant visit charges.

(h) ICU/ICCU charges.

(j) Monitoring charges.

(k) Transfusion charges and blood processing charges.

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Bareilly

SUSHIL KUMAR THAKUR

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(l) Pre-anesthetic check up and anesthesia charges.

(m) Operation Theatre charges.

(n) Procedure charges/Surgeon's fee.

(o) Cost of surgical disposables and all sundries used during hospitalization.

(p) Cost of medicines and consumables.

(q) Related routine and essential investigations.

(r) Physiotherapy charges etc.

(s) Nursing Care charges etc.

13. Package rates also include to preoperative consultation and two postoperative consultation.

14. Cost of implants/stents/grafts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/graft or as per actual, whichever is lower in case there is no CGHS prescribed ceiling rate. Incase a beneficiary demands specific brand of stent / implant and gives his consent in writing, difference in cost over and above the ceiling rate may be charged from the beneficiary which is non reimbursable.

15. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

16. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

17. Package rates envisage upto a maximum duration of indoor treatment as follows :-

(a) 12 days for Specialised (Super Specialities) treatment.

(b) 7 days for other Major Surgeries.

(c) 3 days for Laparoscopic surgeries/normal deliveries/elective angioplasty.

(d) 1 day for day care/minor (OPD) surgeries.

18. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more that the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

COL
DIRECTOR
REGIONAL CENTRE (ECHS)
BAREILLY

Dr. Faiz Shamsi
Authorized Signatory
Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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19. 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.

20. **The package rates are for semi-private ward**. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

21. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

22. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

23. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

Entitlement of Wards

24. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their rank at the time of retirement as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017. The entitlement is as follows:-

Ser No	Category	Ward Entitlement
(i)	Recruit to Havs & equivalent in Navy & Air Force	General
(ii)	Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt)	Semi Private
(iii)	All officers	Private

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Indemnity

25. The empanelled HCO shall at all times, indemnify and keep indemnified ECHS/the Government 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 in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Empanelled HCO as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall 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.

26. The empanelled HCO shall pay all indemnities arising from such incidents without any extra cost to ECHS and shall not hold the ECHS responsible or obligated. It shall always be entirely at the cost of the hospital defending such suits.

Documents to be Submitted

27. Summary of documents to be submitted along with the application as below:-

(a) Copy of certificate or memo of State Health Authority, if any recognizing the Hospital.

(b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).

(c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.

(d) A copy of partnership deed/memorandum and articles of association, if any.

(e) Affidavit of sole proprietorship on non-judicial stamp paper if medical facility is owned by individual.

(f) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.

(g) Photocopy of PAN Card.

(h) Name and address of their bankers.

(j) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.

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(k) Registration Certificate under PNDT Act in case of Centres applying for Ultrasonography facility.

(l) Copy of the license for running Blood bank.

(m) If NABH accredited facility, Copy of certificate of NABH Accreditation with Scope duly attested by Public Notary.

(n) If NABL accredited facility, Copy of NABL Accreditation with Scope duly attested by Public Notary.

(o) If CGHS empanelled medical facility, Copy of CGHS Office Memorandum regarding the empanelment of the HCO with CGHS, Valid MoA with CGHS and QCI Report.

(p) If Non NABH Accredited Hospital, Copy of QCI report to be submitted along with the application.

Note : Applications not containing the above particulars shall not be considered for empanelment.

28. **Certificate of Undertaking**. In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.

2. That Hospital shall not charge higher than the CGHS/ECHS notified rates or the rates charged from non-ECHS patients.

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 be liable for de-recognition by ECHS. The institution will be liable to pay compensation for any financial loss caused to ECHS or physical and or mental injuries caused to its beneficiaries.

5. That all Billing will be done in electronic format and medical records will be submitted in digital format.

6. That the Hospital has the capability to submit bills and medical records in digital format.

7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.

8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.

9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.

10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature
Head of Institution/Authorized Signatory

COL
DIRECTOR
REGIONAL CENTRE (ECHS)
BAREILLY

Dr. Faiz Shamsi
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Rohilkhand Medica

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29. **Certificate for Acceptance of Rates**. A certificate given below will also be rendered by the Head of the Institution and attached with the application :-

CERTIFICATE FOR ACCEPTANCE OF RATES

1. It is certified that _____ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature
Head of Institution/Authorized Signatory

30. Check list for documents must be filled, signed by authorised signatory of the medical facility, checked and countersigned by Director, Regional Centre where applicable be submitted with application form.

Dr. Faiz Shamsi
Authorized Signatory

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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MOD / GOI Letter No. 22(03)/2020/WE/D(Res-1) dated 2.7. 2020

EMPANELMENT OF HOSPITALS AND NURSING HOME FOR ECHS

BAREILLY

Ser No	Name of Hospitals, Nursing Homes and Diagnostic Centres	Services proposed for recognition
1.	Rohilkhand Medical College and Hospital, Opposite Suresh Sharma Nagar, Pilibhit by Pass Road, Bareilly. NON NABH Beds : 674	General Services: General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ICU & Critical Care Units, ENT, Ophthalmology, Dermatology, Dental, Psychiatry and Blood Bank (Blood Transfusion). Laboratory Services : Haematology, Histopathology, Biochemistry, Microbiology, Serology, Immunology. Imaging Services X-Ray, OPG, Mammography, USG, CT Scan, MRI Specialized Services: Cardiology (Consultation & diagnostics), Interventional Cardiology, Infertility, Assisted Reproduction, Lithotripsy, Genito Urinary Surgery, Urology including Lithotripsy, Nephrology, Dialysis, Endoscopic Surgery, Gastroenterology, Respiratory Diseases, Critical Care Medicine, Neonatology, Onco Pathology, Transfusion Medicine

For Rohilkhand Medical College & Hospital

Authorised Signatory

COL
DIRECTOR
REGIONAL CENTRE (ECHS)

Administrative Officer
Rohilkhand Medical College & Hospital

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Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION LIST	Non-NABH/Non-NABL Rates	NABH/NABL Rates
1	Consultation OPD	135	135
2	Consultation- for Inpatients	270	270
3	Dressings of wounds	50	58
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	174	200
7	Abdominal Aspiration - Diagnostic	311	358
8	Abdominal Aspiration - Therapeutic	414	476
9	Pericardial Aspiration	342	393
10	Joints Aspiration	285	328
11	Biopsy Skin	207	238
12	Removal of Stitches	32	37
13	Venesection	112	129
14	Phimosis Under LA	1180	1357
15	Sternal puncture	156	179
16	Injection for Haemorrhoids	373	429
17	Injection for Varicose Veins	315	362
18	Catheterisation	75	86
19	Dilatation of Urethra	450	518
20	Incision & Drainage	378	435
21	Intercostal Drainage	113	130
22	Peritoneal Dialysis	1319	1517
	TREATMENT PROCEDURE SKIN		
23	Excision of Moles	311	358
24	Excision of Warts	279	321
25	Excision of Molluscum contagiosum	117	135
26	Excision of Veneral Warts	144	166
27	Excision of Corns	126	145
28	I/D Injection Keloid	87	100
29	Chemical Cautery (s)	99	114
	TREATMENT PROCEDURE OPTHALMOLOGY		
30	Subconjunctival/subtenon's injections in one eyes	62	71
31	Subconjunctival/subtenon's injections in both eyes	124	143
32	Pterygium Surgery	86	99
33	Conjunctival Peritomy	52	60
34	Conjunctival wound repair or exploration following blunt trauma	104	120
35	Removal of corneal foreign body	104	120
36	Cauterization of ulcer/subconjunctival injection in one eye	62	71
37	Cauterization of ulcer/subconjunctival injection in both eyes	124	143
38	Corneal grafting—Penetrating keratoplasty	5175	5951
39	Corneal grafting—Lamellar keratoplasty	4500	5175
40	Cyanoacrylate /fibrin glue application for corneal perforation	621	714
41	Bandage contact lenses for corneal perforation	414	476
42	Scleral grafting or conjunctival flap for corneal perforation	2070	2381
43	Keratoconus correction with therapeutic contact lenses	1180	1357
44	UV radiation for cross-linking for keratoconus	1620	1863
45	EDTA for band shaped keratopathy	777	894

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46	Arcuate keratotomy for astigmatism	2520	2898
47	Re-suturing (Primary suturing) of corneal wound	1035	1190
48	Penetrating keratoplasty ---- with glaucoma surgery	10930	12570
49	Penetrating keratoplasty --- with vitrectomy	10930	12570
50	Penetrating keratoplasty ---- with IOL implantation	12290	14134
51	DALK- Deep anterior lamellar keratoplasty	15525	17854
52	Keratoprosthesis stage I and II	10350	11903
53	DSAEK- Descemet's stripping automated endothelial keratoplasty	15008	17259
54	ALTK- Automated lamellar therapeutic keratoplasty	14850	17078
55	Probing and Syringing of lacrimal sac- in one eye	62	71
56	Probing and Syringing of lacrimal sac- in both eye	124	143
57	Dacryocystorhinostomy—Plain	2588	2976
58	Dacryocystorhinostomy—Plain with intubation and/or with lacrimal implants	8775	10091
59	Dacryocystorhinostomy—conjunctival with implant	8280	9522
60	Caliculoplasty	2070	2381
61	Dacryocystectomy	1725	1984
62	Punctal plugs for dry eyes	117	135
63	Refraction	36	41
64	Indirect Ophthalmoscopy	67	77
65	Orthoptic check-up- with synoptophore	40	46
66	Lees' charting or Hess' charting	90	104
67	Orthoptic exercises	49	56
68	Pleoptic exercises	48	55
69	Perimetry/field test—Goldman	130	150
70	Perimetry/field test— automated	144	166
71	Fluorescein angiography for fundus or iris	828	952
72	Ultrasound A- Scan	777	894
73	Ultrasound B- Scan	230	265
74	Fundus Photo Test	180	207
75	Indocyanin green angiography	828	952
76	Corneal endothelial cell count with specular microscopy	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	207	238
79	Auto-refraction	32	37
80	Macular function tests	44	51
81	Potential acuity metry	90	104
82	Laser interferometry	156	179
83	OCT- Optical coherence tomography	1913	2200
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDX--- Nerve fibre layer analyzer	88	101
86	UBM- Ultrasound bio microscopy	135	155
87	Non Contact tonometry	45	52
88	IOP measurement with schiotz	28	32
89	IOP measurement with applation tonometry	45	52
90	Three mirror examination for reti	52	60
91	90 D lens examination	50	58
92	Gonioscopy	58	67
93	Chalazion incision and curettage in one eye	400	460
94	Chalazion incision and curettage in both eyes	431	496

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95	Ptosis surgery with fasanella servat procedure	2070	2381
96	Ptosis surgery with LPS resection one lid	5500	6325
97	Ptosis surgery with Sling surgery one lid	6670	7671
98	Ectropion surgery- one lid	1400	1610
99	Ectropion surgery- both lids	2500	2875
100	Epicanthus correction	1395	1604
101	Cantholysis and canthotomy	518	596
102	Entropion surgery- one lid	1380	1587
103	Entropion surgery- both lids	2000	2300
104	Tarsorraphy	585	673
105	Suturing of lid lacerations	1150	1323
106	Lid retraction repair	1530	1760
107	Concretions removal	104	120
108	Bucket handle procedure for lid tumors	311	358
109	Cheek rotation flap for lid tumors	6210	7142
110	Orbitotomy	7245	8332
111	Enucleation	3000	3450
112	Enucleation with orbital implants and artificial prosthesis	3000	3450
113	Evisceration	3105	3571
114	Evisceration with orbital implants and artificial prosthesis	5124	5893
115	Telecanthus correction	4658	5357
116	Orbital decompression	5175	5951
117	Exenteration	5175	5951
118	Exenteration with skin grafting	6210	7142
119	Fracture orbital repair	8280	9522
120	Retinal laser procedures	1500	1725
121	Retinal detachment surgery	10350	11903
122	Retinal detachment surgery with scleral buckling	12420	14283
123	Buckle removal	1150	1323
124	Silicone oil removal	2800	3220
125	Anterior retinal cryopexy	1046	1203
126	Squint correction for one eye	4500	5175
127	Squint correction for both eyes	6750	7763
128	Trabeculectomy	6210	7142
129	Trabeculotomy	6210	7142
130	Trabeculectomy with Trabeculotomy	9315	10712
131	Trephition	2070	2381
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6210+ valve	7142+ valve
134	Cyclocryotherapy	1150	1323
135	YAG laser iridotomy	1500	1725
136	YAG laser capsulotomy	1093	1257
137	ALT-Argon laser trabeculoplasty	1495	1719
138	PDT-Photodymic therapy	3105	3571
139	TTT- Transpupillary thermal therapy	2700	3105
140	PTK- Phototherapeutic keratectomy	6750	7763
141	Argon/diode laser for retinal detatchment	1035	1190
142	Intralase application for keratoconus	5175	5951
143	EOG- electro-oculogram	810	932
144	ERG- Electro-retinogram	715	822

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145	VEP- visually evoked potential	720	828
146	Vitrectomy- pars plana	11500	13225
147	Intravitreal injections- of antibiotics	1150	1323
148	Intravitreal injections- of lucentis excluding cost of drug	2700	3105
149	X- Ray orbit	115	132
150	CT-orbit and brain	173	199
151	MRI- Orbit and brain	3105	3571
152	Dacryocystography	340	391
153	Orbital angio-graphical studies	1350	1553
154	ECCE with IOL	3450	3968
155	SICS with IOL	4500	5175
156	Phaco with foldable IOL (silicone and acrylic)/PMMA IOL	9703	11158
157	Pars plana lensectomy with/without IOL	9315	10712
158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6210	7142
159	Cataract extraction with IOL with capsular tension rings (Cionni's ring)	12150	13973
160	Optic nerve sheathotomy	6750	7763
161	Iridodialysis repair or papillary reconstruction	4500	5175
162	Iris cyst removal	850	978
163	Lid Abscess incision and Drainage	1530	1760
164	Orbital Abscess incision and Drainage	2700	3105
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2520	2898
168	Amniotic membrane grafting	1100	1265
169	Cyclodiathermy	2070	2381
170	Intraocular foreign body removal	187	215
171	Electrolysis	207	238
172	Perforating injury repair	4500	5175
173	Botulinum injection for blepharospasm or squint	2250	2588
	TREATMENT PROCEDURE DENTAL PROCEDURES		
174	Flap Operation per quadrant	360	414
175	Gingivectomy per quadrant	234	269
176	Reduction & immobilization of fracture- Maxilla Under LA	900	1035
177	Reduction & immobilization of fracture-Mandible Under LA	3150	3623
178	splints/Cirucum mandibular wiring under LA	510	587
179	splints/Cirucum mandibular wiring under GA	990	1139
180	Internal wire fixation/plate fixation of Maxilla under LA	3000	3450
181	Internal wire fixation/plate fixation of Maxilla under GA	4000	4600
182	Internal wire fixation/plate fixation of Mandible under LA	3500	4025
183	Internal wire fixation/plate fixation of Mandible under GA	4250	4888
184	Extraction per tooth under LA	80	92
185	Complicated Ext. per Tooth under LA	100	115
186	Extraction of impacted tooth under LA	160	184
187	Extraction in mentally retarded/patients with systemic diseases/patient with special needs under short term GA	939	1080
188	Cyst & tumour of Maxilla /mandible by enucleation/ excision/ marsupalisation upto 4 cms under LA	244	281
189	Cyst & tumour of Maxilla/mandible by enucleation/ excision/ marsupalisation size more than 4 cms under LA	406	467

Administrative Officer
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190	Cyst & tumour of Maxilla/mandible by enucleation/excision/marsupalisation size more than 4 cms under GA	1000	1150
191	TM joint ankylosis- under GA	7500	8625
192	Biopsy Intraoral-Soft tissue	374	430
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	18900	21735
195	Hemi-mandibulectomy without graft	18900	21735
196	Segmental-mandibulectomy with graft	3400	3910
197	Segmental-mandibulectomy without graft	990	1139
198	Maxillectomy- Total with graft	2500	2875
199	Maxillectomy- Total without graft	1950	2243
200	Maxillectomy- partial with graft	3000	3450
201	Maxillectomy- partial without graft	2500	2875
202	Release of fibrous bands & grafting -in (OSMF) treatment under GA	1500	1725
203	Pre-prosthetic surgery- Alveoloplasty	500	575
204	Pre-prosthetic surgery - ridge augmentation	1200	1380
205	Root canal Treatment(RCT) Anterior teeth(per tooth)	500	575
206	Root canal Treatment(RCT) Posterior teeth (per tooth)	700	805
207	Apicoectomy- Single root	500	575
208	Apicoectomy-Multiple roots	650	748
209	Metal Crown-per unit	500	575
210	Metal Crown with Acrylic facing per unit	700	805
211	Complete single denture-metal based	1500	1725
212	Complete denture- acrylic based per arch	950	1093
213	Removable partial denture-Metal based-upto 3 teeth	700	805
214	Removable partial denture-Metal based-more than 3 teeth	900	1035
215	Removable partial denture-Acrylic based-upto 3 teeth	500	575
216	Removable partial denture-Acrylic based-more than 3 teeth	264	304
217	Amalgum restoration-per tooth	200	230
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glas Ionomer-per tooth	200	230
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	700	805
222	Fixed Orhtodontics-per Arch	1150	1323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	800	920
225	Habit breaking appliances-Fixed	1500	1725
226	Expansion plate	1000	1150
227	Feeding appliance for cleft palate	1500	1725
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost part)	3500	4025
229	Functional orthodentic appliances	3000	3450
230	Obturator (Maxillo-facial)	1500	1725
231	Occlusal night guard(splint)	800	920
	TREATMENT PROCEDURE ENT		
232	Pure Tone Audiogram	155	178
233	Impedence with stepedeal reflex	207	238
234	SISI Tone Decay	119	137
235	Multiple hearing assessment test to Adults	104	120
236	Speech Discrimination Score	81	93
237	Speech Assessment	108	124

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238	Speech therapy per session of 30-40 minutes	118	136
239	Cold Calorie Test for Vestibular function	155	178
240	Removal of foreign body From Nose	311	358
241	Removal of foreign body From Ear	207	238
242	Syringing (Ear)	149	171
243	Polyp removal under LA	518	596
244	Polyp removal under GA	765	880
245	Peritonsillar abscess Drainage under LA	1304	1500
246	Myringoplasty	6210	7142
247	Staepedectomy	8280	9522
248	Myringotomy with Grommet insertion	4140	4761
249	Tympanotomy	7763	8927
250	Tympanoplasty	12420	14283
251	Mastoidectomy	13455	15473
252	Otoplasty	14490	16664
253	Labyrinthectomy	12420	14283
254	Skull Base surgery	22500	25875
255	Facial Nerve Decompression	15525	17854
256	Septoplasty	5175	5951
257	Submucous Resection	6583	7570
258	Septo-rhinoplasty	14490	16664
259	Rhinoplasty- Non-cosmetic	10350	11903
260	Fracture Reduction	4250	4888
261	Intra nasal Diathermy	1035	1190
262	Turbinectomy	5175	5951
263	Endoscopic DCR	11700	13455
264	Endoscopic Surgery	12420	14283
265	Septal Perforation Repair	12420	14283
266	Antrum Puncture	855	983
267	Lateral Rhinotomy	900	1035
268	Cranio-facial resection	22950	26393
269	Caldwell Luc Surgery	9563	10997
270	Angiofibroma Excision	15300	17595
271	Endoscopic Hypophysectomy	20000	23000
272	Endoscopic Optic Nerve Decompression	29498	33923
273	Decompression of Orbit	22950	26393
274	Punch/Wedge biopsy	607	698
275	Tonsillectomy	4500	5175
276	Uvulo-palatoplasty	13800	15870
277	FESS for antrochoal polyp	5175	5951
278	FESS for ethmoidal polyp	5175	5951
279	Polyp removal ear	673	774
280	Polyp removal Nose(Septal polyp)	673	774
281	Mastoidectomy plus Osscículoplasty including TORP or PORP	2174	2500
282	Endolymphatic sac decompression	2588	2976
283	Diagnostic endoscopy under GA	2070	2381
284	Yonges operation for Atrophic rhinitis	6210	7142
285	Vidian neurectomy for vasomotor Rhinitis	9315	10712
286	Nasal Packing-anterior	311	358
287	Nasal Packing-posterior	725	834

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288	Ranula Excision	6159	7083
289	Tongue Tie excision	1500	1725
290	Sub Mandibular Duct Lithotomy	242	278
291	Adenoidectomy	5640	6486
292	Palatopharyngoplasty	7349	8451
293	Pharyngoplasty	15474	17795
294	Styloidectomy	8280	9522
295	Direct laryngoscopy including Biopsy under GA	4500	5175
296	Oesophagoscopy/foreign body removal from	1620	1863
297	Bronchoscopy with F.B.removal	2438	2804
298	Other Major Surgery	15000	17250
299	Other Minor Surgery	7650	8798
	TREATMENT PROCEDURE FOR HEAD AND NECK		
300	Ear Lobe Repair one side	450	518
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	3600	4140
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3420	3933
303	Partial Amputation of Pinna	4050	4658
304	Total Amputation of Pinna	5580	6417
305	Total Amputation & Excision of External Auditory Meatus	1500	1725
306	Excision of Cystic Hygroma	4658	5357
307	Excision of Cystic Hygroma Extensive	6707	7713
308	Excision of Branchial Cyst	9315	10712
309	Excision of Branchial Sinus	9315	10712
310	Excision of Pharyngeal Diverticulum	9522	10950
311	Excision of Carotid Body-Tumours	11475	13196
312	Operation for Cervical Rib	11250	12938
313	Block Dissection of Cervical Lymph Nodes	13500	15525
314	Pharyngectomy & Reconstruction	13500	15525
315	Operation for Carcinoma Lip - Wedge-Excision	7245	8332
316	Operation for Carcinoma Lip - Vermilionectomy	5182	5959
317	Operation for Carcinoma Lip - Wedge Excision and Vermilonectomy	8363	9617
318	Estlander Operation	6728	7737
319	Abbe Operation	8820	10143
320	Cheek Advancement	8798	10118
321	Excision of the Maxilla	17388	19996
322	Excision of mandible-segmental	13973	16069
323	Mandibulectomy	18900	21735
324	Partial Glossectomy	4968	5713
325	Hemiglossectomy	7000	8050
326	Total Glossectomy	20597	23687
327	Commondo Operation	19800	22770
328	Parotidectomy - Superficial	12075	13886
329	Parotidectomy - Total	13500	15525
330	Parotidectomy - Radical	17595	20234
331	Repair of Parotid Duct	10350	11903
332	Removal of Submandibular Salivary gland	7763	8927
333	Hemithyroidectomy	9000	10350
334	Partial Thyroidectomy (lobectomy)	10350	11903
335	Subtotal Thyroidectomy	11748	13510

Dr. Pankaj
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336	Total Thyroidectomy	17100	19665
337	Resection Enucleation of thyroid Adenoma	9522	10950
338	Total Thyroidectomy and Block Dissection	23805	27376
339	Excision of Lingual Thyroid	15194	17473
340	Excision of Thyroglossal Cyst/Fistula	11903	13688
341	Excision of Parathyroid Adenoma/Carcinoma	19148	22020
342	Laryngectomy	17825	20499
343	Laryngo Pharyngectomy	27000	31050
344	Hyoid Suspension	9315	10712
345	Genioplasty	12000	13800
346	Direct Laryngoscopy including biopsy under GA	4658	5357
347	Phonosurgery	12420	14283
348	Fibroptic examition of Larynx under LA	1553	1786
349	Microlaryngeal Surgery	9315	10712
350	Laryngofissure	15525	17854
351	Tracheal Stenosis Excision	17802	20472
	Head and neck cancer		
352	Excisional Biopsies	5175	5951
353	Benign Tumour Excisions	8900	10235
354	Temporal Bone subtotal resection	18630	21425
355	Modified Radical Neck Dissection	22770	26186
356	Carotid Body Excision	25000	28750
357	Total Laryngectomy	35273	40564
358	Flap Reconstructive Surgery	37260	42849
359	Parapharyngeal Tumour Excision	35397	40707
360	Other Major Surgery	21250	24438
361	Other Minor Surgery	4500	5175
	TREATMENT PROCEDURE BREAST		
362	Drainage of abscess	5400	6210
363	Excision of lumps	6969	8014
364	Local mastectomy-simple	11385	13093
365	Radical mastectomy-formal or modified.	25875	29756
366	Excision of mammary fistula	13973	16069
367	Segmental resection of breast	14490	16664
368	Other Major Surgery	24000	27600
369	Other Minor Surgery	4500	5175
	TREATMENT PROCEDURE GENERAL SURGERY		
370	Injury Of Superficial Soft Tissues	425	489
371	Suturing of small wounds .	242	278
372	Secondary suture of wounds	261	300
373	Debridement of wounds	405	466
374	Removal Of Foreign Bodies	270	311
	Biopsies		
375	Excision of Cervical Lymph Node	1553	1786
376	Excision of Axillary Lymph Node	2049	2356
377	Excision of Inguinal Lymph Node	2049	2356
378	Excision Biopsy of Ulcers	1323	1521
379	Excision Biopsy of Superficial Lumps	2898	3333
380	Incision Biopsy of Growths/Ulcers	1323	1521
381	Trucut Needle Biopsy	1395	1604

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382	Percutaneous Kidney Biopsy	1323	1521
383	Marrow Biopsy (Open)	1060	1219
384	Muscle Biopsy	1323	1521
385	Scalene Node Biopsy	1215	1397
386	Excision of Sebaceous Cysts	1118	1286
387	Excision of Superficial Lipoma	1739	2000
388	Excision of Superficial Neurofibroma	2250	2588
389	Excision of Dermoid Cysts	2049	2356
390	Haemorrhoidectomy	2250	2588
391	Stappler haemorrhoidectomy	3623	4166
392	keloid excision	1035	1190
393	Vericose vein surgery;Tendelenburg operation with suturing or ligation.	7763	8927
	TREATMENT PROCEDURE OESOPHAGUS		
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	25875	29756
395	Operations for Replacement of Oesophagus by Colon	22500	25875
396	Oesophagectomy for Carcinoma Easophagus	22500	25875
397	Oesophageal Intubation (Mausseau Barbin Tube)	10350	11903
398	Achalasia Cardia Transthoracic	13455	15473
399	Achalasia Cardia Abdominal	12500	14375
400	Oesophago Gastrectomy for mid 1/3 lesion	22046	25353
401	Heller's Operation	17775	20441
402	Colon-Inter position or Replacement of Oesophagus	20286	23329
403	Oesophago Gastrectomy – Lower Corringers procedure	19251	22139
404	Other Major Surgery	24863	28592
405	Other Minor Surgery	4500	5175
	TREATMENT PROCEDURE ABDOMEN / GI SURGERY		
406	Gastroscopy	1553	1786
407	Gastric & Duodenal Biopsy (Endoscopic)	1755	2018
408	Pyloromyotomy	2520	2898
409	Gastrostomy	7763	8927
410	Simple Closure of Perforated peptic Ulcer	8798	10118
411	Vagotomy Pyleroplasty / Gastro Jejunostomy	12420	14283
412	Duodenojejunostomy	17055	19613
413	Partial/Subtotal Gastrectomy for Carcinoma	20700	23805
414	Partial/Subtotal Gastrectomy for Ulcer	20183	23210
415	Operation for Bleeding Peptic Ulcer	18878	21710
416	Operation for Gastrojejunal Ulcer	17802	20472
417	Total Gastrectomy for Cancer	20131	23151
418	Highly Selective Vagotomy	16767	19282
419	Selective Vagotomy & Drainage	16767	19282
420	Congenital Diaphragmatic Hernia	17078	19640
421	Hiatus Hernia Repair- Abdominal	13041	14997
422	Hiatus Hernia Repair- Transthoracic	14490	16664
423	Exploratory Laparotomy	11385	13093
424	Epigastric Hernia Repair	10247	11784
425	Umbilical Hernia Repair	10247	11784
426	Ventral /incisional Hernia Repair	9264	10654
427	Inguinal Hernia Herniorraphy	13352	15355
428	Inguinal Hernia - Hernioplasty	4850	17078

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429	Femoral Hernia Repair	16457	18926
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	17078	19640
431	Splenectomy - For Trauma	17078	19640
432	Splenectomy - For Hypersplenism	13041	14997
433	Splenorenal Anastomosis	20700	23805
434	Portocaval Anastomosis	25900	29785
435	Direct Operation on Oesophagus for Portal Hypertension	20597	23687
436	Mesentericocaval Anastomosis	23000	26450
437	Warren Shunt	25875	29756
438	Pancerato Duodenectomy	19562	22496
439	By Pass Procedure for Inoperable Carcinoma of Pancreas	20700	23805
440	Cystojejunostomy or Cystogastrostomy	13041	14997
441	Cholecystectomy	9263	10652
442	Cholecystectomy & Exploration of CBD	12938	14879
443	Repair of CBD	12240	14076
444	Operation for Hydatid Cyst of Liver	10712	12319
445	Cholecystostomy	9263	10652
446	Hepatic Resections (Lobectomy /Hepatectomy)	12938	14879
447	Operation on Adrenal Glands - Bilateral	23495	27019
448	Operation on Adrenal Glands - Unilateral	12420	14283
449	Appendicectomy	7297	8392
450	Appendicular Abscess – Drainage	8798	10118
451	Mesenteric Cyst- Excision	9936	11426
452	Peritonioscopy/Laparoscopy	4140	4761
453	Jejunostomy	5175	5951
454	Ileostomy	13869	15949
455	Resection & Anastomosis of Small Intestine	18630	21425
456	Duodenal Diverticulum	16560	19044
457	Operation for Intestinal Obstruction	9315	10712
458	Operation for Intestinal perforation	34200	39330
459	Benign Tumours of Small Intestine	17595	20234
460	Excision of Small Intestine Fistula	17595	20234
461	Operations for GI Bleed	16000	18400
462	Operations for Haemorrhage of Small Intestines	17595	20234
463	Operations of the Duplication of the Intestines	16043	18449
464	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	20700	23805
465	Ilieosigmoidostomy and related resection	15111	17378
466	Ilieotransverse Colostomy and related resection	15111	17378
467	Caecostomy	3513	4040
468	Loop Colostomy Transverse Sigmoid	11799	13569
469	Terminal Colostomy	15525	17854
470	Closure of Colostomy	15732	18092
471	Right Hemi-Colectomy	12420	14283
472	Left Hemi-Colectomy	12420	14283
473	Total Colectomy	15525	17854
474	Operations for Volvulus of Large Bowel	22428	25792
475	Operations for Sigmoid Diverticulitis	16767	19282
476	Fissure in Ano with Internal sphinctrectomy with fissurectomy.	12420	14283
477	Fissure in Ano - Fissurectomy	5750	6613

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478	Rectal Polyp-Excision	5092	5856
479	Fistula in Ano - High Fistulectomy	15102	17367
480	Fistula in Ano - Low Fistulectomy	8880	10212
481	Prolapse Rectum - Theirch Wiring	9315	10712
482	Prolapse Rectum - Rectopexy	5175	5951
483	Prolapse Rectum - Grahams Operation	16560	19044
484	Operations for Hirschsprungs Disease	12834	14759
485	Excision of Pilonidal Sinus (open)	10350	11903
486	Excision of Pilonidal Sinus with closure	10400	11960
487	Abdomino-Perineal Excision of Rectum	16470	18941
488	Anterior Resection of rectum	19665	22615
489	Pull Through Abdominal Resection	15453	17771
490	Retro Peritoneal Tumor Removal	16200	18630
491	Radio ablation of varicose veins	1800	2070
492	Laser ablation of varicose veins	17250	19838
493	Laproscopic Fundoplication	17370	19976
494	Laproscopic Spleenectomy	22500	25875
495	Laproscopic Removal of hydatid cyst	18000	20700
496	Laproscopic treatment of Pseudo Pancreatic cyst	18000	20700
497	Laproscopic whipples operation	20000	23000
498	Laproscopic GI bypass operation	22000	25300
499	Laproscopic Total Colectomy	22500	25875
500	Laproscopic Hemi Colectomy	23000	26450
501	Laproscopic Anterior Resection	20700	23805
502	Laproscopic Cholecystetomy	17078	19640
503	Laproscopic Appedicectomy	16200	18630
504	Laproscopic Hernia inguinal repair	18000	20700
505	Laproscopic ventral Hernia Repair	17500	20125
506	Laproscopic Paraumblical Hernia Repair	12580	14467
507	Laproscopic Adrenelectomy	12000	13800
508	Laproscopic Nephrectomy	19800	22770
509	Other Major Surgery	34200	39330
510	Other Minor Surgery	5400	6210
	TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)		
511	Coronary Care with Cardiac Monitoring (Room Rent extra)	750	863
512	Compressed air / piped oxygen /per hour	50	58
513	Ventilator charges (Per day)	478	550
514	Paediatric care for New born (Per day)	167	192
515	Incubator charges (Per day)	311	358
516	Neonatal ICU charges (Per day)	352	405
517	Resuscitation	166	191
518	Exchange Transfusion	239	275
519	Pneupack ventilator in Nursery (Per day)	518	596
	TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY & INVESTIGATIONS		
520	ASD Closure	46627	53621
521	VSD with graft	46627	53621
522	TOF/TAPVC/TCPC/REV/RSOV repair	114368	131523
523	B.D.Glenn/Left atrium myxoma	80750	92863

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524	Senning/ASO with graft	109969	126464
525	DSO	93254	107242
526	AV Canal repair	144900	166635
527	Fonten	152100	174915
528	Conduit repair	152100	174915
529	CABG	114368	131523
530	CABG + IABP	152100	174915
531	CABG + Valve.	152100	174915
532	CABG without bypass.	126000	144900
533	Ascending aorta replacement	120000	138000
534	DVR	47700	54855
535	MVR/AVR	93254	107242
536	MV repair + AV repair	93254	107242
537	Aorta femoral bypass	49400	56810
538	B.T Shunt/Coaractation	46782	53799
539	P.A.Banding septostomy	46782	53799
540	Pericardectomy	38088	43801
541	CMV/PDA	46782	53799
542	Gunshot injury	46782	53799
543	Heart transplant	248400	285660
544	Balloon coronary angioplasty/PTCA with VCD	72540	83421
545	Balloon coronary angioplasty/PTCA without VCD	72000	82800
546	Rotablation	43988	50586
547	balloon valvotomy/PTMC	9238	10624
548	CATH	9000	10350
549	Arch Replacement	9315	10712
550	Aortic Dissection	12650	14548
551	Thoraco Abdominal Aneurism Repair	15000	17250
552	Embolectomy	18900	21735
553	Vascular Repair	36000	41400
554	Bentall Repair with Prosthetic Valve	30000	34500
555	Bentall Repair with Biologic Valve	127500	146625
556	Coaractation dilatation	13050	15008
557	Coaractation dilatation with Stenting	16650	19148
558	TPI Single Chamber	6750	7763
559	TPI Dual Chamber	8160	9384
560	Permanent pacemaker implantation- Single Chamber	13800	15870
561	Permanent pacemaker implantation- Dual Chamber	19320	22218
562	Permanent pacemaker implantation Biventricular	31050	35708
563	AICD implantation Single Chamber	28000	32200
564	AICD implantation Dual Chamber	36000	41400
565	Combo device implantation	40000	46000
566	Diagnostic Electrophysiological studies conventional	4550	5233
567	Ambulatory BP monitoring	587	675
568	External Loop/event recording	2563	2947
569	RF Ablation conventional	31500	36225
570	RF Ablation Atrial Tachycardia/Carto	40500	46575
571	Endomyocardial biopsy	10000	11500
572	IABP	7038	8094
573	Intra vascular coils	41400	47610

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574	Septostomy- Balloon	16150	18573
575	Septostomy- Blade	19550	22483
576	AVBD/PVBD	43470	49991
577	Digital subtraction angiography-Peripheral artery	10350	11903
578	Digital subtraction angiography- venogram	10350	11903
579	C.T Guided biopsy	1139	1310
580	Sinogram	777	894
581	Peripheral Angioplasty with VCD	11500	13225
582	Peripheral Angioplasty without VCD	11500	13225
583	Renal Angioplasty	60350	69403
584	IVUS	22500	25875
585	FFR	11475	13196
586	Holter analysis	850	978
587	Aortic stent grafting for aortic aneurysm	75000	86250
588	IVC Filter implantation	14516	16693
589	ASD/VSD/PDA device closure	32603	37493
590	ECG	45	52
591	HUTT	2000	2300
592	2 D echocardiography	1200	1380
593	3 D echocardiography	1403	1613
594	Fetal Echo	1400	1610
595	2 D TEE	1263	1452
596	3 D TEE(Transoesophageal echo)	1403	1613
597	Stress Echo- exercise	1500	1725
598	Stress Echo- pharmacological	2250	2588
599	Stress MPI- exercise	1955	2248
600	Stress MPI - pharmacological	2500	2875
601	Coronary angiography	10350	11903
602	CT coronary angiography	5750	6613
603	Cardiac CT scan	2045	2352
604	Cardiac MRI	2200	2530
605	Stress Cardiac MRI	2700	3105
606	MR angiography.	5072	5833
607	Cardiac PET	1500	1725
608	Pericardiocentesis	3500	4025
609	Other Major Surgery	20000	23000
610	Other Minor Surgery	4000	4600
	TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY		
611	Normal delivery with or without Episiotomy & P. repair	7200	8280
612	vacuum delivery	7763	8927
613	Forceps Delivery	8280	9522
614	Cesarean Section	14000	16100
615	Cesarean Hysterectomy	17078	19640
616	Rupture Uterus closure & repair with Tubal Ligation	15525	17854
617	Perforation of Uterus after D/E Laparotomy & Closure	12420	14283
618	Laparotomy for Ectopic pregnancy	12420	14283
619	Laparotomy-peritonitis Lavage and Drainage	10350	11903
620	Salphingo-Oophorectomy/ Oophorectomy Laproscopic	9000	10350
621	Ovarian Cystectomy-laparoscopic.	9315	10712
622	Ovarian Cystectomy -laparotomy.	12420	14283

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623	Salpingo-Oophorectomy-laparotomy	10368	11923
624	Laproscopic Broad Ligament Hematoma Drainage with repair	6500	7475
625	Exploration of perineal Haematoma & Repair	7200	8280
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	7245	8332
627	Manual Removal of Placenta	3105	3571
628	Examination under anesthesia (EUA)	1000	1150
629	Burst-abdomen Repair	9000	10350
630	Gaping Perineal Wound Secondary Suturing	1490	1714
631	Gaping abdominal wound Secondary Suturing	3105	3571
632	Complete perineal tear-repair	1915	2202
633	Exploration of PPH-tear repair	3150	3623
634	Suction evacuation vesicular mole	4500	5175
635	Suction evacuation Missed abortion/ incomplete abortion	4658	5357
636	Colpotomy	3105	3571
637	Repair of post-coital tear/ perineal injury	3157	3631
638	Excision of urethral caruncle	3105	3571
639	Shirodhkar/ Mc. Donald's stitch	2898	3333
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	15525	17854
641	Vaginal Hysterectomy (NDVH)	15525	17854
642	Vaginal Hysterectomy with repairs (UV Prolapse)	15525	17854
643	Myomectomy -laparotomy	12600	14490
644	Myomectomy -laparoscopic	5693	6547
645	Vaginoplasty	13455	15473
646	Vulvectomy -Simple	8280	9522
647	Vulvectomy-Radical	8280	9522
648	RVF Repair	14000	16100
649	Manchester Operation	13500	15525
650	Shirodkar's sling Operation or other sling operations for prolapse uterus	3105	3571
651	Laparoscopic sling operations for prolapse uterus	25200	28980
652	Diagnostic Curettage	2236	2571
653	Cervical Biopsy	1800	2070
654	Polypectomy	1366	1571
655	Other-Minor Operation Endometrial	2070	2381
656	Excision Vaginal Cyst/Bartholin Cyst	3105	3571
657	Excision Vaginal Septum	4140	4761
658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	3623	4166
659	Laparoscopy Sterilization	3105	3571
660	LAVH	22719	26127
661	Balloon Temponade for PPH	2800	3220
662	Total laparoscopic hysterectomy	22719	26127
663	Laparoscopic treatment of Ectopic pregnancy-salpingectomy/salpinostomy conservative	8798	10118
664	Conisation of cervix	3623	4166
665	Trachhelectomy of cervix for early CA cervix	5500	6325
666	Hysteroscopic cannulation	2588	2976
667	Laparotomy recannalization of Fallopian tubes-(Tubuloplasty)	20183	23210
668	Laparoscopic recannalization of Fallopian tubes-(Tubuloplasty)	18000	20700
669	Colposcopy	862	991
670	Inversion of Uterus – Vaginal Reposition	250	2588

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671	Inversion of Uterus – Abdominal Reposition	2250	2588
672	Laparoscopic VVF Repair	25200	28980
673	Abdominal VVF Repair	25200	28980
674	Vaginal VVF Repair	25200	28980
675	Interventional Ultrasonography (CVS)	800	920
676	Amniocentesis	850	978
677	Karyotyping	800	920
678	Thermal balloon ablation.	10350	11903
679	Ultrasonographic myolysis	9264	10654
680	Vaginal Myomectomy	10000	11500
681	Intra Uterine Inseminition	828	952
682	ICSI	10350	11903
683	Laparotomy abdominal sacro-colpopexy	15000	17250
684	Vaginal Colpopexy	19800	22770
685	Laparoscopic abdominal sacro-colpopexy	20000	23000
686	Laparotomy pelvic Lymphadenectomy	1200	1380
687	Laparoscopic pelvic Lymphadenectomy	3500	4025
688	Endometrial aspiration cytology/biopsy	513	590
689	Transvaginal sonography (TVS for Follicular monitioring /aspiration)	414	476
690	laparoscopic treatment for stress incontinence	13500	15525
691	Transvaginal tapes for Stress incontinence	14500	16675
692	trans-obturator tapes for Stress incontinence	10800	12420
693	Interventional radiographic arterial embolization	16200	18630
694	Diagnostic cystoscopy	2588	2976
695	Staging laparotomy surgery for CA Ovary	5693	6547
696	Internal Iliac ligation	3054	3512
697	stepwise devascularisation	8280	9522
698	Assisted breech delivery	9833	11308
699	Intra-uterine fetal blood transfusion	19148	22020
700	Hysteroscopy TCRE	8500	9775
701	Hysteroscopy Removal of IUCD	6750	7763
702	Hysteroscopy Removal of Septum	9900	11385
703	Hysteroscopy Diagnostic	6750	7763
704	Radical Hysterectomy for Cancer cervix with pelvic lymphadenectomy	8500	9775
705	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para aortic lymphadenectomy	8500	9775
706	Sterilization Post partum (minilap)	3375	3881
707	Sterilization interval (minilap)	3375	3881
708	Ultrasonography Level II scan/Anomaly Scan	450	518
709	Fetal nuchal Translucency	300	345
710	Fetal Doppler/Umblical Doppler/Uterine Vessel Doppler	850	978
711	MTP- 1st Trimester	2700	3105
712	MTP - 2nd Trimester	3933	4523
713	Quadruple test	2000	2300
714	Biophysical score	550	633
715	Other Major Surgery	25200	28980
716	Other Minor Surgery	4500	5175
	TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY		
717	Partial Nephrectomy -open	14594	16783

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718	Partial Nephrectomy-laproscopic/endoscopic	13041	14997
719	Nephrolithomy -open	12000	13800
720	Nephrolithomy -laproscopic/endoscopic	13500	15525
721	Pyelolithotomy-open	13000	14950
722	Pyelolithotomy -laproscopic/endoscopic	9522	10950
723	Operations for Hydronephrosis -pyeloplasty open	16560	19044
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	17100	19665
725	Operations for Hydronephrosis Endoplyelotomy antegrade	18000	20700
726	Operations for Hydronephrosis Endoplyelotomy retrograde	18000	20700
727	Operations for Hydronephrosis -ureterocalicostomy	16200	18630
728	Operations for Hydronephrosis-Ileal ureter	16200	18630
729	Open Drainage of Perinephric Abscess	7500	8625
730	Percutaneous Drainage of Perinephric Abscess -Ultrasound guided	5175	5951
731	Cavernostomy	9775	11241
732	Operations for Cyst of the Kidney -open	10764	12379
733	Operations for Cyst of the Kidney -Lap/endoscopic	12627	14521
734	Ureterolithotomy -open	11923	13711
735	Ureterolithotomy-Lap/Endoscopic	9000	10350
736	Nephroureterectomy open	14490	16664
737	Nephroureterectomy -Lap/Endoscopic	14490	16664
738	Operations for Ureter for -Double Ureters	17100	19665
739	Operations for Ureter -for Ectopia of Single Ureter	16600	19090
740	Operations for Vesico- ureteric Reflux -Open	16200	18630
741	Operations for Vesico- ureteric Reflux-Lap/Endoscopic	16200	18630
742	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	18630	21425
743	Ureterostomy - Cutaneous	12000	13800
744	Uretero-Colic anastomosis	14400	16560
745	Formation of an Ileal Conduit	15525	17854
746	Ureteric Catheterisation	621	714
747	Biopsy of Bladder (Cystoscopic)	2070	2381
748	Cysto-Litholapaxy	9833	11308
749	Operations for Injuries of the Bladder	10000	11500
750	Suprapubic Drainage (Cystostomy/vesicostomy)	6000	6900
751	Simple Cystectomy	15525	17854
752	Diverticulectomy -open	15000	17250
753	Diverticulectomy- Lap/Endoscopic	16560	19044
754	Diverticulectomy -Endoscopic incision of neck	1553	1786
755	Augmentation Cystoplasty	6003	6903
756	Operations for Extrophy of the Bladder- Single stage repair	20070	23081
757	Operations for Extrophy of the Bladder- Multistage repair	18734	21544
758	Operations for Extrophy of the Bladder- simple cystectomy with urinary diversion	20250	23288
759	Repair of Ureterocoel -Open	12420	14283
760	Repair of Ureterocoel -Lap/Endoscopic	12938	14879
761	Repair of Ureterocoel -Endoscopic incision	11700	13455
762	Open Suprapubic Prostatectomy	18630	21425
763	Open Retropubic Prostatectomy	18113	20830
764	Transurethral Resection of Prostate (TURP)	16767	19282
765	Urethroscopy/ Cystopanendoscopy	4140	4761

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766	Internal urethrotomy -optical	5175	5951
767	Internal urethrotomy -Core through urethroplasty	9936	11426
768	Urethral Reconstruction -End to end ansatamosis	3105	3571
769	Urethral Reconstruction - substitution urethroplasty (Transpubic urethroplasty	17595	20234
770	Abdomino Perineal urethroplasty	14000	16100
771	Posterior Urethral Valve fulguration.	10143	11664
772	Operations for Incontinence of Urine - Male -Open	15525	17854
773	Operations for Incontinence of Urine - Male -Sling	16560	19044
774	Operations for Incontinence of Urine - Male-Bulking agent	17492	20116
775	Operations for Incontinence of Urine - Female -Open	15525	17854
776	Operations for Incontinence of Urine - Female-Sling	16560	19044
777	Operations for Incontinence of Urine - Female-Bulking agent	17492	20116
778	Reduction of Paraphimosis	1553	1786
779	Circumcision	2700	3105
780	Meatotomy	2111	2428
781	Meatoplasty	2898	3333
782	Operations for Hypospadias + Chordee Correction	8280	9522
783	Operations for Hypospadias - Second Stage	15000	17250
784	Operations for Hypospadias - One Stage Repair	9200	10580
785	Operations for Crippled Hypospadias	10350	11903
786	Operations for Epispadias _primary repair	11334	13034
787	Operations for Epispadias-crippled epispadias	10247	11784
788	Partial Amputation of the Penis	9688	11141
789	Total amputation of the Penis	12000	13800
790	Orchidectomy-Simple	8798	10118
791	Orchidectomy -Radical	10868	12498
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	12600	14490
793	Epididymectomy	7500	8625
794	Adreneclectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	22770	26186
795	Adreneclectomy Unilateral/Bilateral for Tumour/For Carcinoma - Lap/Endoscopic	12938	14879
796	Operations for Hydrocele - Unilateral	5279	6071
797	Operations for Hydrocele - Bilateral	7700	8855
798	Operation for Torsion of Testis	10350	11903
799	Micro-surgical Vasovasostomy /Vaso epidedymal ansatamosis.	9936	11426
800	Operations for Varicocele Unilateral-Microsurgical	6935	7975
801	Operations for Varicocele Palomo's Unilateral - Lap	8280	9522
802	Operations for Varicocele Bilateral --Microsurgical	11385	13093
803	Operations for Varicocele Bilateral – Lap/ Palomo	13455	15473
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	5693	6547
805	Block Dissection of ilio-inguinal Nodes - Both Sides (For Ca-Penis)	20700	23805
806	Excision of Filarial Scrotum	10350	11903
807	Kidney Transplantation (related)	3150	3623
808	Kidney Transplantation (Spousal/ unrelated)	143000	164450
809	ABO incompatible Transplantation	441000	507150
810	Swap Transplantation	349200	401580
811	Kidney Transplant Graft Nephrectomy	53550	61583
812	Donor Nephrectomy (open)	25875	29756
813	Donor Nephrectomy (Laproscopic)	41400	47610

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814	Cadaver Transplantation	74970	86216
815	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Unilateral	25200	28980
816	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Bilateral	76500	87975
817	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Unilateral	76500	87975
818	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Bilateral	76500	87975
819	Post-Transplant Collection drainage for Lymphocele (open)	6800	7820
820	Post-Transplant Collection drainage for Lymphocele (percutaneous)	6120	7038
821	Post-Transplant Collection drainage for Lymphocele (Laproscopic)	6885	7918
822	Arteriovenous Fistula for Haemodialysis	2070	2381
823	Arteriovenous Shunt for Haemodialysis	3150	3623
824	Jugular Catheterization for Haemodialysis	1350	1553
825	Subclavian Catheterization for Haemodialysis	2025	2329
826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	980	1127
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1500	1725
828	Double Lumen Femoral Catheterization for Haemodialysis	1665	1915
829	Permcath Insertion	2520	2898
830	Arterio venous Prosthetic Graft	1850	2128
831	Single lumen Jugular Catheterization	1350	1553
832	Single lumen Subclavian Catheterization	1530	1760
833	Plasma Exchange/ Plasma phresis	1553	1786
834	Open method CAPD catheter insertion	3150	3623
835	Schlendinger method CAPD catheter insertion	3150	3623
836	Sustained low efficiency hemodialysis	1125	1294
837	Continuous Veno venous/Arteriovenous Hemofilteration	2025	2329
838	Hemodialysis for Sero negative cases	1260	1449
839	Hemodialysis for Sero Positive cases	1485	1708
840	Acute Peritoneal Dialysis	1450	1668
841	Fistologram for Arteriovenous Fistula	2500	2875
842	Ultrasound guided kidney Biopsy	765	880
843	Fistula stenosis dilation	2700	3105
844	Slow continuous Ultrafilteration	2250	2588
845	PCNL - Unilateral	18000	20700
846	PCNL - Bilateral	24300	27945
847	Endoscopic Bulking agent Inject	4050	4658
848	Testicular Biopsy	1760	2024
849	Radical Nephrectomy -Open	15525	17854
850	Radical Nephrectomy -Lap/Endoscopic	18630	21425
851	Radical Nephrectomy plus IV thrombus	20700	23805
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	20700	23805
853	Vesico Vaginal Fistula Repair (Open)	14400	16560
854	Vesico Vaginal Fistula Repair (Laproscopic)	19800	22770
855	Radical Cystectomy -Ileal conduit	15300	17595
856	Radical Cystectomy - continent diversion.	13500	15525
857	Radical Cystectomy – Neo bladder	16650	19148
858	Nephrectomy Simple -Open	9067	10427
859	Nephrectomy Simple-lap/Endoscopic	11334	13034

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860	Nephrostomy -Open	9000	10350
861	Nephrostomy -Lap/Endoscopic	10000	11500
862	Ureteric Re- implant for Megaureter/Vesicoureteric reflex/ uterocele (open)	9445	10862
863	Ureteric Re -implant for Megaureter/Vesicoureteric reflex/ uterocele (Laproscopic)	9445	10862
864	Partial Cystectomy	12420	14283
865	TURP & TUR Bladder Tumour	15525	17854
866	TURP with Cystolithotripsy	15400	17710
867	Closure of Urethral Fistula	9900	11385
868	Orchidopexy - Unilateral -Open	8880	10212
869	Orchidopexy - Unilateral- Lap/Endoscopic	11101	12766
870	Orchidopexy - Bilateral -Open	11054	12712
871	Orchidopexy - Bilateral -Lap/Endoscopic	13050	15008
872	Cystolithotomy -Suprapubic	8798	10118
873	Endoscopic Removal of Stone in Bladder	3105	3571
874	Resection Bladder Neck Endoscopic /Bladder neck incision/transurethral incision on prostrate	9833	11308
875	Ureteroscopic Surgery	9315	10712
876	Urethroplasty 1st Stage	9833	11308
877	Scrotal Exploration	7700	8855
878	Perineal Urethrostomy	4244	4881
879	Dilatation of Stricture Urethra under G.A.	1925	2214
880	Dilatation of Stricture Urethra under LA	1553	1786
881	Laproscopic Nephrectomy	30015	34517
882	Laproscopic partial Nephrectomy	10000	11500
883	Laproscopic pyelolithotomy	12650	14548
884	Laproscopic Pyeloplasty	9775	11241
885	Laproscopic surgery for Renal cyst	9775	11241
886	Laproscopic ureterolithotomy	11500	13225
887	Laproscopic Nephro ureterotectomy	13225	15209
888	Lithotripsy Extra corporeal shock wave.	19000	21850
889	Uroflow Study (Uroflometry)	405	466
890	Urodynamic Study (Cystometry)	450	518
891	Cystoscopy with Retrograde Catheter -Unilateral /RGP	2523	2901
892	Cystoscopy with Retrograde Catheter - Bilateral /RGP	4600	5290
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3043	3499
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	373	429
895	Radical prostatectomy-Open	16043	18449
896	Radical prostatectomy-Laproscopic	18113	20830
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	18113	20830
898	Hollmium YAG Prostate Surgery	13500	15525
899	Hollmium YAG OIU	4600	5290
900	Hollmium YAG Core Through	15525	17854
901	Hollmium YAG Stone Lithotripsy	10200	11730
902	Green Light laser for prostate	17250	19838
903	RIRS/ Flexible Ureteroscopy	6800	7820
904	Microscopic VEA/ Vaso-Vasostomy (for Infertility)	13500	15525
905	Cystoscopic Botulinum Toxin Injection (Over active bladder/ Neurogenic bladder)	6120	7038

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906	Peyronie's disease – Plaque excision with grafting	3400	3910
907	High Intensity Focus Ultrasound (HIFU) (Robotic) for Carcinoma prostrate and renal cell carcinoma	4600	5290
908	Prosthetic surgery for urinary incontinence	2070	2381
909	TRUS guided prostate biopsy	575	661
910	Ultra sound guided PCN	720	828
911	Other Major Surgery	15000	17250
912	Other Minor Surgery	6120	7038
	TREATMENT PROCEDURE NEURO-SURGERY		
913	Craniotomy and Evacuation of Haematoma -Subdural	45644	52491
914	Craniotomy and Evacuation of Haematoma -Extradural	45000	51750
915	Evacuation /Excision of Brain Abscess by craniotomy	40000	46000
916	Excision of Lobe (Frontal Temporal Cerebellum etc.)	40000	46000
917	Excision of Brain Tumours -Supratentorial	39123	44991
918	Excision of Brain Tumours -Infratentorial	40500	46575
919	Surgery of spinal Cord Tumours	42000	48300
920	Ventriculoatrial /Ventriculoperitoneal Shunt	22500	25875
921	Twist Drill Craniostomy	4250	4888
922	Subdural Tapping	2210	2542
923	Ventricular Tapping	2670	3071
924	Abscess Tapping	2588	2976
925	Placement of ICP Monitor -	2588	2976
926	Skull Traction Application	2070	2381
927	Lumber Pressure Monitoring	4000	4600
928	Vascular Malformations	19800	22770
929	Meningo Encephalocoele excision and repair	13500	15525
930	Meningomyelocoel Repair	24995	28744
931	C.S.F. Rhinorrhaea Repair	25875	29756
932	Cranioplasty	21735	24995
933	Anterior Cervical Dissectomy	14940	17181
934	Brachial Plexus Exploration and neurotization	13973	16069
935	Median Nerve Decompression	12600	14490
936	Peripheral Nerve Surgery – Major	15525	17854
937	Peripheral Nerve Surgery Minor	7452	8570
938	Ventriculo-Atrial Shunt	10454	12022
939	Nerve Biopsy	6210	7142
940	Brain Biopsy	5808	6679
941	Anterior Cervical Spine Surgery with fusion	28980	33327
942	Anterio Lateral Decompression of spine	25875	29756
943	Brain Mapping	837	963
944	Cervical or Dorsal or Lumbar Laminectomy	20700	23805
945	Combined Trans-oral Surgery & CV Junction Fusion	34200	39330
946	C.V. Junction Fusion procedures	27000	31050
947	Depressed Fracture Elevation	22500	25875
948	Lumbar Discectomy	24840	28566
949	Endarterectomy (Carotid)	18000	20700
950	R.F. Lesion for Trigeminal Neuralgia	10350	11903
951	Spasticity Surgery -	35708	41064
952	Spinal Fusion Procedure	27000	31050
953	Spinal Intra Medullary Tumours	31050	35708

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Dr. Faiz Shamsi
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954	Spinal Bifida Surgery Major	17078	19640
955	Spinal Bifida Surgery Minor	13500	15525
956	Stereotaxic Procedures- biopsy/aspiration of cyst	20700	23805
957	Trans Sphenoidal Surgery	30000	34500
958	Trans Oral Surgery	30000	34500
959	Implantation of DBS -One electrode	31050	35708
960	Implantation of DBS -two electrodes	36225	41659
961	Endoscopic aqueductoplasty	13500	15525
962	Facial nerve reconstruction	30000	34500
963	Carotid stenting	40000	46000
964	Cervical disc arthroplasty	24840	28566
965	Lumbar disc arthroplasty	12420	14283
966	Corpus callostomy for Epilepsy	32000	36800
967	Hemishpherotomy for Epilepsy	28980	33327
968	Endoscopic CSF rhinorrhea repair	30000	34500
969	Burr hole evacuation of chronic subdural haematoma	21735	24995
970	Epilepsy surgery	36225	41659
971	RF lesion for facet joint pain syndrome	15525	17854
972	Cervical laminoplasty	28800	33120
973	Lateral mass C1-C2 screw fixation	23000	26450
974	Microsurgical decompression for Trigeminal nerve	35000	40250
975	Microsurgical decompression for hemifacial spasm	4646	5343
976	IC EC bypass procedures	28800	33120
977	Image guided craniotomy	28980	33327
978	Baclofen pump implantation	39000	44850
979	Programmable VP shunt	22500	25875
980	Endoscopic sympathectomy	15396	17705
981	Lumber puncture	186	214
982	External ventricular drainage (EVD)	4140	4761
983	Endoscopic 3rd ventriculostomy	36000	41400
984	Endoscopic cranial surgery/Biopsy/aspiration	31536	36266
985	Endoscopic discectomy (Lumbar, Cervical)	35621	40964
986	Aneurysm coiling (Endovascular)	30960	35604
987	Surgery for skull fractures	36000	41400
988	Carpel Tunnel decompression	15000	17250
989	Clipping of intracranial aneurysm	24150	27773
990	Surgery for intracranial Arteriovenous malformarions(AVM)	36000	41400
991	Foramen magnum decompression for Chari Malformation	1100	1265
992	Dorsal column stimulation for backache in failed back syndrome	25875	29756
993	Surgery for recurrent disc prolapse/epidural fibrosis	28980	33327
994	Surgery for brain stem tumours	39589	45527
995	Decompressive craniotomy for hemishpherical acute subdural haematoma/brain swelling/large infarct	40000	46000
996	Intra-arterial thrombolysis with TPA (for ischemic stroke)	4140	4761
997	Steriotactic aspiration of intracerebral haematoma	32545	37427
998	Endoscopic aspiration of intracerebellar haematoma	40000	46000
999	Steriotactic Radiosurgery for brain pathology(X knife/Gamma) - ONE session	27560	31694
1000	Steriotactic Radiosurgery for brain pathology(X knife / Gamma knife -Two or more sessions	51750	59513
1001	Chemotheraphy wafers for malignant brain tumors	13005	14956

Dr. Rahul Bhatt
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1002	Battery Placement for DBS	19800	22770
1003	Baclofen pump implantation for spasticity	17330	19930
1004	Peripheral Nerve tumor surgery	21600	24840
1005	Surgery Intra Cranial Meningioma	20000	23000
1006	Surgery for Intracranial Schwannoma	35000	40250
1007	Surgery for Gliomas	45000	51750
1008	Surgery for Orbital tumors	40000	46000
1009	Surgery for Cranial (Skull) tumors	38500	44275
1010	Surgery for Scalp AVM's	25000	28750
1011	Kyphoplasty	40000	46000
1012	Balloon Kyphoplasty	36000	41400
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	31500	36225
1014	Other Major Surgery	38250	43988
1015	Other Minor Surgery	15300	17595
	TREATMENT PROCEDURE PAEDIATRIC SURGERY		
1016	Excision of thyroglossal Duct/Cyst	14400	16560
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	15525	17854
1018	Tracheo Oesophageal Fistula (Correction Surgery)	20700	23805
1019	Colon Replacement of Oesophagus	20700	23805
1020	Omphalo Mesenteric Cyst Excision	15525	17854
1021	Omphalo Mesenteric Duct- Excision	13973	16069
1022	Meckels Diverticulectomy	3012	3464
1023	Omphalocele 1st Stage (Hernia Repair)	13973	16069
1024	Omphalocele 2nd Stge (Hernia Repair)	15525	17854
1025	Gastrochisis Repair	14490	16664
1026	Inguinal Herniotomy	11302	12997
1027	Congenital Hydrocele	10800	12420
1028	Hydrocele of Cord	10800	12420
1029	Torsion Testis Operation	13500	15525
1030	Congenital Pyloric Stenosis- operation	12544	14426
1031	Duodenal- Atresia Operation	12600	14490
1032	Pancreatic Ring Operation	22300	25645
1033	Meconium Ileus Operation	13050	15008
1034	Malrotation of Intestines Operation	12300	14145
1035	Rectal Biopsy (Megacolon)	8762	10076
1036	Colostomy Transverse	13500	15525
1037	Colostomy Left Iliac	13500	15525
1038	Abdominal Perineal Pull Through (Hirschaprugis Disease)	17100	19665
1039	Imperforate Anus Low Anomaly -Cut Back Operation	9212	10594
1040	Imperforate Anus Low Anomaly - Perineal Anoplasty	10800	12420
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12500	14375
1042	Imperforate Anus High Anomaly - Closure of Colostomy	7763	8927
1043	Intususception Operation	18630	21425
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Billiary Duct	15000	17250
1045	Operation of Choledochal Cyst	15200	17480
1046	Nephrectomy for -Pyonephrosis	15300	17595
1047	Nephrectomy for - Hydronephrosis	15000	17250
1048	Nephrectomy for -Wilms Tumour	13500	15525
1049	Paraortic Lymphadenoctomy with Nephrectomy for Wilms Tumour	18000	20700

Administrative Officer
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1050	Sacro-Coccygeal Teratoma Excision	13500	15525
1051	Neuroblastoma Debulking	14400	16560
1052	Neuroblastoma Total Excision	18630	21425
1053	Rhabdomyosarcoma wide Excision	15000	17250
1054	Congenital Atresia & Stenosis of Small Intestine	17500	20125
1055	Muconium ileus	14400	16560
1056	Mal-rotation & Volvulus of the Midgut	15000	17250
1057	Excision of Meckle's Deverticulum	12000	13800
1058	Other Major Surgery	24300	27945
1059	Other Minor Surgery	9945	11437
	TREATMENT PROCEDURE BURNS AND PLASTIC SURGERY		
1060	Primary Suturing of Wound	300	345
1061	Injection of Keloids - Ganglion	1099	1264
1062	Injection of Keloids - Haemangioma	1150	1323
1063	Free Grafts - Wolfe Grafts	1725	1984
1064	Free Grafts - Theirech- Small Area 5%	6728	7737
1065	Free Grafts - Large Area 10%	7200	8280
1066	Free Grafts - Very Large Area 20% and above.	9315	10712
1067	Skin Flaps - Rotation Flaps	8073	9284
1068	Skin Flaps - Advancement Flaps	11250	12938
1069	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	11250	12938
1070	Skin Flaps - Cross Finger	11250	12938
1071	Skin Flaps - Abdominal	9350	10753
1072	Skin Flaps - Thoracic	9350	10753
1073	Skin Flaps - Arm Etc.	9900	11385
1074	Subcutaneous Pedicle Flaps Raising	6210	7142
1075	Subcutaneous Pedicle Flaps Delay	5355	6158
1076	Subcutaneous Pedicle Flaps Transfer	5355	6158
1077	Cartilage Grafting	7763	8927
1078	Reduction of Facial Fractures of Nose	1242	1428
1079	Reduction of Facial Fractures of Maxilla	8000	9200
1080	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	6728	7737
1081	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	6210	7142
1082	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	6750	7763
1083	Internal Wire Fixation of Mandible & Maxilla	10350	11903
1084	Cleft Lip - repair.	10350	11903
1085	Cleft Palate Repair	11385	13093
1086	Primary Bone Grafting for alveolar cleft in Cleft Lip	10350	11903
1087	Secondary Surgery for Cleft Lip Deformity	9000	10350
1088	Secondary Surgery for Cleft Palate	11385	13093
1089	Reconstruction of Eyelid Defects - Minor	5693	6547
1090	Reconstruction of Eyelid Defects - Major	7650	8798
1091	Plastic Surgery of Different Regions of the Ear - Minor	7245	8332
1092	Plastic Surgery of Different Regions of the Ear - Major	9315	10712
1093	Plastic Surgery of the Nose - Minor	7245	8332
1094	Plastic Surgery of the Nose - Major	8550	9833
1095	Plastic Surgery for Facial Paralysis (Support with Reanimation)	14490	16664
1096	Pendulous Breast - Mammoplasty	13000	14950
1097	Underdeveloped Breast Mammoplasty	12000	13800
1098	After Mastectomy (Reconstruction)Mammoplasty	12000	13800

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1099	Syndactyly Repair	12500	14375
1100	Dermabrasion Face	11903	13688
1101	upto 30% Burns 1st Dressing	137	158
1102	upto 30% Burns Subsequent Dressing	112	129
1103	30% to 50% Burns 1st Dressing	174	200
1104	30% to 50% Burns Subsequent Dressing	137	158
1105	Extensive Burn -above 50% Frist Dressing	248	285
1106	Extensive Burn -above 50% Subsequent dressing	174	200
	TREATMENT PROCEDURE ORTHOPEDICS		
1107	Plaster Work	255	293
1108	Fingers (post slab)	233	268
1109	Fingers full plaster	233	268
1110	Colles Fracture - Below elbow	880	1012
1111	Colles Fracture - Full plaster	895	1029
1112	Colles fracture Ant. Or post. slab	400	460
1113	Above elbow full plaster	156	179
1114	Above Knee post-slab	518	596
1115	Below Knee full plaster	156	179
1116	Below Knee post-slab	646	743
1117	Tube Plaster (or plaster cylinder)	750	863
1118	Above knee full plaster	1265	1455
1119	Above knee full slab	1158	1332
1120	Minerva Jacket	2174	2500
1121	Plaster Jacket	1967	2262
1122	Shoulder spica	1760	2024
1123	Single Hip spica	2019	2322
1124	Double Hip spica	2484	2857
1125	Strapping of Finger	161	185
1126	Strapping of Toes	162	186
1127	Strapping of Wrist	207	238
1128	Strapping of Elbow	236	271
1129	Strapping of Knee	311	358
1130	Strapping of Ankle	311	358
1131	Strapping of Chest	414	476
1132	Strapping of Shoulder	466	536
1133	Figure of 8 bandage	466	536
1134	Collar and cuff sling	255	293
1135	Ball bandage	360	414
1136	Application of P.O.P Casts for Upper & Lower Limbs	633	728
1137	Application of Functiol Cast Brace	1215	1397
1138	Application of Skin Traction	621	714
1139	Application of Skeletal Tractions	854	982
1140	Bandage & Strappings for Fractures	497	572
1141	Aspiration & Intra Articular Injections	518	596
1142	Application of P.O.P Spices & Jackets	2226	2560
1143	Close Reduction of Fractures of Limb & P.O.P	2340	2691
1144	Reduction of Compound Fractures	2484	2857
1145	Open Reduction & Internal Fixation of Fingurs & Toes	4658	5357
1146	Open Reduction offracture of Long Bones of Upper / Lower Limb -iling & Exterl Fixation	7245	8332

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1147	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	8694	9998
1148	Tension Band Wirings	5092	5856
1149	Bone Grafting	6000	6900
1150	Excision of Bone Tumours	6210	7142
1151	Excision or other Operations for Scaphoid Fractures	6469	7439
1152	Sequestrectomy & Saucerisation	6210	7142
1153	Sequestrectomy & Saucerizations -Arthrotomy	8974	10320
1154	Multiple Pinning Fracture Neck Femur	10350	11903
1155	Plate Fixations for Fracture Neck Femur	12150	13973
1156	A.O.Compression Procedures for Fracture Neck Femur	14904	17140
1157	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	17550	20183
1158	Close Reduction of Dislocations	2857	3286
1159	Open Reduction of Dislocations	3095	3559
1160	Open Reduction of Fracture Dislocation & Internal Fixation	12150	13973
1161	Neurolysis/Nerve repair	12420	14283
1162	Nerve Repair with Grafting	15008	17259
1163	Tendon with Transplant or Graft	9315	10712
1164	Tendon Lengthening/Tendon repair	7245	8332
1165	Tendon Transfer	2795	3214
1166	Laminectomy Excision Disc and Tumours	4347	4999
1167	Spil Ostectomy and Internal Fixations	21735	24995
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3105	3571
1169	Antereolateral Decompression and Spil Fusion	19350	22253
1170	Corrective Ostectomy & Internal Fixation - short bones	12420	14283
1171	Corrective Ostectomy & Internal Fixation - long bones	9936	11426
1172	Arthrodesis of - Minor Joints	9315	10712
1173	Arthrodesis of - Major Joints	9000	10350
1174	Soft Tissue Operations for C.T.E.V.	7245	8332
1175	Soft Tissue Operations for Polio	6210	7142
1176	Hemiarthroplasty- Hip	18000	20700
1177	Hemiarthroplasty- Shoulder	18000	20700
1178	Operations for Brachial Plexus & Cervical Rib	21735	24995
1179	Amputations - Below Knee	6210	7142
1180	Amputations - Below Elbow	6159	7083
1181	Amputations - Above Knee	8000	9200
1182	Amputations - Above Elbow	6159	7083
1183	Amputations - Forequarter	12000	13800
1184	Amputations -Hind Quarter and Hemipelvectomy	16560	19044
1185	Disarticulations - Major joint	18630	21425
1186	Disarticulations - Minor joint	11385	13093
1187	Arthrography	8280	9522
1188	Arthroscopy - Diagnostic	7711	8868
1189	Arthroscopy-therapeutic: without implant	10000	11500
1190	Arthroscopy-therapeutic: with implant	15525	17854
1191	Soft Tissue Operation on JOINTS -SMALL	6210	7142
1192	Soft Tissue Operation on JOINTS -LARGE	13500	15525
1193	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	16767	19282
1194	Removal of Wires & Screw	1584	1822

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1195	Removal of Plates	3726	4285
1196	Total Hip Replacement	71350	82053
1197	Total Ankle Joint Replacement	85860	98739
1198	Total Knee Joint Replacement	99000	113850
1199	Total Shoulder Joint Replacement	79000	90850
1200	Total Elbow Joint Replacement	79000	90850
1201	Total Wrist Joint Replacement	100000	115000
1202	Total finger joint replacement	20000	23000
1203	Tubular external fixator	4140	4761
1204	Ilizarov's external fixator	6987	8035
1205	Pelvi-acetebular fracture -Internal fixation	7763	8927
1206	Meniscectomy	12000	13800
1207	Meniscus Repair	10000	11500
1208	ACL Reconstruction	8500	9775
1209	PCL Reconstruction	13500	15525
1210	Knee Collateral Ligament Reconstruction	12500	14375
1211	Bencarf Repair Shoulder	13200	15180
1212	RC Repair	1500	1725
1213	Biceps tenodesis	14000	16100
1214	Distal biceps tendon repair	10380	11937
1215	Arthrolysis of knee	12500	14375
1216	Capsulotomy of Shoulder	15800	18170
1217	Conservative Pop	1080	1242
1218	Application for CTEV per sitting	1200	1380
1219	Total Hip Replacement Revision Stage-I	17000	19550
1220	Total Hip Replacement Revision Stage-II	50000	57500
1221	Total Knee Replacement Revision Stage-I	35000	40250
1222	Total Knee Replacement Revision Stage-II	35000	40250
1223	Illizarov/ external fixation for limb lengthening/ deformity correction	12500	14375
1224	Discectomy/ Micro Discectomy	12500	14375
1225	Laminectomy	4646	5343
1226	Spinal Fixation Cervical/dorsolumbar/ lumbosacral	16000	18400
1227	Fusion Surgery Cervical/ Lumbar Spine upto 2 Level	22000	25300
1228	More than 2 Level	12000	13800
1229	Scoliosis Surgery/ Deformity Correction of Spine	25000	28750
1230	Vertebroplasty	12000	13800
1231	Spinal Injections	450	518
1232	DHS for Fracture Neck Femur	14800	17020
1233	Proximal Femoral Nail (PFN for IT Fracture)	14000	16100
1234	Spinal Osteotomy	1434	1649
1235	Illizarov's / External Fixation for Trauma	11700	13455
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	9501	10926
1237	Mini Fixator for Hand/Foot	9000	10350
1238	Other Major Surgery	34425	39589
1239	Other Minor Surgery	10695	12299
	TREATMENT PROCEDURE PHYSIOTHERAPY		
1240	Ultrasonic therapy	70	81
1241	S.W. Diathermy	70	81
1242	Electrical stimulation (therapeutic)	70	81
1243	Muscle testing and diagnostic	64	74

Administrative Officer
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1244	Infra red	70	81
1245	U.V. Therapeutic dose	57	66
1246	Intermittent Lumbar Traction	70	81
1247	Intermittent Cervical traction	68	78
1248	Wax bath	68	78
1249	Hot pack	70	81
1250	Breathing Exercises & Postural Drainage	50	58
1251	Cerebral Palsy – exercise	50	58
1252	Post – polio exercise	50	58
	NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY		
1253	Cobalt 60 therapy	57375	65981
1254	Radical therapy	61583	70820
1255	Palliative therapy	21994	25293
1256	Linear accelerator	26775	30791
1257	Radical therapy	58650	67448
1258	Palliative therapy	34213	39345
1259	3 D Planning	4888	5621
1260	2 D Planing	4888	5621
1261	IMRT(Intensity Modulated radiotherapy)	100878	116010
1262	SRT (Stereotactic radiotherapy)	60996	70145
1263	SRS(Stereotactic radio surgery)	80546	92628
1264	IGRT(Image guided radiotherapy)	147016	169068
1265	Respiratory Gating-alongwith Linear accelerator planning	110000	126500
1266	Electron beam with Linear accelerator	67473	77594
1267	Tomotherapy	71460	82179
	NUCLEAR MEDICINE / BRACHYTHERAPY- HIGH DOSE RADIATION		
1268	Intracavitory	10557	12141
1269	Interstitial	52785	60703
1270	Intraluminal	8798	10118
1271	Surface mould	4180	4807
1272	GLIADAL WAFER	84510	97187
	NUCLEAR MEDICINE / CHEMOTHARAPY		
1273	Neoadjuvant	777	894
1274	Adjuvant	777	894
1275	Concurrent-chemoadiation	828	952
1276	Single drug	497	572
1277	Multiple drugs	807	928
1278	Targeted therapy	828	952
1279	Chemoport facility	828	952
1280	PICC line (peripherally inserted Central canulisation)	828	952
	LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES		
1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1553	1786
1282	Diagnostic endoscopy	250	288
1283	Endoscopic biopsy	311	358
1284	Endoscopic mucosal resection	1500	1725
1285	Oesophageal stricture dilatation	1553	1786
1286	Balloon dilatation of achalasia cardia	2588	2976
1287	Foreign body removal	1553	1786

Dr. Faiz Shams
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1288	Oesophageal stenting	2700	3105
1289	Band ligation of oesophageal varices	2250	2588
1290	Sclerotherapy of oesophageal varices	2250	2588
1291	Glue injection of varices	2250	2588
1292	Argon plasma coagulation	3623	4166
1293	Pyloric balloon dilatation	2174	2500
1294	Enteranal stenting	3312	3809
1295	Duodenal stricture dilation	990	1139
1296	Single balloon enterocopy	3600	4140
1297	Double balloon enteroscopy	3150	3623
1298	Capsule endoscopy	4455	5123
1299	Piles banding	989	1137
1300	Colonic stricture dilatation	2463	2832
1301	Hot biopsy forceps procedures	3000	3450
1302	Colonic stenting	2463	2832
1303	Junction biopsy	1800	2070
1304	Conjugal microscopy	3600	4140
1305	Endoscopic sphincterotomy	2174	2500
1306	CBD stone extraction	2174	2500
1307	CBD stricture dilatation	6400	7360
1308	Biliary stenting (plastic and metallic)	4347	4999
1309	Mechanical lithotripsy of CBD stones	7200	8280
1310	Pancreatic sphincterotomy	6375	7331
1311	Pancreatic stricture dilatation	5175	5951
1312	Pancreatic stone extraction	9088	10451
1313	Mechanical lithotripsy of pancreatic stones	10247	11784
1314	Endoscopic cysto gastrostomy	7245	8332
1315	Balloon dilatation of papilla	6210	7142
1316	Ultrasound guided FNAC	518	596
1317	Ultrasound guided abscess Drainage	648	745
1318	PTBD	1150	1323
1319	Diagnostic angiography	1800	2070
1320	Vascular embolization	15100	17365
1321	TIPS	4860	5589
1322	IVC graphy + hepatic veinography	30791	35410
1323	Muscular stenting	87975	101171
1324	BRTO	51750	59513
1325	Portal haemodymic studies	1722	1980
1326	Manometry and PH metry	1451	1669
1327	Oesophageal PH metry	4500	5175
1328	Oesophageal manometry	4500	5175
1329	Small bowel manometry	6120	7038
1330	Anorectal manometry	6120	7038
1331	Colonic manometry	6885	7918
1332	Biliary manometry	6885	7918
1333	Sengstaken blackenesse tube tempode	2588	2976
1334	Lintas machles tube tempode	2588	2976
1335	Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	300	345
1337	Extra corporeal shortwave lithotripsy	37260	42849

Administrative Officer
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1338	Liver biopsy	1242	1428
	NAME OF INVESTIGATION / DENTAL		
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	70	81
1341	OPG X-ray	176	202
	NAME OF INVESTIGATION / PULMONARY		
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3600	4140
1343	Lung Perfusion Scan	2000	2300
	NAME OF INVESTIGATION / OSTEOLOGY		
1344	Whole Body Bone Scan with SPECT.	3079	3541
1345	Three phase whole body Bone Scan	3079	3541
	NAME OF INVESTIGATION / NEUROSCIENCES		
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	8798	10118
1347	Radionuclide Cisternography for CSF leak	3740	4301
	NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY		
1348	Gastro esophageal Reflux Study (G.E.R. Study)	1955	2248
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	3421	3934
1350	Hepatobiliary Scintigraphy.	2444	2811
1351	Meckel's Scan	1955	2248
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	1870	2151
1353	Gastric emptying	1275	1466
	NAME OF INVESTIGATION / GENITOURINARY		
1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	3421	3934
1355	Dynamic Renography.	3421	3934
1356	Dynamic Renography with Diuretic.	3421	3934
1357	Dynamic Renography with Captopril	1960	2254
1358	Testicular Scan	1466	1686
	NAME OF INVESTIGATION / ENDOCRINOLOGY		
1359	Thyroid Uptake measurements with 131-Iodine.	1564	1799
1360	Thyroid Scan with Technetium 99m Pertechnetate.	1466	1686
1361	Lodine-131 Whole Body Scan.	2933	3373
1362	Whole Body Scan with M.I.B.G.	17595	20234
1363	Parathyroid Scan	4888	5621
	NAME OF INVESTIGATION / RADIO-ISOTOPE THERAPY		
1364	131-lodine Therapy	1377	1584
1365	131-lodine Therapy <15mCi	3469	3989
1366	131-lodine Therapy 15-50mCi	4460	5129
1367	131-lodine Therapy 51-100mCi	10800	12420
1368	131-lodine Therapy >100mCi	13500	15525
1369	Phosphorus-32 therapy for metastatic bone pain palliation	4500	5175
1370	Samarium-153 therapy for metastatic bone pain palliation	9405	10816
1371	Radiosynovectomy with Yttrium	19125	21994
	NAME OF INVESTIGATION / CARDIOLOGY		
1372	Stress thallium / Myocardial Perfusion Scintigraphy	9450	10868
1373	Rest thallium / Myocardial Perfusion Scintigraphy	8000	9200
1374	Venography	3300	3795
1375	TMT	440	506
1376	TEE	489	562

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1377	Lymph angiography	1613	1855
	NAME OF INVESTIGATION / TUMOUR IMAGING		
1378	Scintimammography.	4800	5520
1379	Indium labeled octeriotide Scan.	65982	75879
	NAME OF INVESTIGATION / PET SCAN		
1380	FDG Whole body PET / CT Scan	20528	23607
1381	Brain I Heart FDG PET / CTScan,	14663	16862
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	15000	17250
	LABORATORY MEDICINE / CLINICAL PATHOLOGY		
1383	Urine routine- pH, Specific gravity, sugar, protein and microscopy	35	40
1384	Urine-Microalbumin	70	81
1385	Stool routine	35	40
1386	Stool occult blood	24	28
1387	Post coital smear examination	30	35
1388	Semen analysis	35	40
	LABORATORY MEDICINE / HAEMATOLOGY		
1389	Haemoglobin (Hb)	16	18
1390	Total Leucocytic Count (TLC)	28	32
1391	Differential Leucocytic Count (DLC)	28	32
1392	E.S.R.	25	29
1393	Total Red Cell count with MCV,MCH,MCHC,DRW	30	35
1394	Complete Haemogram/CBC, Hb,RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	122	140
1395	Platelet count	43	49
1396	Reticulocyte count	43	49
1397	Absolute Eosinophil count	43	.49
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	39	45
1400	Smear for Malaria parasite	37	43
1401	Bleeding Time	35	40
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	64	74
1404	Bone Marrow Smear Examination with iron stain	225	259
1405	Bone Marrow Smear Examination and cytochemistry	396	455
1406	Activated partial ThromboplastinTime (APTT)	102	117
1407	Rapid test for malaria(card test)	40	46
1408	WBC cytochemistry for leukemia -Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D-Dimer/ FDP	360	414
1410	Factor Assays-Factor VIII	720	828
1411	Factor Assays-Factor IX	680	782
1412	Platelet Function test	50	58
1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	360	414
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	575
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	560	644
1417	Tests for Sickling / Hb HPLC)	77	89
	LABORATORY MEDICINE / BLOOD BANK		
1418	Blood Group & RH Type	28	32
1419	Cross match	50	58

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160

1420	Coomb's Test Direct	85	98
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	170	196
1423	11 cells panel for antibody identification	153	176
1424	HBs Ag	92	106
1425	HCV	128	147
1426	HIV I and II	150	173
1427	VDRL	42	48
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet(RDP)	115	132
1431	Single Donor Platelet (SDP- Aphresis)	135	155
	LABORATORY MEDICINE / HISTOPATHOLOGY		
1432	Routine-H & E	85	98
1433	special stain	65	75
1434	Immunohistochemistry(IHC)	750	863
1435	Frozen section	780	897
1436	Paraffin section	343	394
	LABORATORY MEDICINE / CYTOLOGY		
1437	Pap Smear	150	173
1438	Body fluid for Malignant cells	150	173
1439	FNAC	200	230
	NAME OF INVESTIGATION / FLOW CYTOMETRY		
1440	Leukemia panel /Lymphoma panel	1536	1766
1441	PNH Panel-CD55,CD59	1000	1150
	LABORATORY MEDICINE / CYTOGENETIC STUDIES		
1442	Karyotyping	1539	1770
1443	FISH	500	575
	LABORATORY MEDICINE / BIO-CHEMISTRY		
1444	Blood Glucose Random	22	25
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	49	56
1447	Serum Creatinine	50	58
1448	Urine Bile Pigment and Salt	25	29
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test	90	104
1454	Bence Jones protein	47	54
1455	Serum Uric Acid	50	58
1456	Serum Bilirubin total & direct	72	83
1457	Serum Iron	85	98
1458	C.R.P.	90	104
1459	C.R.P Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.)Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	56	64
1464	Total Iron Binding Capacity	80	92

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1465	Glucose (Fasting & PP)	42	48
1466	Serum Calcium –Total	54	62
1467	Serum Calcium –Ionic	40	46
1468	Serum Phosphorus	56	64
1469	Total Protein Alb/Glo Ratio	50	58
1470	IgG.	225	259
1471	IgM.	225	259
1472	IgA.	225	259
1473	ANA.	200	230
1474	Ds DNA.	315	362
1475	S.G.P.T.	50	58
1476	S.G.O.T.	50	58
1477	Serum amylase	105	121
1478	Serum Lipase	130	150
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115
1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	235
1485	Serum Testosterone	150	173
1486	Imprint Smear From Endoscopy	240	276
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	85	98
1489	Triple Marker.	800	920
1490	C.P.K.	90	104
1491	Foetal Haemoglobin (HbF)	85	98
1492	Prothrombin Time (P.T.)	101	116
1493	L.D.H.	100	115
1494	Alkaline Phosphatase	54	62
1495	Acid Phosphatase	70	81
1496	CK MB	171	197
1497	CK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G, 6PD)	100	115
1501	Lithium.	119	137
1502	Dilantin (phenytoin).	373	429
1503	Carbamazepine.	373	429
1504	Valproic acid.	270	311
1505	Feritin.	250	288
1506	Blood gas analysis	120	138
1507	Blood gas analysis with electrolytes	414	476
1508	Urine pregnancy test	59	68
1509	Tests for Antiphospholipid antibodies syndrome.	280	322
1510	Hb A1 C	130	150
1511	Hb Electrophoresis/ Hb HPLC	100	115
1512	Kidney Function Test.	222	255
1513	Liver Function Test.	225	259
1514	Lipid Profile.(Total cholesterol,LDL,HDL,treigylcerides)	182	209

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	Nutritional Markers		
1515	Serum Iron	85	98
1516	Total Iron Binding Capacity	85	98
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	250	288
1519	Folic Acid assay.	270	311
1520	Extended Lipid Profile.(Total cholesterol,LDL,HDL,treigylcerides,Apo A1,Apo B,Lp(a))	595	684
1521	Apo A1.	180	207
1522	Apo B.	179	206
1523	Lp (a).	401	461
1524	CD 3,4 and 8 counts	170	196
1525	CD 3,4 and 8 percentage	170	196
1526	LDL.	56	64
1527	Homocysteine.	387	445
1528	HB Electrophoresis.	396	455
1529	Serum Electrophoresis.	220	253
1530	Fibrinogen.	149	171
1531	Chloride.	56	64
1532	Magnesium.	135	155
1533	GGTP.	85	98
1534	Lipase.	215	247
1535	Fructosamine.	190	219
1536	β2 microglobulin	85	98
1537	Catecholamines.	945	1087
1538	Creatinine clearance.	108	124
	NAME OF INVESTIGATION / TUMOUR MARKERS		
1539	PSA- Total.	281	323
1540	PSA- Free.	375	431
1541	AFP.	293	337
1542	HCG.	289	332
1543	CA. 125.	352	405
1544	CA 19,9.	554	637
1545	CA 15.3.	536	616
1546	Vinyl Mandelic Acid	350	403
1547	Calcitonin	500	575
1548	Carcioembryonic antigen(CEA)	340	391
	OTHERS		
1549	Immunofluorescence	150	173
1550	Direct(Skin and kidney Disease)	425	489
1551	Indirect (antids DNA Anti Smith ANCA)	425	489
1552	VitD3 assay	550	633
1553	Serum Protein electrophoresis with immunofixationelectrophoresis (IFE)	300	345
1554	BETA-2 Microglobulin assay	100	115
1555	Anti cycliocitrullinated peptide (Anti CCP)	450	518
1556	Anti tissuetransglutaminase antibody	425	489
1557	Serum Erythropoetin	425	489
1558	ACTH	500	575
	HARMONES		

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1559	T3, T4, TSH	181	208
1560	T3	64	74
1561	T4	64	74
1562	TSH	90	104
1563	LH	150	173
1564	FSH	150	173
1565	Prolactin	150	173
1566	Cortisol	226	260
1567	PTH(Paratharmone)	500	575
1568	C-Peptide.	330	380
1569	Insulin.	150	173
1570	Progesterone.	225	259
1571	17-DH Progesterone.	396	455
1572	DHEAS.	396	455
1573	Androstendione.	600	690
1574	Growth Hormone.	306	352
1575	TPO.	300	345
1576	Throglobulin.	300	345
1577	Hydatic Serology.	318	366
1578	Anti Sperm Antibodies.	345	397
1579	Qualitative.	1800	2070
1580	Quantitative.	1350	1553
1581	Qualitative.	1522	1750
1582	HPV serology	218	251
1583	Rota Virus serology	130	150
1584	PCR for TB	900	1035
1585	PCR for HIV	600	690
1586	Chlamydae antigen	850	978
1587	chlamydae antibody	238	274
1588	Brucella serology	230	265
1589	Influenza A serology	943	1084
	USG, X-RAY , CT, MRI, BONE DENSITOMETRY		
1590	USG for Obstetrics - Anomalies scan	323	371
1591	Abdomen USG	291	335
1592	Pelvic USG (prostate, gynae, infertility etc)	255	293
1593	Small parts USG (scrotum, thyroid , parathyroid etc)	314	361
1594	Neonatal head (Tranfontanellar)	383	440
1595	Neonatal spine	450	518
1596	Contrast enhanced USG	850	978
1597	USG Breast	349	401
1598	USG Hystero-Salpaingography (HSG)	255	293
1599	Carotid Doppler	850	978
1600	Arterial Colour Doppler	706	812
1601	Venous Colour Doppler	706	812
1602	Colour Doppler, renal arteries/any other organ	800	920
1603	USG guided intervention- FNAC	441	507
1604	USG guided intervention - biopsy	648	745
1605	USG guided intervention - nephrostomy	800	920
	X-Ray		
1606	Abdomen AP Supine or Erect (One film)	128	147

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1607	Abdomen Lateral view (one film)	128	147
1608	Chest PA view (one film)	60	69
1609	Chest Lateral (one film)	60	69
1610	Mastoids: Towne view, oblique views (3 films)	225	259
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	293
1612	Pelvis A.P (one film)	110	127
1613	T. M. Joints (one film)	110	127
1614	Abdomen & Pelvis for K. U. B.	128	147
1615	Skull A. P. & Lateral (2 films)	255	293
1616	Spine A. P. & Lateral (2 films)	250	288
1617	PNS view (1 film)	110	127
	X RAY CONTRAST STUDIES		
1618	Barium Swallow	510	587
1619	Barium Upper GI study	800	920
1620	Barium Upper GI study (Double contrast)	850	978
1621	Barium Meal follow through	935	1075
1622	Barium Enema (Single contrast/double contrast)	850	978
1623	Small bowel enteroclysis	1020	1173
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2250	2588
1625	General :Fistulography /Sinography/Sialography/Dacrocystography/ T-Tube cholangiogram/Nephrostogram	638	734
1626	Percutaneous transhepatic cholangiography (PTC)	1296	1490
1627	Intravenous Pyelography (IVP)	1190	1369
1628	Micturating Cystourethrography (MCU)	680	782
1629	Retrograde Urethrography (RGU)	612	704
1630	Contrast Hystero-Salpingography (HSG)	1020	1173
1631	X ray - Arthrography	700	805
1632	Cephalography	135	155
1633	Myelography	2750	3163
1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011
	MAMMOGRAPHY		
1635	X-ray Mammography	315	362
1636	MRI Mammography	2295	2639
	CT		
1637	CT Head-Without Contrast	850	978
1638	CT Head- with Contrast (+/- CT angiography)	1215	1397
1639	C. T. Chest - without contrast (for lungs)	1700	1955
1640	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast	1700	1955
1641	C. T. Scan Lower Abdomen(Incl. Pelvis) Without Contrast	1500	1725
1642	C. T. Scan Whole Abdomen Without Contrast	2700	3105
1643	C. T. Scan Whole Abdomen With Contrast	4050	4658
1644	Triple Phase CT abdomen	4500	5175
1645	CT angiography abdomen/ Chest	4050	4658
1646	CT Enteroclysis	5400	6210
1647	C. T. Scan Neck – Without Contrast	1500	1725
1648	C. T. Scan Neck – With Contrast	1870	2151
1649	C. T. Scan Orbits - Without Contrast	1190	1369
1650	C. T. Scan Orbits - With Contrast	1615	1857
1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1035
1652	C. T. Scan of Para Nasal Sinuses - With Contrast	1600	1840

Dr. Faiz Shamsi
Authorized Signatory
Administrative Officer
Rohilkhand Medical College & Hospital

SUSHIL KUMAR THAKUR

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1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)–without contrast	1488	1711
1654	CT Temporal bone – without contrast	893	1027
1655	CT - Dental	1275	1466
1656	C. T. Scan Limbs -Without Contrast	1700	1955
1657	C. T. Scan Limbs -With Contrast including CT angiography	2253	2591
1658	C.T. Guided intervention –FNAC	1080	1242
1659	C.T. Guided Trucut Biopsy	1200	1380
1660	C. T. Guided intervention -percutaneous catheter drainage / tube placement	1305	1501
	MRI		
1661	MRI Head – Without Contrast	1998	2298
1662	MRI Head – With Contrast	2563	2947
1663	MRI Orbits – Without Contrast	1445	1662
1664	MRI Orbits – With Contrast	2000	2300
1665	MRI Nasopharynx and PNS – Without Contrast	2205	2536
1666	MRI Nasopharynx and PNS – With Contrast	3500	4025
1667	MR for Salivary Glands with Sialography	3000	3450
1668	MRI Neck - Without Contrast	2700	3105
1669	MRI Neck- with contrast	4500	5175
1670	MRI Shoulder – Without contrast	2000	2300
1671	MRI Shoulder – With conntrast	2600	2990
1672	MRI shoulder both Joints - Without contrast	2700	3105
1673	MRI Shoulder both joints – With contrast	4000	4600
1674	MRI Wrist Single joint - Without contrast	2125	2444
1675	MRI Wrist Single joint - With contrast	4000	4600
1676	MRI Wrist both joints - Without contrast	2125	2444
1677	MRI Wrist Both joints - With contrast	4500	5175
1678	MRI knee Single joint - Without contrast	2125	2444
1679	MRI knee Single joint - With contrast	4500	5175
1680	MRI knee both joints - Without contrast	2125	2444
1681	MRI knee both joints - With contrast	4500	5175
1682	MRI Ankle Single joint - Without contrast	2125	2444
1683	MRI Ankle single joint - With contrast	4500	5175
1684	MRI Ankle both joints - With contrast	4500	5175
1685	MRI Ankle both joints - Without contrast	2250	2588
1686	MRI Hip - With contrast	2500	2875
1687	MRI Hip – without contrast	2125	2444
1688	MRI Pelvis – Without Contrast	2125	2444
1689	MRI Pelvis – with contrast	4500	5175
1690	MRI Extremities - With contrast	4500	5175
1691	MRI Extremities - Without contrast	2125	2444
1692	MRI Temporomandibular – B/L - With contrast	4000	4600
1693	MRI Temporomandibular – B/L - Without contrast	2125	2444
1694	MR Temporal Bone/ Inner ear with contrast	4000	4600
1695	MR Temporal Bone/ Inner ear without contrast	2250	2588
1696	MRI Abdomen – Without Contrast	2125	2444
1697	MRI Abdomen – With Contrast	4500	5175
1698	MRI Breast - With Contrast	4250	4888
1699	MRI Breast - Without Contrast	2125	2444
1700	MRI Spine Screening - Without Contrast	900	1035

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Dr. Faiz Shamsi
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1701	MRI Chest – Without Contrast	2125	2444
1702	MRI Chest – With Contrast	4000	4600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	2125	2444
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4000	4600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2444
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4000	4600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2125	2444
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	4500	5175
1709	Whole body MRI (For oncological workup)	5100	5865
1710	MR cholecysto-pancreatography.	4950	5693
1711	MRI Angiography - with contrast	4500	5175
1712	MR Enteroclysis	2125	2444
	BONE DENSITOMETRY (DEXA SCAN)		
1713	Dexa Scan Bone Densitometry - Two sites	1445	1662
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	1870	2151
1715	Dexa Scan Bone Densitometry Whole body	2205	2536
	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		
1716	EEG/Video EEG	298	343
1717	EMG (Electro myography)	638	734
1718	Nerve condition velocity (at least 2 limbs)	638	734
1719	Decremental response (before and after neo stigmine)	595	684
1720	Incremental response	595	684
1721	SSEP (Somato sensory evoked potentials)	638	734
1722	Poly somnography	638	734
1723	Brachial plexus study	638	734
1724	Muscle biopsy	383	440
1725	ACHR anti body titre	1848	2125
1726	Anti MUSK body titre	2106	2422
1727	Serum COPPER	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	450	518
1731	Serum valproate level	315	362
1732	Serum phenol barbitone level	350	403
1733	Coagulation profile	553	636
1734	Protein C, S anti thrombine – III	2200	2530
1735	Serum lactate level	450	518
	CSF		
1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	240	276
1737	Special studies	1000	1150
1738	PCR for tuberculosis/ Herpes simplex	1200	1380
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	147
1742	Malignant cells	64	74
1743	Anti measles antibody titre (with serum antibody titre)	801	921
1744	Viral culture	250	288
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	684	787

Dr. Faiz Shamsi
Authorized Signatory

Administrative Officer
Rohilkhand Medical College & Hospital

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1746	Oligoclonal band	1080	1242
1747	Myelin Basic protein	1684	1937
1748	Lactate	298	343
1749	Crypto coccal antigen	1138	1309
	TESTS IN GASTRO-ENTEROLOGY		
1750	D-xylase test	850	978
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase	850	978
1752	Breath tests	1300	1495
1753	H pylori serology for ciliac disease	500	575
1754	HBV genotyping	2500	2875
1755	HCV genotyping	4388	5046
	TESTS IN ENDOCRINOLOGY (IN ADDITION TO THOSE INCLUDED UNDER HARMONES)		
1756	Urinary VMA	1500	1725
1757	Urinary metanephrine/Normetanephrine	1138	1309
1758	Urinary free catecholamine	1600	1840
1759	Serum catecholamine	3400	3910
1760	Serum aldosterone	1125	1294
1761	24 Hr urinary aldosterone	920	1058
1762	Plasma renin activity	1000	1150
1763	Serum aldosterone/renin ratio	1200	1380
1764	Osmolality urine	128	147
1765	Osmolality serum	128	147
1766	Urinary sodium	80	92
1767	Urinary Chloride	43	49
1768	Urinary potassium	80	92
1769	Urinary calcium	80	92
1770	Thyroid binding globulin	510	587
1771	24 hr. urinary free cotisole	200	230
1772	Islet cell antebody	750	863
1773	GAD antibody	1300	1495
1774	Insulin associated antibody	449	516
1775	IGF-1	1500	1725
1776	IGF-BP3	1650	1898
1777	Sex hormone binding globulin	1333	1533
1778	USG guided FNAC thyroid gland	387	445
1779	E2	208	23[illegible]
1780	Thyro globulin antibody	587	6[illegible]

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Dr. Faiz Shamsi
Authorized Signatory

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DEPARTMENT OF PHARMACY
MJP ROHILKHAND UNIVERSITY, BAREILLY

Date: 26/11/2021

LETTER OF INTENT FOR ACADEMIC COOPERATION

Between

Department of Pharmacy, MJP Rohilkhand University, Bareilly

And

Institute of Dental Sciences, Constituent College of Bareilly International University, Bareilly

In line with the development of friendly National/International cooperation in accordance with our mutual interests in developing programs of academic and scholarly exchanges and for the purpose of establishing a long-term mutually beneficial association, **Department of Pharmacy, MJP Rohilkhand University, Bareilly**, and **Institute of Dental Sciences, Constitute College of Bareilly International University, Bareilly**, join in the following letter of intent. Both parties agree to exercise their best efforts to develop the following forms of cooperation:

1. Establish ties of friendship and cooperation.
2. Promote mutual understanding, academic collaboration, and personnel exchanges.
3. Work toward more formal, complex, and binding agreements.

Both **Department of Pharmacy, MJP Rohilkhand University, Bareilly and Institute of Dental Sciences, Constitute College of Bareilly International University, Bareilly,** are committed to working together to develop specific agreements on the points above. These agreements will provide logistical and management details appropriate to the successful operation of the program. These agreements will fulfill the spirit and purpose of this general letter of intent.

Signatories

Dr. S. B. Tiwari
Head
Deptt. Of Pharmacy
MJP Rohilkhand University
Bareilly.

Head
Department of Pharmacy
M.J.P. Rohilkhand University
BAREILLY-243006-(U.P.)

26/11/21

Dr. Sathyajith Naik N.,
Principal,
Institute of Dental Sciences,
Bareilly,

Prof. (Dr.) Sathyajith Naik N.
MDS
Principal
Institute of Dental Sciences, Bareilly

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Government of Uttarakhand

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Certificate Issued Date	:	10-Sep-2021 06:39 AM
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Unique Doc. Reference	:	SUBIN-UKUK12909048865030156441 8T
Purchased by	:	Seema Dental College Rishikesh
Description of Document	:	Article Miscellaneous
Property Description	:	NA
Consideration Price (Rs.)	:	0 (Zero)
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Memorandum of Understanding

between

Institute of Dental Sciences, Constituent College of Bareilly International University, Bareilly

And

Seema Dental College and Hospital, Rishikesh

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Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders
2. The onus of checking the legitimacy is on the users of the certificate
3. In case of any discrepancy please inform the Competent Authority.

Memorandum of Understanding

between

Institute of Dental Sciences, Constituent College of Bareilly International University, Bareilly

And

Seema Dental College and Hospital, Rishikesh

This Memorandum of Understanding (MOU) is entered into on this 29th March 2022, between Seema Dental College and Hospital, Rishikesh and Institute of Dental Sciences, Bareilly and we agree that cooperation in research collaborations and student and faculty exchanges would be mutually beneficial. The areas of cooperation may include, subject to mutual consent, any desirable and feasible activity that would further the goals of each institution. Such interaction may include cooperation in a variety of joint academic and educational activities such as:

- Joint research projects and publications, including work by undergraduate at the partner institutions;
- Faculty and student exchanges based on reciprocity;
- Reciprocal training of students when possible;
- Joint conferences and workshops;
- Team taught courses, including online courses; and
- Visits by faculty, professional staff, and students.

The parties anticipate that a number of these initiatives will occur during the period of this MOU. However, neither party is obligated to agree to any minimum number of activities, nor is this MOU intended to preclude either party from entering into similar agreements with other institutions.

The following initiatives provide good starting places and can be implemented as soon as administrative details are agreed upon between the two institutions:

- Summer undergraduate experiences;
- Faculty and student exchanges and opportunities for paid internships;
- Cooperation in academic and research programs.

This MOU shall be identified as the parent document of any program agreement executed between the parties. Further agreements concerning any program shall provide details concerning the specific commitments made by each party and shall not become effective until they have been reduced to writing, executed by the duly authorized representatives of the parties.

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Cooperation in Education and Research

In order to facilitate student exchanges between Institute of Dental Sciences, Bareilly and Seema Dental College and Hospital, Rishikesh the following section provides general procedural information under which the exchange of students between the two institutions will take place. Specific procedures, requirements and duties of the parties in connection with student exchanges shall be set forth in a separate written program agreement to be executed by the parties.

Cooperation and exchanges may take place with undergraduate students. Each exchange may be for the duration of one academic year, one academic semester, or one intensive course, normally three or four weeks in length, scheduled either between academic terms or during the summer.

Whenever possible, courses will be taught by one faculty member from Institute of Dental Sciences, Bareilly and one faculty member from Seema Dental College and Hospital, Rishikesh. Courses may be taught at both campuses through online / offline capabilities.

If two faculty members from each institution are engaged in collaborative research projects, students at one institution may visit and work in the lab of the faculty member at the other institution and incorporate the work done as part of their dissertation research. When connected to funded research projects, the host institution will endeavor to provide a stipend for the visiting PG student.

Responsibilities of home institution for academic semester or academic year exchanges:

The home institution will:

- Register its own students for the duration of the exchange.
- Submit to the host institution the names and academic credentials of students who would like to participate in an exchange.
- Provide the host institution with names of courses that are essential to their own students' curricular plan.
- Ask the student to advise the host institution of any circumstances that may affect his or her year (e.g. medical condition, disability status).
- Advise its students about academic and cultural expectations at the host institution.

Responsibilities of the host institution for academic semester or academic year exchanges:

The host institution will:

- Be responsible for admission decisions of students recommended by the home institution.
- Provide an orientation program for incoming students.
- Endeavor to ensure that students are admitted to courses regarded as essential to their academic programs at their home institutions.
- Assign an academic advisor to all incoming students.
- Assist the incoming student in securing hostel.
- Inform the incoming student of medical facility at their campus.
- Provide the home institution with a final transcript of the student's academic performance.

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Short intensive courses:

Short intensive courses, offered during the summer or between semesters, will be taught by a faculty member from either Institute of Dental Sciences, Bareilly or Seema Dental College and Hospital, Rishikesh. Students will pay a flat fee to their home institutions for the course and that fee will include:

- Accommodation in the host institution;
- Any additional fees charged by the host institution.

The total cost of each course will differ according to the location of the host institution and the nature of the course being taught.

Students will bear the cost of:

- Their own health insurance and any medical bills or non-mandatory fees;
- Food, living expenses, and any other costs relating to the exchange;
- Books and necessary academic supplies necessary for the course.

The number of credit hours each student will earn will depend on the nature and length of the course and by the department/faculty offering the course.

The primary contacts for this MOU are Institute of Dental Sciences, Bareilly and Seema Dental College and Hospital, Rishikesh. As previously noted, the parties shall enter into specific written agreements whenever appropriate to clarify and define the nature, extent, and terms of operation for the proposed collaborations, including intellectual property ownership and funding issues. Any agreement entered into by these two institutions will require the approval of appropriate officers from each institution. All agreements and activities covered under this MOU or entered into by the parties must comply with all applicable laws and regulations.

For agreed upon activities, both institutions will make available their facilities and staffs. This MOU will take effect on and will be valid for Three (3) years from the date noted in the first line of this document unless terminated by one of the parties. Either party may withdraw from this MOU provided written notification of the withdrawal is given to the other party at least three (3) months prior to the desired withdrawal date. This MOU may be renewed for another period of five (5) years upon mutual written consent of the parties before the expiration date. Each institution will have copies of this agreement.

The following authorized individuals have signed the present MOU on behalf of their respective institutions:

Dr. Himanshu Aeran
Director Principal,
Seema Dental College and Hospital, Rishikesh
Hemwati Nandan Bahuguna Uttarakhand Medical Education University, Dehradun

Dr. Sathyajith Naik N.,
Principal,
Institute of Dental Sciences,
Bareilly International University, Bareilly

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Certificate of Attendance

Presented to

Dr. Swatika Sankrit

For executing a collaborative research project on

"Reliability of Computer Aided Prediction of Post Orthodontic Treatment Changes: A Retrospective Study"

In collaboration with
Seema Dental College and Hospital, Rishikesh &
Bareilly International University.

At

Seema Dental College and Hospital, Rishikesh

From, 28th to 04th October , 2022

Prof. Dr. Himanshu Aeran
Director Principal,
Seema Dental College and Hospital, Rishikesh

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MEMORANDUM OF UNDERSTANDING

BETWEEN

OFFICE OF CHIEF MEDICAL OFFICER, BAREILLY

AND

ROHILKHAND MEDICAL COLLEGE & HOSPITAL, BAREILLY (U.P.)

1. This MOU is signed on the 6.5.2022 Day of ..... 2022, between Office of Chief Medical Officer, Bareilly and Rohilkhand Medical College & Hospital, Bareilly (Uttar Pradesh), for Autopsy Demonstration/Observation at District Mortuary for MBBS (UG) and Post Graduate (PG) students during their training at Rohilkhand Medical College & Hospital, Bareilly (U.P.).
2. Rohilkhand Medical College and Hospital has not been permitted as yet for Medico-Legal Autopsies by the State Government.
3. This memorandum of understanding is in compliance of the National Medical Commission, New Delhi guidelines, which states that a medical college should have a MOU with its District Hospital for Autopsy Demonstration/observation for teaching training of UG and PG students.
4. To & Fro transportation facility will be provided to the students by Rohilkhand Medical College & Hospital, Bareilly (U.P.).
5. A faculty member shall accompany the students from Rohilkhand Medical College & Hospital, Bareilly, during the District Mortuary visit.

On Behalf of

Rohilkhand Medical College & Hospital
Bareilly (U.P.)

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

On Behalf of

Office of Chief Medical Officer
Bareilly (U.P.) 6.5.22

Reg. No. RMCH/179/2022 dt. 9/5/2022

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Memorandum of Understanding (MOU)

Between
Bareilly International University, Bareilly, INDIA
And
University of Debrecen, Hungary

The memorandum of understanding is being signed for and on behalf of Bareilly International University, Bareilly by Prof. (Dr) Lata Agrawal , Vice Chancellor , Bareilly International University, Bareilly and University of Debrecen , Hungary by Prof. (Dr) Peter Brobely of University of Debrecen Hungary.

This MOU aims to enhance relations between the two universities by developing possibilities for academic and cultural interchanges in teaching, research and other activities. Within the framework of the regulations applying in each university, and subject to the availability of resources, the following programs and activities will be encouraged:

- ***Exchange of students***
- ***Joint research activities***
- ***Exchange of academic materials and information***
- ***Exchange of faculty***

Under exchange program, the host university shall organize and bear the cost of accommodation on campus, hospitality and local transport. The air travel and medical insurance will be borne by the student. In case of faculty it will be borne by sending University.

The host university will endeavor to facilitate for exposure and training in its departments and institutes including the use of its laboratories and libraries.
Information will be actively exchanged- on research and study provided at the university as well information about faculty members and their fields of research and university publications.

This MOU is a statement of intention between the universities in relation to the areas of cooperation set out above. With the exception of the confidentiality obligations, the universities do not intend for this to be legally binding.

Whilst this MOU creates no binding obligations on the universities, the MOU shall become effective from the date of signature and remain in force for a period of One year and may be renewed yearly with mutual agreement.

Lata Agrawal

Dr. Lata Agrawal
Vice Chancellor
Bareilly International University, Bareilly
www.biu.edu.in, info@biu.edu.in

Dr. Peter Borbely
Professor
University of Debrecen Hungary
www.edu.unideb.hu

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
G.R.S College of Pharmacy

Effective Date: 07th July 2021

This Memorandum of Understanding (MoU) is entered into on 07.07.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **G.R.S College of Pharmacy**, located at Parour Road, Kalan, Shahjahanpur U.P-242127. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

SUSHIL KUMAR THAKUR

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Three Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 07.07.2021 and executed by the authorized representatives of both Parties.

7/7/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

7/7/21

G.R.S College of Pharmacy

Shahjahanpur

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
D.V.M College of Pharmacy

Effective Date: 17th July 2021

This Memorandum of Understanding (MoU) is entered into on 17.07.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **D.V.M College of Pharmacy**, located at Daulah Road, Sohna, Baluda. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

SUSHIL KUMAR THAKUR

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Three Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 17.07.2021 and executed by the authorized representatives of both Parties.

17/7/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

17/7/21

D.V.M College of Pharmacy

Sohna, Baluda

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Cambridge School of Pharmacy

Effective Date: 15th November 2021

This Memorandum of Understanding (MoU) is entered into on 15.11.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Cambridge College of Pharmacy**, located at Cambridge School of Pharmacy, Hamidiya Islamiya School Samiti Panwari, Dist. Mahoba (U.P.). Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 15.11.2021 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

Cambridge School of Pharmacy
Uttar Pradesh
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Technocrats Institute of Technology-Pharmacy

Effective Date: 10th December 2021

This Memorandum of Understanding (MoU) is entered into on 10.12.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Technocrats Institute of Technology-Pharmacy**, located at Anand Nagar (Infront of Hathaikheda Dam), BHEL, 2.B.No-24, Bhopal(M.P). Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Five Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 10.12.2021 and executed by the authorized representatives of both Parties.

10/12/2021

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

10/12/2021

Technocrats Institute of Technology- Pharmacy

Bhopal

Signature and Date

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
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Shri Ramnath Singh College

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Shri Ramnath Sing College

Effective Date: 12th September 2021

This Memorandum of Understanding (MoU) is entered into on 12.09.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Shri Ramnath Sing College**, located at Sithouli, Gwalior, NH-75, Gwalior, Madhya Pradesh 475001. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

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4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.

SUSHIL KUMAR THAKUR

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.09.2021 and executed by the authorized representatives of both Parties.

12/9/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

12/09/2021

Shri Ramnath Sing College

Madhya Pradesh

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Metro College of Health Science and Research

Effective Date: 23rd August 2021

This Memorandum of Understanding (MoU) is entered into on 23.08.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Institute of Professional Studies**, located at Plot No-41 Knowledge Park-III, Greater Noida (UP) 201306. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

SUSHIL KUMAR THAKUR

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Three Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 23.08.2021 and executed by the authorized representatives of both Parties.

23/8/21

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

23/8/21

Metro College of Health Science and Research
Greater Noida (UP)
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)

BETWEEN
Bareilly International University
AND
Lingaya Vidyapeeth

Effective Date: 12th November 2021

This Memorandum of Understanding (MoU) is entered into on 12.11.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Lingaya Vidyapeeth**, located at K. No-261 Lane Number-5, Westend Marg, New Delhi-110030. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Three Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.11.2021 and executed by the authorized representatives of both Parties.

12/11/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

12/11/21

Lingaya Vidyapeeth

New Delhi

Signature and Date

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Institute of Professional Studies

Effective Date: 23rd September 2021

This Memorandum of Understanding (MoU) is entered into on 23.09.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Institute of Professional Studies**, located at PO-IPS College, Shivpuri Link Road, Gwalior-474001(M.P). Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 23.09.2021 and executed by the authorized representatives of both Parties.

23/9/24

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

23/9/2021

Institute of Professional Studies

Gwalior

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
IPS College of Technology and Management

Effective Date: 03rd August 2021

This Memorandum of Understanding (MoU) is entered into on 03.08.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **IPS College of Technology and Management**, located at PO-IPS College, Shivpuri Link Road, Gwalior-474001(M.P). Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

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Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

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Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Three Years unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

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RESPONSIBILITIES OF THE PARTIES

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CONFIDENTIALITY

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TERMINATION

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SIGNATORIES

This MoU is signed on 03.08.2021 and executed by the authorized representatives of both Parties.

3/8/21

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

03/08/21

IPS College of Technology and Management

Gwalior

Signature and Date

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MEMORANDUM OF AGREEMENT (MOA)

50 Rs

BETWEEN

DIRECTOR, CARI. IZATNAGAR (U.P.)

AND

ROHILKHAND MEDICAL COLLEGE & HOSPITAL & INCLUDING DENTAL COLLEGE, BAREILLY (U.P.)

This Agreement (MOA) is made on the day of..... 20_____between the President of Indian Council of Agricultural Research acting through DIRECTOR, Central Avian Research Institute, Indian Council of Agricultural Research, Government of India having its office at Krishi Bhawan, New Delhi (here in after called CARI, which expression shall, unless repugnant to the context or meaning there of, be deemed to mean and include its successor and assigns) of the First Part

AND

Rohilkhand Medical College & Hospital, Including Dental College Bareilly (U.P.) of the Second Part.

WHEREAS, the Central Avian Research Institute is providing comprehensive medical care facilities to the CARI Employees and Pensioners.

AND WHEREAS, CARI proposes to pro[illegible] and diagnostic Center in Bareilly and Izatnagar.

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1.1.5 "CARI Beneficiary" shall mean a person who is eligible for medical coverage of CARI.

1.1.6 "Coverage" shall mean the types of employees/retired employees eligible as the beneficiary of the Scheme to health services provided under the Scheme, subject to the terms and conditions.

1.1.7 "Diagnostic Center" shall mean the Rohilkhand Medical College & Hospital, Including Dental College, Bareilly Performing tests/ investigation/ X-ray/ Ultrasound,/CAT,/MRI etc.

1.1.8 "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

1.1.9 "Empanelment" shall mean Rohilkhand Medical College & Hospital, Including Dental College, Bareilly authorized by the CARI for treatment of CARI beneficiaries purpose for a particular period.

1.1.10 "Hospital" shall mean the Rohilkhand Medical College & Hospital, Including Dental College, Bareilly while performing under this agreement providing medical investigation, treatments and the healthcare for beneficiaries of CARI.

1.1.11 "General Purpose Hospital" shall mean Rohilkhand Medical College & Hospital, Including Dental College, a hospital for the treatment of patients of any age and either sex who are suffering from any one or more diseases, illness of infirmity generally treated in one or more departments including in the Departments or General Medicine, General surgery, Obstetrics & Gynaecology, Pediatrics, Ortho and having facilities for X-ray/ Radiology services and laboratory services.

1.1.12 "De-recognition of Hospital" shall mean debarring the hospital after followings certain procedure of inquiry on account of adopting wrong treatment, unethical practices or fraudulent means in providing medical treatment to or not following the good hospital practices of the health care for the CARI beneficiaries .

1.1.13 "Party" shall mean the CARI or the Rohilkhand Medical College & Hospital Including Dental College, Bareilly and "Parties' shall mean both the CARI and the aforesaid Hospital.

1.1.14 "Package Rate" shall mean and include lump sum cost of in patient treatment/day care/ diagnostic procedure for which a CARI patient/beneficiary has been permitted by the competent authority or for treatment has been referred by the competent authority to hospital under emergency from the time of admission to the time of discharge including (but not limited to) - (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Doctor/consultant visit charges, (viii) Procedure charges, (ix) Monitoring charges, (x) Blood transfusion charges, procedure fee (xi)

For Rohilkhand Medical College & Hospital

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Anesthesia charges, (xii) Operation theatre charges, Procedural Charge/ Surgeon's fee (xiii) ICU/ ICCU Charges. (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicine, (xvi)- Related routine and essential investigation, (xvii) Physiotherapy charges. The package rate however, does not include expenses on telephone, tunics, cosmetics/ toiletries etc. These are not part of treatment regime, **In order to recurring the scope..... procedure** (xviii). Nursing care and charges for it services. POL charges for Ambulance to higher hospital.

1.1.15 "Service Area" shall mean the area within which the CARI had authorized the Rohilkhand Medical College & Hospital, including Dental College, Bareilly to provide Services as per agreement.

1.1.16 "Specialized treatment" shall mean the treatment in a particular specialty.

1.17 "TPA" shall mean a Third Party Administrator authorized by CARI to process the medical reimbursement claims or to carry out medical audit.

1.2 Annexure-I (facilities and list of Doctors) and Annexure-II (Rate list as per CS(MA)/CGHS) shall be deemed to be an integral part of this Agreement. Any change/ deviation made in the Annexure-I and II be informed by the Rohilkhand Medical College & Hospital, Bareilly to the Director, CARI, Izatnagar.

2. SERVICE AREA

The Rohilkhand Medical College & Hospital, Including Dental College, Bareilly shall provide treatment facilities to the CARI beneficiaries pertaining to District Bareilly including Izatnagar.

3. RATE

The Rohilkhand Medical College & Hospital, & Hospital, Including Dental College, Bareilly shall charge from CARI beneficiary as per applicable rates of CS(MA)/ CGHS (B-2 city Meerut).

4. FALL CLAUSE

In case of market rates for any procedure related to treatment less than the rates as per item No.-3 above, the Hospital will charge lower rate from the beneficiaries.

5. DURATION

The agreement shall remain in force for a period of **three years** from the date of renewal of agreement i.e. till it is modified or evoked, whichever is earlier. The period w. e. f. [illegible] till the date of [illegible] agreement on.....will be treated as regularized period. [illegible]

6. SUBMISSION OF BILLS TO BILL CLEARING AGENCY

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The Rohilkhand Medical College & Hospital, & Hospital, Including Dental College, Bareilly will have to pay the processing fee for electronic/computerized processing of claims / bills as mutually agreed upon.

7. AUDIT OF BILLS

The continuous audit of the bills of the Rohilkhand Medical College & Hospital Including Dental College, Bareilly will be conducted by the CARI or any authority designated by CARI for that purpose within 30 days of discharge of the CARI beneficiary form Hospital or the date of diagnostic investigation.

8. REVISION OF RATES

In case the notified rates are revised by CARI after empanelment and such revised rates are not acceptable to the empanelled Rohilkhand Medical College & Hospital, Including Dental College, Bareilly or for any other reason, the Rohilkhand Medical College & Hospital, including Dental college, Bareilly if no longer wishes to continue on the list of empanelled Rohilkhand Medical College & Hospital including Dental College, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee equivalent to the average monthly bill submitted by it to the CARI in the preceding one year.

9. TREATMENT IN EMERGENCY

9.1 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 whether the patient is a serving employee or a pensioner availing CARI facilities, on production of a valid CARI Card and the Hospital shall submit the bill for reimbursement to the CARI. The refusal to provide the treatment to bonafide CARI Beneficiary in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, will attract disqualification and dis-continuation of empanelment.

9.2 The eligibility criteria of ward as per CS(MA) rules is given under :

	Basic	Ward
i)	Upto Rs.47600	General Ward
ii)	From 47601 - 63100.00	Semi private ward
iii)	From Rs.63101 and above	Private ward

The Rohilkhand Medical College and Hospital Including Dental College, will allot the ward to the in-patient as per the data provided to the Rohilkhand Medical College and Hospital including Dental Co! allotment of ward higher than his eligibility [illegible] wants to his eligibility may be charged directly from the patient and not be

For Rohilkhand Medical College & Hospital

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denied for the same.

9.3 The following aliments may be treated as emergency which is illustrative only and not exhaustive, depending on the Condition of the patient:

i. Acute Coronary syndrome (Coronary Artery Bye-pass Graft/ percutaneous. Trans-luminal Coronary Angioplasty) including Myocardial infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, cardiac Temponade. Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension. Complete Heart Block and stoke adam attack, Acute Aortic Dissection.

ii. Acute Limb ischemia, Rupture of Aneurysm. Medical and surgical shock and peripheral circulatory failure.

iii. Cerebro-Vascular attack- strokes, sudden unconsciousness, Head Injury, Respiratory Failure, decompensate lung diseases, Cerebro- Meningeal Infection, Convulsion, Acute Paralysis, Acute Visual loss.

iv. Acute Abdomen Pain

v. Road Traffic Accidents / with Injuries including Fall.

vi. Severe Hemorrhage due to any case.

vii. Acute Poisoning.

viii. Acute Renal Failure.

ix. Acute Abdomen pain in female including acute Obstetrical and Gynecological emergencies.

x. Electric shock.

xi. Any other life threatening condition.

10 GENERAL CONDITIONS

10.1 All **Investigation** regarding **fitness** for the **surgery** will be done **prior** to **admission** for any elective procedure and are part of **package.** For any material / **additional** produce / investigation not related to the condition for which the patient was initially permitted, would also be done if it is [illegible] the recovery/prevention of serious deterioration of the [illegible]

Phone 2526051

For Rohilkhand Educational Charitable [illegible]

SUSHIL KUMAR THAKUR

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10.2 The **Package rate** will be calculated as per rate list existed at the time of treatment will be charged.). No additional charges on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedures or due to any improper and is not justified.

10.3 The empanelled Rohilkhand Medical College & Hospital, Including Dental College, Bareilly shall provide services only for which it has been empanelled by CARI at **rates** will be fixed by **CS(MA)/CGHS** for **B-2 Category of Cities** in India.

10.4 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall be empanelled for all facilities/ service available in the Hospital and it shall not be empanelled are selected specialist/ facilities.

10.5 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will also make arrangement showing CARI empanelment on the reception counter.

10.6 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall not entertain or extend medical treatment to staff of CARI/pensioners coming to the hospital without valid refer slip of the Human Hospital, IVRI, Izatnagar. This refer slip will also be valid for follow up treatment for 10 days or 4 consecutive consultations whichever is earlier. However, in case of emergency/critical condition, the Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall not insist upon for producing valid refer slip of the Human Hospital, IVRI, Izatnagar and emergency clause will be applicable in such case. The concerned employee should inform CARI say in 24 hours post admission in the hospital, accordingly the hospital may also advise him/her.

10.7 The Hospital will **intimate all instances** of **patients admitted** on the basis of the authority letter issued by the CARI authorities **within one working day** through **fax/email** cari_director@rediffmail.com /director.cari@icar.gov.in

10.8 The Hospital will intimate all instances if patients admitted in **emergency** condition without prior permission, to the CARI authorities / TPA appointed by the CARI, within one working day and if the patient require long period of time treatment in hospitalization, the Rohilkhand Medical College & Hospital, including Dental College, Bareilly and the employee may intimate such a situation to this Institute through Fax No. :0581-2301321 /
email cari_director@rediffmail.com /director.cari@icar.gov.in

10.9 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall made all possible efforts for cashless treatment of the staff of the Institute admitted or visiting the hospital for their medical treatment including O.P.D. The hospital shall also make its best efforts for providing medicine and other items essentially required to the patient hospitalized/admitted [illegible]n. The claim of these medicine/items will be reflected by the hospital in [illegible] including list of medicines.

For Rohilkhand Educational Trust

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10.10 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall provide **reports on monthly basis** by the **10th days** of the **succeeding calendar month** to the CARI in respect of the beneficiaries treated/investigated.

10.11 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall submit all the medical records in **digital format.**

10.12 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly agrees that **any liability** arising due to any **default** or **negligence** in providing or performances of the **medical services** shall be **borne exclusively** by the Rohilkhand Medical College & Hospital, including Dental College, Bareilly who shall be responsible for the defect and/ or deficiencies in rendering such services. Default or negligence will be decided by a panel of Doctors which are not employed in Rohilkhand Medical College & Hospital, including Dental College, Bareilly.

10.13 The CARI employees/pensioners will deposit amount for the items which non-reimbursable in nature as per CS(MA)/CGHS (B-2 city Meerut) to Rohilkhand Medical College and Hospital including Dental College, Bareilly. After getting bills verified from hospital they will submit the same to CARI office for reimbursement.

10.14 **Authorized signatory**/representative of Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall **attend** the **periodic meeting** held by Director or any officer nominated by the Director, required in connection with **improvement of working conditions.**

10.15 During the **visit by Director** or any other authorized officer of CARI or any other authorized representative of the Indian Council of Agriculture Research, including TPA, the **Rohilkhand Medical College & Hospital, including Dental College,** Bareilly authorities shall cooperate in carrying out the inspection. The Rohilkhand Medical College and Hospital including Dental College, will provide this list to the Parking I/c who will not charge and parking charge on production of his/her identity carges.

10.16 In case of any natural disaster/epidemic, the Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall fully cooperate with the Indian Council of Agricultural Research (ICAR)/Director General of ICAR, Director, CARI, Izatnagar and will convey/reveal all the required information, apart from providing treatment.

10.17 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will not make any commercial publicity projecting the name of Council of

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For Rohilkhand Education

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Agricultural Research or Government of India. However, **the fact of empanelment under CARI** shall **be displayed** at the **premises of the Hospital.**

10.18 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will investigate/treat the CARI beneficiary patient only for the condition for which they were referred, and in the speciality and or purpose for which they are referred by IVRI Human Hospital/AMA. However, any other unforeseen condition during the treatment shall also be treated as medical emergencies. The expenses so payable to the Rohilkhand Medical College and Hospital, including Dental College, Bareilly shall raise up consolidated bill to the CARI for payment.

10.19 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall not undertake treatment of referred cases in specialties for which it is not empanelled. But it will provide necessary treatment to stabilize the patient and transport the patients safely to suitable Govt./Recognized Hospital with the consent of the patient, under intimation to CARI authorities within 24 hours through e-mail. The Hospital will charge as per the CS(MA)/CGHS-Approved rates for B-2 Category of Cities in India.

10.20 The Institute shall provide to Rohilkhand Medical College & Hospital, including Dental College, Bareilly list of hospital approved by the Council for the purpose of medical treatment of staff and their dependent family members to enable the Rohilkhand Medical College & Hospital, including Dental College, Bareilly to refer the patient brought into the hospital in critical condition/emergency situation.

10.21 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will provide ambulance to the staff of the Institute in case the patient is referred to any other hospital within Bareilly during emergency without fail.

10.22 It will be mandatory on the part of the individual to intimate the authorities of the CARI Human Hospital within 24 hours in case of their hospitalization in emergency in the Rohilkhand Medical College & Hospital including Dental College.

10.23 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall not charge any amount from CARI employees visiting the Hospital for medical checkup/treatment on account of parking his vehicle in cycle stand/motorcycle stand of the Hospital on production of valid Identity Card issued by the Institute.

10.24 Patients of CARI should be treated by Senior Doctors/Specialists/consultants. It shall also also provide the medical facilities from its city wellness centre and other branches on cashless basis.

10.25 A separate counter may be established by RMC&H, including Dental College, Bareilly for OPD of CARI patients.

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For Rohilkhand Medical College & Hospital

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11. **DUTIES AND RESPONSIBILITIES OF ROHILKHAND MEDICAL COLLEGE & HOSPITAL INCLUDING DENTAL COLLEGE, BAREILLY**

It shall be the duty and the responsibility of the Rohilkhand Medical College & Hospital, including Dental College, Bareilly at all times to obtain **maintain** and sustain the **valid registration**, recognition and high quality standard of its services, healthcare and to have all **statutory**/mandatory **licenses**, permits or approvals of the concerned authorities under or as per the **existing laws**.

12. **NON ASSIGNMENT**

The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall **not assign**, in whole or in part, **its obligations** to perform under the agreement to third party, expect with the CARI's prior written consent at its sole discretions and on such terms and conditions as deemed fit by CARI. Any such assignment shall not relieve the Rohilkhand Medical College & Hospital, including Dental College, Bareilly from any liability or obligation under this agreement.

13. **ROHILKHAND MEDICAL COLLEGE & HOSPITAL INCLUDING DENTAL COLLEGE, BAREILLY INTEGRITY AND OBLIGATION DURING AGREEMENT PERIOD**

The Rohilkhand Medical College & Hospital, including Dental College, Bareilly 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 Rohilkhand Medical College & Hospital, including Dental College, Bareilly is obliged to act within its own authority and abide by the directives issued by the CARI. The Rohilkhand Medical College & Hospital, including Dental College, Bareilly is responsible for managing the activities of **its personal** and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

14 **PERFORMANCE BANK GUARANTEE (PBG)**

The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will furnish Bank Guarantee in the prescribed preformat from a nationalized Bank for an amount of Rs. 2.50,000.00 (Two Lakh Fifty Thousand Rupees) only in the form of a FDR, valid for a period of 42 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default to ensure due performance under this Agreement and efficient service and to safeguard against any default (Annexure-I). In case of any violation of the provision of the Agreement, the provisions of Liquidated Damages (Clause15) will be applicable.

FORFEITURE OF PERFORMANCE BANK GUARANTEE/ EMPANELMENT

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For Rohilkhand Educational Trust

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The PBG will be forfeited and the Hospital removed from the list of empanelled institutions in case of the following.

a) In case of any violation of the provision of-MOA by the Rohilkhand Medical College Hospital including Dental College,Bareilly.

i. Refusal to service.
ii. Undertaking unnecessary procedures.
iii. Prescribing unnecessary drugs/test.
iv. Over billing
v. Reduction in Staff/Infrastructure/equipment etc. after the Rohilkhand Medical College & Hospital including Dental College, has been empanelled.
vi. Non submission of report or submission of incorrect data in report.
vii. Discrimination against beneficiary.
viii. Not applying the approved rates

15. LIQUIDATED DAMAGES

15.1 In case of **defaults (breach of agreement)** by the Rohilkhand Medical College & Hospital, including Dental College, Bareilly suitable action will be taken including termination of this agreement.

15.2 In the first instance, the complaint will be examined by the CARI authorities and if the complaint is found to be true, the CARI shall have the right give a show cause notice to the Hospital to be replied by it within 10 days of its receipt, and the reply of the Hospital will be examined by a standing committee constituted for the purpose of deciding the appropriateness of the treatment of diagnostic procures, as the case may be. If the committee concludes that the Rohilkhand Medical College & Hospital, including Dental College, Bareilly has violated the provisions of the Agreement, necessary action will be taken for de-empanelled the Hospital. The decision of the CARI will be final.

15.3 For over-billing and unnecessary procedure, the extra amount so charged will be deducted from the pending/ future bills of the Rohilkhand Medical College & Hospital, including Dental College, Bareilly and the CARI shall have the right to issue a written warning to the Rohilkhand Medical College & Hospital, including Dental College, Bareilly not to do so in future. The recurrence, if any, will lead to the stoppage of referral to the Rohilkhand Medical College & Hospital, including Dental College, Bareilly center.

16 TERMINATION FOR DEFAULT

Rohilkhand Medical College & Hospital Phone 2526051 Bareilly

For Rohilkhand Educational Charitable Trust

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16.1 The *CARI* may, without prejudice to any other remedy for breach of agreement by return notice of default sent to the Rohilkhand Medical College & Hospital, including Dental College, Bareilly terminate the agreement in whole or part.

(a) If the Rohilkhand Medical College & Hospital, including Dental College, Bareilly fails to provide any or all of the services for which has been recognized with in the period(s) specifies in the agreement, or within any ext. there of if granted by the CARI pursuant to condition of agreement:

(b) If the Rohilkhand Medical College & Hospital, including Dental College, Bareilly fails to perform any other obligation(s) under the agreement.

(c) If the Rohilkhand Medical College & Hospital, including Dental College, Bareilly in the judgment of the CARI has engaged in corrupt of fraudulent practices in competing for or in executing agreement.

16.2 If the Rohilkhand Medical College & Hospital, including Dental College, Bareilly is found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreements will be summarily suspended by CARI without any notice and there after may terminate the agreements, after giving a show cause notice and considering its reply if any, received within I 0 days of the receipt show cause notice.

16.3 In case of any violation of the provision of the agreements by the Rohilkhand Medical College & Hospital, including Dental College, Bareilly such as (but not limited to) refusal of services, refusal of credit facilities to eligible beneficiaries and direct charging from the CARI Beneficiaries undertaking unnecessary procedures, prescribing unnecessary drugs/tests, deficient or defective service, over billing and negligence in treatment, the CARI shall have the right to de- recognize the hospital Diagnostic Center as the case may be.

17. INDEMNITY

The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall at all times, indemnity and keep indemnified CARI/the council against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Rohilkhand Medical College & Hospital, including Dental College, Bareilly in execution of or in connection with the services under this agreement and against any loss or damage to CARI/council in consequence to any action or suit being brought against CARI the council, along with (or otherwise), Rohilkhand Medical College & Hospital, including Dental College, Bareilly as a party for anything done or purported to be done in the course of the execution of this agreement. The Rohilkhand Medical College & Hospital, including

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For Rohilkhand Medical

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Dental College, Bareilly will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free indemnify the CARI from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Rohilkhand Medical College & Hospital, including Dental College, Bareilly negligence or misconduct.

The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will pay all indemnities arising from such incidents without any extra cost to CARI and will not hold the CARI responsible or obligated, CARI/ the council may at its discretion and shall always be entirely at the cost of the Rohilkhand Medical College & Hospital, including Dental College, Bareilly defends such suit, either jointly with the Rohilkhand Medical College & Hospital, including Dental College, Bareilly or singly in case the latter chooses not to defend the case.

18. ARBITRATION

If any dispute of difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the CARI and the Rohilkhand Medical College & Hospital, including Dental College, Bareilly upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration under the to the provisions of the Arbitration and Conciliation Act, 1996 and any amendment thereof, shall apply to the Arbitration proceedings. The jurisdiction of the Arbitration proceedings shall be at Bareilly. The arbitrator will be appointed by the Director, CARI, Izatnagar.

19 MISCELLANEOUS

19.1 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 CARI and the Rohilkhand Medical College & Hospital including Dental College,

19.2 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall not represent or hold itself out as agent of the CARI.

19.3 The CARI will not be responsible in any way for any negligence or misconduct of the Rohilkhand Medical College & Hospital, including Dental College, Bareilly and its employees for any accident, injury or damage suffered by any CARI beneficiary or any third party during any operation

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For Rohilkhand Education

conducted by and on behalf of the Rohilkhand Medical College & Hospital, including Dental College, Bareilly or in the course of doing its work or perform their duties under this Agreement or otherwise.

19.4 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall notify the Council of any material change in their status and their shareholding or that of any Guarantor of the Hospital/Diagnostic Center in particular where such change would have an impact of the performance of obligation under this Agreement

19.5 This agreement can be modified and altered only on written agreement signed by both the parties.

19.6 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly will provide the list of the Doctors whose services are used for the beneficiary of the CARI. The Hospital will provide to the CARI, Izatnagar list of Doctors amended time to time. In case of negligence in treatment resulted into deformity or fatality, the affected heirs will be free to sue Rohilkhand Medical College & Hospital including Dental College.

19.7 Should the Rohilkhand Medical College & Hospital, including Dental College, Bareilly get wound up or partnership dissolved, CARI shall have the right to terminate the agreement. The termination of agreement shall not relieve the hospital or their heirs and legal representative from the liability in respect of the services provided by the hospital during the period when the agreement was in force.

19.8 The Rohilkhand Medical College & Hospital, including Dental College, Bareilly shall bear all expenses incident to the preparation and stamping this agreement.

19.9 Rohilkhand Medical College and Hospital, including Dental College,Bareilly will also make arrangement for providing cashless facility for treatment of CARI staff and pensioners. Hospital should charge CARI only admissible claims as per CS(MA) rules/CGHS and all expenditure incurred in non-reimbursable items shall be charged directly from the patient at Rohilkhand Medical College and Hospital including Dental College.

20. NOTICE

20.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post and ...ransmitted and

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For Rohilkhand Educational Cam...

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confirmed by original copy by post to the other party address as below:-
CARI: Director, CARI, Izatnagar-243122(U.P.)

20.2 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 refusal, left premises, locked, etc. The certificate of delivery of post may be provided from post office within thirty days.

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For Rohilkhand Educational Charitable Trust

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

Party - I	Party – II
Director, ICAR-CARI, Izatnagar	Sharad Seth For Rohilkhand Medical College & Hospital Dr. Sharad Seth Principal Authorised Signatory For and on behalf of **Rohilkhand Medical College & Hospital, Including Dental College, Bareilly** Duly authorized vide Resolution No.....dated..... **of Rohilkhand Medical College & Hospital, Including Dental College, Bly**
In the presence of **(Witnesses)** 1. Dr Raj Narayan PS, AGD, DKY, CARI, Izatnagar 2. (IRFAN ALI KHAN) I/C Admn. Office	In the presence of **(Witnesses)** 1. Dr. Faiz Shamsi Administrative officer 2. Mr. Mehfooz Husain P.R.O.

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INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

Certificate No.	:	**IN-UP42340052379351T**
Certificate Issued Date	:	03-Mar-2021 04:11 PM
Account Reference	:	NEWIMPACC (SV)/ up14223604/ BAREILLY SADAR/ UP-BLY
Unique Doc. Reference	:	SUBIN-UPUP142236047309640994225 8T
Purchased by	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Description of Document	:	Article 19 Certificate or other Document
Property Description	:	Not Applicable
Consideration Price (Rs.)	:	
First Party	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Second Party	:	Not Applicable
Stamp Duty Paid By	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Memorandum of Understanding (MoU)
Between
National Health Authority, Government of India, hereinafter called the NHA
And
Rohilkhand Medical College and Hospital, Bareilly hereinafter called Empanelment of Central Government Health Scheme (CGHS) hospitals
for
Providing cashless healthcare services at Central Government Health Scheme (CGHS) rates to different beneficiary categories under healthcare schemes implemented by NHA

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Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This **Memorandum of Understanding** (hereinafter referred to as "MoU/Agreement") is made at New Delhi on this 3rd day of Jan 2021 at **New Delhi, India**.

By and Between

National Health Authority, is an authority established for implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana – AB PMJAY and Ayushman Bharat Digital Mission (ABDM) via gazette notification dated 5th March 2019, as an attached office of the Ministry of Health and Family Welfare having its office located at Jeevan Bharti Building, 9th Floor, Tower 1, Janpath, Connaught Place, New Delhi – 110001 represented by_____**(hereinafter referred to as "NHA/Authority)**;

AND

Rohilkhand Medical College and Hospital having its office Bareilly **hereinafter referred to as "Second Party/Hospital")**

Both the parties are hereinafter, collectively referred to as the Parties and individually as defined hereinabove and/or as Party

Whereas

1. **National Health Authority (NHA)** was constituted with an objective of providing overall vision and stewardship for design, roll-out, implementation and management of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in alliance with state governments. Inter-alia, this includes, formulation of PM-JAY policies, development of operational guidelines, implementation mechanisms, and coordination with state governments, monitoring, and oversight amongst others. Thus, NHA is playing a critical role in fostering linkages by convergence of AB PM-JAY with health and related programs as well as onboarding health schemes of the Central and State Governments/Departments on NHA's IT platform.
2. Many convergence schemes are being implemented by NHA for providing medical treatment to government employees, pensioners, and their dependents of various Central / State Government's Ministries / Departments, etc., which may be added from time to time, and for this purpose the Hospitals are empaneled for providing medical treatment through NHA's IT Platform.
3. In the above regard, it has been decided to provide comprehensive medical treatment and diagnostic facilities to various beneficiary groups as well as government employees, pensioners and their dependents under different schemes (CAPF, MoRTH etc.) on NHA IT system as per *CGHS Package Rate*. All the rules, Office Memorandum (O.M.) of CGHS with respect to *Health Package Rates* and operational processes (unless amended by NHA) of CGHS will be applicable on *Private Hospitals, Healthcare centres, Clinics, Diagnostic centres* and *Laboratories* empaneled with NHA.
4. Second Party Rohilkhand Medical College and Hospital, Bareilly.

Now, Therefore, in consideration of promises, mutual covenants and provisions set forth hereinafter, the Parties hereto agree as follows:

1. DEFINITIONS & INTERPRETATIONS

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

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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1.1. "**Agreement**" shall mean this Agreement and all Schedules, supplements, appendices, appendages, and modifications thereof made in accordance with the terms of this Agreement.

1.2. "**Benefit**" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject (as per the guidelines of respective ministries / departments). NHA may add additional packages over and above those which are available under CGHS. However, empanelled hospitals may decide about providing services related to such packages.

1.3. "**Implementation Support Agency (ISA)**" i.e., shall mean a Third-Party Administrator authorized by NHA to process the medical reimbursement claims or to carry out medical audit. ISA shall process Data/ Bills of all beneficiaries availing treatment at the empaneled Private Hospitals and for making payment.

1.4. "**Beneficiary Card**" shall mean e-Card / physical card, issued by NHA / any competent authority

1.5. "**Card Holder**" shall mean a person having an e-Card / physical card provided by the competent authority.

1.6. "**Coverage**" shall mean the types of persons to be eligible as the beneficiary of the healthcare scheme being implemented by NHA.

1.7. "**Diagnostic Center**" shall mean the entity performing tests / investigations

1.8. "**Imaging Centre**" shall mean the entity performing X-ray, CT Scan, MRI, USG, etc.,

1.9. "**Emergency**" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

1.10. "**Empanelment**" shall mean the hospitals, eye hospitals/centres, dental clinics, Diagnostic Laboratories/ Imaging centres authorized by the NHA for treatment/ investigation purposes for a particular period.

1.11. "**Hospital**" shall mean the entity while performing under this Agreement providing medical investigation, treatment and the healthcare services.

1.12. "**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 for providing services to eligible beneficiaries.

1.13. "**Party**" shall mean either the NHA or the Hospital and "Parties" shall mean both the NHA and the Hospital

1.14. "**Transactional Management System (TMS)**" refers to TMS portal provided by NHA for providing services to beneficiaries of healthcare schemes being implemented by NHA.

1.15. "**CGHS Package Rate**" shall mean all-inclusive cost of healthcare services provided to the beneficiary as per CGHS guidelines. The detail guidelines are annexed as Annexure A. However, NHA may devise packages and guidelines in this regard. The guidelines issued by CGHS or NHA in this regard will be applicable.

1.16. "**Payer**" refers to National Health Authority, Government of India.

1.17. "**Claim Processing Organization/Agency**" refers to either Implementation Support Agency (ISA) / Third Party Administrator (TPA) or an organization / agency authorized by National Health Authority, Government of India for processing of claims

2. Term and Termination

2.1. This MOU shall become effective upon signature by the authorized officials and shall be valid till the hospital is empanelled with CGHS.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

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F. CHANGES IN INFRASTRUCTURE/STAFF TO BE NOTIFIED TO NHA

The terms and conditions under this heading as specified by CGHS will be applicable for this agreement also.

G. ANNUAL REPORT

The Hospital, Eye centre, Dental clinic, Diagnostic Laboratory/ Imaging shall submit all the medical records in NHA IT portal or as may be specified by NHA from time to time.

H. EMR / EHR

The terms and conditions under this specified by CGHS will be applicable for this agreement also. On TMS platform, requirement of documents decided by CGHS / NHA shall be applicable.

I. EMPANELMENT WITH AUTONOMOUS BODIES

The terms and conditions under this specified by CGHS will be applicable for this agreement also.

J. MEETINGS

Authorized signatory / representative of the empaneled Hospital shall attend the periodic meetings held by NHA/CGHS required in connection with improvement of working conditions and for redressal of grievances.

K. INSPECTIONS

During the visit by NHA, the empaneled Hospital's authorities will cooperate in carrying out the inspection.

L. AID TO PUBLIC HEALTH AUTHORITIES

In case of any natural disaster / epidemic, the empaneled health care organizations shall fully cooperate with the NHA and will convey / reveal all the required information, apart from providing treatment.

M. NO COMMERCIAL PUBLICITY

The terms and conditions under this specified by CGHS will be applicable for this agreement also.

N. AGREE FOR CONDUCTING ANNUAL HEALTH CHECK-UP FOR GROUP 'A' CENTRAL GOVERNMENT OFFICERS AGED '40' AND ABOVE AND FOR OTHER CATEGORIES OF BENEFICIARIES AS SPECIFIED BY NHA.

The Hospital shall agree for conducting all investigations / diagnostic tests / consultations etc. of the categories of beneficiaries as specified by NHA from time to time as per the prescribed protocol, subject to the condition that the hospital shall not charge more than Rs.2000/- for conducting the prescribed medical examination of the male beneficiary and Rs.2200/- for female beneficiary who come to the hospital/ institution with the requisite documentation as mandated by CGHS/NHM.

4. TREATMENT IN EMERGENCY

Administrative Officer

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Every ailment / patient condition specified by CGHS in this regard may be applicable for this agreement also, until and unless specified by NHA otherwise. The SOP for availing treatment under emergency shall be as prescribed by CGHS or NHA for different categories of beneficiaries.

5. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

5.1. Beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band/ pension or as per the guidelines issued by NHA. These entitlements / guidelines are amended from time to time and the latest order in this regard needs to be followed. This may vary from one beneficiary category to another. HCOs will be intimated electronically or through paper regarding the beneficiary entitlements.

5.2. Definition of Private ward, Semiprivate ward and General ward specified by CGHS will be applicable for this agreement also.

6. APPROVED RATES TO BE CHARGED

The terms and conditions under this heading as specified by CGHS will be applicable for this agreement also. NHA may add additional packages over and above those which are available under CGHS. However, empanelled hospitals may decide about providing services related to such packages at the rate decided by NHA.

7. NOTIFICATION OF NODAL OFFICERS

The terms and conditions under this specified by CGHS will be applicable for this agreement also.

8. INFORMATION TO BE PROVIDED BY HOSPITALS TO NHA AUTHORIZED ISA/AGENCY/ORGANIZATION

8.1. EMERGENCY ADMISSIONS

The Hospital will intimate to NHA or ISA/agency/organization authorized within the NHA specified turnaround time of such admission and the ISA/agency/organization will respond with due authorization as per predefined TAT (Turnaround time). Treatment in no case would be delayed or denied because authorization by the ISA/agency/organization is only confirmation of the e-workflow in respect of such patient. Post discharge, the hospital would upload bills and other documents as per requirement of NHA within the turnaround time specified by NHA.

8.2. REFERRED ADMISSIONS

Where the beneficiary visits the hospital with a proper referral and authorization letter, the hospital will verify and submit information of admission online to the ISA/agency/organization authorized by NHA. The ISA/agency/organization would respond with an authorization as per predefined TAT (Turnaround time). Post discharge, the hospital would upload bills and other documents as per requirement of NHA within predefined TAT (Turnaround time).

9. SUBMISSION OF BILLS TO NHA AUTHORIZED ISA/AGENCY/ORGANIZATION

The Hospital shall submit electronic bill on NHA's Transaction Management System (TMS) for processing of bills. The Data and electronic bills shall be utilized for medical audit and statistical purposes.

10. PROCESSING OF CLAIMS/BILLS BY NHA AUTHORIZED ISA/ AGENCY/ORGANIZATION

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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The NHA, through its IT platform TMS (Transaction Management System), shall provide functional modules for submission, transaction, and management of claims. NHA will also support in requisite training of the personnel assigned by the empaneled hospitals to operate TMS.

NHA authorized ISA/agency/organization, during the course of the auditing, will restrict the payment of claims as per CGHS rules and regulations. ISA/agency/organization will also examine in terms of

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

The ISA/agency/organization shall record their findings and intimate the same to the Private Hospital concerned with a copy endorsed to NHA. The payment of the bill/claim to the Private Hospital concerned post approval by ISA/Agency/Organization, authorized by NHA.

Empaneled hospitals shall be obliged to submit their claims within pre-defined TAT (Turnaround time) of discharge in the format prescribed through TMS. The PAYER shall be responsible for settling all claims within predefined TAT (Turnaround time) after receiving all the required information/ documents from empaneled hospitals. Guidelines for submission of claims, claims processing, and handling of claim queries, dealing with fraudulent claims and all other related details will be communicated by the NHA.

11. MEDICAL AUDIT OF BILLS

There may be a Medical Audit of the services provided by the empaneled Hospital. It should be conducted by NHA or any agency authorized in this regard by NHA.

12. DUTIES AND RESPONSIBILITIES OF EMPANELED HOSPITAL

The terms and conditions under this specified by CGHS will be applicable for this agreement also. Further, NHA may issue guidelines in this regard and same shall be applicable. In case of conflicting guidelines in this regard, those issued by NHA shall prevail.

13. NON-ASSIGNMENT

The terms and conditions under this specified by CGHS will be applicable for this agreement also.

14. CONFIDENTIAL INFORMATION

14.1. The Hospital shall maintain the confidentiality of all patient health information and medical records in accordance with applicable guidelines set by the NHA from time to time.

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14.2. The Hospital shall ensure that no confidential information is shared or made available by the Hospital or any person associated with it to any person or entity not related to the Hospital without prior written consent of NHA.

14.3. The terms and conditions under this specified by CGHS will also be applicable for this agreement.

15. EMPANELED HOSPITAL'S INTEGRITY AND OBLIGAITONS:

The terms and conditions under this heading as specified by CGHS will be applicable for this agreement also.

16. Fraud and Abuse Control

NHA has culture of zero tolerance for any type of fraud or corruption. A robust mechanism for fraud prevention, detection and deterrence has been developed. A dedicated National Anti-Fraud Unit (NAFU) has been constituted for this. NHA guidelines regarding fraud and abuse control will be applicable for this agreement.

17. Grievance Redressal

NHA has developed an online web-enabled 'Central Grievance Redressal Management System' to redress scheme related grievances. NHA guidelines regarding grievance redressal will be applicable for this agreement.

18. PROCESS FOR DISCIPLINARY PROCEEDINGS AND DE-EMPANELMENT

18.1. In case of any complaints or detection of any malpractice, NHA's Hospital Empanelment Committee shall initiate the investigation. Detailed investigation by the committee shall include misrepresentation of claims, fraudulent billing, wrongful beneficiary identification, and overcharging, charging money from patients unnecessarily, unnecessary procedures, false/misdiagnosis, referral misuse and other frauds that impact delivery of care to eligible beneficiaries.

18.2. Hospital Empanelment Committee may inflict larger or smaller penalties depending on the severity/regularity/scale/intentionality on a case-to-case basis with reasons mentioned clearly in a speaking order. The penalties by the hospital shall be paid directly to NHA in all the cases.

18.3. NHA shall have the right to de-recognize the Hospital as the case may be. Such action could be initiated based on a complaint, medical audit or inspections carried out by NHA teams at random. The decision of the NHA will be final.

19. LIQUIDATED DAMAGES

19.1. The Hospital, Eye centre, Dental clinic, Diagnostic Laboratory/ Imaging Centre shall provide the services as per the requirements specified by the NHA in terms of the provisions of this Agreement. In case of initial violation of the provisions of the agreement by the Hospital such as refusal of services or direct charging from the beneficiaries, administrative action will be taken against Hospital by NHA. Administrative action includes de-empanelment of the HCO. In such cases, CGHS shall also de-empanel that HCO.

19.2. For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the Hospital and the NHA shall have the right to issue a written warning

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to the Hospital not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that particular Hospital or De-recognition from NHA.

20. TERMINATION FOR DEFAULT

Any dispute, controversy or claims arising out of or in relation to this MoU or the breach, termination, or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996

21. INDEMNITY

21.1. NHA will not interfere in the treatment and medical care provided to its beneficiaries. NHA will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.

21.2. NHA shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the Hospital and the Hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service.

21.3. Notwithstanding anything to the contrary in this agreement, no Parties 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, lockouts, 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.

21.4. The Hospital will indemnify, defend, and hold harmless the NHA against any claims, demands, proceedings, actions, damages, costs, and expenses which the Hospital may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the Hospital or any of its employees or doctors or medical staff.

21.5. NHA shall not have legal obligations towards claim settlement amount in any case.

22. LAW AND ARBITRATION

22.1. The provisions of this MoU shall be governed by and construed in accordance with Law of the country.

22.2. Any dispute, controversy or claims arising out of or in relation to this MoU or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

22.3. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.

22.4. The place of arbitration shall be in Delhi, India and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made in Delhi, India.

22.5. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian Law.

22.6. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgment thereon in any one or more of the highest courts having jurisdiction.

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22.7. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian Law.

22.8. The cost of the arbitration proceeding would be borne by the Parties on equal sharing basis.

23. MISCELLANEOUS

23.1. **Amendment**: Except as otherwise provided herein, no modification, amendment, or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing and signed by the authorized signatories of both the parties hereto.

23.2. **Severability**: If any provision of this MOU is held to be invalid, illegal or unenforceable in whole or in part, the remaining provisions shall not be affected and shall continue to be valid, legal and enforceable as though the invalid, illegal or unenforceable parts had not been included in this MOU.

23.3. **Relationship**: Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent or Employer and Employee between the NHA and the Hospital. The Hospital shall work or perform their duties under this Agreement or otherwise.

23.4. **NHA Disclaimer**: The NHA 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 Beneficiaries or any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.

23.5. **Material changes in status**: The Hospital shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

23.5.1. Should the Hospital get wound up or partnership is dissolved, the NHA 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.

23.6. **Cost for preparation of this agreement:** The Hospital shall bear all expenses incidental to the preparation and stamp duty of this agreement.

23.7. **Waiver:** Neither Party will be charged with any waiver of any provision of this MOU, unless such waiver is evidenced by a writing signed by the Party and any such waiver will be limited to the terms of such writing.

23.8. **Intellectual Property:** Each Party owns and will continue to own all rights, title and interest in and to the intellectual property rights/interest that it owns prior to this MOU or which each Party created or acquired independently of its obligations pursuant to this MOU. Neither Party may use the Intellectual Property of the other Party without the prior written consent of the other Party.

23.9. **Compliance with Applicable Laws:** Applicable laws for this MOU shall be laws of India only. Each Party to this MOU accepts that its individual conduct shall, to the extent applicable to its businesses, at all times comply with all laws, rules and regulations of government and other bodies having jurisdiction over the area where they operate, provided that changes in such laws, rules and regulations shall become immediately applicable.

Administrative Officer
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Bareilly

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23.10. **Privacy:** Parties represent that they will abide by statutory laws pertaining to Data Protection and Privacy as applicable in India and as amended from time to time and Data in terms of this Agreement shall remain within territorial Jurisdiction of India only.

24. OTHER SERVICES TO BE PROVIDED

24.1. **Training:** NHA shall provide standard training manuals and help in organizing orientation cum sensitization workshops for empaneled Hospital(s).

24.2. **Grievance Redressal:** Complaints and grievance redressal management system for empaneled hospitals will be handled by NHA, and NHA will be the final decision-making authority.

24.3. **Collaborating Centers:** As knowledge hubs for generating evidence and informing policy inputs, empaneled hospitals play an important role in the generation of knowledge to improve the quality of health care in the regions they cover. Research capacities at such premier institutes of national excellence may prove to be an invaluable asset in generating evidence to inform policy decisions and provide examples/ proof of concept for organization and development of service delivery. For e.g., priority setting, costing surveillance, designing monitory & quality protocols, research on medical necessity of care, promoting conservative management practices etc. Such areas of engagement may be decided mutually by both parties from time to time.

25. EXIT FROM THE PANEL

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empaneled Hospital, or for any other reason, the Hospital no longer wishes to continue on the list under CGHS and NHA, it can apply for exclusion from the panel by giving one-month notice. Patients already admitted shall continue to be treated.

26. NOTICES

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

a. By registered mail.

b. By courier.

c. By facsimile.

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the addresses provided by the entities empaneled with NHA.

- If to the empaneled NHA hospitals
Attn: ..... Dr. Faiz Samshi
Tel... 0581-2526011
Fax: 0581-2526054

Faiz Samshi

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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- If to NHA

Dr Jitu Lal Meena, Joint Director

(***Joint Director (JD) & Division Head (SPE)***

3rd Floor National Health Authority, Jeevan Bharti Building, Tower 1,

Connaught Place, New Delhi- 110001

27. Entire Agreement:

This Agreement supersedes any and all other prior understandings and agreements, either oral or in writing, between the parties with respect to the subject matter hereof and constitute the sole and only agreement between the Parties with respect to the said subject matter. Each party to this Agreement acknowledges that such representations, inducements, promises, or agreements, orally or otherwise which are not embodied in this Agreement or statement or promise that is not contained in this Agreement shall not be valid or binding or of any force or effect. However, in case the Parties agree on any new proposal/arrangement, the same shall only be valid once it is signed by the Authorized Signatories of both the Parties in writing.

This MoU should be read together with the Guidelines issued by the NHA, Government of India.

IN WITNESS WHEREOF, both the Parties have set and subscribed their respective hands to this Memorandum of Understanding, in the presence of following witnesses

29/11/2022 डॉ. जीतू लाल मीना/Dr. JITU LAL MEENA Director Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana राष्ट्रीय स्वास्थ्य प्राधिकरण/National Health Authority भारत सरकार/Government of India नई दिल्ली/New Delhi For NHA (Authorized signatory) (Signature & Date) **Dr Jitu Lal Meena** (***Joint Director (JD) & Division Head (SPE)*** National Health Authority, Govt. of India	We agree to provide services to any beneficiary category for which NHA will enable the services as per the terms of this contract. We understand that if case we are debarred for any of the scheme, we will automatically be debarred for all the schemes being implemented by NHA. For Private Hospital / Healthcare centre / Clinic / Diagnostic centre / Medical Laboratory (Authorized signatory) Administrative Officer Rohilkhand Medical College & Hospital Bareilly (Signature & Date)

SUSHIL KUMAR THAKUR

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Annexure A: CGHS Package Rate

CGHS Package Rate shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a Central Government Employee / pensioner or their dependent has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i)Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi)Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges (xi) Pre Anesthetic checkup and Anesthesia charges,(xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

Package rates also include two pre-operative consultations and two postoperative consultations. Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. In case a Central Government Employee and their dependent demands a Brand of Stent / Implant which is not part of package and give his consent in writing for availing the same, the difference in cost over and above the ceiling rate may be charged from the Central Government Employees and their dependent, which will not be reimbursable. During In-patient treatment of the Central Government Employees and their dependent, the hospital will not ask the Central Government Employee / pensioner / their dependent or his / her attendant to purchase separately the medicines / sundries / equipment or accessories etc. from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items. However, the following items are not admissible for reimbursement:

- Toiletries
- Sanitary napkins
- Talcum powder
- Mouth fresheners

In cases of conservative treatment / where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or else as per AIIMS rates, if there is no CGHS rate for a particular item. Package rates envisage up to a maximum duration of indoor treatment as follows:

- Up to 12 days for Specialized (Super Specialties) treatment
- Up to 7 days for other Major Surgeries
- Up to 3 days for / Laparoscopic surgeries / elective Angioplasty / normal deliveries and
- 1 day for day care / Minor (OPD) surgeries.

However, if the Central Government Employees and their dependent has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement , investigations charges at approved rates, doctors visit charges (not more than 2 visits per day per visit by specialists/ consultants) and cost of medicines for additional stay). No additional charge on account of extended period of stay shall be allowed to be charged by the Hospital if that extension is due to infection on the consequences of surgical procedure/ faulty investigation procedure/ proven negligence/ willful default. etc. The

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empaneled health Care Organization cannot charge more than CGHS approved rates when a patient is admitted with valid E CARD with prior permission or under emergency. In case of any instance of overcharging the overcharged amount over and above CGHS rate (except in admissible items and difference paid due to implant/stent of a specific brand chosen by Central Government Employees, pensioners and their dependent) same shall be paid back to the Central Government Employees, pensioners and their dependent and it shall be recovered from the pending bills of the hospital. If any empaneled health care Organization charges from Central Government Employees / pensioners and their dependent for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the Central Government Employees and their dependent and the amount shall be recovered from the pending bills of hospitals.

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INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

Certificate No.	:	**IN-UP59522014717756U**
Certificate Issued Date	:	05-Apr-2022 05:29 PM
Account Reference	:	NEWIMPACC (SV)/ up14523604/ BAREILLY SADAR/ UP-BLY
Unique Doc. Reference	:	SUBIN-UPUP14523604101554448770 69U
Purchased by	:	MEDICAL SUPERINTENDENT ESIC HOSPITAL BAREILLY
Description of Document	:	Article 5 Agreement or Memorandum of an agreement
Property Description	:	Not Applicable
Consideration Price (Rs.)	:	100 (One Hundred only)
First Party	:	MEDICAL SUPERINTENDENT ESIC HOSPITAL BAREILLY
Second Party	:	ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
Stamp Duty Paid By	:	MEDICAL SUPERINTENDENT ESIC HOSPITAL BAREILLY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

AGREEMENT
BETWEEN
Employees State Insurance Corporation (ESIC)
AND
Rohilkhand Medical College and Hospital *(Health Care Organization)*

This Agreement is made on the 5th April 2022 between Medical Superintendent, ESIC Hospital, having it's office at ESIC Hospital, Sleeper Road, [illegible]-243502, U.P. (herein after called ESIC, which expression shall, unless repugnant to the context or meaning there[illegible] mean and include its successors and assigns) of the **First Part**.

AND

Rohilkhand Medical College and Hospital, Opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly, U.P. of the **Second Part.**

Please write or type below this line

WHEREAS the ESI Corporation is providing comprehensive medical care facilities to the ESI Beneficiaries.

AND WHEREAS ESIC proposes to provide treatment facilities and diagnostic facilities to the ESI Beneficiaries in the Private Recognized Hospitals.

AND WHEREAS, Rohilkhand Medical College and Hospital, Opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly, U.P., offered to give the following treatment/diagnostic facilities to the ESI Beneficiaries in the Hospital:-

i. General Medicine, ii. General Surgery, iii. Obstetrics & Gynaecology, iv. Pediatrics v. Orthopaedics, vi. Imaging & Diagnostic (X-Ray & USG), vii. Ophthalmology, viii. ICU, ix. NICU & PICU, x. Pathology & Microbiology tests, xi. Critical care/Emergency services, xii. Dental, xiii. ENT, xiv. Blood Bank, xv. All investigations costing less than Rs 3000/- advised by specialists

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Any discrepancy in the details on this Certificate and as available on the web
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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 Agreement:

1.1.1 **"Agreement"** shall mean this Agreement and all Schedules, supplements, appendices, appendages, addendums and modifications thereof made in accordance with the terms of this Agreement. It shall also include letter of Intent, Standard Operating Process (SOP), Notification of award, etc.

1.1.2 **"Benefit"** shall mean the extent or degree of medical service; the beneficiaries are entitled to receive as per the rules/instructions of ESIC on the subject.

1.1.3 **"Bill Processing Agency "**(BPA) means the agency appointed by ESIC for processing of Data/ Bills of all ESIC beneficiaries attending the empanelled Private Hospitals.

1.1.4 **"Card"** shall mean the ESIC Card/e-pehchan, issued by any competent authority of ESIC.

1.1.5 **"Card Holder"** shall mean a person having a ESIC Card/e-pehchan.

1.1.6 **"ESIC Beneficiary"** shall mean a person who is entitled for benefit under ESI Act and employees of ESI Corporation who hold an ESIC card for the benefit.

1.1.7 **"Coverage"** shall mean the types of persons to be eligible as the beneficiaries of the ESIC to health services provided under the Scheme, subject to the terms, conditions and limitations.

1.1.8 **"Diagnostic Center"** shall mean the Health Care Organization *performing tests/ investigations.*

1.1.9 **" Imaging Centre"** shall mean the Health Care Organization performing X- ray , CT Scan, MRI, USG, etc.,

1.1.10 **"Health Care Organisation (HCOs)"** shall mean the hospitals/ Exclusive Eye hospitals/centres, Exclusive Dental Clinics/ Diagnostic centres/ Imaging Centres.

1.1.11 **"Emergency"** shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

1.1.12 **"Empanelment"** shall mean the HCO authorized by the ESIC for treatment/ investigation purposes for a particular period.

1.1.13 **"Hospital"** shall mean the Health Care Organisation while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

1.1.14 **"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 ESIC beneficiaries after following certain procedure of inquiry.

1.1.15 **"Party"** shall mean either the ESIC or the Hospital and **"Parties"** shall mean both the ESIC and the Hospital.

1.1.16 **"Rate"** means the rate as per ESIC policy/SOP/CGHS/AIIMS notified circulars duly adopted and recommended by ESIC or uploaded on the website www.esic.nic.in and BPA portal www.esicbpa.utiitsl.com/esic from time to time by ESIC. It will include modification thereof.

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1.1.17 **"Package Rate"** shall mean all inclusive – including lump sum cost of inpatient treatment / day care / diagnostic procedure for which a ESIC beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges,(viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges (xi)Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

Package rates also include two pre-operative consultations and two post- operative consultations.

Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling/ ESIC ceiling rates or as per actual, whichever is lower.

During In-patient treatment of the ESIC beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS/ ESIC which includes the cost of all the items.

However, the following items are not admissible for reimbursement:
Toiletries
Sanitary napkins
Talcum powder
Mouth fresheners etc.

In cases of conservative treatment/ where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates or as per ESIC.

Package rates envisage up to a maximum duration of indoor treatment as follows:
Upto 12 days for Specialized (Super Specialties) treatment
Upto 7 days for other Major Surgeries
Upto 3 days for / Laparoscopic surgeries / elective Angioplasty etc. and 1 day for day care/ Minor (OPD) surgeries.

However, if the beneficiary has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement , investigations charges at approved rates, doctors visit charges (not more than 2 visits per day per specialists / consultants) and cost of medicines for additional stay).

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/ faulty investigation procedure etc.

If any empanelled health care Organization charges from ESIC beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

1.1.18 **"General ward"** is defined as a hall that accommodates four to ten patients.

2. The empanelled health Care Organization cannot charge more than CGHS/ESIC approved rates.

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2.1 Packages rates for conditions/ procedures where CGHS (Central Government Health Scheme) treatment rates are available, the same will be applicable. The updated CGHS rates of city as given on the website should be followed.

2.2 Package rates have been devised for the treatments/ procedures not prescribed by CGHS. They will be called as ESIC rates.

2.3 Certain discounts on Drugs/ treatment/ procedures/ devices have been finalized. These are:

- 15% discount on hospital rates if there is no package procedure under CGHS/ESIC.
- For devices/ stents etc., 15% discount on MRP (Maximum Retail Price).
- In case of drugs not available in the CGHS/ESIC package/ Procedure, 10% discount on the MRP.

2.4 Regarding the patients admitted in tie-up hospitals, the empanelled hospitals should levy CGHS or ESIC approved rates for the procedures for which the Tie-up Hospitals are not empanelled (Prior permission from competent authority required). If no such rates are available, then there shall be a discount of 15% on normal scheduled rates of the hospital.

2.5 Chemotherapy drugs amount shall be paid as per LSD (Live Saving Drugs) rates.

2.6 ESIC also reserves the right to prescribe / revise rates for new or existing treatment procedure(s)/ investigation(s) as and when CGHS/ ESIC/ AIIMS revise the rates, or otherwise .

3. DURATION OF AGREEMENT

The agreement shall remain in force for **a period of two years, till 03.04.2024** and may be extended for subsequent period (if satisfactory services are rendered to our ESI beneficiaries) at the sole discretion of the Medical Superintendent, ESIC Hospital Sleeper Road, C.B.Ganj, Bareilly (U.P.)-243502 subject to fulfillment of all terms and conditions of this agreement and with mutual consent.

Agreement will be effective from the date of signing of the agreement. The renewal is not by right but will be at the sole discretion of Medical Superintendent, ESIC Hospital Sleeper Road, C.B.Ganj, Bareilly (U.P.)-243502. If applying for renewal the request letter should reach the Medical Superintendent, ESIC Hospital Sleeper Road, C.B.Ganj, Bareilly (U.P.)-243502 Office three months prior tothe date of expiry of empanelment.

4. CONDITIONS FOR PROVIDING TREATMENT/SERVICES

4.1 GENERAL CONDITIONS

ESIC has right to refuse or accept any or all facilities/services available in HCO for empanelment.

If two or more parts of hospital are located in same premises then hospital shall agree for empanelment of all the parts even if management of the parts is different.

HCO shall investigate / treat the ESIC beneficiaries only for the condition for which they are referred with due authorization letter.

In case of unforeseen emergencies of these patients during admission for approved procedure, 'provisions of emergency treatment' shall be applicable.

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It is agreed that ESIC beneficiaries shall be attended to on priority.

ESIC has the right to monitor the treatment provided in the HCO.

4.2 AUTHORISATION LETTER FOR TREATMENT

The treatment/procedure shall be performed on the basis of the authorization letter issued either offline or online for a beneficiary to avail cashless treatment/facility at respective empanelled HCO bearing all relevant details and duly signed by respective competent/ designated authority of ESIC.

4.3 INVESTIGATIONS PRIOR TO ADMISSION

All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package.

4.4 ADDITIONAL PROCEDURES/INVESTIGATIONS

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 except under emergency.

4.5 PROCEDURE WHERE REFERRED CASE NEEDS TREATMENT IN A SPECIALITY(ies) WHICH IS/ARE NOT AVAILABLE IN THE HOSPITAL

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

4.6 CHANGES IN INFRASTRUCTURE/STAFF TO BE NOTIFIED TO ESIC

The HCO shall immediately communicate to Medical Superintendent, ESIC Hospital, Bareilly about any change in the infrastructure /Shifting of premises. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of ESIC. The new establishment of the same Hospital shall attract an amendment in MoU of empanelment process, for consideration of continuation of empanelment.

4.7 ANNUAL REPORT

The HCO will submit an annual report regarding number of referrals received, admitted ESIC beneficiaries, bills submitted to the ESIC and payment received, details of monthly report submitted to Medical Superintendent, ESIC Hospital, Bareilly. Annual audit report of the hospitals will also be submitted along with the statement.

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

4.8 ELETRONIC MEDICAL RECORD (EMR) / ELECTRONIC HOSPITAL RECORD (EHR)

The empanelled health Care Organizations shall have to implement Electronic Medical Records and EHR as per the standards and guidelines approved by competent authority as and when asked by ESIC.

4.9 MEETINGS

Authorized signatory / representative of the empanelled health care organizations shall attend the periodic meetings held by Medical Superintendent (M.S.)/ Medical Referee (M.R.)/ State Medical Officer (SMO)/ Regional Director (RD)/ Department / Establishment of ESIC required in connection with improvement of working conditions and for redressal of grievances.

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4.10 INSPECTIONS

During the visit by M.S./ M.R./ S.M.O./ R.D. or any other authorized representative of ESIC, including BPA, the empanelled health care organization's authorities will cooperate in carrying out the inspection.

4.11 AID TO PUBLIC HEALTH AUTHORITIES

In case of any natural disaster / epidemic, the empanelled health care organizations shall fully cooperate with ESIC and will convey / reveal all the required information, apart from providing treatment.

4.12 NO COMMERCIAL PUBLICITY

The HCO will not make any commercial publicity projecting the name of ESIC / Ministry of Labour and Employment or Government of India. However, the fact of empanelment under ESIC shall be displayed at the premises of the empanelled health Care Organization indicating service offer to ESIC beneficiaries.

4.13 CONSENT FOR CONDUCTING ANNUAL HEALTH CHECK-UP FOR GROUP 'A' ESIC OFFICERS AGED '40' AND ABOVE AND FOR OTHER CATEGORIES OF ESIC BENEFICIARIES AS SPECIFIED BY ESIC

The Hospital shall agree for conducting all investigations / diagnostic tests / consultations etc. of the ESIC Group 'A' officers of above 40 years of age or as specified by ESIC from time to time as per the prescribed protocol, subject to the condition that the hospital shall not charge more than Rs.2000/- for conducting the prescribed medical examination of the male officers and Rs.2200/- for female officers of ESIC who come to the hospital/ institution with the requisite permission letter from their competent authority.

5. TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:

- Acute Coronary Syndromes (Coronary Artery Bye-pass Graft / Percutaneous, Transluminal Coronary Angioplasty) including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure / Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam attack, Acute Aortic Dissection.
- Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- Cerebro-Vascular attack (CVA)-Stokes, Sudden unconsciousness, Head injury, Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss
- Acute Abdomen pain
- Road Traffic Accidents(RTA)/ with injuries including fall.
- Severe Hemorrhage due to any cause.
- Acute poisoning
- Acute Renal Failure
- Acute abdomen pain in female including acute Obstetrical and Gynecological emergencies
- Electric shock
- Any other life threatening condition

In emergency the hospital will not refuse admission for any available treatment services and demand an advance payment from the ESIC beneficiary. The refusal to provide the treatment to bonafide ESIC Beneficiaries in emergency cases, without valid ground, would attract disqualification for continuation of empanelment.

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 own discretion.

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The Hospital will intimate all instances of patients admitted as emergencies without prior permission to the ESIC authorities / BPA appointed by ESIC within the prescribed time limit.

6. ENTITLEMENT

ESIC beneficiaries are entitled for facilities of general ward and treatment in higher Category of accommodation than the entitled category is not payable/permissible.

7. APPROVED RATES TO BE CHARGED

The empanelled health care organization shall charge from the ESIC as per the rates for a particular procedure / package deal as prescribed by the CGHS/ESIC, which shall be an integral part of this Agreement. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at http://msotransparent.nic.in/cghsnew/index.asp

The package rate will be calculated as per the duration specified by CGHS/ESIC. 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.

The rate being charged will not be more than what is being charged for same procedure from other (non-ESIC) patients or Organizations. An authenticated list of rates being charged from other non-ESIC Organizations will also be supplied to ESIC within 07 days of this Agreement.

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

The empanelled health care organization agrees that during the In-patient treatment of the ESIC 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 CGHS/ESIC which includes the cost of all the items. Appropriate action, including removal from ESIC empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by ESIC teams / appointed BPA.

The HCO shall agree to charge CGHS rates to ESIC employees on production of valid I-Card / Documentary proof even though treatment is not sought as ESIC beneficiary.

If a minor procedure forms part of a major procedure and is performed in same sitting then only 50% of its package rate is reimbursable.

8. NOTIFICATION OF NODAL OFFICERS

Empanelled health care Organizations shall notify and display name of two Nodal officers for ESIC beneficiaries, one of them being of the rank of Deputy MS/Addl. MS, who can be contacted by ESIC beneficiaries in case of any eventuality.

9. INFORMATION TO BE PROVIDED TO THE BPA BY HOSPITALS

EMERGENCY ADMISSIONS

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In case of dire need like road traffic accident, employment injury and other life threatening emergencies, ESI beneficiary may seek direct admission at tie-up hospital for cashless treatment. Tie-up Hospital will immediately start the establishing treatment and will seek permission from MS/SST office through online module www.esicbpa.utiitsl.com and e-mail for continuing further treatment. Treatment in no case would be delayed or denied because authorization is pending. Once it is verified as genuine, the referral letter may be issued to tie-up hospital for cashless treatment. Post discharge, the hospital would upload bills and other documents as per requirement of ESIC.

REFERRED ADMISSIONS

Where the ESIC beneficiary visits the hospital with a proper referral and authorization letter, the hospital will verify and submit information of admission to the BPA and to ESIC online. The BPA would respond with an authorization. Post discharge, the hospital would upload bills and other documents as per requirement of ESIC within prescribed time limit.

10. PROCESSING OF CLAIMS/BILLS BY BPA

ESIC has decided to appoint a Bill Processing Agency (BPA), presently UTIITSL, for processing the claims of empanelled HCO and recommends the payment to be released. Expenditure incurred on medical services provided by empanelled HCO shall be paid by ESIC directly to the empanelled facility after the bill is processed by BPA.

A Separate ESIC- SOP along with annexure for Online Bill Processing, Sub agreement, Changes and Addendum of MoA for Bill scrutiny, Processing and Payment with UTI-ITSL (BPA) is an integral part of this agreement with ESIC.

11. PAYMENT

11.1 Bill once scrutinize by BPA, the MS, ESIC Hospital, Bareilly will release the payment as per turnaround time and guideline issued by ESIC Office from time to time.

11.2 BPA charges will be applicable as stated in EOI term and conditions.

12. MEDICAL AUDIT OF BILLS

There shall be a continuous Medical Audit of the services provided by the empanelled HCO.

13. DUTIES AND RESPONSIBILITIES OF EMPANELLED HEALTH CARE ORGANIZATIONS

It shall be the duty and responsibility of the empanelled HCO at all times, to obtain, maintain and sustain the valid registration, 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".

14. NON ASSIGNMENT

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

15. EMPANELLED HEALTH CARE ORGANIZATION'S INTEGRITY AND OBLIGAITONS DURING AGREEMENT PERIOD

The empanelled HCO 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

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the performance specified in the Agreement. The HCO is obliged to act within its own authority and abide by the directives issued by the ESIC. The HCO 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.

It is responsibility of empaneled HCOs (second party) to make available ambulance free of charge to referring ESI Hospital for transportation of patient to tie –up HCOs.

16. SECURITY MONEY

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a Demand Draft from Nationalized Bank of Rs 3 Lakhs as security amount.
The security amount will be refunded after termination / completion of contract without any interest after 3 months of settlement of all the dues.

17. FORFEITURE OF SECURITY AMOUNT AND REMOVAL FROM LIST OF EMPANELLED ORGANIZATIONS

In case of any violation of the provisions of the MOA by the health care Organizations empanelled under ESIC such as:

17.1 Refusal of service.
17.2 Undertaking unnecessary procedures
17.3 Prescribing unnecessary drugs/tests
17.4 over billing
17.5 Reduction in staff/ infrastructure/ equipment etc. after the hospital/ has been empanelled.
17.6 Non submission of the report, habitual late submission or submission incorrect data in the report
17.7 Refusal of credit to eligible beneficiaries and direct charging from them
17.8 if not recommended by NABH/NABL/QCI/CGHS at any stage
17.9 Discrimination against ESIC beneficiaries vis-à-vis general patients

The amount of security money (15%) will be forfeited and the ESIC shall have the right to de-recognize the health Care Organization for up to total empanelment period as the case may be. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by ESIC teams at random. The decision of the ESIC will be final.

The HCOs which are not NABH/NABL accredited may be empanelled provisionally on the basis of fulfilling the criteria and in the event of failure to get recommendation from NABH/NABL as the case may be, which must preferably be done with in a period of six months but not later than one year of their empanelment, the empanelled HCO shall forego 50% of the security money and its name would be removed from the panel of ESIC.

18. LIQUIDATED DAMAGES

18.1 HCO shall provide the services as per the requirements specified by the ESIC in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital such as refusal of service or direct charging from the ESIC Beneficiaries or defective service and negligence etc. the amount equivalent to 15% of the amount of Security Money will be charged as agreed Liquidated Damages by the ESIC. However, the total amount of the Security Money will be maintained intact being a revolving Guarantee.

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18.2 In case of repeated defaults by the HCO, the total amount of Security Money will be forfeited and action will be taken for removing the Health Care Organization from the empanelment of ESIC as well as termination of this Agreement.

18.3 For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the pending / future bills of the HCO and the ESIC shall have the right to issue a written warning to the health Care Organization not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that particular Health care Organization or De-recognition from ESIC.

18.4 In case of default by an empanelled hospital which was part of a group of hospitals empanelled under ESIC and is now not on ESIC panel, recovery regarding overcharging/overbilling/ forfeiture of Security Money etc. by ESIC can be made from pending bills of the other hospitals of the group to valid Security Money of other empanelled hospital of same group.

19. TERMINATION FOR DEFAULT

The ESIC may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part:

If the empanelled HCO fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension thereof if granted by the ESIC pursuant to Condition of Agreement or If the Health Care Organization fails to perform any other obligation(s) under the Agreement.

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

In case of any wrong doings as specified in Memorandum of Agreement by one hospital / centre / clinic / lab of a particular group, ESIC reserves the right to remove all empanelled hospitals / centres/ clinics/labs of that particular groups from its empanelled list of hospitals.

Either party can terminate the Contract with prior Notice of 3 (Three) Months.

20. NOTICE BEFORE TERMINATION OF AGREEMENT/EMPANELMENTBY THE HCO

The empanelled Hospital/Center will not terminate the agreement without giving a notice of minimum 3 months, failing which appropriate action as deemed fit and proper; including withholding of any payment due to them may be taken. No appeal againstsuch decision will lie with any authority.

21. PENALTY CLAUSE:

Patient can't be denied treatment on the pretext of non-availability of beds / Specialists. In such circumstances treatment may be arranged from other hospitals of similar standard at the cost of empanelled hospital with prior approval of **Medical Superintendent, ESIC HospitalSleeper Road, C.B.Ganj, Bareilly (U.P.)-243502**/Referring authority.

In case of premature termination of contract / agreement by the empanelled center without due notice they will have to deposit Rs.2,00,000/- (Rupees Two Lakh) as penalty to **Medical Superintendent, ESIC Hospital Sleeper Road, C.B.Ganj, Bareilly (U.P.)-243502**. If Hospital / Center does not deposit money forthwith the same will be deducted from security money / incoming

08/04/24

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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or pending bills.

22. INDEMNITY

The empanelled HCO shall at all times, indemnify and keep indemnified ESIC / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Health Care Organization in execution of or in connection with the services under this Agreement and against any loss or damage to ESIC in consequence to any action or suit being brought against the ESIC, along with (or otherwise), Health Care Organization as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Health Care Organization will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ESIC 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 Health care Organization will pay all indemnities arising out of such incidents without any extra cost to ESIC and will not hold the ESIC responsible or obligated. ESIC may at its discretion and shall always be entirely at the cost of the Health Care Organization defend such suit, either jointly with the Health Care Organization enter 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 ESIC and the HCO upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Medical Superintendent, ESIC Hospital, Sleeper Road, C.B. Ganj, Bareilly, who will give written award of his decision to the Parties. The decision of the Regional Director, ESIC, Kanpur 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 Kanpur, U.P.

06/04/22

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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24. MISCELLANEOUS

24.1 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 ESIC and the Health Care Organization. The Health care Organization shall work or perform their duties under this Agreement or otherwise.

24.2 The Health care Organization agrees that any liability arising due to any default or negligence in not represent or hold itself out as agent of the ESIC.

24.3 The ESIC will not be responsible in any way for any negligence or misconduct of the Health Care Organization and its employees for any accident, injury or damage sustained or suffered by any ESIC beneficiary or any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.

24.4 The HCO shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

24.5 This Agreement can be modified or altered only on written agreement signed by both the parties.

24.6 Should the HCO get wound up or partnership is dissolved, the ESIC 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 Health care Organization during the period when the Agreement was in force.

24.7 The HCO shall bear all expenses incidental to the preparation and stamping of this agreement.

24.8 HCOs shall bear all expenses incidental to the preparation and stamping of this agreement.

24.9 Empanelled centre will provide all the services on cashless basis to entitled ESI beneficiaries.

25. OTHER SERVICES TO BE PROVIDED

The empanelled **Private Health Care Organization** will, on the request of ESIC, agree to provide training to ESIC medical, Para-medical and nursing staff.

26. EXIT FROM THE PANEL

The Rates fixed by the ESIC shall continue to hold good unless revised by ESIC. In case the any other reason, the health care Organization no longer wishes to continue on the list under ESIC, it can apply for exclusion from the panel by giving one month notice. Patients already admitted shall continue to be treated.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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27. NOTICES

27.1 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:

ESIC: Medical Superintendent, ESIC Hospital, Sleeper Road, C.B.Ganj, Bareilly, U.P.

Hospital with address:

Rohilkhand Medical College and Hospital, Opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly, U.P.

27.2 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

Administrative Officer
Rohilkhand Medical College & Hospital
For and on behalf of RMCH

Signed by

Dr Harish Chandra, 06/04/22,
For and on behalf of Medical Superintendent,
ESIC Hospital, Sleeper Road, C.B.Ganj, Bareilly, U.P.
Employees State Insurance Corporation.

In the presence of
(Witnesses)

1. Dr. Vivek Kr Pandey 06/04/22

2. 06/04 Sumit Pareshar

In the presence of
(Witnesses)

1. (Sumit Agrawal) 6/4/2022

2. Rankashyap (Rankashyap)

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ESIC- SOP for Online Bill Processing

Introduction

ESIC is providing comprehensive medical care facility to its beneficiaries and their dependents through ESIC/ESIS Hospitals & Dispensaries as well as empanelled hospitals & diagnostic centers.

ESIC has decided to appoint UTIITSL as a Bill Processing Agency (BPA) for processing the claims of empanelled hospitals/diagnostic centres and recommending the payment to be released. Expenditure incurred on medical services provided by empanelled hospital/diagnostic center shall be paid by ESIC directly to the empanelled facility after the bill is processed by BPA.

UTIITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing for scrutiny and **processing of all bills (SST/Secondary/Investigations etc) of Empanelled Hospitals/Diagnostic Centers for beneficiaries referred from ESIC Hospitals and bills for only super specialty treatment in case of ESIS Hospitals. (As per MoU)**

Here after respective MS's-ESIC Hospitals & SMC Offices will enter into MOU/Addendum to MoU (as the case maybe) with empanelled hospitals/diagnostic centres to enable online referral generation and billing through UTI Module.

BPA will provide a front end user interface through the software where in the designated officials/users of ESIC Hospitals/SMC Offices will be able to update all necessary details including empanelment, validity/extension of validity of MOA, details of accreditation (NABH/NABL), classification of hospital and any other parameters/criteria as specified by ESIC from time to time as also any information on de-empanelment of the hospital/diagnostic centers, without the BPA having any control on such parameters relating to the empanelled hospitals/diagnostic centers.

BPA shall be providing the required software as per MoU to all empanelled hospitals/diagnostic centers of ESIC to run the process.

This document lays down Standard Operating Procedure on referral generation by ESI Institutions and online processing of bills pertaining to empanelled hospitals/diagnostic centers.

04/04/24

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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DEFINITIONS & INTERPRETATIONS:

1. **"Agreement"** shall mean this agreement and all Schedules, Annexure, Supplements, Appendices and Modifications thereof made in accordance under the terms of this agreement, in writing and as agreed to by both the parties. It shall also include Letter of Intent, Standard Operating Process (SOP), Notification of award, etc. Any changes, if mutually agreed between ESIC and UTIITSL in writing, shall also form the part of the agreement.
2. **"BPA"** shall mean Bill Processing Agency and UTIITSL is acting as BPA while performing this agreement.
3. **"ESI Beneficiary"** shall mean a person who is entitled for benefit under ESI Act and employees of ESI Corporation who holds an ESIC Card or employee health card or pensioner card for availing benefit.
4. **"Benefit"** shall mean the extent or degree of medical service; the beneficiaries are entitled to receive as per the rules/instructions of ESIC on the subject, as conveyed to BPA in writing.
5. **"Coverage"** shall mean the types of persons eligible as beneficiary of ESIC to health services provided under the corporation, subject to the terms conditions, limitations and exclusions of the corporation as indicated in writing by ESIC to BPA.
6. **"MS"** shall mean Medical Superintendents of ESIC/ESIS Hospitals.
7. **"SSMC/SMC"** of a state, shall mean Senior State Medical Commissioners /State Medical Commissioners of ESI Corporation, in the respective states.
8. **"DIMS/Director-ESIS"** shall mean Director Insurance Medical Services, of ESI State Scheme of respective states.
9. **"Competent Financial Authority" (CFA)** shall mean ESIC officials delegated with financial powers to clear on-line bills after receipt of the recommendations from BPA.
10. **"Working Day"** shall mean days on which ESIC/ESIS Hospitals/Institutions are open for business other than Sunday and public holidays.
11. **"Service Area"** shall mean the area with in which ESIC has authorized BPA to provide services, presently being all ESIC/ESIS hospitals/institutions, all over India.
12. **"Claim"** shall mean the bills submitted by the ESIC empanelled Hospitals/Diagnostic Centre with all necessary supporting documents as prescribed by ESIC from time to time so that no additional information, in the opinion of BPA, whatsoever, is further required to process the bill. This includes the physical

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submission of original hard copies of bills and required clinical reports/films/pouches/invoices/price stickers etc, which were electronically uploaded in the system by the empanelled hospitals to the place from where the referral was generated and any other "Need More Information" of any sort.

13. **"Fees"** shall mean the agreed payable amount by empanelled hospital/diagnostic center of ESIC or ESIC for services rendered by the BPA from time to time calculated on the claimed amount of the bill submitted by the empanelled hospital/diagnostic center. It shall also mean additional payment (or increase there on) of Service Tax, GST or any other taxes applicable on such fees to BPA.
    Letter confirming the fees due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA if the said fee amount remains unpaid to BPA.
    CGHS directives on interest accrued for delay in payments to BPA shall be followed as and when applicable.

14. **"Services"** shall mean the work performed by the BPA pursuant to this contract/agreement.

15. **"Party"** shall mean either ESIC or BPA and "Parties" shall mean ESIC, ESIS, BPA and empanelled hospitals/diagnostic centers.

16. **"Direct admission"** means patients going to empanelled hospitals and availing procedure/Health intervention/Test/OP consultation, etc. for which no referral has been made by any ESIC/ESIS Hospitals/Institutions. These bills shall be evaluated offline, as per prescribed procedure of ESIC as per the SOP forwarded by ESIC.

17. **"Software"** means the entire application software which was demonstrated during the Proof of Concept which will be deployed by UTIITSL/BPA. The Proprietary Rights, Copyrights, Patents and any such Rights over the software and its modifications shall always be with UTIITSL/BPA.

18. **"Rates"** means the rates as per ESIC policy/SOP/CGHS/AIIMS notified circulars duly adopted and recommended by ESIC or uploaded on the website www.esic.nic.in and BPA portal www.esicbpa.utiitsl.com/esic from time to time by ESIC. Any change in rate shall be effective on BPA module within a maximum of 7 (seven) days from the date mentioned and notified by ESIC. It will include modifications thereof.

19. **"Referral"** means a document issued either online/offline for a beneficiary to avail cashless treatment/facilities at the respective empanelled hospitals/diagnostic centers bearing all relevant details and duly signed by respective

Administrative Officer
Medical College & Hospital

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competent/designated authority of respective ESIC/ESIS Hospital/institution as advised by ESIC.

20. **"Empanelled hospital/diagnostic center"** means the facility empanelled by ESIC to extend and provide treatment/facilities/medical procedure/Health intervention/Test/OP/ consultation or any other medical activity. The empanelment/extension/gradation/registration of these facilities all solely coming under the purview of ESIC only. The registration of empanelled hospital/diagnostic centers with validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria for empanelment would be the sole jurisdiction of ESI Corporation. The communication to the empanelled hospitals /diagnostic centers on these matters will be the sole prerogative of ESIC.
Any intervention of BPA in this area will be automatically invalid.

Pre-requisites:

A) Hardware & Network Infrastructure:

Necessary IT infrastructure (Windows PC with continuous net connection, modem, Printer with power back-up) is mandatory at all places (ESIC/ESIS Hospitals/ empanelled hospitals and empanelled diagnostic centers) where this UTIITSL application software is to be used. Respective Competent Authorities will make available computers with internet facility to the deemed officials nominated for the said purpose.

ESIC/ESIS Hospitals/Institutions & SMC Offices can use the existing Wipro computers and net connections/modems taken for the purpose of Biometric Attendance for facilitation of the same.

B) Application: UTIITSL application software is web based unlike the Intranet based Panchdeep application software and hence can be used from any location, anytime. The software (UTIITSL Module) shall enable generation of online referral letter conveying the approval, medical scrutiny and recommendations on the claim amount for the payment against the claims submitted by the empanelled hospitals / diagnostic centers.

I Facilities

Medical facilities are to be provided through a network of ESI institutions spread across the country. In case further treatment is required, a referral will be issued from ESI Institution to the empanelled hospital/diagnostic center.

Administrative Officer
Rohilkhand Medical College & Hospit
Bareilly

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Only the staff authorized by ESIC can issue (Normal/Emergency) referrals. **The list of names of designated officers shall be given to BPA by the respective Competent Authority at each of the location at the time of start of the Contract.**

The Medical Superintendent of ESIC/ESIS Hospital/Institution shall duly approve and authenticate both the online and the hard copy of the referral.

II Deployment of software

BPA shall set up and deploy the customized application (software) as already being used and accepted by ESIC for the bill processing assignment.

III Training

BPA has imparted initial free of cost training to ESIC and empanelled hospitals/diagnostic centers before signing of the contract. However, the BPA shall again impart refresher onsite training, free of cost at all locations after the MoU is signed. In addition, BPA will prepare a video film, free of cost along with ESIC Officials for complete training purposes.

Additional 3 (three) trainings if required, shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

BPA shall further impart training to newly empanelled hospitals at any point later whenever fresh empanelment is undertaken for that respective location and no extra charges will be paid by ESIC for such training on fresh empanelment of a new entity. In such cases also, additional 3 (three) trainings shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

After the above trainings have been given and still there is a requirement of any further additional training, then it would be at a cost to be decided by BPA which shall be borne by the empanelled hospital/diagnostic centre.

IV Creation of User ID (Activation/ Deactivation)

User IDs will be created for users of ESIC/ESIS as per the procedure mentioned below:

a) Filling the User ID creation form by prospective user.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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b) The role of the user to be mentioned, as defined in the form.(Eg: Registration, Referral, Receiver, Verifier, Level 1 Validator, Level 2 Approver, Financial Approver ,Accounts etc)

c) The form should be signed by the user and authorized by respective MS's/SMC's at ESIS/ ESIC Hospitals/Institutions along with official seal and signature

d) Filling of the user creation template in the Excel format.

e) Scanned copies of these documents to be forwarded to esicbpa@utiitsl.com along with User Creation Template in .XLS format.

f) If any user is discontinued by whatsoever reason, **it is imperative that** to prevent fake/fraudulent/duplicate billing and payments, the same should be communicated to BPA by respective MS's/SMC's at ESIS/ ESIC Hospitals/Institutions for deactivation of old IDs and creation of fresh user IDs by following the above procedure.

V Queries:

BPA shall facilitate the replies to the queries for all users of the system i.e. ESI Hospitals/Institutions and empanelled hospitals/diagnostic centers through e-mails (BPA - IT & Training Helpdesk) and escalation matrix as under:

Divisional Manager
Assistant Vice President
Dy Vice President
Vice President
Senior Vice President

All queries will be addressed by the BPA promptly within 24 hrs. E-mail resolution MIS will be provided by the BPA. The BPA shall also publish on its webpage www.esicbpa.utiitsl.com/esic the process flow and the procedures followed, so that the user does not have to constantly interact with BPA.
BPA shall discourage direct personal discussions of employees with the hospital staff.

VI Resources

For ESIS hospitals -Respective SSMC/SMC shall act as Nodal officer to coordinate with DIMS (Director Insurance Medical Services) in the State, for training of staff/empanelled hospitals and implementation of various activities (online referral generation, verification of document etc) through BPA module in the ESIS

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Hospitals/Dispensaries. MS of respective ESIS Hospitals shall duly forward the validated forms for specific role/s mapping to SSMC/SMC Office. These forms along with forms for designated roles within SSMC office shall be forwarded by SSMC/SMC for creation of user ID's & passwords to BPA. It will be the responsibility of MS ESIS Hospital & SSMC/SMC to intimate BPA to block specific user ID in event of change in status of any official/user. BPA shall maintain an Audit trail for the same.

For ESIC Hospitals - MS ESIC Hospitals shall identify a Nodal Officer in respective ESIC Hospitals to coordinate training of staff/empanelled hospitals and implementation of various activities through BPA module. Respective nodal officers shall be responsible to coordinate with Headquarters' office on the same. MS of respective ESIC Hospital shall duly forward the validated forms for specific role/s with mapping for creation of user ID's and passwords to BPA.

It will be the responsibility of MS ESIC Hospital to intimate BPA to block specific user ID in event of change in status of any official/user. BPA shall maintain an Audit trail for the same.

VII Registration of Empanelled hospitals/Diagnostic centres:

The empanelment/extension/gradation/registration of empanelled facilities, all solely coming under the purview of ESIC only. The registration of empanelled hospital/diagnostic centers with rate lists, validity, extension of validity, details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria for empanelment shall be done at respective ESIC Hospital/SMC Office.

VIII Procedures

1) Referrals: ESIC/ESIS Hospitals/Institutions will refer an ESI beneficiary to empanelled hospital/diagnostic center either during normal working hours of the Hospitals or as an emergency after the normal working hours.

   In normal working hours ESIC/ESIS Hospitals/Institutions will initiate referral by the competent authority/ specified user as specified under Clause I above, online through BPA module or otherwise (as specified by ESIC from time to time) and handover hard copy of referral letter to patient.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly 7

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In the event where the respective ESIC/ESIS Hospitals/Institutions are unable to generate online referral on account of Server/Application issues, BPA shall record the time & duration of the problem and facilitate the entry of such referrals on the system at a later stage and maintain an audit trail for the same.

The validity of referral in normal circumstances shall be for 7 days only from the date of referral (excluding the date of referral). Duration of admission should be mentioned on the referral for cases not covered under CGHS package. **If not specified, the admission shall be valid for Three days (03) only, pursuant to which the tie up hospital (the empanelled hospital) shall seek further permission for extension of stay.**

There will be no scope of revalidation of old referrals and in all such cases where the validity has elapsed; a new referral will have to be generated in the system.

In special circumstances for e.g Chemotherapy, Dialysis etc. the validity shall prevail as per instructions of ESIC, as intimated from time to time.

- Chemotherapy - Cycle wise referrals with due mention of days e.g Cycle 1- Day 1, 3 or 5 or as the case may be. The number of days as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Radiotherapy- Total sittings and total dose e.g 25 Gy in 5 sessions. The number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- Dialysis – Referral for 30 days with due mention of the frequency/session of dialysis. Number of days as specified by ESIC to be specified e.g one session per week for a month, not exceeding four sessions per week for a month. Number of sessions as specified by referring ESIC/ESIS Hospital needs to be mandatorily captured in the module.
- In case numbers of sessions provided to the beneficiary are less than the number mentioned in the module, BPA shall process the payment of empanelled hospital on pro rata basis as per CGHS Rate List.

2) For patients referred during emergency hour i.e after normal working hours or on holidays, the Authorized officer, as per Clause I, shall generate a hard copy/ online referral for the empanelled hospital/diagnostic center. Under normal circumstances, BPA claim ID for the beneficiary shall be generated on the next

Administrative Officer
Govt. Medical College & Hospital
Bharatpur

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working day (if not approved by the competent authority on the same day) and both the online and the hard copy of referral will be duly approved and authenticated by the designated authority of ESI Hospital/Institution, as per Clause I.

Unless mentioned otherwise, the validity of referral generated during emergency hours or on holidays will be three days only (excluding the date of referral). Subsequent validations for validity of referrals in the system shall be incorporated by BPA in the module.

3) It is again reiterated by ESIC to refer patients only for those services, which normally are not available in respective hospitals as per the prescribed ESIC norms.
4) Under normal circumstances, referrals should be justified, equally and fairly distributed amongst all tie up hospitals and due care should be exercised in maintaining transparency and adherence to prescribed guidelines and laid down procedure.
5) ESIC will issue referral form, which shall indicate specific procedure/Health Intervention/Test/OP consultation, etc. along with clinical information, diagnosis and any other relevant information as specified from time to time, for which referral is being made. Referrals should also preferably carry the CGHS code under which the patient is being referred to the empanelled hospital. Duration of admission should be mentioned on the referral for cases not covered under CGHS package. This will form the basis for BPA scrutiny.

   The extension of stay for ongoing treatment shall be captured in the BPA Module –Extension Template, duly linking it with the old referral number/Unique claim ID. Relevant validation to this effect shall be incorporated in the module by the BPA. This extended stay approval document should be a part of the bill submission. (As in ECHS)

6) It is reiterated that the super specialty treatment requirement should be considered only if the treatment involves mandatory intervention by the Super specialist of the concerned field.
7) All referrals where Super specialty procedures are not specified on the referral letter and if patients are referred only for supportive care/terminal care in any discipline and where patient does not need any active intervention by the super specialist, it should be considered as 'Secondary Care'. Payment in respect of

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these bills by respective CFA's should be done accordingly i.e by M.S ESIC Hospital / by DIMS (or if paid by SMC then deduction for the expenditure should be done from the future 'On Account' payments, due to the State).

8) Only Onco Surgery/Chemotherapy/Radiotherapy Packages should be included in Oncology Super specialty Treatment. The tie up hospitals should not use drugs under trial/ or those not approved by DCGI for use in India/ or drugs whose beneficial effects are doubtful on ESI beneficiaries. All Chemotherapeutic drugs, if available in DGESI -RC should be issued to the patient by the referring hospital as is being done in CGHS.

   If the same are being provided by the referring ESIC/ESIS Hospital this should be duly captured in the BPA module.

   It is mandatory to attach the Chemo/Radio-therapy Schedule and drug protocol advice from the tie up hospital for respective Oncology referrals. This should be validated by BPA at the time of bill processing.

9) Any unlisted procedures/ implants etc, which are not listed in CGHS or AIIMS, should have prior approval and preferably budget estimation from the Competent Authority in ESIC. BPA shall implement deductions on unlisted implants, investigations and unlisted procedures as per ESIC policy, duly intimated to BPA. BPA shall apply CGHS major and minor procedure rates where ever applicable as instructed by ESIC.

10) As far as possible the empanelled hospitals are advised to use the drugs approved in CGHS formulary.
    The rate list approved by CGHS for essential life saving medicines should be used during bill processing.
    Imported brands should not be used if the Indian brand for the same is available in the market. The empanelled hospitals must strictly follow all guidelines issued by CGHS on these issues.

11) The empanelled hospital/diagnostic center, on receipt of referral/admission advice of ESIC beneficiary will send an on-line intimation to the BPA within 4 hours with complete details of the patient, proposed line of treatment, cost and duration along with clinical history and any other information as specified by ESI Corporation from time to time with a copy to ESIC. If the intimation is not send

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within 4 hours it will still be valid for admission caring for the patient's health after getting intimation from ESIC. BPA shall acknowledge the intimation within 4 working hours of receipt of intimation done by empanelled hospital.

12) BPA on receipt of intimation of receipt of referral by empanelled hospital/diagnostic center for admission/treatment will acknowledge and scrutinize the details. BPA shall promptly note the referrals for the prescribed test/treatment/management to the concerned empanelled hospital/diagnostic center.

The referral shall be validated by BPA on the following criteria:-

a. Name mismatch

b. Insurance Number mismatch

c. Date mismatch

d. Expired Validity of referral

e. Continuity of Extension (if any)

f. Mapped empanelled hospital with respective location

g. The P1 form (referral letter) should bear the seal and signature of MS/DMS/SST in charge / Referral Committee/Designated authority.

13) Empanelled hospitals/diagnostic centers will carry out the procedure(s)/test(s)/ Health intervention/OP Consultation etc. as indicated on the referral by ESI Corporation forming the basis of bill processing.

The empanelled hospitals/diagnostic centers shall upload all the reports and bills in the system within 7 (seven) working days after completion of test/procedure/health intervention/OP consultation i.e. after final discharge.

BPA shall make the necessary 7 days validation in its module to this effect. After seven days the empanelled hospital/diagnostic center would have to give justified reasons for delay and seek further extension from respective CFA of ESIC/ESIS hospital/Institution. BPA shall include inbuilt relevant validation to this effect in the module.

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14) Empanelled hospital/diagnostic center shall submit original hard copies of bills along with duly signed detailed discharge summary and chronologically placed clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement (as per T&C of MoA which the hospitals and diagnostic centers have with ESIC) etc, which were uploaded in the system in support of the claim, within 7 (seven) working days and not beyond 30 days to the ESIC/ESIS Hospitals/Institutions from where referral was generated. Any bill/claim submitted beyond 30 days should be accompanied with online/offline waiver (as applicable) from ESIC/ESIS Hospital/institution and BPA shall not adhere to TAT while processing such claims.

The claim cannot be considered as complete for processing by BPA until such physical submissions are carried out.

15) BPA shall provide relevant validation for an online waiver in the BPA module. Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills will be the sole responsibility of the empanelled hospital, thereby meaning, BPA shall not be held responsible for the same.

16) ESIC/ESIS Hospital/Institution shall make provisions for receipt and verification/ attestation of these hard copy documents by identified/ specified user(s) at a designated/specified place in its premises. The name and location of the receiving and acknowledging official is to be published in a prominent place and also communicated to the empanelled hospital/diagnostic center by respective authorities from time to time.

17) On receipt of the physical bills the concerned referring ESIC/ESIS Hospital/Institution will verify and vet the scanned copies uploaded in online BPA module in support of the claim and certify that the hard copies received are same as the uploaded scanned copies by the empanelled hospitals.
Verification of bills will be done by respective ESIC/ESIS hospital/institution on receipt of hard copy to the extent that scanned copies uploaded by the empanelled hospital against claim of a given patient should be exactly same as that submitted in hard copies/physical bills i.e Patient's name, referral number,

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Bill Number, claimed value etc. and that the hard copies received are as per ESIC billing policy (Mandatory PI-PVI & other relevant Annexures as per SST Manual). This approval from ESIC/ESIS shall form a basis for BPA to process the bill in normal course.

After physical verification/checking of the bills and documents received in hard copy, the concerned ESIC/ESIS Hospital/Institution shall validate such claim documents online **within 3 (three) working days (subject to availability of server/application-duly recorded on the site/notice board), which** shall enable the BPA to perform the scrutiny and further processing. After such validation any delay on the part of hospital/diagnostic center will be deemed to be condoned by ESIC and BPA shall process these cases as usual.

18) In case of absence of certain physical documents, the "Need More Information" (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital to the empanelled hospital/diagnostic center for the missing/ambiguous physical documents immediately, but not later than **Seven (07)** working days (subject to availability of server/application) and reasons shall be captured on the module for viewing by the concerned users. Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online under "Need for more Info" category (NMI), within 15 days failing which ESIC/ESIS will forward these claims to BPA for further processing on the basis of available documents without any further intimation and such bills/claims will be closed not to be opened further by the BPA.

Any delay in processing owing to pending clarifications/information will be the sole responsibility of the empanelled hospital with no responsibility on BPA. BPA shall provide relevant validation of 15 days in the module.

19) On receipt of complete online claims of empanelled hospitals/diagnostic centers, the processing team of BPA under supervision of a doctor (Minimum M.B.B.S) will scrutinize the online documents/bills/reports on FIFO basis, as per approved CGHS rates, AIIMS rates, or rates as notified on BPA's website www.esicbpa.utiitsl.com/esicfrom time to time.

Any change in rate shall be effective after 7 days from the date mentioned and notified by ESIC. However, any rate change shall have the written authorization from ESI Corporation Headquarters Office and an Audit Trail shall be kept by the BPA for any change in the rate in the system. Since only ESI Corporation is

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authorized to change the rates, ESI Corporation will regularly audit the rate module so that no deviation is possible by BPA.

20) BPA may approve or reject the claims on First In First Out basis (as elaborated in the clause herein below) as per defined Turn Around Time for BPA, either fully or partially, within 10 (Ten) working days of verification by ESIC/ESIS Hospital/Institution, of the scanned copies uploaded and hard copies received from the empanelled hospital/diagnostic center or reply to last query or completion of NMI disposal period (15days) whichever is later. Such fully or partially approved bills shall go further in the system for payment. If there is further delay, sufficient reasons must be cited and captured on the module for viewing by the concerned users.

21) Such claims shall be processed by the BPA, as per the queue within the band, i.e. on claim-amount wise bands, wherein the methodology of first-come-first-out basis in that particular band would be followed. The amount wise bands are as listed below:

0 to 10000

10001 to 25000

25001 to 50000

50001 to 100000

100001 to 300000

300001 to 500000

500001 and above

22) If an online claim is not approved by BPA, it will be moved back to the empanelled hospitals/diagnostic centers, with reasons for rejection and with provision for viewing by ESI Hospital/Institution online (for information).

23) Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter alia for all bills returned online by BPA under "Need more Information" category (NMI), within reasonable time but not later than 15 days failing which these claims will be processed by BPA on the basis of the available documents on FIFO basis as per defined TAT of BPA (from the date of movement from NMI disposal) without any further intimation to Empanelled

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hospital/diagnostic center. Relevant validation for the same shall be provided by the BPA in the system.

However, final payment for all claims would be at the discretion of respective ESIC/ESIS Hospital/Institution.

24) Following aspects shall be checked by the BPA, while scrutinizing the bills/claims:

I. Appropriateness of eligibility of the beneficiary as notified to BPA under ESIC policy.

II. Appropriateness of referral with reference to eligibility and bill/s with its appendages as notified to BPA or modified under ESIC Policy from time to time.

III. Whether the claim submitted is against approved referral or direct admission without approval. All such claims without referral shall be rejected summarily.

IV. Appropriateness of treatment including screening of patient's records to identify unnecessary admission and unwarranted treatment.

V. Whether the planned treatment has been deliberately shown as of emergency in nature and treatment billed. However, the emergency as advised in referral would be considered as emergency only.

VI. Whether any unnecessary Diagnostic, Medical or Surgical Procedures/Health Interventions or investigations were conducted by the Hospital

VII. Whether the treatment /Services have been provided as per ESIC Policy, approved CGHS rates, AIIMS rates, or rates as notified by ESIC on BPA's website www.esicbpa.utiitsl.com/esicfrom time to time.

VIII. Whether the package rates billed are best suited to the beneficiary in the prevailing circumstances.

IX. Application software shall also provide validations of defined rates for procedures/processes, prior to manual scrutiny, visible to all parties concerned.

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BPA shall also provide ESIC with an Audit Module with designated access to officials as specified from respective CFA of ESIC Hospital /SMC office.

X. Whether the patient was kept admitted for the period required for the treatment to be administered and that no unnecessary extension/stay is observed.

XI. Any other irregularities.

XII. Other details as per SST operations manual and/or as specified by ESIC from time to time or as conveyed to BPA in writing.

25) BPA would exercise wisdom for recommendation of claim where no written instruction is available from ESIC for e.g. consumables, visits of doctors etc. and that in all such matters where no written instructions are available BPA shall mark observation on the online data sheet provided that the final decision shall be the sole discretion of the respective CFA at ESIC Hospital (referring the patient)/SMC office. The number of days of stay has been indicated in the clause below **(Clause IX- Claim submission guidelines, point 12).**

26) In case where an ESI beneficiary avails treatment on payment (direct admission cases) the reimbursement claims will be processed by the ESIC offline, as per procedure unless specified otherwise. If BPA is asked to process such claims, the BPA shall process such claims as per the guidelines/TAT to be formulated by BPA and ESIC on the prevailing fees under this contract.

27) All ESI beneficiaries are eligible for cashless treatment from empanelled hospitals on a valid referral. In case of online referrals, if the bills are partly paid by the ESI beneficiary, to the tie up hospital for any implant/stent, etc., inter-alia then BPA shall summarily reject the claim and capture the relevant details of part payment with online data sheet. Final decision on payment of such bills shall be the sole discretion of CFA of ESIC hospital/SMC office. However, BPA fees shall be applicable on the total claim amount by the empanelled hospital.

28) In case of cashless treatment, continuity/Extension of ongoing treatment shall be captured on BPA module at the time of referral and any deviation shall be duly recorded by the BPA on the online data sheet at time of bill processing.

29) The scrutinized bills with remarks of BPA will be available to the empanelled hospitals/diagnostic centers on a 48 hours window for completion/rectification by

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the respective hospital/diagnostic center if needed and for information to all users. After 48 hours the bills will move online to the concerned ESIC Hospital/ SMC office for evaluation and further scrutiny/approval.

Any objection by empanelled hospital/diagnostic centres will be reviewed by designated official at Level1- at respective hospitals/SMC offices and bill re-evaluation as per ESIC Policy may be undertaken if deemed fit though the final decision will be by CFA of ESIC.

30) On obtaining recommendations of BPA, designated officials at ESIC Hospital / SMC office will approve/ reject the bill partly or fully and can modify the claimed value of scrutinized bills approved by BPA, after capturing the reasons online, within Three (03) working days (subject to availability of server/application) . The official shall affix stamp on the hard copy/physical bill after completion of scrutiny and mention final amount due for the claim, both in BPA module and hardcopy/ physical bills.

31) For claims which need further clarifications, "Need More Information" (NMI) status will be raised by the said official of the respective ESIC Hospital/SMC office to the empanelled hospital/diagnostic center immediately, but not later than Seven (07) working days (subject to availability of server/application) from receipt of recommendation from BPA with reasons captured on the module for viewing by the concerned users.

32) Empanelled hospitals/diagnostic centers shall have to provide clarifications/information inter alia for all bills returned online by ESIC Hospital/SMC office under "Need More Info" category within a reasonable time but not later than 15 days failing which these claims, without any further intimation to empanelled hospital/diagnostic center will be processed by ESIC on the basis of available documents. These claims will be considered closed not to be opened by ESIC. BPA shall provide relevant validation of 15 days of NMI Disposal in the module. Any delay in payment owing to pending clarifications /information will be the sole responsibility of the empanelled hospital, with no responsibility on ESIC.

33) Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills/Information/Clarification will be the sole responsibility of the empanelled hospital, thereby meaning, ESIC or BPA shall not be held responsible for the same..

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34) Reconciliations (if any) needed by the tie up hospitals shall be done timely, preferably within the same financial year. All reconciliation matters of the empanelled hospitals/diagnostic centers shall be invariably closed within the next two months of the recommendation by BPA i.e., if a bill is recommended by BPA on 1st June or 10th June or 30th June, the reconciliation must be completed by 31st August in the same year. However, the efforts will be made to see that the reconciliations for the recommendations done during February and March are also completed by 31st March of that year.

Decision of claims which are not approved (rejected) by ESIC Hospital /SMC office, with reasons for rejections, will be duly visible to all users for further action. Dispute resolution shall be a separate process.

35) After approval of the scrutinized bills online by the CFA at ESIC Hospital/SMC Office, using BPA module, the claims along with hard copies of bills shall be sent to the Cash and Accounts branch for processing and online approval in the ERP module. The authorized and identified officials of respective branches shall deduct taxes, process, concur and approve/revert the recommended claim amount by the CFA, using both the ERP module as well as BPA module till such time that both modules are synchronized in the future. Deduction of relevant taxes and final payment or revert by Finance officials shall be completed within Three (03) working days (subject to availability of server/application) of getting the approval for claims from the CFA. Accounts branch shall deface the original referral with a "Paid and cancelled" stamp and validate the final amount released against the claim, in both in BPA module and hardcopy/ physical bills. All payment details need to be captured in the BPA module for the purpose of reconciliations. The BPA will be authorized to appeal to Director General ESIC for such delayed payments if the undisputed service fees remain in arrear for more than 30 (thirty) days from the date of recommendation of the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA.

If the payment details are not updated by ESI Institutions in the BPA module, a follow up will be initiated by the BPA to SPOC at ESIC Hqrs. ESIC may resolve such outstanding entries within 3 working days.

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Processing fee towards Rejected Claims shall also be disbursed as per same terms and conditions.

36) Further, it would be ensured by BPA and ESIC Hospital/SMC office together, that three months (03 months) before the completion of empanelment period of hospital/diagnostic center or de-empanelment (as the case maybe), a detailed statement of accounts would be prepared by BPA and ESIC Hospital/SMC office together to crystallize any recovery and the hospital/diagnostic center would be required to clear the recovery before closing settlements are finalized. Relevant validation for the same shall be provided by the BPA on the system. Thereafter, BPA shall be exonerated from any outstanding liability.

37) After receipt of the information from ESIC Hospital/SMC office , the BPA will also ensure that all empanelled hospitals/diagnostic centers, validity of which has expired, are not reflected in the Online Referral generation template of the system but still exists in the payment module till such time that the respective empanelled hospitals/diagnostic center is revalidated or completion of earlier claims/recovery and reconciliations or as directed by ESIC provided the status of the hospitals/diagnostic center is updated by ESIC from time to time.

38) On expiry of validity as per MoA/MoU of empanelment at respective locations, empanelled hospitals/diagnostic centers should upload all pending bills at the earliest but not later than Three (03) months from the date of expiry of MoA failing which the empanelled hospitals/diagnostic centers shall have to give justification and seek waiver/condonation of delay from the respective competent Authority of ESIC Hospital/SMC office.

IX Claim submission guidelines:

1) Bill to be given in PI-PVI forms as per SST manual. Bill sheets to be numbered and chronologically placed with clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/clinical reports/ Permissions for extensions/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement.

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2) Discharge summary should be on the hospital letterhead and must have the following details:

a) Patient name

b) Age

c) Gender

d) Date and time of admission and discharge

e) Diagnosis

f) Presenting complaints duration,

g) Past medical history

h) Clinical examination

i) Hospital course

j) Any post-operation complications, prolonged stay and undue investigations and medications should be commented on.

k) Discharge advice correlated with the referral/ emergency letter, line of treatment, related investigations, details of procedures/ surgery etc.

l) Duly signed by the treating Specialist/Super specialist

m) In case of death detailed death summary with cause and time of death to be specified.

n) In case of LAMA (Left against medical advice) and transfer to higher centre the reason for the same to be specified.

o) Respective super specialists should countersign discharge summaries in cases of Chemotherapy/ Dialysis/ Radiotherapy bill claims. Consolidated bill should be raised by the empanelled hospital in above mentioned cases.

p) Date of earlier treatment in the hospital.

3) Final consolidated bill should be on the hospital letterhead with Bill number, Bill date, Date and time of admission and discharge, name, age of the patient with hospital seal and signature of the concerned authority in prescribed format-

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Medical College & Hospital
Bareilly

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(PII-PVI of SST manual). All Competent Authorities shall ensure the circulation of these formats again to empanelled hospitals/diagnostic centres.

4) Accommodation/ ICU should be checked as per entitlement and stay and as per ESIC policy.

5) Consultation - Undue consultation and excess consultation if any to be deducted, to be paid as per ESIC policy.

6) Lab Charges should be referred with prescribed rates and undue and irrelevant to be deducted.

7) Payment of Pharmacy, Consumables etc. in non-package procedures is to be done as per ESIC Policy. Undue and irrelevant expenses to be deducted.

8) Surgery charges should be referred to under ESIC Policy and package rates as applicable.

9) Implants: should be restricted to prescribed ceiling rates, if not listed then payment to be done as per ESIC Policy.

10) Any specialized investigations: Needs to be reviewed on clinical findings and to be admitted if justified.

11) Others (physiotherapy, dressing, dialysis, blood transfusion, chemo therapy etc) to be admitted as per justification and prescribed ESIC Policy.

12) Numbers of days considered for package for different categories of surgeries are as follows:-

- ✓ 12 days for specialized (super specialties) treatment.
- ✓ 7 days for other major surgeries.
- ✓ 3 days for laparoscopic surgeries/normal deliveries.
- ✓ 1 day for day care/minor (OPD) surgeries

X Processing Fees

Subject to BPA rending bill-processing services as per the guidelines, the empanelled hospitals/diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

The Service Fee and Service Tax, GST or any other taxes by whatever name called payable to BPA will be deducted by ESIC Hospital/SMC office from the amount

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payable to the empanelled hospital/diagnostic center and the amount after deduction of applicable income tax plus Service Tax, GST or any other taxes by whatever name called shall be transferred to the account of BPA through ECS, or otherwise, as decided from time to time, simultaneously along with the payment/s for empanelled hospital/diagnostic centers. The Income tax to be deducted at source shall be applicable only on the processing fee. **Payments released to BPA and empanelled hospitals/diagnostic centres should be mandatorily entered into the UTI module. Due care should be taken to append respective ESIC Hospital/SMC Office as links on NEFT payment transactions done through respective banks for ease of reconciliation of payments by third parties.**

If the claim was rejected or results into nonpayment to the empanelled hospital/diagnostic center, ESIC Hospital/SMC Office shall recover the service fee and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic center (or the group hospitals / companies) and shall pay to the account of the BPA. If there are no subsequent claims from empanelled hospitals/diagnostic center, then said fee and service tax/GST/any other relevant tax by any name shall be recovered by ESIC from the empanelled hospital and paid to BPA.

BPA shall strive to adhere to the TAT of 10(ten) working days after the receipt of claim (as defined) / physical bills/ receipt of clarification or completion of period of NMI Disposal (whichever is later). ESIC reserves the right to levy a penalty upto10% on the service fees payable to BPA for the claims pending beyond TAT of the respective bill of the empanelled hospital/s/diagnostic centers. This penalty shall be added to the approved amount of the respective empanelled hospital/diagnostic center and shall be validated by the system to be developed and shall be auto calculated by such system and prompted to the respective ESIC Hospital/ SMC on the system at the time of final recommendation on the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA.

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ANNEXURE I

The Service deliverables from ESI Hospitals/Institutions and BPA with the agreed timelines are as follows:

S.No	Activities	Time Lines
1.	Turn Around Time (TAT) for claims Intimation by empanelled hospitals/diagnostic centers	4 hours
2.	Turn Around Time (TAT) for upload of claims into application by empanelled hospitals/diagnostic centers.	Within seven (7) working days of conduction of test/ procedure/ health intervention/OP consultation / discharge.
3.	Submission of Physical folders by empanelled hospitals/diagnostic centers.	Within seven (7) days but not later than Thirty (30) working days from conduction of test/ procedure/ health intervention/OP consultation/discharge.
4.	Turn Around Time (TAT) for acknowledgement and verification of hard copies/physical bills both online and physically, by respective ESI Hospital/Institution.	Within 02 (two) working days of receipt of hard copies/physical bills subject to availability of Server/Application
5.	Verification, Scrutiny and Recommendation of Claims by BPA.	Within 10 (ten) working days after uploading of the claim by the empanelled hospitals/diagnostic centers and after Physical copies of bills have been received at respective ESI Hospitals/Institutions and all queries resolved, whichever is later.
6.	Turn Around Time (TAT) for completion of medical scrutiny and final approval of amount payable by CFA, online at respective ESI Hospital/Institution with release of payment	Within 7(seven) working days subject to availability of Server/Application
7.	Turn Around Time (TAT) for submitting clarifications/additional documentation inter alia by empanelled hospitals/diagnostic centers for queries raised by ESI Hospital/Institution.	Within 15 (fifteen) days.
8.	Providing of Quality Dash Board to ESIC officials& MS	Online real-time
9	Enabling Mail/Voice over communication/Call center	During office hours (10 AM to 6 PM)

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Changes/addendum in the existing MoU between ESIC locations and empanelled institutions to incorporate UTIITSL as Bill Processing Agency (BPA) for bill scrutiny, processing and payment under Contract with ESI Corporation

Introduction

ESIC is providing comprehensive medical care facility to its beneficiaries/and their dependents. In the process, ESIC has empanelled hospitals/diagnostic centers for providing treatment to its beneficiaries. ESIC has decided to appoint UTIITSL as a Bill Processing Agency (BPA) for processing the claims and recommending the payment to be released on behalf of ESIC. The medical care facility is extended to the ESIC beneficiaries who are entitled to cashless facility in the ESIC empanelled hospitals/diagnostic centers.

Here after respective MS's-ESIC Hospitals & Regional offices will enter into MOU/ Addendum to MoU (as the case maybe) with empanelled hospitals to enable referral generation and online billing through UTI Module. BPA will provide a front end user interface through the software where in the respective MS's-ESIC Hospitals/Regional offices/ designated officials of ESIC will be able to update all necessary details of registration of empanelled hospitals/diagnostic centers with validity, extension of validity/ details of accreditation (NABH/NABL), de-empanelment of hospital, classification of hospital and any other parameters/criteria as specified by ESIC from time to time.

Expenditure incurred on services provided by empanelled hospital/diagnostic center is paid directly to the empanelled facility by ESIC after the bill is processed by BPA. UTIITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing (as per ESIC Policy and Standard Operating Procedures) for scrutiny and processing of all bills (SST/Secondary/ Investigations etc.) of Empanelled Hospitals/Diagnostic Centers for beneficiaries referred from ESIC Hospitals and bills for only Super Specialty treatment in case of ESIS Hospitals.

BPA shall be providing the required software as per MOU to all empanelled hospitals/diagnostic centers of ESI to run the process.

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I Pre-requisites:

1. The empanelled hospitals/diagnostic centers are required to sign the addendum (Annexure - A) of MoU with ESIC Hospital / Institution/Regional office.
2. Soft copy of the addendum duly signed by both parties is also required to be uploaded on to BPA's software module.
3. Empanelled hospitals/diagnostic centers need to submit attested copies of following physical documents to BPA.

a. Revised MoU/agreement signed by ESI hospital/ institution/ Regional office (Healthcare payer) with the empanelled hospital (Healthcare provider), showing the date/duration of validity of agreement/MoU.

b. Empanelled hospitals/diagnostic centers to provide user details, roles to be played and authority of users who shall be processing/submitting the claims online of referred patients of ESI Hospital/Institution using BPA.

c. NABH/NABL and other relevant certificates of the empanelled hospital/diagnostic center along with the validity date / period.

d. Rate list for procedures and services:

4. Empanelled hospital/diagnostic center shall abide by any other requirement specified from time to time by ESIC and/or BPA in regards to implementation of online referral processes, clinical data and claim generation using the software application.
5. On fulfilling requirements by the empanelled hospital/diagnostic center, BPA shall provide Login Details along with User access details; the receipt of which is to be confirmed by the empanelled hospital/diagnostic center to both ESIC and BPA.
6. BPA shall provide training to the identified employees of the empanelled hospital/diagnostic center on the access and use of the web based application software, process of honoring routine referrals, emergency referral treatment protocol, final bill uploading/submission processes, and uploading/submission of clinical reports, etc. BPA shall train on the Standard Operating Processes related to bill processing.
7. BPA shall check and verify the authenticity of documents submitted by the empanelled hospital and tally with the document submitted to ESIC/ESIS Hospital/ Institution. BPA shall check and keep a track on steps online, in the online processing activities in order to ensure transparent and fair processes.
8. Empanelled Hospital/diagnostic center shall only be able to upload claims from the date of initiation of revised MoU. System shall auto-reject any claim which is backdated or for past period.
9. The validity of revised MoU with ESIC Hospital/Institution/Regional office and NABH/NABL certificates shall be visible to all parties in the module so as to ensure checking while processing claims. The application software shall have different validations of rates based on criteria for NABH/ NABL certified status of the empanelled hospital/diagnostic center. As and when the MoU validity/Accreditation validity is about to expire, the empanelled hospital/ diagnostic centre needs to upload the renewed relevant document within its login account to maintain continuity for uploading and processing of claims.

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10. Access for empanelled hospitals/diagnostics centers, validity of which has expired, will be blocked in the Online Referral generation template of UTI- Module but still exist in the payment module till such time that the respective empanelled hospitals/diagnostics centers are re-ernpanelled or completion of billing or as directed by ESIC.
11. On expiry of validity as per MoA / MoU at respective locations, empanelled hospitals/diagnostic centers should upload all pending bills at the earliest **but not later than Three (03) months from the date of expiry of MoU,** failing which the empanelled hospitals/diagnostic centers shall have to give justification and seek waiver/ condonation of delay from the Competent
Authority of respective ESIC Hospital/Regional office.
12. System shall accept the patient claim only with the referral letter within its validity period i.e. 7 days (excluding the date of referral). As and when the referral is Issued, its validity shall get captured online. Therefore, when the empanelled hospital shall submit the claim, system shall authenticate the referral validity.
13. BPA software shall accept documents only in PDF format, of limited size or in any other secure format as modified by ESIC from time to time. If the uploaded document is not legible, BPA software shall auto-reject the same.
14. Empanelled hospital/diagnostic center shall submit original hard copies of bills along with duly signed detailed discharge summary and chronologically placed clinical sheets/investigation reports/Blood bank notes/IPD notes (if needed)/c1inical reports/Films/pouches/invoices/price stickers/ Utilization certificates/OT Notes/pre and post operation radiological images for procedures/wrappers and invoice for drugs costing more than Rs 5000/ or any other requirement (as per T&C of MoA which the hospitals and diagnostic centers have with ESIC) etc, which were uploaded in the system in support of the claim, within 7 (seven) working days and not beyond 30 days to the ESIC/ESIS Hospitals/Institutions from where referral was generated. Any bill/claim submitted beyond 30 days should be accompanied with online/offline waiver from ESIC/ESIS hospital/institution and BPA shall not adhere to TAT while processing such claims.

The claim cannot be considered as complete for processing by BPA until such physical submissions are carried out.

15. Any delay in processing owing to non-submission/delayed submission of hard copies/physical bills will be the sale responsibility of the empanelled hospital, thereby meaning, ESIC or BPA shall not be held responsible for the same.

16. BPA shall provide training on e-claim processing and technical assistance related to software glitches.
17. Empanelled hospitals/diagnostic centers are requested to register with the BPA i.e. BPA at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

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II Deployment of software

BPA shall set up and deploy the customized application (software)as already being used and accepted by ESIC for the bill processing assignment.

III Training

BPA has imparted initial free of cost training to ESIC and empanelled hospitals/diagnostic centers before signing of the contract. The BPA shall again impart refresher onsite training, free of cost at all locations after the MoU is signed. In addition, BPA will prepare a video film, free of cost along with ESIC Officials for complete training purposes.

Additional 3 (three) trainings if required, shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

BPA shall further impart training to newly empanelled hospitals at any point later whenever fresh empanelment is undertaken for that respective location and no extra charges will be paid by ESIC for such training on fresh empanelment of a new entity. In such cases also, additional 3 (three) trainings shall be given through electronic platforms like Skype, Team Viewer, Video Conference, Videos etc without any cost to ESIC / hospitals.

After the above trainings have been given and still there is a requirement of any further additional training, then it would be at a cost to be decided by BPA which shall be borne by the empanelled hospital/diagnostic centre.

IV Creation of User ID (Activation / Deactivation)

User IDs will be created for users of empanelled Hospitals/diagnostic centres as per the procedure mentioned below:

a) Filling the User ID creation form by prospective user.

b) The role of the user to be mentioned, as defined in the form.(Eg: login details, user access details etc)

c) The form should be signed by the user and authorized by respective authorised signatory along with official seal and signature of the empanelled hospital/diagnostic centre.

d) Filling of the user creation template in the Excel format.

e) Scanned copies of these documents to be forwarded to esicbpa@utiitsl.com along with User Creation Template in .XLS format.

f) If any user is discontinued by whatsoever reason, **it is imperative that** the same should be communicated to BPA by respective authorised Signatory along with official seal and signature of the empanelled hospital/diagnostic centre for deactivation of old IDs and

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creation of fresh user IDs by following the above procedure.

V Queries:

BPA shall facilitate the replies to the queries for all users of the system i.e.ESI Hospitals/Institutions and empanelled hospitals/diagnostic centers through e-mails (BPA - IT & Training Helpdesk) and escalation matrix as under:

Divisional Manager
Assistant Vice President
Dy Vice President
Vice President
Senior Vice President

All queries will be addressed by the BPA promptly within 24 hrs. E-mail resolution MIS will be provided by the BPA. The BPA shall also publish on its webpage www.esicbpa.utiitsl.com/esic the process flow and the procedures followed, so that the user does not have to constantly interact with BPA.

BPA shall discourage direct personal discussions of employees with the hospital staff.

VI Procedures- Empanelled hospital/diagnostic centre shall follow ESIC Policy and Standard Operating Procedure as per document attached and as modified by ESIC from time to time.

VII Processing Fees

Subject to BPA rending bill-processing services as per the guidelines, the empanelled hospitals/diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

The Service Fee and Service Tax, GST or any other taxes by whatever name called payable to BPA will be deducted by ESIC from the amount payable to the empanelled hospital/diagnostic center and the amount after deduction of applicable income tax plus Service Tax, GST or any other taxes by whatever name called shall be transferred to the account of BPA through ECS, or otherwise, as decided from time to time, simultaneously along with the payment/s for empanelled hospital/diagnostic centers. The Income tax to be deducted at source shall be applicable only on the processing fee.

If the claim was rejected or results into nonpayment to the empanelled hospital/diagnostic center, ESIC shall recover the service fee and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic center (or the group hospitals / companies) and shall pay to the account of the BPA. If there are no subsequent claims from empanelled hospitals/diagnostic center, then said fee and service

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and Medical College & Hospital

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tax/GST/any other relevant tax by any name shall be recovered by ESIC from the empanelled hospital and paid to BPA.

BPA shall strive to adhere to the TAT of 10(ten) working days after the receipt of claim (as defined) / physical bills/ receipt of clarification or completion of period of NMI Disposal (whichever is later). ESIC reserves the right to levy a penalty uptol0 on the service fees payable to BPA for the claims pending beyond TAT of the respective bill of the empanelled hospltal/s/diagnostlc centers. This penalty shall be added to the approved amount of the respective empanelled hospital/diagnostic center and shall be validated by the system to be developed and shall be auto calculated by such system and prompted to the respective ESIC Hospital/ SMC on the system at the time of final recommendation on the claim. Letter confirming the amount due to BPA shall be issued by respective CFA within 30 days from date of last recommendation of claim by BPA.

Empanelled hospitals are requested to register with the BPA i.e. UTIITSL at the earliest as all referrals shall be made through the systems only to the registered hospitals effective from the date of signing of MOU between ESIC and BPA.

06/04/22

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Annexure A

(Ref to..... Medical Superintendent ESIC Hospital Bareilly _ of ESIC Hospital/Regional office,
Letter No..... _dated.....)

ADDENDUM TO MEMORANDUM OF AGREEMENT DATED .....

This Memorandum of Understanding (MOU) entered into on this the..... 6th April, 2022 ~~day~~ of ___ ~~2019~~ between (Herein after referred to as ESIC, 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

Rohilkhand Medical College & Hospital
_____ (Name of Empanelled Private Hospital/Diagnostic Centre) having its registered office at... Bareilly., India, herein referred to as "Empanelled hospital" which expression shall unless repugnant to the context or meaning thereof be deemed to mean and include its successors, liquidators, Administrators and permitted assigns) of the second part.

WHEREAS the ESIC is providing comprehensive medical care facilities to the beneficiaries,

AND WHEREAS ESIC proposes to provide treatment facilities through its hospitals & dispensaries to the Beneficiaries in the Empanelled Hospitals,

AND WHEREAS empanelled hospital offered to give the treatment /diagnostic facilities/ health benefits to ESIC Beneficiaries in the Empanelled Hospital,

Each of these empanelled Hospitals shall hereinafter be referred individually as a "Party" and collectively as the "Parties"

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Bareilly

2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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Whereas the Parties have entered into this MOU to record their intention to jointly engage UTIITSL as Bill Processing Agency (BPA) in relation to payments and re-imbursement for Medical Expenses.

The parties shall abide by the following undertakings in addition to ESIC Policy and Standard Operating Procedures, the clauses mentioned in the Memorandum of Agreement with ESIC Hospital/Regional office and for the purpose of bill processing:

A. The empanelled hospital shall acknowledge the referral from ESIS/ESIC Hospital/institution online.
B. The empanelled hospital on admission of an ESI Hospital/institution Beneficiary shall intimate online to BPA the complete details of the patient, proposed line of treatment, proposed duration of treatment with Clinical History within 24 hours of admission.
C. After the patient is discharged, the hospital will upload the claim related documents as per SOP and ESIC policy viz Referral letter, Bills, Lab reports, Discharge Summary, Doctors report, indoor papers etc to BPA through the web based application within seven (7) working days.
D. The hard copies of the claim will be delivered /dispatched to the concerned referring ESI Hospital/institution within seven (7) working days but not later than 30 days.
E. The empanelled hospital shall submit all the medical reports in digital form as well as in physical form as per ESIC policy and SOP.
F. The empanelled hospital agrees that the actual processing shall start when physical copies of the bills submitted by the empanelled hospitals to the concerned referring ESIC/ESIS Hospital, are verified by them on behalf of respective ESIC/ESIS Hospital. Counting of days shall start from such date for the purpose of TAT. In case of query raised on the bills the TAT for the purpose of BPA shall start from the date of reply to the last query raised by the Tie-up Hospital.
G. In case of absence of certain physical documents, the "Need More Information" (NMI) status will be raised by the Verifier of the respective ESIC/ESIS Hospital, BPA or Medical processing team of respective ESIC Hospital/Regional office to the empanelled hospital/diagnostic center for the missing/ambiguous physical documents (As per SOP). Empanelled hospitals/diagnostic centers shall have to submit the clarifications/information inter-alia for all bills returned online at any level under "Need for more Info" category (NMI), within 15 days failing which these claims will be processed by the respective levels and BPA on the basis of available documents without any further intimation and such bills/claims will be dosed not to be opened further.

H. The BPA will audit the medical claims of the ESI Hospital/institution Beneficiaries in respect of the treatment taken by them in the empanelled hospital and make recommendations for

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onward payment to ESIC Hospital/Regional office in a time bound manner within a period of 10 working days from the date of submission of bills in physical format or reply to last query, whichever is later.

I. The empanelled hospitals shall have the necessary IT infrastructure for interaction with BPA such as Desktop PC with internet connectivity features, High Speed High resolution multi page Document Scanner, Printers, etc.

J. In case of some mistakes in the scrutiny of claims recommendations thereto by BPA resulting in excess payment to the empanelled hospital by ESIC Hospital/Regional office the excess amount shall be recovered from the future bills of the empanelled hospital.

K. Subject to BPA rendering bill-processing services as per terms and conditions of this agreement, the empanelled hospitals/diagnostic centers/claimants shall pay to the BPA, the service fees and service tax/GST/any other tax by any name called as applicable on per claim basis, as detailed below, through ESIC.

L. The amount deducted towards fee and service tax/GST/any other tax by any name called from the payable claims of hospitals/diagnostic centers shall be forwarded by ESIC to BPA simultaneously along with the payments to empanelled hospital through ECS or any other mode of money transfer, as decided by ESIC.

M. The processing fee admissible to BPA will be at the rate of 2% of the claimed amount of the bill submitted by the empanelled hospital/diagnostic center (and not on the approved amount) and service tax/GST /any other tax by any name thereon. The minimum admissible amount shall be Rs.12.50 (exclusive of service tax/GST/any other tax by any name, which will be payable extra) and maximum of Rs. 750/- (exclusive of service tax/GST/any other tax by any name, which will be payable extra) per individual bill/claim. The fee shall be auto-calculated by the software and prompted to the ESI Hospital/Regional office by the system at the time of generation of settlement ID.

N. The fee shall also mean to include any additional payment of Service Tax, GST or any other taxes by whatever name called as applicable on such fee amount admissible to BPA.

O. If the claim is rejected or results into non payment to the empanelled hospital/diagnostic center, ESIC Hospital/Regional office shall recover the service charge and service tax/GST/any other tax by any name due to the BPA from the subsequent claims of the respective empanelled hospital/diagnostic center and shall pay to the account of the BPA.

P. MEDICAL AUDIT OF BILLS: There shall be continuous medical audits of the services provided / claims raised by the empanelled hospital by ESIC / BPA.

06/04/2

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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IN WITNESS WHEROF the parties have caused this Agreement/MOU to be signed executed on the day, month and year first above-mentioned.

Signed by (Authority of ESI Institution)

Medical Superintendent 06/04/22

ESIC Hospital, Bareilly, U.P.

In presence of

(Witnesses)

1 Dr. Vivek Kr. Pandey 06/04/22

2 06/04 Sumit Parashar

Signed by (For and behalf of Rohilkhand Medical College and Hospital, Opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly, U.P.

Dated ----------

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

In the presence of

(Witnesses)

1 Ramit Angel 6/4/22

2 Ravi Kashyap Ravi Kashyap

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Provider No.

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made at _____this ____ day of _____ **2021**, between PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED., a Private Limited Company incorporated under the provisions of Companies Act, 1956 and having its Registered Office at Plot No.A-442,Road No-28.,M.I.D.C,Industrial Area, Waghle Estate, Ram Nagar, Vitthal Rukhmani Mandir, Thane (W) - Pin Code- 400 604, Maharashtra hereinafter called "PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED / PHS" (which expression shall unless it be repugnant to the context or meaning thereof shall mean and include its successors) of the
First Part.

And Rohilkhand Medical College and Hospital

Hospital/Nursing Home /Registered public charitable Trust private body individual having its office at

Opp Suresh Sharma Nagar Pilibhit Bypass Road Bareilly hereinafter called "the Provider" (which expression shall unless it be repugnant to the context or meaning thereof shall mean and include the persons for the time being and from time to time constituting the said private organization /Trust, survivors or survivor of them) of the Other Part:

WHEREAS:

1. PHS TPA is registered as Third Party Administrator and has obtained a license from The Insurance Regulatory and Development Authority (hereinafter called "The Authority") under "The IRDA (Third Party Administrator – Health Services) Regulations 2001" (hereinafter called "the Regulations") framed under The Insurance Regulatory and Development Authority Act, 1999 (hereinafter called "the Act") to act as Third Party Administrator bearing license No. 006 of IRDA and is duly authorized by the insurance companies listed out in **Schedule D** ("Insurers") to act as a third party administrator in accordance with applicable law including but not limited to IRDAI (Third Party Administrators -Health Services) Regulations, 2016. The **Schedule D** may be modified or supplemented by PHS TPA. At any time by providing a notice in writing to the Provider.

2. PHS TPA as Third Party Administrator renders healthcare services necessary as defined by insurers to various individuals who have obtained Mediclaim or Health Insurance policies from the Insurance Companies mentioned in **Schedule D**.

3. PHS and the Provider mutually agree to provide health care to the individuals / corporate members (hereinafter called "the Beneficiaries") who require medical treatment under the Health Insurance policies issued by the Insurance Companies or self funded health plans approved by IRDA with whom PHS has entered into the Agreements under the said Regulations on the undertaking that the respective insurance companies shall be paying the eligible expenses for the medical treatment given by the Provider

4. The Provider has accepted the offer made by PHS TPA on the terms and conditions hereinafter appearing.

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS: -

ARTICLE 1 :

1. DEFINITIONS & INTERPRETATION

The following terms and expressions shall have the following meanings for the purpose of this Agreement:

1.1 "Agreement" shall mean this agreement and all Schedules, supplements. Appendices appendages and modification thereof made in accordance with the terms of this agreement.

[Sign / Stamp of Provider]

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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1.2 Preauthorization For Cashless Access

The TPA upon getting the necessary medical information from the Provider, will issue a preauthorization letter/guarantee of payment letter on behalf of the Insurer/Payer to the Provider mentioning the guarantee of the sum, length of stay and also the ailment for which the person is seeking to be admitted as a beneficiary.

1.3 Denial of Pre-authorization

In case of failure to provide the relevant medical and policy details as required according to the TPA's for interpretation of the benefits, the TPA may deny the guarantee of payment to the Provider and may not authorize the Insured Person for cashless access.

1.4 "Emergency admission" shall mean a serious medical condition or symptom resulting from injury or sickness which arises suddenly and requires immediate hospitalized care and treatment, within 24 hours of onset, to avoid jeopardy to the life or serious damage to the health of Insured Person, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

1.5 'IRDA' shall mean the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act 1999.

1.6 'Third Party Administrator' shall mean any TPA who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations 2001 by the IRDA to practice as a third party administrator.

1.7 'PHS authorized representative' shall mean a PHS employee with authorized PHS photo identification card or any person with an authority letter from PARAMOUNT HEALTH

SERVICES & INSURANCE TPA PRIVATE LIMITED.

1.8 'Coinsurance' is a provision under which a payer and beneficiary share the incurred claim cost in a predetermined ratio.

1.9 'Deductible' is a portion of claim in way of fixed amount that is not covered under the insurance policy or health plan and has to be borne by the beneficiary.

1.10 'Authorization letter' is a letter giving an approval to the request received from the Provider for Preauthorization.

1.11 'Insurance Co' means any insurance company with whom PHS has an signed agreement as mentioned in Schedule D

1.12 All words and expressions used herein shall be read and construed in accordance with the definitions provided under the Insurance Act, 1938, Insurance Rules, 1939, IRDA Act, 1999, IRDA (Third Party Administrators – Health Services) Regulations, 2016, as amended from time to time.

WARRANTIES BY PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED.

1.13 PHS under this MOU is entitled to coordinate with the insurance company for requisite payment to the Provider for the necessary medical treatment given to the Beneficiary provided the Provider has fulfilled all the necessary conditions as mentioned and as approved by IRDA

1.14 This agreement is signed by a person duly authorized by PHS TPA and all the terms and conditions contained in this agreement are binding on PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED.

1.15 As required under the Regulations any employees / contracted consultants of PHS TPA. who is a qualified medical doctor registered with the Medical Council of India and acting on behalf of PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED. is eligible to discuss generally the medical treatment to be given to the Patients by the Provider.

1.16. The patients who seek cashless service facility shall hold valid Identity Card & Authorization Letter received with prior approval from PSH TPA.

[Sign / Stamp of Provider]

Administrative Officer
College & Hospital

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ARTICLE – 2

GENERAL PROVISIONS.

2.1. The Provider shall Register in the Hospital Registry ROHINI maintained by Insurance Information Bureau (IIB). The Provider may endeavour to meet the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals (NABH) or such other standards or requirements as may be specified by IRDAI from time to time

2.2. The Provider shall subject to the availability of the beds extend priority admission facility to the patients. The Provider should treat the patients with courtesy and care

2.3. The Provider hereby assures PHS TPA that the Provider has cover of adequate insurance policy against any error or omission in treatment as also negligence by its doctors and Para-medical staff and shall keep such policies in force during the subsistence of this agreement.

2.4. The Provider shall as far as possible endeavor to have an officer of the Provider assigned for the patients and shall endeavor to ensure that such officer learns various types of medical benefit offered by different insurance plans.

2.5. The Provider shall allow the qualified medical representatives PHS TPA to visit the patients and generally discuss the medical treatment to be given by the Provider to the patients provided always the final decision with respect to the line of treatment to be given to the patients shall be that of the Provider and its team of doctors, and the representatives of PHS TPA shall not interfere with the same, However they have the right to know the treatment plan and discuss the same with the provider.

2.6. If found necessary by PHS TPA to depute an authorized representative, the Provider shall allow with prior appointment or otherwise, the authorized representatives to have an access to the standardized billing and medical records, Electronic Medical Records, Indoor Case Papers, International Coding of Diseases after the patient is discharged or during the period of the hospitalization.

2.7. The Provider and PHS TPA agree to comply with the statutory requirements and follow the law of the land. If there is any mandatory statutory requirement, the Provider shall comply with the same specifically with the future requirements.

2.8. The Provider hereby agrees to have the bills for the treatment provided to the patients, audited, only if the same is absolutely necessary *provided always* that it will not be open to PHS TPA to deny payment of the bill on the ground that the same is not audited.

2.9. The Provider will convey to the Doctor treating the patient to keep the patient only for the required number of days of treatment and carry out only the required investigation and treatment for the ailment for which he/she is admitted and the decision in this regard of the attached Doctor shall be final and binding on the parties. In the event of any complications and/or emergency the treatment for the same will be included and permitted as necessary treatment and the attached Doctor shall at all times have the rights to treat the patient as he/she considers in his/her absolute discretion fit and necessary. Any other investigations required by the patient for his/her benefit are not reimbursable and hence not payable by PHS TPA and the Doctor will inform the patient that he/she will have to bear the costs of the same.

2.10. However if there is any deviation in the line of treatment or from the information given in the Pre - Authorization request, PHS TPA shall not be considered liable and the patient will have to bear the cost for the same and the provider would be required to recover the same from the patient.

ARTICLE 3: IDENTIFICATION OF PATIENTS.

3.1. PHS TPA shall issue an identity card to the patient bearing such identification mark, logo or wordings of PARAMOUNT HEALTH. The identity card shall have the **recent photograph** and signature or thumb impression of the patient. PHS TPA shall also issue an authority letter in favor of the patient. The Provider shall be entitled to act on such identity cards and authority letters. The Authority Letter shall inter alias contain the guaranteed amount payable by PHS TPA to the Provider.

3.2. For the benefit of the patients the Provider may display the recognition and promotional material, network status and procedure for admission supplied by PHS TPA at prominent location preferably at the reception and admission counter. The Provider shall inform the officers manning the reception and admission counter regarding the procedure of admission and identity cards or authorization letters. It is

[Sign / Stamp of Provider]

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agreed between the parties that this will be at the discretion of the Provider and there is no obligation on the Provider to do so.

3.3. In the event of the Provider bonafide believing that the identity card or the authorization letter is not genuine then in that event the Provider shall contact PARAMOUNT HEALTH SERVICES INSURANCE TPA PRIVATE LIMITED.& address the same.

ARTICLE 4: PROVIDER SERVICES.

A. OUTPATIENT SERVICES

4.1. Subject to the amount and the required services mentioned in the authorization letter or in a letter accompanying the identity card the following services shall be rendered by the Provider as Outpatient services: -

1. Health Checkup
2. OPD Investigation, Consultations, pharmacy etc.

The Provider agrees to give 0 % Discount on its OPD services to all paramount card holders

B. INPATIENT SERVICES - Planned Admission procedure

1. Request for hospitalization shall be forwarded by the provider immediately after obtaining due details from the treating doctor in the preauthorization form prescribed by the Authority i.e. "request for authorization letter" (RAL). The RAL shall be sent electronically along with all the relevant details in electronic form to the 24-hour authorization /cashless department of the insurer or its representative TPA along with contact details of treating physician and the Insured. The insurer's or its representative TPA's medical team may consult the treating physician or the insured, if necessary.
2. If the treating physician of the provider identifies any disease or ailment as pre- existing, the treating physician shall record it and also inform the insured immediately.
3. In cases where the symptoms appear vague / no effective diagnosis is arrived at, the medical team of the insurer or its representative TPA may consult with treating physician / insured, if necessary.
4. The RAL shall reach the authorization department of insurer or its representative TPA 7 days prior to the expected date of admission, in case of planned admission.
5. If "clause 3" above is not followed, the clarification for the delay needs to be forwarded along with the request for authorization.
6. The AL form shall bed fully filled In clearly mentioning Yes or No and the details as required. The form shall not be sent with nil or blank replies.
7. The guarantee of payment shall be given only for the medically necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Non covered items as per terms and conditions of the policy, like Telephone usage, food provided to relatives/attendants, Provider registration fees etc must be collected directly from the insured.
8. The authorization letter by the insurer or its representative TPA shall clearly indicate the amount agreed for providing cashless facility for hospitalization.
9. In the event of the cost of treatment increasing, the provider may check the availability of further limit with the insurer or its representative TPA.
10. When the cost of treatment exceeds the authorized limit, request for enhancement of authorization limit shall be made immediately during hospitalization using the same format as for the initial preauthorization. The request for enhancement shall be evaluated based on the availability of further limits and the hospital may be required to provide valid reasons for the same. No enhancement of limit is possible after discharge of insured.
11. Further, the insurer or the TPA who is acting on behalf of the Insurer shall accept or decline such additional expenses within a maximum of 24 hours of receiving the request for enhancement. Absence of receiving the reply from the [Insurance Company] within 24 hours shall be construed as denial of the additional amount.
12. In case the insurer has opted for a higher accommodation/facility than the one eligible under the policy, the Provider shall explain the effect of such option and also take a written consent from the beneficiary at the time of admission as regard to owing the responsibility of such expenses by the insured including the proportionate expenses which have a direct bearing due to up gradation of room accommodation/facility. In all such cases the Insurer [Insurance Company] shall pay for the expenses which are based on the eligibility limits of the insured. However provider may charge any advance amount / security deposit from the insured only in such cases where the insured has opted for an upgraded facility to the extent of the amounts to

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be collected from the insured.

13. Insurance company guarantees payment only after receipt of RAL and the necessary medical details. The Authorization Letter (AL) shall be issued within 48 hours of receiving the RAL.
14. Incasetheailmentisnotcoveredorthegivenmedicaldataisnotsufficientforthe medical team of the authorization department to confirm the eligibility, insurer or its representative TPA shall seek further clarification/ information immediately.
15. Authorization letter [AL] shall mention the authorization number and the amount guaranteed for the procedure.
16. In case the balance sum available is considerably less than the cost of treatment, provider shall follow their norms of deposit/running bills etc. However provider shall only charge the balance amount over and above the amount authorized under the health insurance policy against the package or treatment from the insured.
17. Once the insured is to be discharged, the Provider shall make a final request for the pre-authorization for any residual amount along with the standard discharge summary and the standard billing format. Once the provider receives final pre- authorization for a specific amount, the insured shall be allowed to get discharged by paying the difference between the pre-Authorized amount and actual bill, if any. Insurer upon receipt of the complete bills and documents shall make payment of the guaranteed amount to the provider directly.
18. Due to any reason if the insured does not avail treatment at the Provider after the pre authorization is released and any payment is made in this regard, the Provider shall return the amount to the insurer immediately.
19. All the payments in respect of Pre-Authorized amount shall be made electronically by the insurer to the provider as early as possible but not later than 30days, provided all the necessary electronic claim documents are received by the insurer.
20. Denial of authorization (DAL) for cashless is by no means denial of treatment by the health facility. The provider shall deal with such case as per their normal rules and regulations.
21. Insurer shall not be liable for payments to the providers in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.
22. Provider, insurer and its representative TPA shall ensure that the procedure specified in this Schedule is strictly complied in all respects.

C. Preauthorization Procedure – Emergency Admissions:

1. In case of emergencies also, the procedure specified in Clause (I) (1), (2) and (3) shall be followed.
2. The Insurer or its representative TPA may continue to discuss with treating doctor till conclusion of eligibility of coverage is arrived at. However, any life saving, limb saving, sight saving, emergency medical attention cannot be with held or delayed for the purpose of waiting for pre-authorization. Provider meanwhile may consider treating him by taking at ok en deposit or as per their norms.

3. Once a pre-authorization is issued after ascertaining the coverage, Provider shall refund the deposit amount to the insured if taken barring a token amount to take care of non covered expenses.

D. Re-Authorization Procedure – RTA /MLCs:

1. If requesting a pre-authorization for any potential medico-legal case including Road Traffic Accidents, the Provider shall indicate the same in the relevant section of the standard format.
2. Incaseofaroadtrafficaccidentandoramedicolegalcaseifthevictimwasunder the influence of alcohol or inebriating drugs or any other addictive substance or resort to intentional self injury, it is mandatory for the Provider to inform this circumstance of emergency to the Insurer or its representative TPA.

Authorization (AL):

1. Authorization letter shall mention the amount, guaranteed class of admission, eligibility of the patient or various sub-limits for rooms and board, surgical fees etc. wherever applicable, as per the benefit plan for the patient.
2. The Pre-Authorization letter shall also mention Validity of dates for admission and number of days allowed for hospitalization, if any. The Provider shall see that these rules are strictly followed; else the AL will be considered null and void.
3. In the event of the room category, if any, not being available the same shall be informed to the Insurer or its representative TPA and the Insured. For such cases if the Insured is admitted to a class of accommodation higher than what he is eligible for, the provider shall collect the necessary difference, if any, in charges from the Insured.
4. The AL has a limited period of validity – which is 15days from the date of sending the authorization.

[Sign / Stamp of Provider]

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5. AL is not an unconditional guarantee of payment. It is conditional on facts presented – when the facts change the guarantee changes.

Reauthorization:

1. Where there is a change in the line of treatment – a fresh authorization shall be obtained from the insurer immediately – this is called are authorizatic n.
2. The same pre-authorization form shall be used for the eauthorization, and the same turnaround times as specified shall apply.

Discharge:

1. The following documents shall be included in the list of documents to be sent along with the claim form to the Insurer or its representative TPA. These shall not be given to the Insured.
   a. Original pre authorization request form,
   b. Original Authorization Letter,
   c. Original Discharge card,
   d. Original investigation repots,
   e. all original prescription and pharmacy receipt etc
2. Where the Insured requires the discharge card/reports he or she can be asked to take photocopies of the same at his or her own expenses and these have to be clearly stamped as "Duplicate & originals are submitted to [Insurance Company]". Where, the insured requests for any of the original reports, the insurer shall arrange forwarding the originals by duly endorsing the settlement of the claim on such original reports. However, the insurer or its representative TPA may retain a copy of such reports as per their operational requirements.
3. The discharge card/Summary shall mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries. The clinical detail shall be sufficiently and justifiably informative. In addition, the Provider shall provide all the relevant details pertaining to past treatment availed by the Insured with the Provider.
4. Signature of the Insured on final Provider bill must be obtain ed.
5. In the event of death or in cap citation of the Insured, the si nature of the nominee or any of Insured's family who represents the Insured subject to reasonable satisfaction of Provider shall be sufficient for the Insurer to consider the cla m.
6. Standard Claim form duly filled in duly presented to the Insured for signing and identity of the Insured shall be confirmed by the provider.

Billing:

1. The Provider shall submit original invoices directly to Insurer or its representative TPA and such invoices shall contain, at the minimum, following information:
   a. The Insured's full name and date of birth
   b. The policy number
   c. The Insured's Address
   d. The admitting consultant
   e. The date of admission and discharge
   f. TheprocedureperformedandprocedurecodeaccordingtoICD-10PCSorany other Code as specified by the Authority from time to time
   g. The diagnosis at the time of treatment and diagnosis code according to ICD- 10 or any other Code as specified by the Authority from time to time
   h. Whether this is an interim or final bill / account
   i. The description of each Service performed, together with associated Charges,
   j. The agreed standard billing codes associated with each Service performed and dates on which items of Service were provided and.
   k. The Insured signature (in original).

2. The Provider shall submit the following documents with the final invoice:
   a. Copy of Pre-Authorization letter
   b. Fully completed claim form (or the relevant claim section of the Pre- Authorization letter), signed by the Insured and the treating consultant for the Treatment performed

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c. Original and complete discharge summary in the standard form and billing form in the standard form, including the treating Consultant's operative notes
d. Original investigation reports with corresponding prescription/request
e. Pharmacy bill with corresponding prescription/request:
f. Any other statutory documentary evidence required under law or by the Insured's policy and
g. Photocopy of the Insured's photo identification (e.g. voter's Smart card/ ID card, passport or driving license etc).

3. Components of Standardization:
   a. List of standard contents in the discharge summary (attached in an Schedule)
   b. Standard guidelines for preparing a discharge summary so that the interpretation of the terms in the documents and the information provided is uniform. (Attached in Schedule)

ARTICLE 5: FEE SCHEDULE.

5.1 The Provider will submit their fee schedule on enrolment. The Provider if already on the network will continue as per the rates accepted on date and will have to inform PHS TPA in case of any changes. fee schedules may be adjusted every 2 years. New services or new procedures must be discussed and rates agreed upon prior to providing services.

5.2 Any revision in the schedule of tariff has to be by mutual consent only, otherwise the payment will be effected as per the agreed schedule of tariff in the MOU.

5.3 Any revision in schedule of tariff is effective only from the date of approval of the revised schedule of tariff by PHS in writing

5.4 Any revision in the fee schedule will be submitted to TPA at least 30 days prior to the effective date. The TPA reserves the right to accept or discontinue the contract after assessing the revised fee schedule.

5.5 Reference is invited to Chapter-III of Guidelines on Standardization in Health insurance vide Circular Ref: IRDA/HLT/REG/CIR/146/0712016 dated 29thJuly, 2016where items for which optional cover may be offered by insurers were specified. On a review of the list of items it is decided to classify the existing Optional items into the following categories.

i. LIST - I: Items that may be retained as it is as optional items – Items specified in the list are the Optional Items to which Insurers may offer coverage.

ii. LIST - II: Costs that are to be subsumed into the Room Charges – Items specified in the list shall form part of room charges

iii. LIST - III: Costs that are to be subsumed into the specific (say surgical) procedure charges - Items specified in the list shall be considered as part of procedure charges.

iv. LIST - IV: Costs that are to be subsumed into the costs of treatment - Items specified in the list shall be considered as part of costs of treatment. Where the costs are to be subsumed into the room charges specified in List - II or procedure charges specified in List III or costs of treatment (including costs of diagnostics) specified in List IV all claims shall be settled in accordance to the terms and conditions of the policy contract. Insurers shall put in place measures to ensure that items which are part of room / surgical procedure / treatment (including diagnostics) as referred in the lists herein shall not be billed to the policyholders by the hospitals and every insurer shall inform or notify the same to the hospitals and the Policy holders suitably. Accordingly, all insurers are advised to make it part of their service level agreement with the network providers (hospitals) in case of cashless cases. In case of reimbursements (with other than network providers) Insurers shall settle the claims as per the terms and conditions of the policy contract (Schedule – F Attached)

ARTICLE 6 : DUTIES/ CHECKLIST FOR PROVIDER AT THE TIME OF DISCHARGE OF THE PATIENT.

6.1. Original discharge card, original investigation reports, all original prescription and pharmacy receipt etc. must not be given to the patient. These are to be signed by the patient and forwarded to billing department or retained by the Hospital who will compile the same and forward along with the bill to PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED.

[Sign / Stamp of Provider]

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6.2. In case of the patient requiring the discharge card/ reports he/she can be asked to take the photocopies of the same at his/her own expenses before the same are sent to PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED.

6.3. The discharge card/ summary must mention the duration of ailment and duration of other relevant disorders like hypertension or diabetes (if informed / detected) as well as operative notes in case of surgeries. The clinical detail should be sufficiently informative. Information provided in Schedule F as per IRDA guidelines

6.4. Signature of the patient and in case of his /her death or his/her inability to sign by next of his/her kin on the final hospital bill including doctor daily visit charges, surgical fees etc., must be obtained.

6.5. Claim form to be signed by the patient or legal representative in case of his/her death or his / her inability to sign. The claim form can be downloaded from the Website.

ARTICLE 7: BILLING PROCEDURE.

7.1 Final bill should be submitted within 2 working days from the date of discharge of the patient, to PHS TPA. In case there are any deficiencies in the documents submitted by the Provider it should be intimated to the Provider in writing within 10 working days from the date of receipt of the documents by PHS TPA.

7.2 The bills must be as per the schedule of fees applicable at the time of admission of the patient.

7.3 Personal usage expenses like telephone; TV etc. shall be recovered from the patient by the Provider. Any non-covered treatment/ investigation cost must be recovered from the patient.

7.4 Final bill should mention name of the Insurance Co.

1) Tax Deduction at source (TDS):-

Income tax would be deducted U/s 194J at applicable rate as per Income Tax Act, 1961 from the Bill amount and deposited with Govt. At the year end, TDS Certificate will be issued for such deduction of TDS amount.

ARTICLE 8 : PAYMENT TERMS AND CONDITIONS.

8.1 Subject to clause 7.1 insurance companies undertakes to pay all the eligible bills within 30 working days of the receipt of the complete claim docket along with the bill at PHS office along with all the documents mentioned in clauses 7.4. In case the documents are not received within maximum 30 days of discharge the insurance company will not be liable to make the payment.

8.2 In case certain billed items do not tally with the corresponding reports; the related bill amount will be held back from payment of the final bill, which means insurance company shall make part payment of the total billed amount to the Provider for which PHS TPA is satisfied that the same is payable under the Bill. Due reason for such deductions, if any, will be given at the time of settlement of bills by PHS TPA to the Provider. Clarification by the Provider may be sent within 30 days of receiving the part payment as afore stated to receive the remaining payment if the Provider wishes to collect the balance amount.

8.3 Payment will be done by Insurance companies contracted with PHS TPA mentioned in **Schedule D, through** electronic fund transfer.

8.4.1 If Provider fails to fulfill the deficiency raised by PHS within a period of 7 working days from the date on which such deficiency is raised,

a) In case where the deficiency does not pertain to the admissibility of the claim, the claim shall be short paid mentioning the reasons.

b) In case where the deficiency pertains to the admissibility of the claim, the claim shall be closed mentioning the reasons.

8.4.2 In case the claim file along with the relevant & complete set of documents is not forwarded to PHS TPA within the prescribed period stipulated in Article:7.1. PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED will not be liable for making payment against such claims for delayed submission of claims files.

[Sign / Stamp of Provider]

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8.5 The Provider shall submit its queries regarding payment to PHS within 15 working days from the date of payment or the date of closure as the case may be.

8.6 Acceptance and encashment by the Provider would be construed as due receipt if a Provider omits to send a stamped receipt for the payment received immediately on receipt of the Cheque.

8.7 **Provider hereby agrees to give __0__ % discount on the total hospital bill to PHS beneficiary.**

8.8 Payment and account reconciliation with provider would be yearly exercise.

ARTICLE 9 : LIMITATIONS OF LIABILITY AND INDEMNITY.

9.1. PHS TPA will not interfere with the treatment and medical care provided to the patients. PHS TPA will not be in any way held responsible for the outcome of treatment or quality of care provided by the Provider.

9.2. PHS TPA shall not be liable or responsible for any acts of omission or commission of the Doctors and other medical staff of the Provider.

9.3. The Provider shall alone be liable to pay any costs, damages and/or compensation demanded by the patients for poor, wrong or bad quality of the test report or treatment given to the patient by the Provider.

9.4 Billing disputes will be resolved amicably between the Provider and PHS. If the said disputes are not resolved amicably then the same will be forwarded to Insurers/payers

ARTICLE 10: CONFIDENTIALITY.

The parties here to undertake to protect the secrecy of all the data of Provider/ PHS TPA / the patient and trade or business secrets of the Provider PHS TPA and shall not share the same with any unauthorized person for any reason whatsoever with or without any consideration. Provided always in case of any legal action which may filed by a patient and/or his/her relatives against the Provider or its doctors it will be open for the Provider to submit all the documents to the concerned Court/Tribunal.

ARTICLE 11: PROCESS NOTE FOR DE-EMPANELMENT OF PROVIDERS

In case of Professional Misconduct, gross negligence, Deficiency in service, malifide acts, corrupt behaviour or violation of Provisions laid down by IRDAI, PHS TPA shall take actions against Provider as per the norms laid out in Schedule B of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16.

Providers shall be bound by the process of de-empanelment of providers laid down in Schedule B of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 as amended from time to time IRDA/HLT/REG/CIR/146/07/2016 on 29/07/2016

ARTICLE 12 : TERMINATION.

12.1 PHS TPA / the Provider shall reserve the right to terminate the agreement by giving 30 days prior notice in writing. However, in case of gross breach of terms and conditions of this MOU by the provider, PHS shall reserve the right to terminate the MOU with immediate effect. Gross breach would include interlaid acts such as:

a) Failure to perform any material obligation under this Agreement, by the Provider.

b) The failure to maintain any license, certification or accreditation required to conduct business or perform under this Agreement

c) if Provider is declared bankrupt or insolvent, approves a petition seeking reorganization of the party or appoints a receiver, trustee, or liquidator for all or a substantial part of the party's assets

d) if there is a change in the controlling interest of either party which affects its financial ability or performance under this Agreement.

e)If any claim is/are in any respect fraudulent, or if any fraudulent means or devices are used by the Provider or anyone acting on his behalf to obtain any benefit under this MOU.

The above list is only illustrative and not exhaustive.

[Sign / Stamp of Provider]

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12.2 In the event this agreement is terminated and a Beneficiary remains under care at the Provider on or after the effective date of such termination, Provider shall be obliged to continue the provision of Health Services to that Beneficiary as per the actual agreement, until he or she is discharged. The Provider agrees not to bill Beneficiary for services if authorized by PHS, and hold the Beneficiary Person only financially responsible for non-authorized expenses. PHS shall render payment in accordance with the issued Authorization Letter and in the amounts established by this Agreement.

12.3 PHS will provide administrative services as described in this Agreement for any claims that were incurred prior to the termination of this Agreement, so long as authorization and coverage under the benefit plan exist.

ARTICLE 13 : NON-EXCLUSIVITY.

PHS TPA reserves the right to appoint other Providers and the Provider shall have no objection for the same.

ARTICLE 14 : JURISDICTION.

14.1 Any disputes, claims arising out of this Agreement are subject to Arbitration and jurisdiction exclusively of Mumbai Courts. Any dispute and differences arising between the parties shall be adjudicated and resolved by an Sole Arbitrator appointed by PHS TPA as per the provisions of the Arbitration and Conciliation Act, 1996 and amendments thereof.

14.2 Any amendments in the clauses of the Agreement can be effected as an addendum, after the written approval from both the parties.

ARTICLE 15: COMMENCEMENT.

The Effective Date of this Agreement is the date of signature by both Parties (if signed by the parties on separate dates, the latter of the two) and such shall remain in full force unless and until terminated by either party by giving prior 30 days written notice or unless terminated as provided for in Clause 12.

ARTICLE 16: FORCE MAJEURE.

Force Majeure Event' shall include but not be limited to the following: (i)fire, flood, atmospheric disturbance, lightning, storm, typhoon, tornado, earthquake, washout, or other acts of God; (ii) war, riot, blockade, insurrection, acts of public enemies, civil disturbances, terrorism and sabotage and threats of such actions; (iii) strikes, lock-outs or other industrial disturbances or labour disputes; (iv) Changes of any applicable rule, regulation or law. Neither Party shall be in breach of any of its obligations under this Agreement to the extent that its performance is physically hindered or delayed by an act, event or circumstance (whether of the kind described herein or otherwise) which is not reasonably within the control of such Party. In the event any Force Majeure Event continues for a period of four weeks without interruption, the party not affected by such Force Majeure Event shall be entitled to terminate this Agreement by giving notice to the other Party.

ARTICLE 17: GENERAL CONDITIONS

17.1 PHS and the Provider are independent contractors and nothing in this Agreement or otherwise shall be construed or deemed to create any other relationship, including one of employment, agency, or joint venture. Nor shall this agreement establish any rights against "PHS" in favor of any third parties or any persons that are not party to this Agreement.

17.2 Neither party shall be liable for any failure or delay in performance under this Agreement to the extent said failures or delays are proximately due to causes beyond that party's reasonable control and occurring without its fault or negligence, including, but not limited to: natural disaster (earthquake, hurricane, flood) war, riot or other major upheaval performance failures of external parties to the Agreement (e.g., disruptions in telephone service attributable to the telephone company). As a condition to the claim of non-liability, the party experiencing the difficulty shall give the other prompt written notice of the occurrence. Dates by which performance obligations are scheduled to be met will be extended as agreed between the Parties.

17.3 During the term of this Agreement the Provider authorizes "PHS" to make reference to the Provider and its affiliated providers as part of "PHS" Provider Network to the Beneficiaries. Provider, provider affiliates, and "PHS" shall not otherwise use the other Party's name, symbol or service mark without prior written consent, which shall not unreasonably be with held.

[Sign / Stamp of Provider]

Executive Officer
Hospital

SUSHIL KUMAR THAKUR

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17.4 All notices from one party to the other party pursuant to this Agreement shall be in writing and shall be delivered either personally, by nationally recognized overnight delivery service, courier services, or by certified or registered mail – return receipt requested to the following addresses: PHS TPA Plot No.A-442,Road No-28.,M.I.D.C,Industrial Area, Wagale Estate, Ram Nagar, Vitthal Rukhmani Mandir, Thane (W) - Pin Code-s400 604, Maharashtra and

Rohilkhand Medical College and Hospital. Hospital/ Nursing Home Address:
App. Suresh Sharma Nagar, Pilibhit By Pass road, Bareilly.

The date of receipt and effective date of the notice will be determined as follows:
a) The date on the signed receipt if delivered personally, by overnight service, or courier.
b) The date indicated on the return receipt if delivered by registered or certified mail.

17.5 Nothing contained in this Agreement is intended to create, nor shall it be construed to create, a relationship between the parties other than that of independent parties contracting with each other solely for the purpose of effectuating the provisions of this Agreement.

17.6 PHS and the Provider are independent contractors and nothing in this Agreement or otherwise is intend to create, nor shall it be construed to create any other relationship, including one of employment, agency, or joint venture. Nor shall this agreement establish any rights against PHS in favor of any third parties or any persons that are not party to this Agreement.

ARTICLE 18: SUPERSESSION.

It is agreed between the parties that by execution of this agreement all the prior correspondence, negotiations, minutes, MOU, Agreement and other documents shall be superseded. The validity period of the MOU will be extended automatically till terminated by either party to the contract from the date of signing of this agreement. The terms of this agreement shall supersede all the terms and conditions of the earlier agreement executed between the parties.

The Annexure's (Schedule A-E) descriptive in nature are provided to the Service Provider for their perusal along with this MOU and signing this MOU assures receipt and acceptance of such Annexure's. The said Annexure's are to be treated as piece and parcel of the Agreement at all times.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their hands and seal the day and the year first hereinabove written.

SIGNED SEALED AND DELIVERED by the

Within named **Paramount Health Services & Insurance TPA Pvt. Ltd.** by the hand of its duly Constituted Attorney

Through _____

in the presence of _____

SIGNED SEALED AND DELIVERED by the

Within named Provider **(Hospital Name)** Rohilkhand Medical College and Hospital

by the hand of its duly Constituted Attorney

Through Dr Faiz Shamsi

in the presence of Anuj Vikram Singh

[Sign / Stamp of Provider]

Rohilkhand Medical College & Hospital
Bareilly

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SCHEDULE D

List of Insurance Companies

1. PSU –National Insurance Company
2. PSU –New India Assurance Company.
3. PSU –Oriental Insurance Company.
4. PSU- United Insurance Company.
5. Aditya Birla Health Ins. Co. Ltd
6. Aegon Life Ins. Co. Ltd.
7. Bajaj Allianz.
8. Bharti AXA General Insurance.
9. Chola Mandalam General Ins Co. Ltd
10. Navi General Insurance Ltd (DHFL General Insurance Ltd)
11. Edelweiss General Ins. Co. Ltd
12. Future General India Ins. Co. Ltd
13. Go Digit General Ins. Ltd
14. HDFC Ergo General Ins. Co. Ltd
15. HDFC Ergo Health Ins. Co.
16. HDFC Life General Ins. Co.
17. ICIC Lombard
18. IFFCO Tokio General Ins. Co. Ltd
19. Kotak Mahindra General Ins. Co. Ltd
20. Liberty General Insurance Co.
21. MAGMA HDI General Ins. Co. Ltd
22. Manipal CIGNA Health Ins. Co. Ltd
23. Max Life Ins. Co.
24. Raheja QBE General Ins. Co. Ltd
25. Reliance General Ins. Co. Ltd
26. Care Health Ins. Co. Ltd (Religare Health Ins. Co)
27. Royal Sundaram Gen Ins. Co. Ltd
28. SBI General Ins. Co.
29. Self Funded.
30. TATA AIG Gen. Ins. Co. Ltd
31. Universal Sompo Gen. Ins. Co. Ltd

[Sign / Stamp of Provider]

Administrative Officer & Hospital

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LIST OF INDEXING DOCUMENTS

Sr No	Name of A Document	Annexure No
1	Standard contents of Discharge Summery format along with Guide notes	Schedule A **(Page 2-3)**
2	Standard Format for Provider Bills along with Guide notes	Schedule B **(Page 2-3)**
3	Summery Bill Format along with Performa Summery Bill	Schedule C **(Page 3-7)**
4	Detailed Breakup Format	Schedule D 2 Part I **(Page 7-8)** Part II **(Page 8-15)**
5	List of nonmedical and non payable items	Schedule F **(Page 15-18)**
6	List I of Items to be considered as part of Room Charges	Schedule F **(Page 16-17)**
7	List II of items to be considered as part of Procedure Charges	Schedule F **(Page 17)**
8	List III of Items to be considered as part of Costs of treatment	Schedule F **(Page 17-18)**

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Schedules

Note that Schedules attached herewith the Agreement are ought to be treated as part of the Agreement.

SCHEDULE A

2. Standard Contents of Discharge Summary Format:

a. Patient's Name*:

b. Telephone No / Mobile No*:

c. IPD No:

d. Admission No:

e. Treating Consultant/s Name, contact numbers and Departments/Specialty:

f. Date of Admission with Time:

g. Date of Discharge with Time:

h. MLC No / FIR No*:

i. Provisional Diagnosis at the time of Admission:

j. Final Diagnosis at the time of Discharge:

k. ICD – 10 code(s) or any other codes, as recommended by the Authority, for Final diagnosis*:

l. Presenting Complaints with Duration and Reason for Admission:

m. Summary of Presenting Illness:

n. Key findings, on physical examination at the time of admission;

o. History of alcoholism, tobacco or substance abuse, if any:

p. Significant Past Medical and Surgical History, if any*:

q. Family History if significant/relevant to diagnosis or treatment:

r. Summary of key investigation during Hospitalization*:

s. Course in the Hospital including complication if any*:

t. Advice on Discharge*:

u. Name & Signature of treating Consultant / Authorized Team Doctor:

v. Name & Signature of Patient / Attendant*:

Refer to guide notes below.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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1. GUIDE NOTES FOR FILLING DISCHARGE SUMMARY FORMAT

   a. The patient's name shall be the official name as appearing in the insurance policy document and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the patient/attendant and validated with their signature.

   b. The contact numbers shall be specifically those of the patient and if pertaining to attendant, the same should be mentioned.

   c. Where applicable, copy of MLC/FIR needs to be attached

   d. Responses to point (2) (b), (k) and (p) are desirable but not mandatory

   e. Significant past medical and surgical history shall be relevant to present ailment and shall provide the summary of treatment previously taken, reports of relevant tests conducted during that period. In case history is not given by patient, it should be specified as to who provided the same

   f. Summary of key investigations shall appear chronologically consolidated for each type of investigation. If an investigation does not seem to be a logical requirement for the main disease/line of treatment, the admitting consultant should justify the reason for carrying out such test / investigation

   g. The course in the hospital shall specify the line of treatment, medications administered, operative procedure carried out and if any complications arise during course in the hospital, the same should be specified. If opinion from another doctor from outside hospital is obtained, reason for same should be mentioned and also who decided to taken opinion i.e. whether the admitting and treating consultant wanted the opinion as additional expertise or the patient relatives wanted the opinion for their reassurance

   h. Discharge medication, precautions, diet regime, follow up consultation etc should be specified. If patient suffers from any allergy, the same shall be mentioned.

   i. The signatures/Thumb impression in the Discharge Summary shall be that of the patient because generally the patient is discharged after having improved. In other cases like Death summary or transfer notes in case of terminal illness, the attendant can sign. In such cases, the inability of the patient to sign should be recorded by the attending doctor.

SCHEDULE B

STANDARD FORMAT FOR PROVIDER BILLS

1. Components of standardization: Standardization involves three components:
   i) Bill Format
   ii) Codes for billing items and nomenclature
   iii) Standard guidelines for preparing the bills

2. Format specified: The bill is expected to be in two formats
   i) The summary bill and
   ii) The detailed breakup of the bills

3. Explanation and Guidelines – Summary Bill
   i. The summary format is annexed in the Schedule – D1
   ii. The Bill shall be generated on the letter head of the provider and in A4 size to aid scanning The summary bill shall not have any additional items (only nine)

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iii. The provider has to mention the service tax number in case they charge service tax to the Insurance Company

iv. The payer mentioned in the Bill has to be necessarily the Insurance Company and not the TPA.

v. In case of package charged for any procedure / treatment the provider is expected to mention the amount in Serial Number (9) only. Items beyond the package are to be mentioned in Serial Numbers (1) to (8).

vi. The patient / attendant signature is mandatory on the summary bill

vii. The additional guidelines to fill the summary format shall be as below:

Field Name	Remarks
Provider Name	Legal entity name and not the trade name
Provider Registration Number	Registration number of the provider with local authorities. once the clinical establishments (registration and regulation) bill, 2007 is passed, then registration number under this act
Address	Address of the Facility where member is admitted. A provider can have more than one facility.
IP No	Unique number identifying the particular hospitalization of the member
Patient Name	Full name of the patient
Payer Name	Name of the Insurance company with whom the member is insured. In case of cash patient then the

	field is to be left blank. If the bill is raised to more than one insurer then the primary insurer who has given cashless is to be mentioned. The name of insurance company needs to be mentioned and not the TPA.
Member address	Full address of the member
Bill Number	Bill number of the provider
Bill Date	Date on which the bill is generated.
PAN Number	PAN Number – Mandatory
Service Tax Regn No	Registration number from service tax authorities. Mandatory in case service tax is charged in the bill
Date of admission	Date of admission of the member in case of IPD cases. In case of Day care procedures, this is the date of procedure

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Date of discharge	Date of discharge of the member in case of IPD cases. In case of Day care procedures, this is the date of procedure(same as date of admission)
Bed Number	Bed number in which the patient is admitted. In case the member is admitted under more than one bed number, all the numbers have to be mentioned.
SL No 1 of billing Summary	All items under the primary head '100000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 2 of billing Summary	All items under the primary head '200000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 3 of billing Summary	All items under the primary head '300000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 4 of billing Summary	All items under the primary head '400000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 5 of billing Summary	All items under the primary head '500000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.

SL No 6 of billing Summary	All items under the primary head '600000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 7 of billing Summary	All items under the primary head '700000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.
SL No 8 of billing Summary	All items under the primary head '800000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here.

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Administrative Officer

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SL No 9 of billing Summary	All items under the primary head '900000' in the detailed bill have to be summarized into this. If more than one procedure is done, the total amount of the two procedures needs to be summarized
Total Bill amount	Sum total of all items 1 to 9 in the bill
Amount paid by the member	Amount of bill paid by the member including co-pay, deductible, non-medical items etcincl discount offered to member, if any.
Amount charged to Payer	Amount payable by Insurance company
Discount Amount	Amount offered as discount to the insurance company
Service tax	Service Tax chargeable to insurance company
Amount Payable	Total amount payable by insurancecom[any including service tax
Amount in words	Above mount in words for the sake of clarity
Patients signature	Signature of the patient or the attendant of the patient needs to be mandatorily taken
Authorized signatory	The signature of the authorized signatory at the provider

4. Explanation and Guidelines – Detailed Breakup of the Bill

I. The summary format is annexed in Schedule – D2

II. The Bill shall be generated on the letterhead of the provider and in A4 size paper to aid scanning.

III. The billing has to be done at level 2 or 3

IV. In case of medicines/consumables, the relevant level code three has to be mentioned (40100, 401002) and the text should indicate the actual medicine used

V. If providers have outsourced the pharmacy to external vendors. In such cases the providers can attach the original bills separately. However, the summary of this has to be mentioned in the summary bill.

VI. In case of pharmacy returns the same, the code originally used is to be used with a negative sign in the units

VII. In case of cancellation of any service, the same code originally used is to be used with a negative sign indicating reversal

VIII. The date on which the service is rendered is to be mentioned in the bill. This would be

a. the date of requisition in case of investigations

b. date of consultation for professional fees

c. date of requisition in case of pharmacy/consumables irrespective of when they were used

d. Date of return of pharmacy items for pharmacy returns.

for S.

Administrative Officer

SUSHIL KUMAR THAKUR

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IX. The additional guidelines to fill the summary format shall be as below, except that the first section of the bill is same as the bill summary referred in 3 above.

Field Name	Remarks
Date	Date on which service is rendered. For example, this is the date of investigation, date of procedure etc.
Code	Level 2 or 3 code of the billing item as per the codes(annex III)
Particulars	Text explanation of the item charged
Rate	Per unit price (per day room rent, per consultation charge)
Unit	No of units charged(hours, days, number as appropriate)
Amount	Rate*unit(s)

SCHEDULE C

SUMMARY BILL FORMAT

Provider Name	....	Bill Number	....
Provider registration No.		Bill Date	
Address		PAN Number	
IP No		Service Tax Regn No	
Patient Name		Date of admission	
Payer Name	XXXX Insurance Company Ltd	Date of Discharge	
Member Address		Bed Number	

Billing Summary

Sl No	Primary Code	Particulars	Amount
1	100000	Room & Nursing Charges	
2	200000	ICU Charges	
3	300000	OT Charges	

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4	400000	Medicine & Consumables	
5	500000	Professional Fees'	
6	600000	Investigation Charges	
7	700000	Ambulance Charges	
8	800000	Miscellaneous Charges	
9	900000	Package Charges	

Total Bill Amount	0
Amount paid by member	0
Amount charged to Payer	0
Discount Amount	0
Service Tax	0
Amount Payable	0
Amount in Words	Rupees Zero Only

Patients Signature

Authorised Signatory

Schedule – D2

DETAILED BREAKUP FORMAT

PART – I

Provider Name	.....	Bill Number	.....
Provider registration No.		Bill Date	
Address		PAN Number	
IP No		Service Tax Regn No	
Patient Name		Date of admission	
Payer Name		Date of Discharge	
Member Address		Bed Number	

Billing Details

SUSHIL KUMAR THAKUR

Administrative Officer

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Sl No	Date	Code	Particulars	Rate	Nos(Unit)	Amount
1		101001	General Ward Charges	500	1	500.00
2		401001	XXX medicine	50	2	100.00
3		401001	XXX Medicine – return	50	-1	-50.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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PART - II

Level 1 Code	Level 1	Level 2 Code	Level 2	Level 3 Code	Level 3	Remarks
100000	Room & Nursing Charges					
100000	Room & Nursing Charges	101000	Room Charges			
100000	Room & Nursing Charges	101000	Room Charges	101001	General Ward charges	
100000	Room & Nursing Charges	101000	Room Charges	101002	Semi-private room charges	
100000	Room & Nursing Charges	101000	Room Charges	101003	Single Room charges	
100000	Room & Nursing Charges	101000	Room Charges	101004	Single Deluxe room charges	
100000	Room & Nursing Charges	101000	Room Charges	101005	Deluxe room charges	
100000	Room & Nursing Charges	101000	Room Charges	101006	Suite charges	
100000	Room & Nursing Charges	101000	Room Charges	101007	Electricity charges	
100000	Room & Nursing Charges	101000	Room Charges	101008	Bed sheet charges	
100000	Room & Nursing Charges	101000	Room Charges	101009	Hot water charges	
100000	Room & Nursing Charges	101000	Room Charges	101010	Establishment Charges	
100000	Room & Nursing Charges	101000	Room Charges	101011	Alpha/Water Bed Charges	
100000	Room & Nursing Charges	101000	Room Charges	101012	Attendant Bed Charges	
100000	Room & Nursing Charges	102000	Nursing charges			
100000	Room & Nursing Charges	102000	Nursing charges	102001	Nursing fees	
100000	Room & Nursing Charges	102000	Nursing charges	102002	Dressing	
100000	Room & Nursing Charges	102000	Nursing charges	102003	Nebulization	
100000	Room & Nursing Charges	102000	Nursing charges	102004	Injection charges	
100000	Room & Nursing Charges	102000	Nursing charges	102005	Infusion pump charges	
100000	Room & Nursing Charges	102000	Nursing charges	102006	Aya Charges	
100000	Room & Nursing Charges	102000	Nursing charges	102007	Blood Transfusion	

Administrative Officer
Govt. College & Hospital

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					Charges	
100000	Room & Nursing Charges	103000	Duty Doctor fee			
100000	Room & Nursing Charges	103000	Duty Doctor fee	103001	Duty Doctor fee	
100000	Room & Nursing Charges	103000	Duty Doctor fee	103002	RMO Fees	
100000	Room & Nursing Charges	104000	Monitor charges			
100000	Room & Nursing Charges	104000	Monitor charges	104001	Pulse Oxymeter charges	If used in normal Room
200000	ICU Charges					
200000	ICU Charges	201000	ICU Charges			
200000	ICU Charges	201000	ICU Charges	201001	Burns Ward	
200000	ICU Charges	201000	ICU Charges	201002	HDU charges	
200000	ICU Charges	201000	ICU Charges	201003	ICCU charges	
200000	ICU Charges	201000	ICU Charges	201004	Isolation ward charges	
200000	ICU Charges	201000	ICU Charges	201005	Neuro ICU charges	
200000	ICU Charges	201000	ICU Charges	201006	Pediatric/neonatal ICU charges	
200000	ICU Charges	201000	ICU Charges	201007	Post Operative ICU	
200000	ICU Charges	201000	ICU Charges	201008	Recovery Room	
200000	ICU Charges	201000	ICU Charges	201009	Surgical ICU	
200000	ICU Charges	202000	ICU Nursing charges			If ICU nursing charged separately
200000	ICU Charges	202000	ICU Nursing charges	202001	Nursing fees	If ICU nursing charged separately
200000	ICU Charges	202000	ICU Nursing charges	202002	Dressing	If ICU nursing charged separately
200000	ICU Charges	202000	ICU Nursing charges	202003	Nebulization	If ICU nursing charged separately
200000	ICU Charges	202000	ICU Nursing charges	202004	Injection charges	If ICU nursing charged separately
200000	ICU Charges	202000	ICU Nursing Charges	202005	Infusion pump charges	
200000	ICU Charges	203000	Monitor charges			
200000	ICU Charges	203000	Monitor charges	203001	Monitor charges	
200000	ICU Charges	203000	Monitor charges	203002	Pulse Oxymeter charges	If used in ICU
200000	ICU Charges	203000	Monitor charges	203003	Cardiac Monitor Charges	

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200000	ICU Charges	204000	Monitor charges	203004	IABP charges	
200000	ICU Charges	204000	Monitor charges	203005	Phototherapy Charges	
200000	ICU Charges	204000	ICU Supplies & equipment			
200000	ICU Charges	204000	ICU Supplies & equipment	204001	Oxygen charges	
200000	ICU Charges	204000	ICU Supplies & equipment	204002	Ventilator charges	
200000	ICU Charges	204000	ICU Supplies & equipment	204003	Suction pump charges	
200000	ICU Charges	204000	ICU Supplies & equipment	204004	Bipap charges	
200000	ICU Charges	204000	ICU Supplies & equipment		Pacing Charges	Temporary Pacemaker
200000	ICU Charges	204000	ICU Supplies & equipment	20406	Defibrillator Charges	
300000	OT Charges					
300000	OT Charges	301000	OT rent			
300000	OT Charges	301000	OT rent	301001	Major OT charge	
300000	OT Charges	301000	OT rent	301002	Minor OT Charge	
300000	OT Charges	301000	OT rent	301003	Cath Lab Charges	
300000	OT Charges	301000	OT rent	301004	Theatre charges	
300000	OT Charges	301000	OT rent	301005	Labour Room Charges	
300000	OT Charges	302000	OT Equipment Charges			
300000	OT Charges	302000	OT Equipment Charges		C-arm charges	
300000	OT Charges	302000	OT Equipment Charges	302002	Endoscopy charges	
300000	OT Charges	302000	OT Equipment Charges	302003	Laproscope charges	
300000	OT Charges	302000	OT Equipment charges	302004	Equipment charges	If not specified
300000	OT Charges	302000	OT Equipment charges	302005	Monitor charges	for OT monitoring
300000	OT Charges	302000	OT Equipment charges	302006	Instrument charges	for OT instruments
300000	OT Charges	303000	OT Drugs & Consumables			

Administrative Officer
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300000	OT Charges	303000	OT Drugs & Consumables	303001	OT Drugs	
300000	OT Charges	303000	OT Drugs & Consumables	303002	Implants	
300000	OT Charges	303000	OT Drugs & Consumables	303003	OT Consumables	includes guide wires, catheter etc
300000	OT Charges	303000	OT Drugs & Consumables	303004	OT Materials	
300000	OT Charges	303000	OT Drugs & Consumables	303005	OT Gases	
300000	OT Charges	303000	OT Drugs & Consumables	303006	Anaesthetic drugs	
300000	OT Charges	304000	OT Sterlization			
300000	OT Charges	304000	OT Sterlization	304001	CSSD Charges	
400000	Medicine & Consumables charges					
400000	Medicine & Consumables charges	401000	Medicine & Consumables charges			
400000	Medicine & Consumables charges	401000	Medicine & Consumables Charges	401001	Ward Medicines	OT drugs under OT charges
400000	Medicine & Consumables charges	401000	Medicine & Consumables Charges	401002	Ward Consumables	
400000	Medicine & Consumables charges	401000	Medicine & Consumables charges	401003	Ward disposables	
400000	Medicine & Consumables charges	401000	Medicine & Consumables charges	401004	Ward Materials	
400000	Medicine & Consumables charges	401000	Medicine & Consumables Charges	401005	Vaccination drugs	

Administrative Officer
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800000	Miscellaneous charges	804000	Registration charges			
800000	Miscellaneous charges	805000	MRD Charges			
800000	Miscellaneous charges	806000	Documentation charges			
800000	Miscellaneous charges	807000	Telephone charges			
800000	Miscellaneous charges	808000	Bio Medical Waste Charges			
800000	Miscellaneous charges	809000	Taxes		Luxury Tax/Surcharge/Service Charge	Excluding VAT & Service Tax
900000	Package Charges					To be used only in case of packages
900000	Package Charges	901000	Cardiac Surgery	ICD-10-PCS	CABG	To be used only in case of packages
900000	Package Charges	902000	CardiologyPackage s	ICD-10-PCS	PTCA	To be used only in case of packages
900000	Package Charges	903000	Cath Lab	ICD-10-PCS	CAG	To be used only in case of packages
900000	Package Charges	904000	Dental Procedures	ICD-10-PCS	Root Canal Treatment	To be used only in case of packages
900000	Package Charges	905000	ENT	ICD-10-PCS	FESS	To be used only in case of packages
900000	Package Charges	906000	Gastroenterology	ICD-10-PCS	Gastrectomy - Partial	To be used only in case of packages
900000	Package Charges	907000	General Surgery	ICD-10-PCS	Inguinal hernia	To be used only in case of packages
900000	Package Charges	908000	Gynaecology	ICD-10-PCS	LSCS	To be used only in case of packages
900000	Package Charges	909000	Nephrology	ICD-10-PCS	Nephrectomy	To be used only in case of packages
900000	Package Charges	910000	Neuro Surgery	ICD-10-PCS	Craniotomy	To be used only in case of packages
900000	Package Charges	911000	Oncology Procedures	ICD-10-PCS	IMRT	To be used only in case of packages
900000	Package Charges	912000	Opthalmology	ICD-10-	Cataract	To be used only in

for

Medical Officer
District Hospital

SUSHIL KUMAR THAKUR

Rohi

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			procedures	PCS		case of packages
900000	Package Charges	913000	Orthopaedic Surgery	ICD-10-PCS	Bilateral TKR	To be used only in case of packages
900000	Package Charges	914000	Plastic Surgery	ICD-10-PCS	Skin Grafting	To be used only in case of packages
900000	Package Charges	915000	Pulmonology Packages	ICD-10-PCS	Pleural Tapping	To be used only in case of packages
900000	Package Charges	916000	Urology	ICD-10-PCS	ERCP	To be used only in case of packages
900000	Package Charges	917000	Vascular Surgery	ICD-10-PCS	Embolectomy	To be used only in case of packages

SCHEDULE F

List of Non medical Items

No of Items

1 BABY FOOD
2 BABY UTILITIES CHARGES
3 BEAUTY SERVICES
4 BELTS/ BRACES
5 BUDS
6 COLD PACK (HOT PACK)
7 CARRY BAGS
8 EMAIL / INTERNET CHARGES
9 FOOD CHARGES OTHER THAN PATIENT.S DIET PROVIDED BY HOSPITAL
10 LEGGINGS
11 LAUNDRY CHARGES
12 MINERAL WATER
13 SANITARY PAD
14 TELEPHONE CHARGES
15 GUEST SERVICES
16 CREPE BANDAGE
17 DIAPER OF ANY TYPE
18 EYELET COLLAR
19 SLINGS
20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22 TELEVISION CHARGES
23 SURCHARGES
24 ATTENDANT CHARGES
25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26 BIRTH CERTIFICATE
27 CERTIFICATE CHARGES
28 COURIER CHARGES
29 CONVEYANCE CHARGES
30 MEDICAL CERTIFICATE
31 MEDICAL RECORDS
32 PHOTOCOPIES CHARGES
33 MORTUARY CHARGES
34 WALKING AIDS CHARGES
35 OXYGEN CYLINDER (FOR USAGE OUTSTDE THE HOSP|TAL)

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36 SPACER
37 SPIROMETRE
38 NEBULIZER KIT
39 STEAM INHALER
40 ARMSLING
41 THERMOMETER
42 CERVICAL COLLAR
43 SPLINT
44 DIABETIC FOOT WEAR
45 KNEE BRACES (LONG/ SHORT/ HTNGED)
46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47 LUMBO SACRAL BELT
48 NIMBUS BED OR WATER OR AIR BED CHARGES
49 AMBULANCE COLLAR
50 AMBULANCE EQUIPMENT
51 ABDOMINAL BINDER
52 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53 SUGAR FREE TABLETS
54 CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55 ECG ELECTRODES
56 GLOVES
57 NEBULISATION KIT
58 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,
RECOVERY KIT, ETC]
59 KIDNEY TRAY
BU MASK
61 OUNCE GLASS
62 OXYGEN MASK
63 PELVIC TRACTION BELT
64 PAN CAN
65 TROLLY COVER
66 UROMETER, URINE JUG
67 AMBULANCE
68 VASOFIX SAFETY
67 AMBULANCE
68 VASOFIX SAFETY

LIST I - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

SI NO. ITEM

1 BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2 HAND WASH
3 SHOE COVER
4 CAPS
5 CRADLE CHARGES
6 COMB
7 EAU.DE-COLOGNE / ROOM FRESHNERS
8 FOOT COVER
9 GOWN
10 SLIPPERS
11 TISSUE PAPER
12 TOOTH PASTE
13 TOOTH BRUSH
14 BED PAN
15 FACE MASK
16 FLEXI MASK
17 HAND HOLDER
18 SPUTUM CUP

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19 DISINFECTANT LOTIONS
20 LUXURY TAX
21 HVAC
22 HOUSE KEEPING CHARGES
23 AIR CONDITIONER CHARGES
24 IM IV INJECTION CHARGES
25 CLEAN SHEET
26 BLANKETA/VARMER BLANKET
27 ADMISSION KIT
ZO DIABETIC CHART CHARGES
29 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30 DISCHARGE PROCEDURE CHARGES
31 DAILY CHART CHARGES
32 ENTRANCE PASS / VISITORS PASS CHARGES
33 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34 FILE OPENING CHARGES
35 INCIDENTAL EXPENSES / MTSC. CHARGES (NOT EXPLATNED)
36 PATIENT IDENTIFICATION BAND / NAME TAG
37 PULSEOXYMETER CHARGES

LIST II- LTEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

SI NO. ITEM

1 HAIR REMOVAL CREAM
2 DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)
3 EYE PAD
4 EYE SHEILD
5 CAMERA COVER
6 DVD, CD CHARGES
7 GAUSE SOFT
8 GAUZE
9 WARD AND THEATRE BOOKING CHARGES
10 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11 MICROSCOPE COVER
12 SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13 SURGICAL DRILL
14 EYE KIT
15 EYE DRAPE
16 X-RAY FILM
17 BOYLES APPARATUS CHARGES
18 COTTON
19 COTTON BANDAGE
20 SURGICAL TAPE
21 APRON
22 TORNIQUET
23 ORTHOBUNDLE, GYNAEC BUNDLE

LIST III- ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

SI NO. ITEM

1 ADMISSION/REGISTRATION CHARGES
2 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3 URINE CONTAINER
4 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5 BIPAP MACHINE
6 CPAP/ CAPD EQUIPMENTS
7 INFUSION PUMP_ COST
8 HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC

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9 NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10 HIV KIT
11 ANTISEPTIC MOUTHWASH
12 LOZENGES
13 MOUTH PAINT
14 VACCINATION CHARGES
15 ALCOHOL SWABES
16 SCRUB SOLUTIONISTERILLIUM
17 GLUCOMETER & STRIPS
18 URINE BAG

Administrative Officer
Rohilkhand Medical College & Hospital
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MEMORANDUM OF UNDERSTANDING(O.P.D)
PARAMOUNT HEALTH SERVICE TPA PVT LTD.

This MoU made at _____this _____ day of _____ between **Paramount Health Service TPA Pvt. Ltd.**,a company duly registered under The Companies Act, 1956, located at Plot No A-442,road no 28, MIDC Industrial area, Wagle Estate, Thane west, Maharashtra 400604 hereinafter referred to as '**PHS**' (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors and assignees) and Rohilkhand Medical College and Hospital through its authorized signatory Dr Faiz Shamsi, Age 38 years hereinafter referred to as '**Provider**' (which expression shall unless it be repughant to the context or meaning thereof shall deem to mean and include its successors or assignees).

WHEREAS, PHS is a Health Services Organization providing Healthcare related services to its beneficiaries and clients and for this purpose PHS has created a network of service providers.

Rohilkhand Medical College and Hospital, Bareilly. is happy to join the Provider Network of PHS and agrees to provide the necessary services on the terms and conditions, hereinafter appearing:

Now this MoU witnessed and it is agreed by and between the parties as follows:

1. Effective Date

1.1 The Parties hereby agree that the Effective date of the Agreement shall be the date on which the agreement is signed.

2 Scope of Service:

Provider

2.1 Will offer PHScustomers/Card Holders/ referral slip holdersapproaching them for treatment, diagnostics and all other services rendered by the Providersuch as, conducting pre-policy medical checkups /CorporateHealth Checkups, BloodBank, HomeCare/PharmacyDispensing, AmbulanceServices etc. on the payment termsand as per termsmutually decided on client to client basis at discounted rates. These services may be rendered at Provider locations, on-line, on-site at PHS customer locations and as needed and mutually agreed upon modes.

2.2 Will send the details of PHS customer as mentioned in clause 2.1 in specified timelines and formats.

2.3 Will allow their name to be displayed on the promotional material/ / website of PHS.

2.4 Will offer all other services available with it to PHS for their customers at discounted rates as agreed upon between both the parties.

2.5 Will offer discount to the PHS consumers.

2.6 Shallmaintain and sharethedata (reports in case of any medical service, and records in case of any other services) in thespecifiedformatasforwardedby PHSand will adhere the guidelineslaiddownby PHSand will further retainall the reports & records (data) for3months,from the dateofreportingwithouttamperingthesame.

2.7 Shallmaintaintheconfidentiality of such dataandshallnotsharethesamewith any thirdpartyunlessandotherwiseauthorized by PHS

2.8 Shall submit the KYC document to PHS

2.9 Shall display promotional material suppliedby PHSin areaswithinthepremises"asa PHS network HealthServices Provider".

2.10 Shallmaintainacomplaintandfeedbackregisterwithfree accesstothecustomers tonotedowntheir feedbackandcomplaints.

2.11 Allthecomplaintsshouldberesolved within12hrsandshall be updatedto PHSofficial Email id

2.12 The discount offered to PHSwill be extended by PHS to any third party or large affinity groups like banks and or Insurance companies, retailers etc. as well. Service provider should extend the discounts to members of these entities as well.

2.13 For all services mentioned in clause 2.1PHS will issue a service order in the name of the provider mentioning the services required. The service order will contain in detail the terms&conditions, service delivery/execution, commercials, quality standards, indemnity and validity.

2.14 PHS will offer services, products, technologies and other innovative healthcare solutions to, from, by and on behalf of its clients/customers, partners and business associates.

2.15PHS will contract with the provider to use their services to fulfill PHSclients/customers, partners and business associates needs governed under clause 2.1.

2.16 In the event of discount being passed on to any third party or large affinity groups like retailers etc. PHS will inform the service provider about the same.

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Authorised Signatory
Rohilkhand Medical College & Hospital
Bareilly

3. Confidentiality

3.1 The Provider agrees that it shall not, disclose or allow to be disclosed any information that has been provided by PHS in terms of this Agreement or otherwise to any one, except to its officers and employees and only to such extent as may be necessary for the performance of its obligations under this Agreement.

4 Terms and Termination

4.1 This Agreement shall be valid and effective until it is terminated as set out in this Agreement. This Agreement may be terminated:

By the PHS, upon a breach of the Provider of its obligations under this Agreement.By Provider or PHSafter either party giving 30 days prior notice in writing.

5. Liability & Indemnity

5.1 The Provider shall keep and hold PHS, its directors, officers, employees, or any of them, indemnified and harmless from and against any losses, damages, liabilities, expenses (including reasonable attorneys' fees), costs, claims, suits, demands, actions, causes of action, proceedings, judgments, assessments, deficiencies and charges resulting from any third party claim against PHS occasioned by, or arising out of any act of error or omission or commission of the Provider including the breach of this Agreement by the Provider.

5.2 The Provider should also have the reasonable Professional Indemnity coverage and shall provide a copy of the same to the PHM.

6. Governing Law & Arbitration

6.1 Any dispute arising out of this agreement is subject to arbitration and jurisdiction of Mumbai Court.
6.2 Any amendments in the clauses of the agreement can be effected as an addendum after the written approval from both parties.

7. Good Faith

7.1 Each of the Parties here to undertake with the other to act in the utmost good faith in interpreting and implementing this Agreement and agrees to do all things reasonably within its power which are necessary or desirable to give effect to the spirit and intent of this Agreement.

8. Variation

8.1 Any variation of this Agreement shall be mutually agreed in writing and executed by or on behalf of each of the Parties.

9. Entire Agreement

9.1 This Agreement hereto represent the entire agreement as to the subject matter hereof, and supersedes any prior understandings between the Parties relating to the subject matter hereof. In case of transfer of business by PHS to any other company / entity / organization – this agreement shall automatically be transferred to that company / entity / organization.

IN WITNESS whereof the Parties have set their hands to this Agreement the day and year first written above:

10. Discounts

Type of service	Discount offered (flat) in %
OPD	0
Radiology	0
Lab services(Investigation)	0
Pharmacy	0
Other services (please list in a separate document	0

for

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

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For and on behalf of Paramount Health Service TPA Pvt. Ltd. _____

Date, Signature & Stamp _____

For and on behalf of the Provider Dr Faiz Shamsi

Date, Signature & Stamp _____

Note**:
Please provide all the KYC documents along with this agreement
Please fill in the additional forms attached to this agreement.
Please provide your remarks in the remark section.

for

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Data Capturing form: OPD Cashless Provider

Paramount Health Services & Insurance TPA

Name of Hospital/ Clinic	Rohilkhand Medical College and Hospital
Existing Provider no.(If any)	
Adress 1	Opp Suresh Sharma Nagar
Address 2	Pilibhit By Pass Road, Bareilly.
Land mark	
PIN no	243006
Name of Person Met	Dr Faiz Shamsi
Contact No.(mobile & land line)	0581-2526011
email:	irsby.rmch@gmail.com

Speciality	Name of Dr	Registration number	Contact Number	Qualification	Current OPD fee	Part time/ full time/ payroll	Available time in Hospital
Accident & Emergency Services							
Anaesthesiology							
Assisted Reproduction (IVF)							
Audiology & Speech Therapy							
Bariatric Surgery							
Cardiology							
Cardio-Vascular & Thoracic Surgery							
Clinical Psychology							
Colorectal surgery							
Critical Care							
Dermatology							
Dietetics and Nutrition							
Endocrinology / Diabetology							
ENT							
Gastroenterology							
Gastrointestinal Surgery							
General and Laparoscopic Surgery							
General Medicine							
General Surgery							
Genetics							
Geriatric Medicine							
Haematology							
Hepatology							
Imaging and Interventional Radiology							
Infectious Disease							
Laboratory Medicine							

List attached

SUSHIL KUMAR THAKUR

Medical Superintendent
Rohilkhand Medical College & Hospital

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Liver Transplant							
Medical Oncology							
Microbiology							
Molecular Pathology							
Nephrology							
Neurology							
Neurosurgery							
Nuclear Medicine							
Obstetrics & Gynaecology							
Ophthalmology							
Oral & Maxillofacial Surgery							
Orthopaedic Surgery							
Paediatrics							
Pain Management							
Physiotherapy and Rehabilitation							
Plastic, Aesthetic and Reconstructive Surgery							
Psychiatry							
Radiation Oncology							
Respiratory Diseases							
Rheumatology							
Robotic Surgery							
Surgical Oncology							
Urology							

List attached

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

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Provider No. - _____

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made at _____ this _____ day of _____ **2021**, between **Paramount Healthcare Management Pvt. Ltd.**, a Private Limited Company incorporated under the provisions of Companies Act, 1956 and having its Registered Office at 401 - 402, 4th Floor, Sumer Plaza, Marol Maroshi Road, Marol, Andheri (East), Mumbai - 400059, hereinafter called "PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED" (which expression, unless it be repugnant to the context or meaning thereof, shall mean and include its successors) of the One Part

And Rohilkhand Medical College and Hospital HOSPITAL / NURSING HOME owned and run by Trust (Rohilkhand Educational and Charitable Trust) Registered Public Charitable Trust / private body / individual having its office at Opp Suresh Sharma Nagar, Pilibhit bypass road, Bareilly.

hereinafter called "the Provider" (which expression, unless it be repugnant to the context or meaning thereof, shall mean and include the persons for the time being and from time to time constituting the said private organization /Trust, survivors or survivor of them) of the Other Part:

WHEREAS:

(1) Paramount Healthcare Management Pvt. Ltd. is registered under the Companies Act, 1956 to carry out the business of Healthcare Management and Health related product services.

(2) Paramount Healthcare Management Pvt. Ltd. renders healthcare services necessary as defined by insurers to various individuals who have obtained Mediclaim or Health Insurance policies from the Insurance Companies.

(3) Paramount Healthcare Management Pvt. Ltd. has approached the Provider to provide health care to the individuals (hereinafter called "the Patients") who require medical treatment under the Health Insurance policies issued by the Insurance Companies on the undertaking that the bills for the medical treatment given by the Provider shall be paid by Paramount Healthcare Management Pvt. Ltd. and the same will be claimed directly by Paramount Healthcare Management Pvt. Ltd. from the concerned insurance company.

(4) The Provider has accepted the offer made by Paramount Healthcare Management Pvt. Ltd. on the terms and conditions hereinafter appearing.

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS:

ARTICLE 1:

1. DEFINITIONS & INTERPRETATION

The following terms and expressions shall have the following meanings for the purpose of this Agreement:

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1.1 '**Agreement**' shall mean this agreement and all Schedules, supplements, Appendices, appendages and modification thereof made in accordance with the terms of this agreement.

1.2 '**Claim Float**' shall mean the money made available to the PARAMOUNT HEALTHCARE MANAGEMENT for the settlement of claim of the Insured Person by the Insurer or of the beneficiary by the Payer.

1.3 **'Preauthorization For Cashless Access'**
The PARAMOUNT HEALTHCARE MANAGEMENT upon getting the necessary medical information from the Provider, will issue a preauthorization letter / guarantee of payment letter on behalf of the Insurer/Payer to the Provider mentioning the guarantee of the sum, length of stay and the ailment for which the person is seeking to be admitted as a beneficiary.

1.4 **'Denial of Pre-authorization'**
In case of failure to provide the relevant medical and policy details as required according to the PARAMOUNT HEALTHCARE MANAGEMENTs for interpretation of the benefits, the PARAMOUNT HEALTHCARE MANAGEMENT may deny the guarantee of payment to the Provider and may not authorize the Insured Person for cashless access.

1.5 '**Emergency admission**' shall mean a serious medical condition or symptom resulting from injury or sickness which arises suddenly and requires immediate hospitalized care and treatment within 24 hours of onset, to avoid jeopardy to the life or serious damage to the health of Insured Person, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore. .

1.6 '**Coinsurance**' is a provision under which a payer and beneficiary shares the incurred claim cost in a predetermined ratio.

1.7 '**Deductible**' is a portion of claim in way of fixed amount that is not covered under the insurance policy or health plan and has to be borne by the beneficiary.

1.8 '**Authorization letter**' is a letter giving an approval to the request received from the Provider for Preauthorization.

ARTICLE 2:

WARRANTIES BY PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED

2.1. Paramount Healthcare Management Pvt. Ltd. holds valid registration under the Companies Act, 1956.

2.2. Paramount Healthcare Management Pvt. Ltd. under the Agreements is entitled to pay to the Provider for the necessary medical treatment given to the Patients and get the same reimbursed from the concerned Insurance Company who has issued Health Insurance Policies to the Patients.

2.3. This agreement is signed by a person duly authorized by Paramount Healthcare Management Pvt. Ltd. and all the terms and conditions contained in this agreement are binding on Paramount Healthcare Management Pvt. Ltd.

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2.4. Any employees / contracted consultants of Paramount Healthcare Management Pvt. Ltd., who is a qualified medical doctor registered with the Medical Council of India and acting on behalf of the Company is eligible to discuss generally the medical treatment to be given to the Patients by the Provider.

2.5. The patients who seek cashless service facility payable by Paramount Healthcare Management Pvt. Ltd. to the Provider shall hold valid Identity Card (e.g.: Metlife Alico, Mednet UAE, Takaful International, etc) and Authorization Letter received with prior approval from Paramount Healthcare Management Pvt. Ltd.

ARTICLE 3:

GENERAL PROVISIONS

3.1. Paramount Healthcare Management Pvt. Ltd. shall strictly adhere to its code of conduct and the Provider should treat the patients with courtesy and care.

3.2. The Provider shall, subject to the availability of the beds, extend priority admission facility to the patients.

3.3. The Provider hereby assures to Paramount Healthcare Management Pvt. Ltd. that the Provider has cover of adequate insurance policy against any error or omission in treatment as also negligence by its doctors and paramedical staff and shall keep such policies in force during the subsistence of this agreement.

3.4. The Provider shall, as far as possible, endeavor to have an officer of the Provider assigned for the patients and shall endeavor to ensure that such officer learns various types of medical benefit offered by different insurance plans.

3.5. The Provider shall allow the qualified medical representatives of Paramount Healthcare Management Pvt. Ltd. to visit the patients and generally discuss the medical treatment to be given by the Provider to the patients provided always the final decision with respect to the line of treatment to be given to the patients shall be that of the Provider and its team of doctors, and the representatives of Paramount Healthcare Management Pvt. Ltd. shall not interfere with the same, However they have the right to know the treatment plan and discuss the same with the provider.

3.6. If found necessary by Paramount Healthcare Management Pvt. Ltd. to depute an authorized representative, the Provider shall allow, with prior appointment, the authorized representatives to have access to the standardized billing and medical records, Electronic Medical Records, Indoor Case Papers, International Coding of Diseases after the patient is discharged or during the period of the hospitalization.

3.7. The Provider and Paramount Healthcare Management Pvt. Ltd. agree to comply with the statutory requirements and follow the law of the land. If there is any mandatory statutory requirement, the Provider shall comply with the same specifically with the future requirements.

3.8. The Provider hereby agrees to have the bills for the treatment provided to the patients, audited, only if the same is absolutely necessary provided always that it will not be open to

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Paramount Healthcare Management Pvt. Ltd. to deny payment of the bill on the ground that the same is not audited.

3.9. The Provider will convey to the Doctor treating the patient to keep the patient only for the required number of days of treatment and carry out only the required investigations and treatment for the ailment for which he/she is admitted and the decision in this regard of the attached Doctor shall be final and binding on the parties. In the event of any complications and/or emergency the treatment for the same will be included and permitted as necessary treatment and the attached Doctor shall at all times have the rights to treat the patient as he/she considers in his/her absolute discretion fit and necessary. Any other investigations required by the patient for his/her benefit are not reimbursable and hence not payable by Paramount Healthcare Management Pvt. Ltd. and the Doctor will inform the patient that he/she will have to bear the costs of the same. However if there is any deviation in the line of treatment or from the information given in the Pre - Authorization request, Paramount Healthcare Management Pvt. Ltd. shall not be considered liable and the patient will have to bear the cost for the same and the provider would be required to recover the same from the patient.

ARTICLE 4:

AUTHORITY LETTER (GOP)

4.1. Paramount Healthcare Management Pvt. Ltd. shall issue an authority letter in favor of the patient. The Provider shall be entitled to act on such authority letters (GOP). The Authority Letter shall inter alia contain the guaranteed amount payable by Paramount Healthcare Management Pvt. Ltd. to the Provider.

4.2. For the benefit of the patients the Provider may display the recognition and promotional material, network status and procedure for admission supplied by Paramount Healthcare Management Pvt. Ltd. at prominent location preferably at the reception and admission counter. The Provider shall inform the officers manning the reception and admission counter regarding the procedure of admission and authorization letters. It is agreed between the parties that this will be at the discretion of the Provider and there is no obligation on the Provider to do so.

4.3. In the event of the Provider bonafide believing that the authorization letter is not genuine then the Provider shall contact Paramount Healthcare Management Pvt. Ltd. and address the same.

ARTICLE 5:

PROVIDER SERVICES – ADMISSION PROCEDURE

A. Outpatient Services

5.1. Subject to the amount and the required services mentioned in the authorization letter or in a letter accompanying the identity card the following services shall be rendered by the Provider as Outpatient services: -

1. Health Checkup
2. OPD Investigation, etc.

B. Inpatient Services - Planned Admission

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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5.2. Accurate and complete request for the Authorization Letter to Paramount Healthcare Management Pvt. Ltd. shall be made by the patient in accordance with the hospital or by the hospital and it should be signed by the treating Doctor and carry the stamp of the hospital. The Provider shall facilitate such a request signed by the patient.

5.3. Paramount Healthcare Management Pvt. Ltd. guarantees payment after the receipt of intimation and the necessary medical details and after they have ascertained the eligibility of coverage and issued the authorization.

5.4. In case the ailment is not covered or given medical data is not sufficient for the medical team of Paramount Healthcare Management Pvt. Ltd. to confirm the eligibility, Paramount Healthcare Management Pvt. Ltd. will not issue authority letter (the guarantee of payment), which shall be informed through the provider to the patient. The Provider will have to follow its normal practice in such a case, and Paramount Healthcare Management Pvt. Ltd. must inform in writing to the Provider about the same at the earliest.

5.5. Denial of authorization / guarantee of payment in no way mean denial of treatment; the Provider may in such cases deal as per its normal rules and regulations.

5.6. Authorization letter will mention the amount, guaranteed class of admission, eligibility of the patient or various sub limits for rooms and board, surgical fees, etc. wherever applicable, as per the benefit plan for the patient. The Provider must see that these rules are strictly followed, failing which the AL will be considered null and void. In the event of non availability of the room, Paramount Healthcare Management Pvt. Ltd. and the patient will be informed accordingly. For such cases if the patient is admitted to a class of accommodation higher than what he is eligible for, the provider shall collect the necessary difference in charges from the patient himself.

5.7. The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in authorization letter. Payment towards the cost of non-covered items like telephone usage, relatives' food, etc. must be collected directly from the patient; any expenses incurred at the request of the patient but not forming a necessary part of the medical management must be collected from the patient subject to the understanding as per clause 2.9 of article 2. The authorization letter normally mentions the amount, which is mentioned in the request for hospitalization with the sum available. Therefore in event of cost of treatment going above guaranteed amount, the Provider may check the availability of further limit with Paramount Healthcare Management Pvt. Ltd. and inform the patient so that the payment can be collected separately from the patient where applicable. In the event of any complications during the medical management or any deviation in the clinical diagnosis this must be communicated and confirmed with Paramount Healthcare Management Pvt. Ltd. without any further delay.

5.8. The agreement is subject to the detailed schedule of fees mutually agreed upon by Paramount Health and the provider, which may be revised by mutual consent after 1 year or on up gradation of the hospital.

5.9. Primary responsibility of obtaining authorization letter would be of the Patient. All the requests for authorization should be stamped and authenticated by the Provider.

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5.10. In case the sum available is considerably less than the estimated treatment cost, the Provider should follow their normal norms of deposit / running bills, etc. Paramount Healthcare Management Pvt. Ltd., upon receipt of the bills and document would release the guaranteed amount.

5.11. Whenever a request is made for additional Authorization, decision should be communicated by Paramount Healthcare Management Pvt. Ltd. preferably within 8 hours. Provider shall request Paramount Healthcare Management Pvt. Ltd. for additional preauthorization not less than 12 hours before discharge

5.13. Paramount Healthcare Management Pvt. Ltd. shall not be liable to entertain an additional preauthorization request addressed at time of discharge.

C. Emergency Admission

5.14. In case of a vehicular accident, if the victim is the Driver and is under influence of alcohol or inebriating drugs, (if detected or suspected), the Provider will inform Paramount Healthcare Management Pvt. Ltd. accordingly. .

5.15. In case of other emergencies, the Patient / attendant of the patient should call up Paramount Healthcare Management Pvt. Ltd. for guarantee of payment. Paramount Healthcare Management Pvt. Ltd. may continue to discuss with the treating doctor till conclusion of eligibility of coverage is arrived at. The Provider meanwhile may consider treating him as per its norms.

5.16. The Provider will offer whatever assistance is feasible at that time to help the patient or the relatives to get in touch with Paramount Healthcare Management Pvt. Ltd. to procure an Authority Letter for guarantee of payment.

5.17. Discharge Planning: If authorization letter is issued after ascertaining the coverage, the Provider should refund the amount received, if any, from the patient barring an amount to take care of non-covered expenses. In case the patient was admitted in critical care unit, once stabilized, the patient must be transferred to the room which he/she is eligible for as per his/her health plan, which would be mentioned in authorization letter.

ARTICLE 6:

FEE SCHEDULE

6.1. The Provider will submit their fee schedule on enrolment. The Provider, if already on the network, will continue as per the rates accepted on date and will have to inform Paramount Healthcare Management Pvt. Ltd. in case of any changes. Fee schedules may be adjusted every 12 months but the increase may not be more than general inflation. New services or new procedures must be discussed and rates agreed upon prior to providing services.

6.2. Any revision in the schedule of tariff has to be by mutual consent only; otherwise the payment will be effected as per the agreed schedule of tariff in the MOU.

6.3. Any revision in schedule of tariff is effective only from the date of approval of the revised schedule of tariff by Paramount Healthcare Management Pvt. Ltd. in writing

Rohtkhand Medical College & Hospital

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ARTICLE 7:

DUTIES / CHECKLIST FOR PROVIDER AT THE TIME OF DISCHARGE OF THE PATIENT

7.1. Original discharge card, original investigation reports, all original prescription and pharmacy receipt, etc. must not be given to the patient. These are to be signed by the patient and forwarded to billing department or retained by the Hospital who will compile the same and forward along with the bill to Paramount Healthcare Management Pvt. Ltd.

7.2. In case of the patient requiring the discharge card / reports he/she can be asked to take the photocopies at his/her own expenses before they are sent to PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED.

7.3. The discharge card / summary must mention the duration of ailment and duration of other relevant disorders like hypertension or diabetes (if informed / detected) as well as operative notes in case of surgeries. The clinical detail should be sufficiently informative.

7.4. Signature of the patient and in case of his / her death or his/her inability to sign, by next of kin, on the final hospital bill including doctor daily visit charges, surgical fees, etc. must be obtained.

7.5. Claim form to be signed by the patient or legal representative in case of his/her death or his / her inability to sign. The claim form can be downloaded from the Website.

ARTICLE 8:

BILLING PROCEDURE

8.1. Final bill should be submitted within 5 working days from the date of discharge of the patient, to Paramount Healthcare Management Pvt. Ltd. In case there are any deficiencies in the documents submitted by the Provider, this should be intimated to the Provider in writing within 10 working days from the date of receipt of the documents by Paramount Healthcare Management Pvt. Ltd.

8.2. The bills must be as per the schedule of fees applicable at the time of admission of the patient. The charges for treatment in case of:

International Patient - Foreign National shall be charged as per the prevailing tariff of Hospital for International patients approved by Paramount.

Expat - Members holding Indian Passport and having Overseas Policy shall be charged as per the prevailing tariff of Hospital for Domestic patients approved by Paramount.

8.3. Personal usage expenses like telephone, TV, etc. shall be recovered from the patient by the Provider. Any non-covered treatment / investigation cost must be recovered from the patient.

8.4. The final bill for onward submission to Paramount Healthcare Management Pvt. Ltd .for immediate payment must contain the following:

8.4.1. Copy of the patient's ID card with legible ID number, when available;

8.4.2. Copy of authorization letter, authenticated Indoor case papers and signature of the patient on the summary bill;

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8.4.3. Original final bill with detailed break up of miscellaneous, consumable and other charges;
8.4.4. Original and complete discharge card mentioning duration of ailment and duration of other relevant disorders like hypertension, diabetes, etc. if informed / detected;
8.4.5. Original investigation reports with corresponding prescription / request;
8.4.6. Pharmacy bill for supplies by the Provider with corresponding request;
8.4.7. Status of deposit paid if any by the patient;
8.4.8. Claim form duly signed by the patient.
8.4.9. Any other related documents to be intimated in advance by PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED.
8.4.10. Stickers of implant used e.g. lens in cataract surgery

ARTICLE 9:

PAYMENT TERMS AND CONDITIONS

9.1. Paramount Healthcare Management Pvt. Ltd. hereby agrees and undertakes to pay all the eligible bills within **60 days** of the receipt of the bill along with all the documents mentioned in clauses 7.4.1 to 7.4.9 at their head office address or the nearest local office.

9.2. In case certain billed items do not tally with the corresponding reports, the related bill amount will be held back from payment of the final bill, which means Paramount Healthcare Management Pvt. Ltd. shall make part payment of the total billed amount to the Provider for which Paramount Healthcare Management Pvt. Ltd. is satisfied as payable under the Bill. Due reason for such deductions, if any, will be given at the time of settlement of bills by Paramount Healthcare Management Pvt. Ltd. to the Provider. Clarification by the Provider may be sent within 30 days of receiving the part payment as afore stated to receive the remaining payment if the Provider wishes to collect the balance amount.

9.3. Payment will be done by an at par payable cheque/ Demand Draft. Insurance companies contracted with Paramount Healthcare Management Pvt. Ltd may pay hospital directly should this be required by the insurance company.

9.4. If Provider fails to fulfill the deficiency raised by Paramount Healthcare Management Pvt. Ltd. within a period of 7 working days from the date on which such deficiency is raised,
a) In case where the deficiency does not pertain to the admissibility of the claim, the claim shall be short paid mentioning the reasons.
b) In case where the deficiency pertains to the admissibility of the claim, the claim shall be closed mentioning the reasons.

9.5. Provider will decide in advance and intimate Paramount Healthcare Management Pvt. Ltd. his option for payment by way of bill discounting between 7 days and 30 days of receipt of the bill.

9.6. Acceptance and encashment by the Provider would be construed as due receipt if a Provider omits to send a stamped receipt for the payment received immediately on receipt of the cheque.

ARTICLE 10:

LIMITATIONS OF LIABILITY AND INDEMNITY

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
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Reason: your signing reason here
Location: your signing location here
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10.1 Paramount Healthcare Management Pvt. Ltd. will not interfere in the treatment and medical care provided to the patients. Paramount Healthcare Management Pvt. Ltd. will not be in any way held responsible for the outcome of treatment or quality of care provided by the Provider.

10.2. Paramount Healthcare Management Pvt. Ltd. shall not be liable or responsible for any acts of omission or commission of the Doctors and other medical staff of the Provider.

10.3. The Provider shall alone be liable to pay any costs, damages and/or compensation demanded by the patients for poor, wrong or bad quality of the test report or treatment given to the patient by the Provider.

10.4. Billing Disputes will be resolved amicably between the Provider and Paramount Healthcare Management Pvt. Ltd. If the said disputes are not resolved amicably in 60 days then they will be decided by the Arbitral forum.

ARTICLE 11:

CONFIDENTIALITY

The parties here to undertake to protect the secrecy of all the data of Provider / Paramount Healthcare Management Pvt. Ltd. / the patient and trade or business secrets of the Provider/ Paramount Healthcare Management Pvt. Ltd. and shall not share the same with any unauthorized person for any reason whatsoever with or without any consideration. Provided always in case of any legal action which may filed by a patient and/or his/her relatives against the Provider or its doctors, it will be open for the Provider to submit all the documents to the concerned Court/Tribunal.

ARTICLE 12:

TERMINATION

12.1. PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED/ the Provider shall reserve the right to terminate the agreement by giving 30 days prior notice in writing.

However, in case of gross breach of terms and conditions of this MOU by the provider, Paramount Healthcare Management Pvt. Ltd. shall reserve the right to terminate the MOU with immediate effect.
Gross breach would include interalia acts such as:
a) Failure to perform any material obligation under this Agreement, by the Provider.
b) Failure to maintain any license, certification or accreditation required to conduct business or perform under this Agreement
c) If Provider is declared bankrupt or insolvent, approves a petition seeking reorganization of the party or appoints a receiver, trustee, or liquidator for all or a substantial part of the party's assets
d) If there is a change in the controlling interest of either party which affects its financial ability or performance under this Agreement.
e) If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Provider or anyone acting on his behalf to obtain any benefit under this MOU.

The above list is only illustrative and not exhaustive.

for Administrative Officer
Rohi... Hospital
Bare...

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12.2. In the event this agreement is terminated and a Beneficiary remains under care at the Provider on or after the effective date of such termination, Provider shall be obliged to continue the provision of Healthcare Management to that Beneficiary as per the actual agreement, until he or she is discharged. The Provider agrees not to bill Beneficiary for services if authorized by Paramount Healthcare Management Pvt. Ltd., and hold the Beneficiary Person only financially responsible for non-authorized expenses. Paramount Healthcare Management Pvt. Ltd. shall render payment in accordance with the issued Authorization Letter and in the amounts established by this Agreement.

12.3. Paramount Healthcare Management Pvt. Ltd. will provide administrative services as described in this Agreement for any claims that were incurred prior to the termination of this Agreement, so long as authorization and coverage under the benefit plan exist.

ARTICLE 13:

NON-EXCLUSIVITY

Paramount Healthcare Management Pvt. Ltd. reserves the right to appoint other Providers and the Provider shall have no objection to that.

ARTICLE 14:

JURISDICTION

14.1. Any disputes, claims arising out of this Agreement are subject to Arbitration and jurisdiction of Mumbai Courts. Any dispute and differences arising between the parties shall be adjudicated and resolved by an Sole Arbitrator appointed by mutual consent by both the parties as per the provisions of the Arbitration and Conciliation Act, 1996.

14.2. Any amendments in the clauses of the Agreement can be effected as an addendum, after the written approval from both the parties.

ARTICLE 15:

COMMENCEMENT

The Effective Date of this Agreement is the date of signature by both Parties (if signed by the parties on separate dates, the latter of the two) and shall remain in full force and effect for 12 full months after the Date of Signing and shall automatically renew for a subsequent additional one year term, unless terminated as provided for in Clause 12.

ARTICLE 16:

GENERAL CONDITIONS

16.1. Paramount Healthcare Management Pvt. Ltd. and the Provider are independent contractors and nothing in this Agreement or otherwise shall be construed or deemed to create any other relationship, including one of employment, agency, or joint venture. Nor shall this agreement establish any rights against Paramount Healthcare Management Pvt. Ltd. in favor of any third parties or any persons that are not party to this Agreement.

16.2. Neither party shall be liable for any failure or delay in performance under this Agreement to the extent said failures or delays are proximately due to causes beyond that party's reasonable

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control and occurring without its fault or negligence, including, but not limited to: natural disaster (earthquake, hurricane, flood); war, riot or other major upheaval; performance failures of external parties to the Agreement (e.g., disruptions in telephone service attributable to the telephone company). As a condition to the claim of non-liability, the party experiencing the difficulty shall give the other prompt written notice of the occurrence. Dates by which performance obligations are scheduled to be met will be extended as agreed between the parties.

16.3. During the term of this Agreement the Provider authorizes Paramount Healthcare Management Pvt. Ltd. to make reference to the Provider and its affiliated providers as part of Paramount Healthcare Management Pvt. Ltd. Provider Network to the Beneficiaries. Provider, provider affiliates, and Paramount Healthcare Management Pvt. Ltd. shall not otherwise use the other Party's name, symbol or service mark without prior written consent, which shall not unreasonably be with held.

16.4. All notices from one party to the other party pursuant to this Agreement shall be in writing and shall be delivered either personally, by nationally recognized overnight delivery service, courier services, or by certified or registered mail – return receipt requested to the following addresses: PARAMOUNT HEALTHCARE MANAGEMENTPVT LIMITED, 401- 402, 4th Floor, Sumer Plaza, Marol Maroshi Road, Marol, Andheri (East), Mumbai - 400059 and

Rohilkhand Medical College & Hospital Hospital/ Nursing Home Address:

Opp Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly.

The date of receipt and effective date of the notice will be determined as follows:

a) The date on the signed receipt if delivered personally, by overnight service, or courier.

b) The date indicated on the return receipt if delivered by registered or certified mail.

16.5. Nothing contained in this Agreement is intended to create, nor shall it be construed to create, a relationship between the parties other than that of independent parties contracting with each other solely for the purpose of effectuating the provisions of this Agreement.

16.6. Paramount Healthcare Management Pvt. Ltd. and the Provider are independent contractors and nothing in this Agreement or otherwise is intend to create, nor shall it be construed to create any other relationship, including one of employment, agency, or joint venture. Nor shall this agreement establish any rights against Paramount Healthcare Management Pvt. Ltd. in favor of any third parties or any persons that are not party to this Agreement.

ARTICLE 17:

SUPERSESSION

It is agreed between the parties that by execution of this agreement all the prior correspondence, negotiations, minutes, MOU, Agreement and other documents shall be superseded. The terms of this agreement shall supersede all the terms and conditions of the earlier agreement executed between the parties.

for Executive Officer
Rohilkhand Medical College & Hospital
Bareilly

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IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their hands and seal the day and the year first hereinabove written.

SIGNED SEALED AND DELIVERED by the

Within named **PARAMOUNT HEALTHCARE MANAGEMENT PVT. LIMITED**
by the hand of it's duly Constituted Attorney

Through _____

In the presence of _____

SIGNED SEALED AND DELIVERED by the

Within named Provider Dr Faiz Shamsi, Rohilkhand Medical College & Hospital.
by the hand of it's duly Constituted Attorney

Through Dr Faiz Shamsi

In the presence of Anuj Vikram Singh.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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MEMORANDUM OF UNDERSTANDING
PARAMOUNT HEALTHCARE MANAGEMENT PVT LTD.

This MoU made at _____this _____ day of _____ between **Paramount Healthcare Management Pvt. Ltd.**, a company duly registered under The Companies Act, 1956, located at 402, Sumer Plaza, Marol Maroshi Road, Marol, Andheri (East), Mumbai, 400059, hereinafter referred to as '**PHM**' (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors and assignees) and Rohilkhand Medical College and Hospital through its authorized signatory Dr Faiz Shamsi, Age 38 years herein after referred to as '**Provider**' (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors or assignees).

WHEREAS, PHM is a HealthCare Services Organization providing Healthcare related services to its beneficiaries and clients and for this purpose PHM has created a network of service providers.
Rohilkhand Medical College and Hospital. is happy to join the Provider Network of PHM and agrees to provide the necessary services on the terms and conditions, hereinafter appearing:

Now this MoU witnessed and it is agreed by and between the parties as follows:

1. Effective Date

1.1 The Parties hereby agree that the Effective date of the Agreement shall be the date on which the agreement is signed.

2 Scope of Services

Provider

2.1 Will offer PHM customers/Card Holders/ referral slip holders approaching them for treatment, diagnostics and all other services rendered by the Provider on the payment terms and as per terms mutually decided on client to client basis. These services may be rendered at Provider locations, on-line consultations, on-site at PHM customer locations and as needed and mutually agreed upon modes
2.2 Will send the details of PHM customer as mentioned in clause 2.1 in specified timelines and formats.
2.3 Will allow their name to be displayed on the promotional material/ / website of PHM.
2.4 Will offer all other services available with it to PHM for their customers at discounted rates as agreed upon between both the parties.

PHM

2.5 For all services mentioned in clause 2.1 PHM will issue a service order in the name of the provider mentioning the services required. The service order will contain in detail the terms & conditions, service delivery/execution, commercials, quality standards, indemnity and validity.
2.6 PHM will offer services, products, technologies and other innovative healthcare solutions to, from, by and on behalf of its clients/customers, partners and business associates.
2.7 PHM will contract with the provider to use their services to fulfill PHM clients/customers, partners and business associates needs governed under clause 2.1.

3. Confidentiality

3.1 The Provider agrees that it shall not, disclose or allow to be disclosed any information that has been provided by PHM in terms of this Agreement or otherwise to any one, except to its officers and employees and only to such extent as may be necessary for the performance of its obligations under this Agreement.

4 Terms and Termination

4.1 This Agreement shall be valid and effective until it is terminated as set out in this Agreement. This Agreement may be terminated:

(i) By the PHM, upon a breach of the Provider of its obligations under this Agreement.
(ii) By Provider or PHM after either party giving 30 days prior notice in writing.

for Rohilkhand Medical College & Hospital

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5. Liability & Indemnity

5.1 The Provider shall keep and hold PHM, its directors, officers, employees, or any of them, indemnified and harmless from and against any losses, damages, liabilities, expenses (including reasonable attorneys' fees), costs, claims, suits, demands, actions, causes of action, proceedings, judgments, assessments, deficiencies and charges resulting from any third party claim against PHM occasioned by, or arising out of any act of error or omission or commission of the Provider including the breach of this Agreement by the Provider.

5.2 The Provider should also have the reasonable Professional Indemnity coverage and shall provide a copy of the same to the PHM.

6. Governing Law & Arbitration

6.1 Any dispute arising out of this agreement is subject to arbitration and jurisdiction of Mumbai Court.

6.2 Any amendments in the clauses of the agreement can be effected as an addendum after the written approval from both parties.

7. Good Faith

7.1 Each of the Parties hereto undertake with the other to act in the utmost good faith in interpreting and implementing this Agreement and agrees to do all things reasonably within its power which are necessary or desirable to give effect to the spirit and intent of this Agreement.

8. Variation

8.1 Any variation of this Agreement shall be mutually agreed in writing and executed by or on behalf of each of the Parties.

9. Entire Agreement

9.1 This Agreement hereto represent the entire agreement as to the subject matter hereof, and supersedes any prior understandings between the Parties relating to the subject matter hereof.

IN WITNESS whereof the Parties have set their hands to this Agreement the day and year first written above:

Paramount Healthcare Management Pvt. Ltd. _____

Date, Signature & Stamp _____

For and on behalf of the Provider Dr Faiz Shamsi

Date, Signature & Stamp for

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Sl. No.	Heading	Information (to be filled in by hospital)		Instructions for filling data	Cell Inputting Format
Section A	Basic information about Hospital, Ownership, Statutory Compliance, Registration and Accreditation (Star * Mark & Yellow Highlighted fileds mandatory)				
1	Provider Code				Numeric
2	Hospital Name	Rohilkhand Medical College and Hospital		Provide name of Hospital as registered	All characters
3a	Hospital Address	Opp Suresh Sharma Pllibhit By Pass road		Provide address of hospital - Number, Street Number, Locality	All characters
3b	Hospital Land mark (if any)			Self-explanatory	All characters
3c	Hospital District name	Bareilly		Self-explanatory	All characters
3d	Hospital Area name	Bareilly		Self-explanatory	
3e	Hospital City name	Bareilly		Self-explanatory	All characters
3f	Hospital State name	Uttar Pradesh		Self-explanatory	All characters
4	PIN Code	243006		Only 6 digit postal PIN code to be provided	Numeric 6 digits
5	Hospital Location	Bareilly		Metro / Urban / Semi Urban / Rural / Others	All characters
6	Hospital Speciality	Multi Super Speciality		Opthamology, ENT, Orthopaedic, Dental , (Any Other Please Specify)	All characters
7	Hospital Id as allotted by Insurance Information Bureau of India { ROHINI } (if already empanelled)	8900080048072		9 digit id allotted by IIB or Nil	All charaters
8a	Insurance/TPA Desk Contact Person Name, Designatio, contact no.	Dr Faiz Shamsi		Name of contact person handling TPA desk	All characters
8b	TPA Desk Email ID	rsbyrmch@gmail.com		Self-explanatory	All characters
8c	Hospital Landline No	0581-2526011, 0581-2526012		i.e. 011 42348653 / 0253 6285493	Numeric
8d	Fax No.	0581-2526054		Self-explanatory	Numeric
8e	Hospital Website	www.rmcbareilly.com		i.e. - www.xyz.com	All characters
9a	Name of Chief Medical Officer	Dr Bhushan Kumar		Name of CMO (without any prefix or suffix)	All characters
9b	Professional qualification of Chief Medical Officer	MD		Self-explanatory	All characters
10	Date of establishment of hospital (DD-MM-YYYY)	6-Jan-2006		Self-explanatory	DD-MM-YYYY
10a	Hospital Registration Number	RMEE2117649		Self-explanatory	All characters
10b	Hospital Registration date (DD-MM-YYYY)	27-05-2021		Self-explanatory	DD-MM-YYYY
10c	Hospital Registration valid up to date (DD-MM-YYYY)	30-04-2022		Self-explanatory	DD-MM-YYYY
10d	Hospital Registration - mention name(s) of specific Authority/body/Act/Statute under which hospital is registered	CMO, Bareilly		Name of registering body/Act(s) under which hospital is registered.	All characters
11	Accreditation Status -Name of accreditation body, level of accreditation and validity period				
11a	Name of Board if accredited - NABH, JCI, NABH, NQAS, NHSRC any other quality certification	NABH NABL		Name of Accreditation/ certification body/Board	All characters
11b	Level of Accreditation	Entry Level		Level of accreditation -- i) Accredited ii) Pre-Accreditation Entry Level iii) Pre-Accreditation Progressive Level iv) Any other	All characters
11c	Effective Start date of such accreditation/certification.	31-07-2021		Self-explanatory	DD-MM-YYYY
11d	Effective End date of such accreditation/certification.	30-07-2021		Self-explanatory	
12	TDS Exemption Certificate	NO		YES/NO	DD-MM-YYYY
13	Nature of ownership (Select the relevant option)	Private - Proprietorship, Partnership, Corporate		Self-explanatory	Select from drop down
		Trust	Trust		
		Missionary			
		Government			
		Charitable/Not for profit			
14a	Owner's Name	Dr Ashok Kumar Agarwal		Mention name of Hospital's owner without prefix or suffix	All characters
14b	Owner's Designation	Presldent		Self-explanatory	All characters
14c	Owner's Professional Qualification	MD		Self-explanatory	All characters
Section B	Other Empanelments held currently (Specify with Names)				
15	TPAs (name)	HDFC General Insurance			
		Ericson Insurance TPA Pvt Ltd			
		Aditya Birla Group General Insurance Co Ltd			
		Safeway Insurance TPA Pvt Ltd			

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16	Private Insurers (name)	HDFC General Insurance Reliance Health Insurance Genins Insurance Co Ltd	List of private Insurers with which hospital is empanelled for cashless (You can attach Annexure Page)	All characters
17	Attachment Under Government schemes/bodies eg. CGHS/ESIS/ECHS/RSBY/Andhra Arogyasree/Yashsavini/Tamil Nadu/ Maharashtra State Government Health Insurance Scheme, Railways etc.	Ayushman Bharat Scheme, CGHS, ECHS, ESIC, IVRI, CARI	Names of government schemes/bodies with which hospital is empanelled for cashless	All characters
18	If depaneled or blacklisted by any insurer/TPA/government scheme/any other authority, provide details of such blacklisting/depanelment	NO	Names of authority/scheme under which Hospital is depanelled or blacklisted.	All characters
19	Date of above depanelment/blacklisting	NA	Self-explanatory	All characters
Section C	IT Enablement			
20	Hospital Information Management System	Computerised	Provide details of HIMS used at the hospital. If Nil, mention nil as answer	All characters
21	Billing System	Computerised	Whether billing through HIMS, through computerized software or manual	All characters
22	Patient medical records	Computerised	Provide details of how patient medical records are maintained - physical or digitized or both	All characters
23	Coding practices followed - ICD 10-PCS, CPT, any other	ICD-10	Mention the coding practice followed for diagnosis and procedures	All characters
24	Record keeping system for non medical records - computerised, manual	Computerised	Maintainance of all other records e.g. billing etc. - computerized or manual or both	All characters
25	OPD Timing	9:00 AM to 3:00 PM	Pluase Specify OPD Timing	
26	Archiving of records(Years)	10 Year	YES/NO	DD-MM-YYYY
Section D	Hospital area, number of beds and rooms			
27	Hospital Total Area (in square feet)	130680 Approx	Total Area of plot in square feet	All characters
28a	Hospital Floor Area (in square feet)	65000 Approx	Total Built-Up Area in Square Feet	All characters
28b	Hospital Open Area (in square feet)	65000 Approx	Total Open Area in Square Feet	All characters
29	Number of Beds as per Category *	Day Care: 18	Self-explanatory	Numeric
		General Ward / Economy Ward Non AC: 820	Self-explanatory	Numeric
		General Ward / Economy Ward AC: NA	Self-explanatory	Numeric
		Triple Sharing Non AC: NA	Self-explanatory	Numeric
		Triple Sharing AC: NA	Self-explanatory	Numeric
		Twin Sharing / Semi Pvt Non AC: NA	Self-explanatory	Numeric
		Twin Sharing / Semi Pvt AC: NA	Self-explanatory	Numeric
		Single Ward Non AC (Pvt Ward): 5	Self-explanatory	Numeric
		Single Ward AC (Pvt Ward): NA	Self-explanatory	Numeric
		Deluxe: 5	Self-explanatory	Numeric
		Deluxe AC: 5	Self-explanatory	Numeric
		Super Deluxe: NA	Self-explanatory	Numeric
		Suite: NA	Self-explanatory	Numeric
		Deluxe Suite: NA	Self-explanatory	Numeric
		Luxury Room: NA	Self-explanatory	Numeric
		Intensive Care Unit (ICU) *	Self-explanatory	Numeric
		Isolation Ward *	Self-explanatory	Numeric
		ICCU: 10	Self-explanatory	Numeric
		PICU	Self-explanatory	Numeric
		NICU	Self-explanatory	Numeric
		HDU	Self-explanatory	Numeric

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Rohilkhand

		Surgical ICU (SICU)	10	Self-explanatory	Numeric
		Step Down Observation ICU Room	10	Self-explanatory	Numeric
		Post Operative ICU	10	Self-explanatory	Numeric
		Burn Ward	5	Self-explanatory	Numeric
		Labour Room	5	Self-explanatory	Numeric
		Casuality Room	10	Self-explanatory	Numeric
		Recovery Room	5	Self-explanatory	Numeric
		No. of Ventillators	15		
		No. of Beds with Central Oxygen Supply	80		
		Total No. of Beds * (MANDATORY)	900	Self-explanatory	Numeric
30	LEVEL OF CARE PROVIDED (SPECIFY EACH CATEGORY)	Single Speciality		Self-explanatory	YES / NO
		SECONDARY + GENERAL	YES	Self-explanatory	
		SECONDARY + SINGLE SPECILALITY		Self-explanatory	
		SECONDARY + MULTI SPECILAITY	YES	Self-explanatory	
		Day Care Centre	YES	Self-explanatory	
		TERTIARY + SINGLE SPECILALITY		Self-explanatory	
		TERTIARY + Super SPECILAITY	YES	Self-explanatory	
		Nursing Home - General		Self-explanatory	
		Nursing Home - Single Speciality		Self-explanatory	

Section E	Medical facilities, staff, consultants, infrastructure and speciality details			
31 *	Number of Doctors (as on date) *	369	Self-explanatory (Mandatory)	Numeric
32 *	Total number of Full time doctors with qualification approved by MCI in the rolls of the Hospital (Count require) *	369	Self-explanatory (Mandatory)	Numeric
33 *	Total No. of Support Staff	390	Self-explanatory (Mandatory)	Numeric
34 *	Number of full time Doctors on Rolls in Hospital	369	Self-explanatory	Numeric
35 *	Number of full time doctors on employed in Hospital	369	Self-explanatory	Numeric

36 — Names, Qualification and specialisation details of full time doctors on rolls/employed in Hospital
NOTE : Additonal column can be inserted if the count of Doctor is high

36a *	Name of the Doctor	Designation	Qualification	Contact No	Email-id
	List Attached	List Attached	List Attached	List Attached	List Attached
	List Attached	List Attached	List Attached	List Attached	List Attached
	List Attached	List Attached	List Attached	List Attached	List Attached
	List Attached	List Attached	List Attached	List Attached	List Attached
	List Attached	List Attached	List Attached	List Attached	List Attached
	List Attached	List Attached	List Attached	List Attached	List Attached

36b * — Key Contact Personal With their extension/ Direct Numbers
NOTE : Additonal column can be inserted if the count of Staff is high

	Name	Designation	Qualification	Mobile No / Landline No	Email-Id
	Dr Ashok Kumar Agarwal	Director	MD	0581-2526011	rsbyrmch@gmail.com
	Dr Bhushan Kumar	Medical Director	MD	0581-2526012	rsbyrmch@gmail.com
	Dr Bhushan Kumar	Chief Medical Officer	MD	0581-2526013	rsbyrmch@gmail.com
	Anuj Vikram Singh	TPA Desk	MHA	0581-2526014	rsbyrmch@gmail.com
	Dr Faiz Samshi	Administrator	BDS MBA	0581-2526015	rsbyrmch@gmail.com
	Shafeek	Marketing	B Com	0581-2526016	rsbyrmch@gmail.com
	Shafeek	Marketing 2	B Com	0581-2526017	rsbyrmch@gmail.com
	Sanchit Agarwal	Finance Head	M Com	0581-2526018	rsbyrmch@gmail.com
	Arafat Khan	Accounts Head	M Com	0581-2526019	rsbyrmch@gmail.com
	Arafat Khan	Billing	M Com	0581-2526020	rsbyrmch@gmail.com
	Arafat Khan	Billing 2	M Com	0581-2526021	rsbyrmch@gmail.com
	Ajay	PRO	BA	0581-2526022	rsbyrmch@gmail.com
		Others		0581-2526023	rsbyrmch@gmail.com

37 *	Number of consultants (who are not on rolls of the hospital) *	369	Self-explanatory (Mandatory)	Numeric
38 *	Number of visiting consultants *	NA	Self-explanatory (Mandatory)	Numeric
39	Names, Qualification and specialisation details Including Anaesthesia, primary care, family physicians of visiting consultants (to be attached in Excel Format)	NA	Attach list as annexure and give Annexure number here	All characters
40 *	Number of qualified nurses(B.SC & GNNM) *	369	Self-explanatory	Numeric
41	Number of qualified technicians	80	Self-explanatory	Numeric

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Rohilkhand Regional Office
Bareilly

42	Number of 24 hour RMO		6	Self-explanatory	Numeric
43	Qualification of 24 hour RMO		MBBS	Self-explanatory	All characters
44 *	Doctor-Nurse ratio		.1:1	Self-explanatory	All characters
*	DOCTOR- BED RATIO (Number of Medical Practitioners with MBBS Qualifications as proportion of beds) *		.15:1	Self-explanatory (Mandatory)	All characters
*	NURSE-BED RATIO (Number of Qualified and Registered Nurses (GNM, Post BSc, BSC. & M.SC. (Nursing) as proportion of occupied beds) *		.6:1	Self-explanatory (Mandatory)	All characters
*	DOCTOR-PATIENT(BED) RATIO IN ICU (Number of Medical Practitioners exclusively for ICU, as proportion of beds in ICU) *		.1:1	Self-explanatory (Mandatory)	All characters
*	NURSE-PATIENT(BED) RATIO IN ICU (Number of Qualified Nurses exclusively for ICU, as proportion of Beds in ICU.) *		.1:1	Self-explanatory (Mandatory)	All characters
45	Nurse-patient ratio for general beds		.6:1	Self-explanatory	All characters
46	Number of surgeons or interventionists *		37	(Like cardiologists, Gastroenterologist- not on full time roll of hospital) (Mandatory)	All characters
47	List of Specialities available in the hospital	Specialities	YES/NO		
48		General Medicine	YES		
49		General Surgery	YES		
50		Anaesthesia	YES		
51		Internal Medicine	YES		
52		Cardiology	YES		
53		Nephrology	YES		
54		Neurology	YES		
55		Paediatrics	YES		
56		Pulmonology	YES		
57		Gastro-Enterology	YES		
58		General Surgery	YES		
59		Orthopaedics	YES		
60		Gynaecology	YES		
61		Obstetrics	YES		
62		Oncology	YES		
63		Urology	YES		
64		Psychiatry	YES		
65		ENT	YES		
66		Neuro surgery	YES		
67		Plastic surgery	YES		
68		Liver Transplant	NO		
69		Lung Transplant	NO		
70		Kidney Transplant	NO		
71		Dermatology	YES		
72		Heart Transplant	NO		
73		Ophthalmology	YES		
74		Preventive healthcare check-up	YES		
75		Others (Provide name of any other speciality not listed above)			
76	Emergency services	Emergency Services	YES	YES / NO	All characters
77		Emergency Room	YES	If yes, specify number of emergency rooms	All characters
78		List of equipment available in Emergency room (to be attached in Excel Format)	YES	Attach list as annexure and give Annexure number here	All characters
79a		24 hour Ambulance - Nil/Own/Outsourced	YES	Self-explanatory	All characters
		No. & Types of Ambulance	6	Self-explanatory	All characters
		Ambulance Facilities	YES	Self-explanatory	All characters
79b		24 hour Ambulance Air Lifting Facility	NO	Self-explanatory	Yes/NO
80		Burns Unit	YES	Self-explanatory	Yes/NO
81		Trauma Centre	YES	Self-explanatory	Yes/NO
82		Casualty Service maintained by MBBS Doctors or Emergency Specialists	YES	Specify	All characters
83		No. of Major OTs	11	Self-explanatory	All characters
84		No. of Minor OTs	11	Self-explanatory	All characters
85		C-ARM	YES	Self-explanatory	Yes/NO
*		Number of doctors exclusively available for ICU *	6	Self-explanatory (Mandatory)	Numeric
*		Total number of Post graduate (MD (anaesthesia, Gen Med, etc.) qualified doctors exclusively available for ICU. (Count require) *	43	Self-explanatory (Mandatory)	Numeric
*		Number of doctors with the qualification of MBBS, available for ICU exclusively taking all the shifts together (Count require) *	6	Self-explanatory (Mandatory)	Numeric
*		Number of qualified nurses available exclusively in the Intensive care Units taking all the shifts together (Count require) *	6	Self-explanatory (Mandatory)	Numeric
86		Cath Lab Facility	YES	Self-explanatory	All characters
87		Labour Room (s)	YES	Self-explanatory	All characters
88		List of equipment and Facilities in OT (to be attached in excel format)	YES	Attach list as Annexure number here	All characters

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Rohtkhand Medical Education Bareilly

89		List of equipment and Facilities in ICU (to be attached in excel format)	YES	Attach list as annexure and give Annexure number here	All characters
90		List of equipment and Facilities in Labour Room (to be attached in excel Format)	YES	Attach list as annexure and give Annexure number here	All characters
91		Any Other Facility	YES	Specify	All characters
92		Laboratory services		Self-explanatory	Yes/NO
93		Laboratory services owned - Biochemistry	YES	Self-explanatory	Yes/NO
94		Laboratory services owned - Pathology	YES	Self-explanatory	Yes/NO
95		Laboratory services owned - Microbiology	YES	Self-explanatory	Yes/NO
96		Laboratory services owned - Haematology	YES	Self-explanatory	Yes/NO
97		Laboratory services owned - Serology/Immunology	YES	Self-explanatory	Yes/NO
98		Laboratory services owned - Histopathology	YES	Self-explanatory	Yes/NO
99		Laboratory services owned - Endocrinology	YES	Self-explanatory	Yes/NO
100		Radiology services		Self-explanatory	Yes/NO
101		Radiology services owned - X Ray	YES	Self-explanatory	Yes/NO
102		Radiology services owned - ECG	YES	Self-explanatory	Yes/NO
103		Radiology services owned - USG	YES	Self-explanatory	Yes/NO
104		Radiology services owned - Portable USG	YES	Self-explanatory	Yes/NO
105		Radiology services owned - Portable X-ray	YES	Self-explanatory	Yes/NO
106		Radiology services owned - Echo / Bone Densitometer	YES	Self-explanatory	Yes/NO
107		Radiology services owned - Colour Doppler	YES	Self-explanatory	Yes/NO
108		Radiology services owned - Mammograph	YES	Self-explanatory	Yes/NO
109		Radiology services owned - CT Scan	YES	Self-explanatory	Yes/NO
110		Radiology services owned - MRI	YES	Self-explanatory	Yes/NO
111		Radiology services owned - PET Scan	YES	Self-explanatory	Yes/NO
112		EEG	YES	Self-explanatory	Yes/NO
113		EMG	YES	Self-explanatory	Yes/NO
114		Cobalt unit	YES	Self-explanatory	Yes/NO
115		Photon therapy	YES		
116		Bronchoscopy Lab	YES	Self-explanatory	Yes/NO
117		Dialysis Unit	YES		
118		Holter Monitoring	YES	Self-explanatory	Yes/NO
119		Chemotherapy	NO	Self-explanatory	Yes/NO
120		Blood Bank	YES	Self-explanatory	Yes/NO
121		Blood Bank (24 hrs facility available / Outsourced)	YES	Self-explanatory	All characters
122		Facility for treating HIV/AIDS patients	NO	Self explanatory	Yes/NO
123		Physiotherapy	YES	Self-explanatory	Yes/NO
124		Nuclear Medicine	NO	Self-explanatory	Yes/NO
125		DIETICIANS	YES	Self-explanatory	Yes/NO
126		Counselling Service	YES	Self-explanatory	Yes/NO
127		Rehabilitation Service	YES	Self-explanatory	Yes/NO
128		Mortuary Facility	YES	Self-explanatory	Yes/NO
129		Infrastructure & Support	YES	Self-explanatory	Yes/NO
130		CSSD	YES	Self-explanatory	Yes/NO
131		Kitchen Service	YES	Self-explanatory	Yes/NO
132		Water purification and filtration	YES	Self-explanatory	Yes/NO
133		24 hour Power Back up	YES	Self-explanatory	Yes/NO
134		Housekeeping and Laundry services	YES	Self-explanatory	Yes/NO
135		Gas Plant/Boiler/Sterillzers	YES	Self-explanatory	Yes/NO
136		Whether fully air-conditioned	YES	Self-explanatory	Yes/NO
137		Whether educational courses offered	YES	Self-explanatory	Yes/NO
138		Fire Protection system	YES	Self-explanatory	Yes/NO
139		Infection Control Committee	YES	Self-explanatory	Yes/NO
140		Does Hospital follow any set Clinical Protocols	YES	Self-explanatory	Yes/NO
141		Is there a professional indemnity cover available	YES	Self-explanatory	Yes/NO
142		Does Hospital have a medico-legal consultant / advisor on board?	YES	Self-explanatory	Yes/NO
143		Does Hospital follow Patient Safety Guideline	YES	Self-explanatory	Yes/NO
144		Visiting Hours For Patients Relatives	YES	Morning / Evening	Timing
145		Does Hospital follow Patient Safety Guideline	YES	Self-explanatory	Yes/NO
146		Lift Provision	YES	Self explanatory	Yes/NO
147		Ramp Facility	YES	Self-explanatory	Yes/NO
148		nternet facilities	YES	Self-explanatory	Yes/NO
149		HRA / MRD	YES	Self-explanatory	Yes/NO
150		Printers	YES	Self-explanatory	Yes/NO
151		Coplers	YES	Self-explanatory	Yes/NO
152		CCTV	YES	Self-explanatory	Yes/NO
153		Strecher Lift	YES	Self-explanatory	Yes/NO
154		Waiting Area	YES	Self-explanatory	Yes/NO
155		Car Parking Area	YES	Self-explanatory	Yes/NO
156		Examination Room	YES	Self-explanatory	Yes/NO
157		PFT	YES	Self-explanatory	Yes/NO
158		Ambience Cleniiness	YES	Self-explanatory	Yes/NO

Inpatient facilities (specify each)

for Rohilkhand Medical College & Hospital

Administrative Officer

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159		Scanner	YES	Self-explanatory	Yes/NO
160		Webcam	YES	Self-explanatory	Yes/NO
161		Software for billing	YES	Self-explanatory	Yes/NO
162		Computers – Desktops/Laptops/Tabs	YES	Self-explanatory	Yes/NO
163		Medical records Maintain	YES	Self-explanatory (Physical / Digital / (Physical & Digital)	Yes/NO
164		2D Echo	YES	Self-explanatory	Yes/NO
165		Stress Test	YES	Self-explanatory	Yes/NO
166		Home Visit	NO	Self-explanatory	Yes/NO
167		Sonography	YES	Self-explanatory	Yes/NO
168		Section F	YES	Self-explanatory	Yes/NO
169		In house Pharmacy	YES	Self-explanatory	Yes/NO
170	Pharmacy	Day/Night (Own or outsourced)	OWNED OWNED	If own or outsourced, whether day/night	All characters
Section F	Banking and other statutory Details				
171	GST Registration Number		NA	Self-explanatory	All characters
172	PAN Number		AAATR6902J	Self-explanatory	All characters
173	PAN Card Holder's Name		ROHILKHAND EDUCATIONAL AND CHARITABLE TRUST	Self-explanatory	All characters
174	TAN Number		LKNRO5136F	Self-explanatory	All characters
175	TAN Card Holder's Name		ROHILKHAND EDUCATIONAL AND CHARITABLE TRUST	Self-explanatory	All characters
176	Bank Name (to which payments from insurance company for approved claims should be made)		PUNJAB NATIONAL BANK	Self-explanatory	All characters
177	Bank Branch Address		NEAR SPRINGDALE COLLEGE PILIBHIT BYPASS ROAD BAREILLY	Self-explanatory	All characters
178	Bank Account Number		52262191007982	Self-explanatory	All characters
179	IFSC Code		PUNB0522610	Self-explanatory	All characters
180	Payee Name		ROHILKHAND MEDICAL COLLEGE AND HOSPITAL	Exact name in which payments should be made	All characters
181	Account Type		SAVINGS	i.e. Current / Saving	
182	Cancelled cheque leaf & Pan card to be attached		ATTACHED		
Section G	Data on Quality and Performance Indicators (IRDA Requisite Data)				
	Mention exact data for each Parameter as per below explanation (If data not captured, mention 'not captured')				
183	Total number of patients admitted during the previous calendar year (1st Jan- 31st Dec)			Self-explanatory	All characters
184	Total number of surgeries performed with details of surgery type((to be attached in Excel Format)			Self-explanatory	All characters
185	Bed occupancy rate (separately for each room category) and overall			Self-explanatory	All characters
186	Turnover Ratio			Self-explanatory	All characters
187	Average number of daily OPD patients			Self-explanatory	All characters
188	Average length of stay (in complete days)			Self-explanatory	All characters
*	AVERAGE ADMISSION TIME (As per the calculation of respective TPA and Insurer taking into account all the admitted cases) *		6-7 DAYS	Self-explanatory (Mandatory)	All characters
*	AVERAGE DISCHARGE TIME (As per the calculation of respective TPA and Insurer taking into account all the admitted cases) *		30 MINUTES	Self-explanatory (Mandatory)	All characters
*	AVERAGE LENGTH OF STAY (ALOS) FOR MEDICAL CASES (Numerator: Total medical inpatient days (during the last financial year) relating to TPA/insurer Denominator: Total number of medical inpatient discharges (during the last financial year) relating to TPA/insurer (As per the calculation of respective TPA and Insurer taking into account all the admitted cases) *		6-7 DAYS	Self-explanatory (Mandatory)	All characters
*	AVERAGE LENGTH OF STAY (ALOS) FOR SURGICAL CASES (Numerator: Total Surgical cases Inpatient days (during the last financial year) relating to TPA/insurer Denominator: Total no. of discharges of surgical cases relating to TPA/insurer (As per the calculation of respective TPA and Insurer taking into account all the admitted cases.) *		5-6 DAYS	Self-explanatory (Mandatory)	All characters
189	Net Death Rate(%)			Self-explanatory	All characters
190	Patient Footfall			Self-explanatory	All characters
	C_SECTION RATE				

for
Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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*	(Numerator: Total number of Caesarean sections performed during the last financial year) relating to TPA/insurer Denominator: Total births(number of deliveries) in the hospital in same time period relating to TPA/insurer x100 (As per the calculation of respective TPA and Insurer taking into account all the admitted cases.) *		Self-explanatory (Mandatory)	All characters
191	Medical negligence/criminal law – number and details of cases	NA	Self-explanatory	All characters
192	Pending Cases	NA	Self-explanatory	All characters
193	Judgement against the Provider	NA	Self-explanatory	All characters

Section H	Illustrative list of documents to be attached			
194	Hospital Registration Certificate Issued by relevant authority		Mention Annexure Number for particular document attached	All characters
195	Photographs of Hospital - all key facilities and front and back side			
196	Copy of PAN Card			
197	Copy of Cancelled Cheque with Declaration Letter			
198	Certificate under PNDT Act / Clinical Establishment Act and other Acts/statutory Compliances as applicable			
199	Copy of licence for running Blood Bank wherever applicable			
200	Copy of NABH/JCI/ISO or any other Certification or Proof of Application			
201	Copy of Fire Department Clearance Certificate			
202	Copy of Section 17 (Income Tax Act 1961)			
203	Copy of Bio Medical Waste Management Certificate			
204	Copy of Pollution Control Certificate (From State Pollution Control Board)			
205	Copy of Hospital Tariff / Package Procedure Rates / Schedule of Charges with Discounts offered to Paramount			

Section I	Signature and Date of Application (Hospital)			
206	Signature		Self-explanatory	All characters
207	Name and designation of signing person	Dr Faiz Samshi	Self-explanatory	All characters
208	Date of Application	04-09-2021	Self-explanatory	

Section J	Verified By Paramount TPA Provider Team			
209	Signature		Self-explanatory	All characters
210	Name and designation of signing person Paramount Tpa		Self-explanatory	All characters
211	Branch / HO			
212	Date of Signature		Self-explanatory	DD-MM-YYYY

for 1

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Rohilkhand Medical College & Hospital Bareilly

Nursing Staff Duty Roster

Morning (8 Am to 4 Pm)	Evening (3 PM to 9 PM)	Night (9 PM to 8 Am)

Casualty Ward

AJAY PAL SINGH	BABITA KASHYAP	SHEETAL BANKOTI
ANJU MISHRA	NAZIA KHANAM	SHIVAM
ANOOP LOYAL	PREM LATA BENJAMIN	WASEEM
ASFAQE HUSAN	ABHIJEET AGNIHOTRI	ABHILASHA PRASAD

Orthopedics Ward

ABHISHEK LOYAL	IIKUMA	RADHA KANWAL
ABHISHEK SINGH BISHT	KAMLESH	SAPNA J.PRASAD
ARIBA ZIA	MAMTA DHANIK	SUNITA
ARTI DEVI	MEENAKSHI RAWAT	TULSI MOURYA
BHAGIRATH VERMA	NEHA SINGH	USHA GANGWAR
C.L.RATHORE	PREETI TAMTA	USHA PAL
GEETA DEVI	ANITA SHIRIN	ABNISH

Obstetrics Ward

Ethel F Dameer		
ROSHNI DEVI	Sushma Rawat	Hemlata
SRASTI SHARMA	Shobha Bhist	Sushma
Mamta Sharma	PRIYA RAJ SINGH	PRIYA RAJ SINGH
		REKHA BHATIYA

Gynaecology Ward

LAXMI DEVI	MAMTA MOURYA	RADHA
MAMTA	NEHA SINGH	RINKI
MADHUR LATA	ANISH V MOHAN	SUNITA ARYA
PREETI	AMIT PARASHAR	ALKA PANDEY

Obstetrics and Gynaecology OT

ARUNA	MAMTA SHARMA	RADHIKA
DEEPIKA SONI	POOJA NAYAL	SANGEETA
KHUSHBU MISHRA	POOJA SHARMA	SHIKHA
KIRAN KANWAL	PRIYANKA GANGWAR	SONAM VERMA
ANJELEENA MARIA	ASHIMA S MASIH	VAISHALIKA

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Burn Ward		
ANKITA R. SINGH	REKHA SINGH *D/O NATHU SINGH*	ANURADHA DEVI
NEHA LOYAL	ANKITA R SINGH	ARUNA DEVI
NICU		
AIPANA MANDAL	ANJALI GOSWAMI	PREETI
AKANSHA BANSAL	BALESH KR. SHARMA	RUCHI
ALISHA DAVID	NIDHI RANI	SHABNAM BEE
ASHIMA S MASIH	ASHISH TRIVEDI	SUPRIYA G. PAUL
Male Surgery Ward		
ANJALI DAN	JAVITRI GANGWAR	RANI MASSEY
ANKIT GANGWAR	KHUSBOO BHARTI	SEEMA PAL
CLIVE .F .DAVID	MEENA D/O PREM SINGH	SUMITRA
DARWIN F DAVID	PRABHAV	VISHAL WOTSON
DEEPAK LUKE	PRAMOD SHARMA	YUSUF ANSARI
HIMANSHU RATHORE	PRITI *D/O BRAHMPAL*	ANKIT GANGWAR
Female Surgery Ward		
AARYA JYOTI	POONAM DEVI	SONAM VERMA *D/O JAGDISH VERMA*
ANJU DHAMI	RUBI VERMA	YASHASWI SINGH
KANCHAN	SAROJ GANGWAR	LAXMI SHARMA
NEELAM	ANKITA SINGH	ARYA JYOTI
Female Surgery Extension Ward		
NISHA JEENA	POOJA BASERA	SHALINI GUPTA
ESHWARWATI	HARISH MEHTA	HUMA SIDDIQUI
HARPREET KAUR	HEMLATA SINGH	HIMANSHI
JAYA KUMARI		

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Nursing Staff Duty Roster

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Psychiatry Ward

ANJALI KUMARI	RAJNI	JYOTI BEDI
ASHOK SINGH S/O JHAJAN LAL	IMTIYAZ	INDU LODHI

Dermatology Ward

BABITA MARIYAN	JUHI ESTER	JAY PRAKASH
KAMLA BORA	JYOTI PANDEY	KARAN JOT

Private Ward

POONAM SINGH D/O KISHAN SINGH	PREETI MOURYA	SHUBHAM SINGH
GEETA	KOPMAL RAMESH	KRITIKA BHIST
GEETA		

MICU

PRITI DAS	RENU SAUN	SHIVENDRA
AKANSHA DANGA	SHABANA	SHWETA
AKANSHA RASTOGI	SHIV KUMAR	SUSHMA SHAKYA
LAKKY	MAMTA DEVI	MOHIT JASTIN
POOJA KUMARI		MAHASWQETA

SICU

MAMTA DEVI	NISHA DEVI	SHABNAM KHAN
AKANSHA	PRIYANKA DEVI	SHIVAM GANGWAR
ANITA PAUL	RENU DEVI	MUNNI DEVI
IMTIYAZ ALI	NEELAM SINGH	NAZREEN PARWIN

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Rohilkhand Medical College & Hospital Bareilly

Nursing Staff Duty Roster

Morning (8 Am to 4 Pm)	Evening (3 PM to 9 PM)	Night (9 PM to 8 Am)

Pediatrics Ward

AJAY KR. SINGH	KANCHAN VERMA	PRIYANKA DEEP
BASIL P. VARGHESS	KHUSBOO	RISHAV J. SINGH
DEVENDRA B. KUMAR	NISHI	SHAILZA VERMA
HANSA CHAUHAN	POOJA MISTRI	SURBHI SAXENA

PICU

LAXMI DEVI	NIDHI SAXENA	PREM SHANKAR
SHARDHA SAXENA	NEHA PANDEY	ANKITA AGNIHOTRI

Male Medicine Ward

ALAN	RADHA DEVI	SARITA
JUNAID	RAJENDRA KUMAR	SHIVANI
MAMTA CHAND	RENU	SHRUTI
NEERAJ KUMAR SINGH	SACHIN BHARDWAJ	SONAM VERMA
PINKI DEVI	ARTI SHRIVASTAV	VIKAS

Female Medicine Ward

PROMILA KHALIQ W/O ABDUL KHALIQ	PRAGATI YADAV D/O JAUHARI SINGH	PRIYA SINGH
POONAM	PREETI GANGWAR	PINKI YADAV W/O ASHOK
SABANA	MANJU AITHANI D/O MOHAN SINGH	SUSHMA
PREETI D/O RAMESHWAR SINGH	NAZREEN	VARSHA AITHANI
PRIYANKA TAMTA D/O MAHESH CHANDRA	POOJA	

Dental Ward

ANSHIKA	MAMTESH	NEETI
ARTI	MANORMA SHAKYA	NEHA
JYOTI KUMARI	MOHD.RAZA KHAN	

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Rohilkhand Medical College & Hospital Bareilly

Nursing Staff Duty Roster

Morning (8 Am to 4 Pm)	Evening (3 PM to 9 PM)	Night (9 PM to 8 Am)

RICU

ARADHNA	MAHESHWARI DEVI	THAKUR DAS
JOSNA	PRIYANKA NAYAL	

Pulmonology Ward

JAGDESWAR	RAJEEV KR.SHARMA	SAURABH MASIH
PAYAL SHARMA	RAJNEESH BHAN	SUNITA YADAV
PINKI YADAV	ASHISH RAJESH DAS	RAKESH RAJAN
	GAYATRI	YASUF ALI

Otolaryngology Ward

ABHISHEK CHARAN	SAPNA VERMA	SHIVANI
NIKITA	SHAILY	SHIVANI RATHORE
PINKI YADAV		

Ophthalmology Ward

ANSHUL SUKH	GHANSHYAM BISHT	SURAJ SINGH BISHT
ASHISH CHANDRA	RAJENDRA SINGH	

M.OT (Morning)	OPD (Morning)
ANITA KUMARI	AMBIKA DHAMI S/O HAR SINGH DHAMI
RINI SYDNEY	ARTI SAXENA
ABHISHEK SINGH	ISHA KHAN D/O Z U KHAN
DEEPTI AGATHA	MAMTA DEVI
LIPIKA	NAINA KAUR
PRACHI SINGH	NAZIYA BEE
SHAKUNTALA	ROLI MISHRA
	ROOPA DEVI
	SHOBHA DIXIT

for

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Annexure- A

REQUISITION FORM FOR ELECTRONIC TRANSFER OF FUNDS

Electronic Clearing Services (credit clearing / REAL TIME GROSS SETTLEMENT(RTGS)/ NATIONAL ELECTRONIC FUND TRANSFER(NEFT)

A. Details of Customer - Health Care Organization (HCOs):

1	Name of Healthcare Organization	Rohilkhand Medical College and Hospital
2	Complete address with PIN CODE	Opp Suresh Sharma Nagar Pilibhit By Pass Road, Bareilly
3	Contact number	8171790347
4	Email ID	rsbysrmch@gmail.com
5	PAN Number	AAATR6902J
6	TAN number	LKNR05136F

Date of effect:

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

Phone 2526951

Signature of the customer

B. Bank Details:

1	Name of bank	Punjab National Bank
2	Branch name	Springdale College Branch
3	Complete address of Bank Branch	Near Springdale College Pilibhit By pass road, Bareilly.
4	Email ID of Bank branch	
5	Is Bank Branch enabled for NEFT/RTGS?	YES
6	Bank account number	5226219100798 2
7	IFSC CODE of Bank Branch	PUNB0522610
8	Account type	Savings.
9	MICR number	243024022
10	BSR code	

Certified that the particulars furnished above are correct as per records.

(Bank stamp)

Dated- 24/08/2021

Signature from the authorized officer from the bank-

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Anatomy

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Rakesh Gupta	Professor & Head	01.09.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 17.07.2010 Promoted as Professor w.e.f. 01.08.2013	UG - 2159 dt. 15.02.2001 PG - 5006 dt. 28.03.2007	Not Applicable	Not Applicable
2	Dr. Preeti Agarwal	Associate Professor	15.01.2020	Assistant Professor	Promoted as Associate Professor w.e.f. 26.09.2020	UG - 60802 dt. 06.04.2011 PG - 16-22946 dt. 23.11.2016	Not Applicable	Not Applicable
3	Mr. Sarangdhar Kumar	Assistant Professor	01.11.2013	Tutor	Promoted as Assistant Professor w.e.f. 01.01.2014	Not Applicable	Not Applicable	Not Applicable
4	Mr. Suresh Babu Kottapalli	Assistant Professor	11.03.2016	Assistant Professor	Not Applicable	Not Applicable	Not Applicable	Not Applicable
5	Dr. Deepak Ranjan Das	Assistant Professor	21.06.2017	Assistant Professor	Not Applicable	UG - 18711 dt. 01.04.1982	Not Applicable	Not Applicable
6	Dr. Archana Singh	Assistant Professor	01.07.2017	Assistant Professor	Not Applicable	UG - 045145 dt. 04.12.2001	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)
Faculty Information - Department of Biochemistry

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Shikha Saxena	Associate Professor	02.06.2014	Assistant Professor	Promoted as Associate Professor w.e.f. 11.06.2018	UG - 045899 dt. 06.04.2002 PG - 15-20197 dt. 30.11.2015	Not Applicable	Not Applicable
2	Mr. Sumeru Samanta	Associate Professor	01.07.2011	Assistant Professor	Promoted as Associate Professor w.e.f. 26.09.2020	Not Applicable	Not Applicable	Not Applicable
3	Mr. Basant Kumar Joshi	Assistant Professor	19.09.2019	Assistant Professor	Not Applicable	Not Applicable	Not Applicable	Not Applicable
4	Dr. Reena Rani	Assistant Professor	30.12.2019	Assistant Professor	Not Applicable	UG - 75146 dt. 25.10.2016 PG - 8028 dt. 25.10.2016	Not Applicable	Not Applicable
5	Mr. Mohammad Shahrukh	Tutor	12.03.2019	Tutor	Not Applicable	Not Applicable	Not Applicable	Not Applicable
6	Mrs. Ilika Saxena	Tutor	09.08.2019	Tutor	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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Faculty Information - Department of Physiology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Shashikant Verma	Professor & Head	22.12.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 27.12.2010 Promoted as Professor w.e.f. 01.01.2014	UG - 044834 dt. 21.04.2001 PG - 466 dt. 23.01.2007	Not Applicable	Not Applicable
2	Mrs. Jyothula Tripura Lakshmi	Assistant Professor	02.02.2013	Tutor	Promoted as Assistant Professor w.e.f. 18.04.2015	Not Applicable	Not Applicable	Not Applicable
3	Mr. Ankalayya Bobbara	Assistant Professor	21.09.2015	Tutor	Promoted as Assistant Professor w.e.f. 27.11.2015	Not Applicable	Not Applicable	Not Applicable
4	Dr. Ankit Gupta	Assistant Professor	15.02.2021	Assistant Professor	Not Applicable	UG - 56038 dt. 22.10.2008 PG - 11290 dt. 08.10.2018	Not Applicable	Not Applicable

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Faculty Information - Department of Pathology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Nitesh Mohan	Professor & Head	28.05.2007	Demonstrator	Promoted as Assistant Professor w.e.f. 26.02.2008 Promoted as Associate Professor w.e.f. 16.03.2012 Promoted as Professor w.e.f. 01.04.2015	UG - 25517 dt. 05.03.2004 PG - 25517 dt. 04.05.2009	Not Applicable	Not Applicable
2	Dr. Ranjan Agarwal	Professor	05.12.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 12.12.2011 Promoted as Professor w.e.f. 21.02.2015	UG - 36093 dt. 23.06.1992 PG - 499 dt. 22.02.2007	Not Applicable	Not Applicable
3	Dr. Anjana Arya	Professor	27.02.2008	Tutor	Promoted as Assistant Professor w.e.f.01.12.2008 Promoted as Associate Professor w.e.f. 14.12.2013 Promoted as Professor w.e.f. 11.01.2017	UG - 35080 dt. 21.12.2001 PG - 942 dt. 01.02.2008	Not Applicable	Not Applicable
4	Dr. Mithila Bisht	Professor	12.07.2013	Assistant Professor	Promoted as Associate Professor w.e.f. 11.09.2017 Promoted as Professor w.e.f. 25.09.2020	UG - 1463 dt. 10.06.2008 PG - 13-14791 dt. 23.10.2013	Not Applicable	Not Applicable
5	Dr. Ghanshyam Dass Katiyar	Professor	01.08.2013	Assistant Professor	Promoted as Associate Professor w.e.f. 01.11.2017 Promoted as Professor w.e.f. 11.11.2020	UG - 27462 dt. 10.06.1983 PG - 13-14892 dt. 08.11.2013	Not Applicable	Not Applicable

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6	Dr. Shwela Agarwal	Associate Professor	07.08.2013	Assistant Professor	Promoted as Associate Professor w.e.f. 01.06.2018	UG - 10480 dt. 30.04.2009 PG - 15-17543 dt. 24.03.2015	Not Applicable	Not Applicable
7	Dr. Vibhuti Goyal	Associate Professor	02.08.2016	Assistant Professor	Promoted as Associate Professor w.e.f. 18.08.2020	UG - 53875 dt. 10.04.2007 PG - A/F dt. 22.08.2016	Not Applicable	Not Applicable
8	Dr. Shahbaz Singh Chawla	Assistant Professor	01.07.2014	Assistant Professor	Not Applicable	UG - 18479 dt. 05.04.2013 PG - 18479 dt. 05.04.2013	Not Applicable	Not Applicable
9	Dr. Divya Bajpai	Assistant Professor	16.01.2018	Tutor	Promoted as Assistant Professor w.e.f. 28.11.2018	UG - 50693 dt. 11.04.2005 DNB - 64895 dt. 17.11.2016	Not Applicable	Not Applicable
10	Dr. Ankita Mehta	Senior Resident	16.01.2021	Senior Resident	Not Applicable	UG – 87788 dt. 19.03.2020 PG – 14285 dt. 19.03.2020	Not Applicable	Not Applicable
11	Dr. Neharica Joshi	Tutor	01.05.2018	Tutor	Not Applicable	UG - 6111 dt. 04.11.2015	Not Applicable	Not Applicable
12	Dr. Shipra Raj	Tutor	23.05.2019	Tutor	Not Applicable	UG - 65600 dt. 17.04.2013	Not Applicable	Not Applicable
13	Dr. Sacheeta Babuta	Tutor	24.05.2019	Tutor	Not Applicable	UG - 83166 dt. 18.03.2019	Not Applicable	Not Applicable
14	Dr. Shubhra Verma	Tutor	27.05.2019	Tutor	Not Applicable	UG - 72941 dt. 30.03.2016	Not Applicable	Not Applicable
15	Dr. Sheetal Mishra	Tutor	29.05.2019	Tutor	Not Applicable	UG - MP-22687 dt. 18.05.2018	Not Applicable	Not Applicable
16	Dr. Aditi Rathore	Tutor	06.06.2019	Tutor	Not Applicable	UG - 98818 dt. 27.04.2016	Not Applicable	Not Applicable
17	Dr. Era Bhardwaj	Tutor	10.06.2019	Tutor	Not Applicable	UG - 63505 dt. 08.05.2012	Not Applicable	Not Applicable
18	Dr. Prateek Sharma	Tutor	31.07.2020	Tutor	Not Applicable	UG - 83120	Not Applicable	Not Applicable
19	Dr. Shashwat Verma	Tutor	31.07.2020	Tutor	Not Applicable	UG - 78306	Not Applicable	Not Applicable
20	Dr. Anjali Yadav	Tutor	31.07.2020	Tutor	Not Applicable	UG - 88283	Not Applicable	Not Applicable
21	Dr. Anam Nayeem	Tutor	31.07.2020	Tutor	Not Applicable	UG - DMC/R/23700	Not Applicable	Not Applicable
22	Dr. Rachit Batra	Tutor	31.07.2020	Tutor	Not Applicable	UG - DMC/R/24464	Not Applicable	Not Applicable
23	Dr. Neeti	Tutor	31.07.2020	Tutor	Not Applicable	UG - 12-44719	Not Applicable	Not Applicable

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24	Dr. Mayank Agrawal	Tutor	31.07.2020	Tutor	Not Applicable	UG - 83164	Not Applicable	Not Applicable
25	Dr. Astha Chaudhary	Tutor	31.07.2020	Tutor	Not Applicable	UG - 78806	Not Applicable	Not Applicable
26	Dr. Prachi Chaudhary	Tutor	31.07.2020	Tutor	Not Applicable	UG - 80016	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faulty Information - Department of Microbiology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Ved Prakash	Professor & Head	01.10.2005	Tutor	Promoted as Assistant Professor w.e.f. 07.07.2006 Promoted as Associate Professor w.e.f. 11.04.2012 Promoted as Professor w.e.f. 17.04.2015	UG - 30122 dt. 07.06.1986 PG - 1711 dt. 25.06.1990	Not Applicable	Not Applicable
2	Dr. Saurabh Kumar	Associate Professor	19.12.2019	Associate Professor	Not Applicable	UG - 75820 dt. 27.02.2017 PG - 8385 dt. 27.02.2017	Not Applicable	Not Applicable
3	Dr. Lautika Sonkar	Associate Professor	17.10.2016	Assistant Professor	Promoted as Associate Professor w.e.f. 02.11.2020	UG - 48580 dt. 21.02.2004 PG - 2752 dt. 12.01.2011	Not Applicable	Not Applicable
4	Dr. Haniya Jafar	Assistant Professor	01.10.2019	Assistant Professor	Not Applicable	UG - 67443 dt. 03.04.2014 PG - 10629 dt. 11.07.2018	Not Applicable	Not Applicable
5	Dr. Shruti Radera	Assistant Professor	04.02.2020	Assistant Professor	Not Applicable	UG - 61028 dt. 08.04.2011 PG - 7533 dt. 11.07.2016	Not Applicable	Not Applicable
6	Dr. Saumya Agarwal	Assistant Professor	03.11.2020	Assistant Professor	Not Applicable	UG - 65366 dt. 10.04.2013 PG - 9961 dt. 19.02.2018	Not Applicable	Not Applicable
7	Mr. Junaid Musarrat Khan	Tutor	22.10.2016	Tutor	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8	Dr. Ajay Saini	Tutor	09.07.2017	Tutor	Not Applicable	UG - 83179 dt. 18.03.2019	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Pharmacology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Shalini Chandra	Professor & Head	01.09.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 14.03.2011 Promoted as Professor w.e.f. 25.03.2014	UG - 43096 dt. 22.04.1999 PG - 24033 dt. 09.07.2004	Not Applicable	Not Applicable
2	Dr. Iram Shaifali	Associate Professor	02.06.2014	Assistant Professor	Promoted as Associate Professor w.e.f. 14.06.2018	UG - 53663 dt. 05.04.2007 PG - 6558 dt. 08.10.2015	Not Applicable	Not Applicable
3	Dr. Anju Saxena	Associate Professor	23.05.2020	Associate Professor	Not Applicable	UG - 61755 dt. 07.10.2011 PG - 6412 dt. 20.08.2015	Not Applicable	Not Applicable
4	Mr. Yazali Manohar	Assistant Professor	16.04.2019	Assistant Professor	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)
Faculty Information - Department of Forensic Medicine

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Prem Chandra Shrivastava	Professor & Head	21.10.2005	Assistant Professor	Promoted as Associate Professor w.e.f. 17.07.2010 Promoted as Professor w.e.f. 01.08.2013	UG - 40305 dt. 09.04.1996 PG - 12-11798 dt. 25.04.2012	Not Applicable	Not Applicable
2	Dr. Agniwesh	Assistant Professor	01.08.2006	Assistant Professor	Not Applicable	UG - 17648 dt. 14.12.2010 PG - 17648 dt. 22.04.2015	Not Applicable	Not Applicable
3	Dr. Sarla Mohan	Tutor	12.02.2009	Tutor	Not Ap plicable	UG - 6716 dt. 02.12.1977	Not Applicable	Not Applicable
4	Dr. Jitendra Mall	Tutor	12.08.2013	Tutor	Not Applicable	UG - 24463 dt. 14.05.1980	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)
Faculty Information - Department of Community Medicine

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Arun Singh	Professor & Head	01.02.2008	Assistant Professor	Promoted as Associate Professor w.e.f. 01.04.2011 Promoted as Professor w.e.f. 05.04.2014	UG - 044749 dt. 11.04.2001 PG - 325 dt. 27.06.2006	Not Applicable	Not Applicable
2	Dr. Swati Khan	Professor	19.10.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 06.06.2009 Promoted as Professor w.e.f. 01.12.2012	UG - 49784 dt. 04.10.2004 PG - 4984 dt. 22.03.2007	Not Applicable	Not Applicable
3	Dr. Bhushan Kumar	Professor	15.03.2018	Professor	Not Applicable	UG - 16145 dt. 02.11.2014 PG - 16145 dt. 23.11.2009	Not Applicable	Not Applicable
4	Dr. Rashmi Kalyal	Professor	04.07.2012	Assistant Professor	Promoted as Associate Professor w.e.f. 06.07.2016 Promoted as Professor w.e.f. 15.07.2019	UG - 2417 dt. 29.06.1999 PG - 13-13652 dt. 10.05.2013	Not Applicable	Not Applicable
5	Dr. Deepak Uphadhyay	Professor	12.07.2013	Assistant Professor	Promoted as Associate Professor w.e.f. 11.09.2017 Promoted as Professor w.e.f. 25.09.2020	UG - MCI-IMR/10/300 dt. 02.04.2010 PG - 13-14790 dt. 23.10.2013	Not Applicable	Not Applicable
6	Dr. Ajay Kumar Agarwal	Associate Professor	02.06.2014	Assistant Professor	Promoted as Associate Professor w.e.f. 14.06.2018	UG - 23455 dt. 25.06.1979 PG - 23455 dt. 04.02.2016	Not Applicable	Not Applicable
7	Dr. Medhavi Agarwal	Associate Professor	27.10.2015	Assistant Professor	Promoted as Associate Professor w.e.f. 25.07.2018	UG - G-43893 dt. 11.06.2010 PG - G-21590 dt. 30.08.2014	Not Applicable	Not Applicable
8	Mr. Mahendra Sharma	Statistician cum Lecturer	08.02.2006	Statistician cum Demonstrator	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9	Dr. Abhishek Agarwal	Tutor	14.05.2018	Tutor	Not Applicable	UG - 11-39665 dt. 23.06.2011	Not Applicable	Not Applicable
10	Dr. Akanksha Sinha	Tutor	30.07.2020	Tutor	Not Applicable	UG - DMC/R/21288	Not Applicable	Not Applicable
11	Dr. Javed	Tutor	31.08.2020	Tutor	Not Applicable	UG - 75463	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of General Medicine

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Seema Seth	Professor & Head	01.02.13	Assistant Professor	Promoted as Associate Professor w.e.f. 16.02.2017 Promoted as Professor w.e.f. 20.02.2020	UG -32733 dt. 27.03.1989 PG - 2917 dt.04.04.2011	Not Applicable	Not Applicable
2	Dr. Malini Kulshresthra	Professor	13.09.10	Assistant Professor	Promoted as Associate Professor w.e.f. 01.10.2012 Promoted as Professor w.e.f. 06.10.2015	UG - 10470 dt. 05.02.1992 PG - 10470 dt. 22.05.1998	Not Applicable	Not Applicable
3	Dr. Sachindra Chaudhary	Professor	01.02.20	Professor	Not Applicable	UG -13192 dt. 07.09.1977 PG - 13192 dt.29.02.2000	Not Applicable	Not Applicable
4	Dr. Darshan Mehra	Associate Professor	21.10.13	Assistant Professor	Promoted as Associate Professor w.e.f. 03.04.2018	UG - 2852 dt. 06.04.2009 PG - 5702 dt. 13.11.2014	Not Applicable	Not Applicable
5	Dr. Dhanakar Thakur	Associate Professor	14.09.19	Associate Professor	Not Applicable	UG - 17168 dt. 04.04.1981 PG - 17168 dt. 14.07.2015	Not Applicable	Not Applicable
6	Dr. Anupam Seth	Associate Professor	01.09.05	Senior Resident	Promoted as Assistant Professor w.e.f. 22.12.2012 Promoted as Associate Professor w.e.f. 01.02.2020	UG - 8128 dt. 11.09.1987 PG - MCI/624 dt. 1998	Not Applicable	Not Applicable
7	Dr. Bharat Kalra	Associate Professor	04.12.14	Senior Resident	Promoted as Assistant Professor w.e.f. 01.10.2015 Promoted as Associate Professor w.e.f. 15.02.2020	UG - 37911 dt. 16.12.1998 PG - 12-12347 dt. 06.08.2012	Not Applicable	Not Applicable
8	Dr. Ashish Agarwal	Associate Professor	01.03.14	Assistant Professor	Not Applicable	UG - 59654 dt. 18.08.2010 PG - 2536 dt. 18.08.2010	Not Applicable	Not Applicable
9	Dr. Saurabh Goel	Assistant Professor	26.12.11	Assistant Professor	Not Applicable	UG - 15536 dt. 06.12.1996 PG - 13-13207 dt. 15.01.2013	Not Applicable	Not Applicable
10	Dr. Ghayasul Rehman	Assistant Professor	22.11.12	Senior Resident	Promoted as Assistant Professor w.e.f. 16.06.2016	UG - 37911 dt. 30.11.1993 PG - 12-12760 dt. 16.10.2012	Not Applicable	Not Applicable
11	Dr. Vipul Kumar	Assistant Professor	08.04.17	Assistant Professor	Not Applicable	UG - 31062 dt. 07.08.1987 PG - 262 dt. 04.04.2006	Not Applicable	Not Applicable

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12	Dr. Arvind Agarwal	Assistant Professor	22.11.12	Senior Resident	Promoted as Assistant Professor w.e.f. 08.04.2017	UG - 16416 dt. 19.05.1982 PG - 26416 dt. 18.11.1985	Not Applicable	Not Applicable
13	Dr. Ankit Kumar Chaturvedi	Assistant Professor	03.07.18	Senior Resident	Promoted as Assistant Professor w.e.f. 04.07.2019	UG - 64547 dt. 18.03.2013	Not Applicable	Not Applicable
14	Dr. Manazir Iqbal	Assistant Professor	14.09.19	Assistant Professor	Not Applicable	UG - 50931 dt. 26.04.2005 PG - 3326 dt. 03.11.2011	Not Applicable	Not Applicable
15	Dr. Sudhir Kumar Yadav	Assistant Professor	09.11.19	Assistant Professor	Not Applicable	UG - 67422 dt. 03.04.2014	Not Applicable	Not Applicable
16	Dr. Mohd. Aquil	Assistant Professor	02.07.19	Senior Resident	Promoted as Assistant Professor w.e.f. 08.08.2020	UG - 67865 dt. 11.04.2014	Not Applicable	Not Applicable
17	Dr. Anil Kumar Sharma	Senior Resident	01.02.13	Senior Resident	Not Applicable	UG - 37051 dt. 30.03.1993	Not Applicable	Not Applicable
18	Dr. Mohammad Jabed	Senior Resident	12.01.21	Senior Resident	Not Applicable	UG - 5681 dt. 07.04.2015 PG - 5681 dt. 27.06.2020	Not Applicable	Not Applicable
19	Dr. Tarkeshwar Kumar	Senior Resident	01.02.21	Senior Resident	Not Applicable	UG - 74161 dt. 10.04.2016	Not Applicable	Not Applicable
20	Dr. Sneha Roy	Senior Resident	11.02.21	Senior Resident	Not Applicable	UG - 2488 dt. 13.06.2017 PG - 2488 dt. 11.02.2021	Not Applicable	Not Applicable
21	Dr. Rakesh Kumar	Senior Resident	17.02.21	Senior Resident	Not Applicable	UG - 75442 dt. 09.01.2017	Not Applicable	Not Applicable
22	Dr. Anubhav Gupta	Junior Resident	09.05.18	Junior Resident	Not Applicable	UG - 75444 dt. 09.01.2017	Not Applicable	Not Applicable
23	Dr. Amrinder Singh	Junior Resident	12.05.18	Junior Resident	Not Applicable	UG - 80155 dt. 05-04-2018	Not Applicable	Not Applicable
24	Dr. Anant Kumar Tyagi	Junior Resident	12.05.18	Junior Resident	Not Applicable	UG - 78119 dt. 25/07/2017	Not Applicable	Not Applicable
25	Dr. Sarda Mukund Shyam	Junior Resident	14.05.18	Junior Resident	Not Applicable	UG - 2015/04/1511 dt. 06.04.2015	Not Applicable	Not Applicable
26	Dr. Nakul Johri	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 77968 dt. 02.06.2017	Not Applicable	Not Applicable
27	Dr. Kala Venkata Gowtham	Junior Resident	03.05.19	Junior Resident	Not Applicable	UG - TSMS/FMR/02944 dt. 16-05-2017	Not Applicable	Not Applicable
28	Dr. Navdeep Dahiya	Junior Resident	22.05.19	Junior Resident	Not Applicable	UG - 10013 dt. 14/03/2016	Not Applicable	Not Applicable
29	Dr. Rohit Palta	Junior Resident	04.06.19	Junior Resident	Not Applicable	UG - DMC/R/010897 dt. 11.08.2014	Not Applicable	Not Applicable
30	Dr. J. Sarveswaraiah	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 38838	Not Applicable	Not Applicable
31	Dr. Tushar Gupta	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 84007	Not Applicable	Not Applicable
32	Dr. Amandeep Singh	Junior Resident	20.07.20	Junior Resident	Not Applicable	UG - DMC/R/21330	Not Applicable	Not Applicable
33	Dr. Sanchit Gupta	Junior Resident	20.07.20	Junior Resident	Not Applicable	UG - MP-22312	Not Applicable	Not Applicable

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Faculty Information - Department of Psychiatry

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Chandra Shekhar Sharma	Professor & HOD	30.01.09	Professor & Head	Not Applicable	UG - 12057 dt. 18.10.1975 PG - 12057 dt. 07.03.2008	Not Applicable	Not Applicable
2	Dr. Rakesh Yaduvanshi	Professor	13.07.12	Senior Resident	Promoted as Assistant Professor w.e.f. 26.10.2012 Promoted as Associate Professor w.e.f. 23.03.2018 Promoted as Professor w.e.f. 01.04.2021	UG - 54424 dt. 13.07.2007 PG - 54424 dt. 08.06.2011	Not Applicable	Not Applicable
3	Dr. Abhinav Kuchhal	Assistant Professor	04.07.16	Senior Resident	Promoted as Assistant Professor w.e.f. 22.01.2019	UG - 60287 dt. 08.03.2011 PG - 8593 dt. 18.05.2017	Not Applicable	Not Applicable
4	Dr. Arpit Jaiswal	Senior Resident	03.07.17	Senior Resident	Not Applicable	UG - 62497 - dt. 02.04.2012	Not Applicable	Not Applicable
5	Dr. Kumar Utkarsh	Junior Resident	11.05.18	Junior Resident	Not Applicable	UG - 74753 dt. 19/08/2016	Not Applicable	Not Applicable
6	Dr. Raman Baliyan	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - 76849 dt. 07.04.2017	Not Applicable	Not Applicable
7	Dr. Simran Sharma	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 81241 dt. 20.04.2018	Not Applicable	Not Applicable
8	Dr. Ekaansh Sharma	Junior Resident	15.05.19	Junior Resident	Not Applicable	UG - DMC/R/20565 dt. 13.07.2018	Not Applicable	Not Applicable
9	Dr. Shubhi Sharma	Junior Resident	18.07.20	Junior Resident	Not Applicable	UG - 87827	Not Applicable	Not Applicable
10	Dr. Chinar Sharma	Junior Resident	31.07.20	Junior Resident	Not Applicable	UG - 85203	Not Applicable	Not Applicable

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Faculty Information - Department of Skin & VD

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Praveen Kumar Rathore	Professor & Head	22.06.06	Assistant Professor	Promoted as Associate Professor w.e.f. 15.07.2011 Promoted as Professor w.e.f. 30.07.2014	UG - 23089 dt. 14.02.2002 PG - 13-14970 dt. 21.11.2013	Not Applicable	Not Applicable
2	Dr. Lalit Mohan	Professor	04.08.20	Professor	Not Applicable	UG - 23069 dt. 12.03.1979 PG - 385 dt. 16.10.2006	Not Applicable	Not Applicable
3	Dr. Supriya Agarwal	Associate Professor	20.11.12	Senior Resident	Promoted as Assistant Professor w.e.f. 01.03.2014 Promoted as Associate Professor w.e.f. 10.08.2020	UG - 49165 dt. 21.04.2004 PG - 13-13601 dt. 04.05.2013	Not Applicable	Not Applicable
4	Dr. Suganita	Assistant Professor	01.06.19	Assistant Professor	Not Applicable	UG - 77486 dt. 10.11.2016 PG - 77486 dt. 10.11.2016	Not Applicable	Not Applicable
5	Dr. Tanveer Ahmed	Senior Resident	15.01.21	Senior Resident	Not Applicable	UG – 73973 dt. 12.04.2016 PG – 14469 dt. 27.08.2020	Not Applicable	Not Applicable
6	Dr. Tanvi Agrawal	Junior Resident	30.04.18	Junior Resident	Not Applicable	UG - 75025 dt. 05.10.2016	Not Applicable	Not Applicable
7	Dr. Anchal Dixit	Junior Resident	01.05.18	Junior Resident	Not Application	UG - 73111 dt.01.04.16	Not Applicable	Not Applicable
8	Dr. Aastha Yadav	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - 81476 dt. 10.05.2018	Not Applicable	Not Applicable
9	Dr. Abhishek Ranjan	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 125688 dt. 31.07.2018	Not Applicable	Not Applicable
10	Dr. Swati Gupta	Junior Resident	01.05.19	Junior Resident	Not Application	UG - DMC/R/21055 dt.12.11.18	Not Applicable	Not Applicable
11	Dr. Amit Mittal	Junior Resident	21.05.19	Junior Resident	Not Applicable	UG - 83459 dt. 01.04.2019	Not Applicable	Not Applicable
12	Dr. Aarzoo Pahwa	Junior Resident	30.07.20	Junior Resident	Not Applicable	UG - 9323	Not Applicable	Not Applicable
13	Dr. Pooja Suhag	Junior Resident	31.07.20	Junior Resident	Not Application	UG - 81668	Not Applicable	Not Applicable
14	Dr. Ashima Ahuja	Junior Resident	31.07.20	Junior Resident	Not Applicable	UG - DMC/R/19231	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Chest & TB

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Rajesh Agarwal	Professor & HOD	20.02.07	Assistant Professor	Promoted as Associate Professor w.e.f. 24.02.2012 Promoted as Professor w.e.f. 01.03.2016	UG - 30104 dt. 05.06.1986 PG - 5224 dt. 02.03.2007	Not Applicable	Not Applicable
2	Dr. Amit Kumar	Professor	02.07.12	Senior Resident	Promoted as Assistant Professor w.e.f. 01.11.2012 Promoted as Associate Professor w.e.f. 21.11.2016 Promoted as Professor w.e.f. 01.02.2020	UG - 50365 dt. 04.04.2005 PG - 13-13247 dt. 28.01.2013	Not Applicable	Not Applicable
3	Dr. Rajat Agarwal	Professor	02.07.13	Assistant Professor	Promoted as Associate Professor w.e.f. 11.09.2017 Promoted as Professor w.e.f. 01.12.2020	UG - 41917 dt. 23.03.98 PG - 524 dt. 02.03.07	Not Applicable	Not Applicable
4	Dr. Mohd. Javed Khan	Assistant Professor	01.07.16	Senior Resident	Promoted as Assistant Professor w.e.f. 22.01.2018	UG - 64176 dt. 03.12.2012 PG - 17-24758 dt. 25.05.2017	Not Applicable	Not Applicable
5	Dr. Rishi Kumar Saini	Assistant Professor	13.06.17	Senior Resident	Promoted as Assistant Professor w.e.f. 02.07.2018	UG - 62501 dt. 02.04.2012 PG - 17-26435 dt. 07.11.2017	Not Applicable	Not Applicable
6	Dr. Shubham Agarwal	Senior Resident	1.07.20	Senior Resident	Not Applicable	UG - 64601 dt. 22.03.2013 PG - 9939 dt. 12.02.2018		
7	Dr. Shubham Jain	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - 72906 dt. 29.03.2016	Not Applicable	Not Applicable
8	Dr. Aseem Adarsh Rajpal	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - PMC-40932 dt. 07.04.2011	Not Applicable	Not Applicable
9	Dr. Sonia Goel	Junior Resident	17.05.18	Junior Resident	Not Applicable	UG - 70989 dt. 15.04.2015	Not Applicable	Not Applicable
10	Dr. Pulkit Basra	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 47945 dt. 27.02.2017	Not Applicable	Not Applicable
11	Dr. Dev Kumar	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - DMC/R/11068 dt. 04.09.2014	Not Applicable	Not Applicable
12	Dr. Swati Lochab	Junior Resident	22.05.2019	Junior Resident	Not Applicable	UG - 77551 dt. 18.04.2017	Not Applicable	Not Applicable

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13	Dr. Piyali Sarkar	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - DMC/R/16014	Not Applicable	Not Applicable
14	Dr. Chinkita Agrawal	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 84840	Not Applicable	Not Applicable
15	Dr. Javied Ahmad Malik	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 10-36608	Not Applicable	Not Applicable

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Faculty Information - Department of Paediatrics

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Alka Bhambri	Professor & Head	08.10.2006	Senior Resident	Promoted as Assistant Professor w.e.f. 01.01.2008 Promoted as Associate Professor w.e.f. 19.01.2013 Promoted as Professor w.e.f. 31.12.2016	UG - 20811 dt. 18.01.1977 PG (MD & Dip.) - 4785 dt. 16.01.2007	Not Applicable	Not Applicable
2	Dr. Roshan Lal Sharma	Professor	02.12.2005	Assistant Professor	Promoted as Associate Professor w.e.f. 20.04.2006 Promoted as Professor w.e.f. 21.07.2010	UG - 55105 dt. 05.07.2005 PG - 1/2005 dt. 05.07.2005	Not Applicable	Not Applicable
3	Dr. Ashok Kumar Agarwal	Professor	17.08.2005	Senior Resident	Promoted as Assistant Professor w.e.f. 14.07.2006 Promoted as Associate Professor w.e.f. 18.07.2011 Promoted as Professor w.e.f. 31.12.2016	UG - 22273 dt. 26.06.1978 PG - 264 dt. 04.04.2006	Not Applicable	Not Applicable
4	Dr. Kishan Chand Gupta	Professor	14.07.2006	Assistant Professor	Promoted as Associate Professor w.e.f. 23.07.2012 Promoted as Professor w.e.f. 15.02.2020	UG - 38794 dt. 12.07.1994 PG - 267 dt. 04.04.2006	Not Applicable	Not Applicable
5	Dr. Kanchan Kumar Ramrao Bhagyawant	Associate Professor	01.12.2020	Assistant Professor	Promoted as Associate Professor w.e.f. 26.12.2020	UG-2005/09/3420 dt. 06.09.2005 PG - 3069/2012 dt. 14.08.2012	Not Applicable	Not Applicable
6	Dr. Shashank Mishra	Assistant Professor	18.02.2019	Assistant Professor	Not Applicable	UG - 65689 dt. 24.04.2013 PG - 9028 dt. 03.08.2017	Not Applicable	Not Applicable
7	Dr. Vedika Anilkumar Bhat	Assistant Professor	06.06.2019	Assistant Professor	Not Applicable	UG - 11646 dt. 14.09.1992 PG - 11646 dt. 26.09.1997	Not Applicable	Not Applicable
8	Dr. Arif Hussain	Assistant Professor	01.07.2019	Assistant Professor	Not Applicable	UG - 64551 dt. 18.03.2013 PG - 9458 dt. 31.10.2017	Not Applicable	Not Applicable

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9	Dr. Vaibhav Agarwal	Assistant Professor	12.11.2016	Senior Resident	Promoted as Assistant Professor w.e.f. 11.10.2019	UG - 28256 dt. 31.05.2006 PG - 28256 dt. 08.02.2011	Not Applicable	Not Applicable
10	Dr. Monika Awasthi	Senior Resident	01.06.2020	Senior Resident	Not Applicable	UG - 52546 dt. 28.04.2006 DCH - 14245 dt. 12.03.2020	Not Applicable	Not Applicable
11	Dr. Jitin Kumar Pasricha	Senior Resident	16.06.2020	Senior Resident	Not Applicable	UG - 23091 dt. 11.02.2002 PG - 14-15605 dt. 21.08.2014	Not Applicable	Not Applicable
12	Dr. Pawan Kumar	Senior Resident	02.11.2020	Senior Resident	Not Applicable	UG - 70681 dt. 08.04.2015 PG - 11361 dt. 26.10.2018	Not Applicable	Not Applicable
13	Dr. Azeem Ullah Khan	Senior Resident	05.01.2021	Senior Resident	Not Applicable	UG – 77750 dt. 25.04.2017 PG – 8527 dt. 25.04.2017	Not Applicable	Not Applicable
14	Dr. Anindita Seth	Junior Resident	01.05.2018	Junior Resident	Not Applicable	UG - 80196 dt. 05.04.2018	Not Applicable	Not Applicable
15	Dr. Nikhil Gupta	Junior Resident	14.05.2018	Junior Resident	Not Applicable	UG - KMC - 122235 dt. 14.03.2018	Not Applicable	Not Applicable
16	Dr. Peruru Latheesh Kumar	Junior Resident	15.05.2018	Junior Resident	Not Applicable	UG - KMC - 112750 dt. 22.02.2016	Not Applicable	Not Applicable
17	Dr. Niraj Kumar	Junior Resident	17.05.2018	Junior Resident	Not Applicable	UG - DMC/R/13125 dt. 05.08.2015	Not Applicable	Not Applicable
18	Dr. Anurag Arya	Junior Resident	04.05.2019	Junior Resident	Not Applicable	UG - 66570 dt. 27.03.18	Not Applicable	Not Applicable
19	Dr. Megha Varshney	Junior Resident	06.05.2019	Junior Resident	Not Applicable	UG -81328 dt. 24.04.2018	Not Applicable	Not Applicable
20	Dr. Kavita Yadav	Junior Resident	08.05.2019	Junior Resident	Not Applicable	UG - DMC/R/20512 dt. 06.07.18	Not Applicable	Not Applicable
21	Dr. Arusshi Sharma	Junior Resident	25.05.2019	Junior Resident	Not Applicable	UG - 121294 dt. 17.09.2017	Not Applicable	Not Applicable
22	Dr. Thirumala Purshothama Charyulu	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 112648	Not Applicable	Not Applicable
23	Dr. Akash Bhardwaj	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 84973	Not Applicable	Not Applicable
24	Dr. Shivam Sondhi	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - DMC/R/23970	Not Applicable	Not Applicable
25	Dr. Geetansh Hada	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - MP-20245	Not Applicable	Not Applicable

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Faculty Information - Department of General Surgery

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Sharad Seth	Professor & Head	01.12.07	Assistant Professor	Promoted as Associate Professor w.e.f. 01.12.2012 Promoted as Professor w.e.f. 31.12.2016	UG - 29356 dt. 16.08.1985 PG - 948 dt. 06.02.2008	Not Applicable	Not Applicable
2	Dr. C.P. Pandey	Professor	02.04.07	Senior Resident	Promoted as Assistant Professor w.e.f. 01.10.2007 Promoted as Associate Professor w.e.f. 04.10.2012 Promoted as Professor w.e.f. 06.10.2015	UG - 045438 dt. 01.02.2002 PG - 4911 dt. 11.12.2013	Not Applicable	Not Applicable
3	Dr. Sujoy Mukherjee	Professor	12.05.08	Senior Resident	Promoted as Assistant Professor w.e.f. 12.05.2008 Promoted as Assiociate Professor w.e.f. 01.10.2013 Promoted as Professor w.e.f. 08.12.2016	UG - 18165 dt. 01.12.1998 PG - 4178 dt. 30.12.2005	Not Applicable	Not Applicable
4	Dr. Mohd. Arshad Raza	Professor	21.09.10	Senior Resident	Promoted as Assistant Professor w.e.f. 18.06.2011 Promoted as Associate Professor w.e.f. 24.08.2015 Promoted as Professor w.e.f. 18.04.2019	UG - 50010 dt. 11.04.2014 PG - 50010 dt. 11.04.2011	Not Applicable	Not Applicable
5	Dr. Jagadamba Saran	Professor	01.11.11	Assistant Professor	Promoted as Associate Professor w.e.f. 15.07.2015 Promoted as Professor w.e.f. 01.09.2018	UG - 33314 dt. 04.04.2002 PG - 33314 dt. 17.11.2008	Not Applicable	Not Applicable
6	Dr. Sameer Chandra	Associate Professor	01.01.14	Assistant Professor	Promoted as Associate Professor	UG -41343 dt. 12.05.97 PG - 25087 dt.09.11.04	Not Applicable	Not Applicable

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					w.e.f. 15.03.2016			
7	Dr. (Mrs.) Manjul Mohan	Associate Professor	15.09.14	Assistant Professor	Promoted as Associate Professor w.e.f. 01.10.2018	UG - 34321 dt. 23.11.1990 PG - 2252 dt. 14.05.2010	Not Applicable	Not Applicable
8	Dr. Ankit Mohan Das	Associate Professor	21.09.19	Associate Professor	Not Applicable	UG - 56141 dt. 24.11.2008 PG - 4117 dt. 23.11.2012	Not Applicable	Not Applicable
9	Dr. T.R. Kakkar	Associate Professor	05.02.14	Senior Resident	Promoted as Associate Professor w.e.f. 01.10.2018 Promoted as Assistant Professor w.e.f. 01.03.2014	UG - 30106b dt. 06.06.86 PG - 09-6875 dt. 20.03.09	Not Applicable	Not Applicable
10	Dr. Arjun Agarwal	Associate Professor	13.08.18	Assistant Professor	Promoted as Associate Professor w.e.f. 20.08.2020	UG - 11-39061 dt. 09.04.2009	Not Applicable	Not Applicable
11	Dr. Rishi Jindal	Associate Professor	09.09.14	Junior Resident	Promoted as Associate Professor w.e.f. 11.02.21 Promoted as Assistant Professor w.e.f. 18.01.17 Promoted as Senior Resident w.e.f. 16.12.2014	UG - 63702 dt. 05.07.2012 PG - NBE/PR/Surg/C/ 71/05 dt. 18.08.2010	Not Applicable	Not Applicable
12	Dr. Rishi Agarwal	Assistant Professor	02.06.17	Assistant Professor	Not Applicable	UG - 73354 dt. 02.05.2006 PG - 48906 dt 02.08.2010 DNB - 31331140-141110490	Not Applicable	Not Applicable
13	Dr. Om Kumar Sharma	Assistant Professor	12.07.18	Assistant Professor	Not Applicable	UG - 57021 dt. 09.04.2009 PG - 15-19122 dt. 04.08.2015	Not Applicable	Not Applicable
14	Dr. Abhinav Jauhari	Assistant Professor	08.03.19	Assistant Professor	Not Applicable	UG - 11-38880 dt. 18.03.2011 PG - 70965 dt. 02.03.2015	Not Applicable	Not Applicable
15	Dr. Kundan Kumar	Assistant Professor	01.10.20	Senior Resident	Promoted as Assistant Professor w.e.f. 18.11.2019	UG - 73299 dt. 15.10.2015 PG - 73299 dt. 15.10.2015	Not Applicable	Not Applicable
16	Dr. Vijendra Kumar	Assistant Professor	12.07.18	Senior Resident	Promoted as Assistant Professor w.e.f. 09.10.2020	UG - 57128 dt. 22.04.2009	Not Applicable	Not Applicable
17	Dr. Mohd. Ayub Ansari	Senior Resident	05.02.14	Senior Resident	Not Applicable	UG - 36604 dt. 08.01.1993 PG - 500 dt. 22.02.2007	Not Applicable	Not Applicable
18	Dr. Abhishek Saxena	Senior Resident	20.01.20	Senior Resident	Not Applicable	UG - 55646 dt. 10.04.2008 PG - 13916 dt. 15.01.2020	Not Applicable	Not Applicable

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19	Dr. Chander Agarwal	Senior Resident	15.09.20	Senior Resident	Not Applicable	UG - 74309 dt. 16.02.2016	Not Applicable	Not Applicable
20	Dr. Sheeraz Mohd. Khan	Senior Resident	05.12.20	Senior Resident	Not Applicable	UG - 27302 dt. 10.11.2005 PG - 10-8810 dt. 15.07.2020	Not Applicable	Not Applicable
21	Dr. Ketal Gupta	Senior Resident	12.01.21	Senior Resident	Not Applicable	UG – 36796 dt. 07.05.2015 PG – 21684 dt. 12.10.2020	Not Applicable	Not Applicable
22	Dr. Anshu Agarwal	Senior Resident	09.02.21	Senior Resident	Not Applicable	UG – 48482 dt. 07.01.2004 PG – 15-18097 dt. 06.05.2015	Not Applicable	Not Applicable
23	Dr. Himanshu Shekhar	Junior Resident	07.05.18	Junior Resident	Not Applicable	UG - DMC/R/14381 dt. 16.03.2016	Not Applicable	Not Applicable
24	Dr. Ashutosh Kumar	Junior Resident	07.05.18	Junior Resident	Not Applicable	UG - DMC/R/16139 dt. 22.12.2016	Not Applicable	Not Applicable
25	Dr. Mohit Biswas	Junior Resident	07.05.18	Junior Resident	Not Applicable	UG - 76256 dt. 03.04.2017	Not Applicable	Not Applicable
26	Dr. Ashish Yadav	Junior Resident	09.05.18	Junior Resident	Not Applicable	UG - 74418 dt. 17.05.2016	Not Applicable	Not Applicable
27	Dr. Bimal Krishna Sahay	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG -120428 dt. 21.07.2017	Not Applicable	Not Applicable
28	Dr. Tejesh Singh	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG -116020 dt. 14.03.2016	Not Applicable	Not Applicable
29	Dr. Shruti Devendra	Junior Resident	06.05.19	Junior Resident	Not Applicable	UG - 2010/04/1099 dt. 09.04.2010	Not Applicable	Not Applicable
30	Dr. Kapil Vishvakarama	Junior Resident	06.05.19	Junior Resident	Not Applicable	UG - 87345 dt. 26.12.2018	Not Applicable	Not Applicable
31	Dr. Ashish Singh	Junior Resident	17.05.19	Junior Resident	Not Applicable	UG - 78246 dt. 03.01.2017	Not Applicable	Not Applicable
32	Dr. Himank Maheshwari	Junior Resident	21.05.19	Junior Resident	Not Applicable	UG - 79072 dt. 02.02.2018	Not Applicable	Not Applicable
33	Dr. Srajan Shrivastava	Junior Resident	16.07.20	Junior Resident	Not Applicable	UG -85449	Not Applicable	Not Applicable
34	Dr. Rishabh Goel	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - MP-22443	Not Applicable	Not Applicable
35	Dr. Shaurya Bhutani	Junior Resident	18.07.20	Junior Resident	Not Applicable	UG - 87667	Not Applicable	Not Applicable
36	Dr. Aman Waris Siddiqui	Junior Resident	27.07.20	Junior Resident	Not Applicable	UG - 85762	Not Applicable	Not Applicable
37	Dr. Awadhesh Pratap Singh Parihar	Junior Resident	31.07.20	Junior Resident	Not Applicable	UG - 8581/2019	Not Applicable	Not Applicable

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Faculty Information - Department of Orthopaedics

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. T. Somashekarappa	Professor	21.11.12	Professor	Not Applicable	UG - 26417 dt. 29.08.1986 PG - 26417 dt. 09.2000	Not Applicable	Not Applicable
2	Dr. R.K. Narula	Professor	14.01.08	Assistant Professor	Promoted as Associate Professor w.e.f. 17.02.2012 Promoted as Professor w.e.f. 25.02.2015	UG - 21208 dt. 17.06.1977 PG - (MS & D.Ortho) 4046 dt. 09.09.2005	Not Applicable	Not Applicable
3	Dr. Madan Mohan Nagar	Professor	05.11.20	Professor	Not Applicable	UG - 24248 dt. 22.04.1980 PG - 12-11409 dt.27.01.2012	Not Applicable	Not Applicable
4	Dr. Varun Agarwal	Associate Professor	01.08.15	Senior Resident	Promoted as Assistant Professor w.e.f. 01.08.2016 Promoted as Associate Professor w.e.f. 04.08.2020	UG - 74846 dt. 31.08.2016 PG - 7747 dt. 31.08.2016	Not Applicable	Not Applicable
5	Dr. Praveen Garg	Associate Professor	02.08.16	Assistant Professor	Promoted as Associate Professor w.e.f. 04.08.2020	UG - 50442 dt. 05.04.2005 PG - 1178 dt.02.06.2008	Not Applicable	Not Applicable
6	Dr. Ashish Agarwal	Associate Professor	17.07.17	Assistant Professor	Promoted as Associate Professor w.e.f. 10.08.2020	UG - 047196 dt. 18.02.2003 PG - 16-21760	Not Applicable	Not Applicable
7	Dr. Ashutosh Kumar	Assistant Professor	23.08.18	Senior Resident	Promoted as Assistant Professor w.e.f. 02.09.2019	UG-65597 dt. 17.04.2013 PG-8828 dt. 13.07.2017	Not Applicable	Not Applicable
8	Dr. Fahad Bin Hamid	Assistant Professor	10.01.2020	Assistant Professor	Not Applicable	UG - 14-16112 dt. 04.12.2014 DNB - 14-16112 dt. 04.12.2014 Dip. Ortho - 11-9573 dt. 29.01.2011	Not Applicable	Not Applicable
9	Dr. Rajat Agarwal	Assistant Professor	01.01.2020	Assistant Professor	Not Applicable	UG - 48642 dt. 29.03.2004	Not Applicable	Not Applicable
10	Dr. Balwinder Singh	Senior Resident	14.05.12	Senior Resident	Promoted as Senior Resident w.e.f. 01.06.2013	UG - 54241 dt. 14.05.2007	Not Applicable	Not Applicable
11	Dr. Ankur Agarwal	Senior Resident	14.09.20	Senior Resident	Not Applicable	UG - 72692 dt. 25.02.2016	Not Applicable	Not Applicable
12	Dr. Bal Krishan Agarwal	Senior Resident	17.09.20	Senior Resident	Not Applicable	UG - 12-42108 dt. 13.01.2012	Not Applicable	Not Applicable
13	Dr. Rajvirsinh Sodha	Junior Resident	30.04.18	Junior Resident	Not Applicable	UG - G-57474 dt. 30.09.2016	Not Applicable	Not Applicable
14	Dr. Himanshu Popli	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - DMC/R/20116 dt. 17.05.2018	Not Applicable	Not Applicable
15	Dr. Shikhar Saxena	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG - 78483 dt. 06.10.2017	Not Applicable	Not Applicable
16	Dr. Gaurav Kumar	Junior Resident	18.05.18	Junior Resident	Not Applicable	UG - DMC/R/16066 dt. 25.11.2016	Not Applicable	Not Applicable
17	Dr. Naveen Mahaur	Junior Resident	23.05.18	Junior Resident	Not Applicable	UG - 68139 dt. 21.04.2014	Not Applicable	Not Applicable

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18	Dr. Anant Agarwal	Junior Resident	25.05.18	Junior Resident	Not Applicable	UG - 69904 dt. 26.03.2015	Not Applicable	Not Applicable
19	Dr. Sumit Choudhary	Junior Resident	08.05.19	Junior Resident	Not Applicable	UG - DMC/R/16250 dt. 10.10.2017	Not Applicable	Not Applicable
20	Dr. Vivek Malik	Junior Resident	13.05.19	Junior Resident	Not Applicable	UG - 76514 dt. 06.04.2017	Not Applicable	Not Applicable
21	Dr. Vimal Singh	Junior Resident	23.05.19	Junior Resident	Not Applicable	UG - 78458 dt. 27.09.2017	Not Applicable	Not Applicable
22	Dr. Nikhil Sharma	Junior Resident	23.05.19	Junior Resident	Not Applicable	UG - PR/4920/2017 dt. 27.10.2017	Not Applicable	Not Applicable
23	Dr. Tanmay Bajpai	Junior Resident	01.06.19	Junior Resident	Not Applicable	UG - MP-20337 dt. 26.04.2017	Not Applicable	Not Applicable
24	Dr. Susanto Bhowmick	Junior Resident	03.06.19	Junior Resident	Not Applicable	UG - 57032 dt. 09.04.2009	Not Applicable	Not Applicable
25	Dr. Dhruv Gupta	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 70929	Not Applicable	Not Applicable
26	Dr. Suraj Dandotiya	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 84550	Not Applicable	Not Applicable
27	Dr. Suryansh Nema	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 2016/12/5131	Not Applicable	Not Applicable
28	Dr. Saurabh Mittal	Junior Resident	22.07.20	Junior Resident	Not Applicable	UG - 89310	Not Applicable	Not Applicable
29	Dr. Nishant	Junior Resident	16.07.20	Junior Resident	Not Applicable	UG - 57032 dt. 09.04.2009	Not Applicable	Not Applicable
30	Dr. Sumit Kumar Singh	Junior Resident	21.07.20	Junior Resident	Not Applicable	UG - 83551	Not Applicable	Not Applicable

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Faculty - Information Department of Radiodiagnosis

S. No	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Lalit Kumar	Professor & Head	07.07.15	Professor	Not Applicable	UG - 15254 dt. 13.09.1979	Not Applicable	Not Applicable
2	Dr. Lokesh Goyal	Professor	01.07.12	Associate Professor	Promoted as Professor w.e.f. 08.12.2016	UG - 044468 dt. 07.02.2001 PG - 5855 dt. 15.05.2004	Not Applicable	Not Applicable
3	Dr. Atul Mehrotra	Professor	08.12.06	Senior Resident	Promoted as Assistant Professor w.e.f. 01.12.2008 Promoted as Associate Professor w.e.f. 15.02.2013 Promoted as Professor w.e.f. 20.11.2017	UG - 53496 dt.09.03.2005 PG - 12-11974 dt. 31.05.2012	Not Applicable	Not Applicable
4	Dr. Pramod Kumar	Professor	05.11.07	Assistant Professor	Promoted as Associate Professor w.e.f. 06.11.2012 Promoted as Professor w.e.f. 19.03.2018	UG - 44900 dt. 04.05.2001 PG - 31185 dt. 11.09.2012	Not Applicable	Not Applicable
5	Dr. Mohit Agarwal	Associate Professor	09.11.15	Assistant Professor	Promoted as Associate Professor w.e.f. 20.11.2019	UG - 72045 dt. 23.11.2015 PG - 6670 dt. 23.11.2015	Not Applicable	Not Applicable
6	Dr. Manish Kumar	Associate Professor	01.03.17	Assistant Professor	Promoted as Associate Professor w.e.f. 11.11.2020	UG - 63684 dt. 10.07.2013 PG - 63684 dt. 10.07.2013	Not Applicable	Not Applicable
7	Dr. Adarsh A.D.	Associate Professor	18.07.18	Assistant Professor	Promoted as Associate Professor w.e.f. 11.11.2020	UG - 84174 dt. 16.04.2009 PG - 84174 dt. 16.09.2015	Not Applicable	Not Applicable
8	Dr. Himanshu Pandey	Assistant Professor	25.04.17	Assistant Professor	Not Applicable	UG - 045876 dt. 04.04.2002 DMRD & DNB- 004875 dt. 12.05.2010	Not Applicable	Not Applicable
9	Dr. Manish Goel	Senior Resident	01.02.06	Senior Resident	Not Applicable	UG - 48030 dt. 16.04.1999 PG - 14-15556 dt. 20.08.2014	Not Applicable	Not Applicable
10	Dr. Saurabh Gangwar	Senior Resident	02.12.19	Senior Resident	Not Applicable	UG - 5718 dt. 10.04.2015 PG - 140-46103-462-209700-07-16	Not Applicable	Not Applicable
11	Dr. Roshni Khan	Senior Resident	16.06.2020	Senior Resident	Not Applicable	UG - 67649 dt. 07.04.2014 PG - 8782 dt. 06-07-2017	Not Applicable	Not Applicable
12	Dr. Ram Manohar	Junior Resident	03.10.16	Junior Resident	Not Applicable	UG -23088 dt. 09-03-1979	Not Applicable	Not Applicable
13	Dr. Rakhi	Junior Resident	03.05.18	Junior Resident	Not Applicable	UG - DMC/R/010838 dt. 22.07-2014	Not Applicable	Not Applicable
14	Dr. Astha Nigam	Junior Resident	07.05.18	Junior Resident	Not Applicable	UG - MP 18779 dt. 01.06.2016	Not Applicable	Not Applicable

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15	Dr. Tanuja Sharma	Junior Resident	14.05.18	Junior Resident	Not Applicable	UG -6124 dt. 02.12.2016	Not Applicable	Not Applicable
16	Dr. Atul Kumar Pandey	Junior Resident	15.05.18	Junior Resident	Not Applicable	UG -70159 dt. 01.04.2015	Not Applicable	Not Applicable
17	Dr. Saurabh Sharma	Junior Resident	16.05.18	Junior Resident	Not Applicable	UG - DMC/R/12830 dt. 23.05.2015	Not Applicable	Not Applicable
18	Dr. Akash	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 67393 dt. 03.04.2014	Not Applicable	Not Applicable
19	Dr. Kushagra	Junior Resident	04.05.19	Junior Resident	Not Applicable	UG - 82870 dt. 04.02.2019	Not Applicable	Not Applicable
20	Dr. Priyanka Raj	Junior Resident	06.05.19	Junior Resident	Not Applicable	UG - 80174 dt. 05.04.2018	Not Applicable	Not Applicable
21	Dr. Mohd. Talha	Junior Resident	07.05.19	Junior Resident	Not Applicable	UG - 198 dt. 28.05.2012	Not Applicable	Not Applicable
22	Dr. Apurv Raj	Junior Resident	13.05.19	Junior Resident	Not Applicable	UG - 21343 dt. 11.02.2013	Not Applicable	Not Applicable
23	Dr. Sarita Yadav	Junior Resident	15.07.20	Junior Resident	Not Applicable	UG - 80812	Not Applicable	Not Applicable
24	Dr. Deeksha Singh	Junior Resident	18.07.20	Junior Resident	Not Applicable	UG - 84313	Not Applicable	Not Applicable
25	Dr. Sagar Dubey	Junior Resident	20.07.20	Junior Resident	Not Applicable	UG - MP-22098	Not Applicable	Not Applicable
26	Dr. Simran Gupta	Junior Resident	30.07.20	Junior Resident	Not Applicable	UG - 9907	Not Applicable	Not Applicable
27	Dr. Bhoop Chand	Junior Resident	30.07.20	Junior Resident	Not Applicable	UG - 75934	Not Applicable	Not Applicable

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Faculty Information - Department of Ophthalmology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Ashutosh Dokania	Professor & HOD	05.07.08	Associate Professor	Promoted as Professor w.e.f. 01.06.2009	UG -25227 dt. 16.4.1990 PG - 25227 dt. 16.7.1995	Not Applicable	Not Applicable
2	Dr. Ritu Jain	Professor	12.04.16	Assistant Professor	Promoted as Associate Professor w.e.f. 01.04.2017 Promoted as Professor w.e.f. 18.05.2020	UG -13428 dt.11.02.1995 PG - 4466 dt. 15.06.2006	Not Applicable	Not Applicable
3	Dr. Kanupriya Agarwal	Associate Professor	09.11.15	Assistant Professor	Promoted as Associate Professor w.e.f. 15.02.2020	UG -72044 dt.23.11.2015 PG - 6659 dt. 23.11.2015	Not Applicable	Not Applicable
4	Dr. Tahir Husain Ansari	Associate Professor	26.03.21	Assistant Professor	Promoted as Associate Professor w.e.f. 01.04.2021	UG - 48178 dt.09.10.2003 PG – 10-8899 dt. 16.08.2010	Not Applicable	Not Applicable
5	Dr. Anupam Kumar Singh	Senior Resident	02.11.20	Senior Resident	Not Applicable	UG -56927 dt.08.04.2009 PG - 5505 dt. 28.07.2014	Not Applicable	Not Applicable
6	Dr. Phuritshabam Chinglemba	Senior Resident	17.04.21	Senior Resident	Not Applicable	UG-DMC/R/3599 dt. 17.08.2006 PG-DMC/R/3599 dt. 15.11.19	Not Applicable	Not Applicable
7	Dr. Nupur Choudhary	Junior Resident	10.05.18	Junior Resident	Not Applicable	UG - 72972 dt. 30.03.2016	Not Applicable	Not Applicable
8	Dr. Shivani	Junior Resident	11.05.18	Junior Resident	Not Applicable	UG - 69963 dt. 30.03.2015	Not Applicable	Not Applicable
9	Dr. Ravi Kaur Sandhu	Junior Resident	11.05.18	Junior Resident	Not Applicable	UG - PMC - 49620 dt.28.02.18	Not Applicable	Not Applicable
10	Dr. Kartika Anand	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 72507 dt. 27.01.2016	Not Applicable	Not Applicable
11	Dr. Divija Arora	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 81201 dt. 19.04.2018	Not Applicable	Not Applicable
12	Dr. Abhishek Kaliyar	Junior Resident	01.05.19	Junior Resident	Not Applicable	UG - 83520 dt. 02.04.2019	Not Applicable	Not Applicable
13	Dr. Verma Rahul	Junior Resident	17.07.20	Junior Resident	Not Applicable	UG - 2016/11/4517	Not Applicable	Not Applicable
14	Dr. Saniya Ahmad Farooqui	Junior Resident	18.07.20	Junior Resident	Not Applicable	UG - 83958	Not Applicable	Not Applicable
15	Dr. Sluty Pandey	Junior Resident	29.07.20	Junior Resident	Not Applicable	UG - 2018/01/0135	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)
Faculty Information - Department of ENT

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Abhinav Srivastava	Professor	19.10.13	Assistant Professor	Promoted as Associate Professor w.e.f. 01.11.2017 Promoted as Professor w.e.f. 02.11.2020	UG -55691 dt. 29.05.2008 PG - MCI-IMR/13/1355 dt. 20.08.2013	Not Applicable	Not Applicable
2	Dr. Abdur Rahman	Assistant Professor	09.12.2019	Assistant Professor	Not Applicable	UG -MCI/10-37358 dt.04.06.2010 PG - 15-19507 dt. 11.09.2015	Not Applicable	Not Applicable
3	Dr. Shradha Chandra	Assistant Professor	01.06.19	Junior Resident	Promoted as Assistant Professor w.e.f. 19.03.2021	UG – 73316 dt. 04.04.2016	Not Applicable	Not Applicable
4	Dr. Kiran Verma	Junior Resident	08.05.18	Junior Resident	Not Applicable	UG – 74222 dt. 22.04.2016	Not Applicable	Not Applicable
5	Dr. Shreya	Junior Resident	18.05.18	Junior Resident	Not Applicable	UG – HN – 011622 dt. 31.03.2017	Not Applicable	Not Applicable
6	Dr. Saba Jamal	Junior Resident	21.05.18	Junior Resident	Not Applicable	UG -77306 dt. 10.04.2017	Not Applicable	Not Applicable
7	Dr. Gojia Vishal Karshanbhai	Junior Resident	24.05.19	Junior Resident	Not Applicable	UG – G-55889 dt. 22.03.2016	Not Applicable	Not Applicable
8	Dr. Supriya Gupta	Junior Resident	04.06.19	Junior Resident	Not Applicable	UG – 73320 dt. 04.04.2016	Not Applicable	Not Applicable
9	Dr. Shruti Chand	Junior Resident	04.06.19	Junior Resident	Not Applicable	UG -119251 dt. 12.04.2017	Not Applicable	Not Applicable
10	Dr. Surabhi Goel	Junior Resident	16.07.20	Junior Resident	Not Applicable	UG – 91718	Not Applicable	Not Applicable
11	Dr. Ishita Monga	Junior Resident	20.07.20	Junior Resident	Not Applicable	UG – 79543	Not Applicable	Not Applicable
12	Dr. Deepak Ahlawat	Junior Resident	20.07.20	Junior Resident	Not Applicable	UG –DMC/R/21326	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information – Department of Obstetrics & Gynaecology

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Kanchan Dalmia	Professor & Head	07.04.2008	Associate Professor	Promoted as Professor w.e.f. 05.06.2009	UG – 26182 dt. 20.09.1991 PG – 26182 dt. 13.03.2006	Not Applicable	Not Applicable
2	Dr. Kiran Agarwal	Professor	17.08.2005	Senior Resident	Promoted as Assistant Professor w.e.f. 25.10.2006 Promoted as Associate Professor w.e.f. 28.10.2011 Promoted as Professor w.e.f. 01.11.2014	UG – 26093 dt. 09.02.1982 PG – 263 dt. 04.04.2006	Not Applicable	Not Applicable
3	Dr. Lata Agarwal	Professor	17.08.2005	Assistant Professor	Promoted as Associate Professor w.e.f. 18.07.2011 Promoted as Professor w.e.f. 01.01.2016	UG – 26465 dt. 21.05.1982 PG – 271 dt. 04.04.2006	Not Applicable	Not Applicable
4	Dr. Ranjana Gupta	Professor	10.06.2011	Assistant Professor	Promoted as Associate Professor w.e.f. 18.11.2013 Promoted as Professor w.e.f. 14.12.2016	UG – 41660 dt. 02.02.1998 PG – 1019 dt. 14.03.2008	Not Applicable	Not Applicable
5	Dr. Shobha Mukherjee	Professor	12.05.2008	Senior Resident	Promoted as Assistant Professor w.e.f. 01.08.2009 Promoted as Associate Professor w.e.f. 01.10.2014 Promoted as Professor w.e.f. 06.11.2017	UG – 82373 dt. 04.03.1997 PG – 16246 dt. 09.07.2001	Not Applicable	Not Applicable
6	Dr. Shabina Khan	Professor	10.08.2012	Assistant Professor	Promoted as Associate Professor w.e.f. 22.08.2016 Promoted as Professor w.e.f. 02.09.2019	UG – 80456 dt. April, 2008 PG – 80456 dt. May, 2010	Not Applicable	Not Applicable
7	Dr. Tripti Gupta	Professor	26.04.2014	Assistant Professor	Promoted as Professor w.e.f. 17.02.2021 Promoted as Associate Professor w.e.f. 14.12.2016	UG – 044395 dt. 31.01.2001 PG – 12-12994 dt. 26.12.2012	Not Applicable	Not Applicable
8	Dr. Anuradha Kakkar	Associate Professor	01.03.2014	Assistant Professor	Promoted as Associate Professor w.e.f. 18.05.2020	UG – 30851 dt. 18.11.1983 PG – 09-7024 dt. 04.05.2009	Not Applicable	Not Applicable
9	Dr. Pragya Mishra	Associate Professor	28.11.2016	Assistant Professor	Promoted as Associate Professor w.e.f. 01.12.2020	UG – 57945 dt. 05.07.2012 PG – Applied For	Not Applicable	Not Applicable
10	Dr. Shashi Bala	Assistant Professor	08.08.2018	Assistant Professor	Not Applicable	UG – 65491 dt. 11.04.2013 PG – 9981 dt. 23.02.2018	Not Applicable	Not Applicable
11	Dr. Sakshi Srivastava	Assistant Professor	28.03.2020	Senior Resident	Promoted as Assistant Professor w.e.f. 01.06.2020	UG – 67256 dt. 02.06.2014 PG – 12803 dt. 16.04.2019	Not Applicable	Not Applicable
12	Dr. Parnnika Agarwal	Assistant Professor	25.11.2019	Senior Resident	Promoted as Assistant Professor w.e.f. 01.08.2020	UG -72975 dt. 30.03.2016 PG – 89978 dt. 18.06.2019	Not Applicable	Not Applicable

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13	Dr. Shalini Gupta	Senior Resident	01.03.2014	Senior Resident	Promoted as Senior Resident w.e.f. 11.03.2015	UG – 17497 dt. 16.03.1998	Not Applicable	Not Applicable
14	Dr. Sarita Chandra	Senior Resident	01.09.2010	Senior Resident	Promoted as Senior Resident w.e.f. 01.10.2011	UG – 785 dt. 30.12.2006	Not Applicable	Not Applicable
15	Dr. Gulafshan Anjum	Senior Resident	20.04.2021	Senior Resident	Not Applicable	UG – 76009 dt. 17.03.2017 PG – 6419 dt. 16.10.2020	Not Applicable	Not Applicable
16	Dr. Osheen Bonal	Senior Resident	02.12.2019	Senior Resident	Not Applicable	UG -73039 dt. 01.04.2016 PG – 12910 dt. 19.08.2019	Not Applicable	Not Applicable
17	Dr. Meenakshi Johari	Senior Resident	18.11.2020	Senior Resident	Not Applicable	UG -60732 dt. 04.04.2011 PG – 9410 dt. 24.10.2017	Not Applicable	Not Applicable
18	Dr. Utkarsha Agarwal	Senior Resident	01.08.2020	Senior Resident	Not Applicable	UG -17159 dt. 19.04.2017 PG – 17159 dt. 17.11.2020	Not Applicable	Not Applicable
19	Dr. Pujara Ruchi Hilesh	Senior Resident	03.04.2021	Senior Resident	Not Applicable	UG – 3119 dt. 29.05.2015 DGO – 3119 dt. 16.02.2021	Not Applicable	Not Applicable
20	Dr. Kumari Aparajeeta	Junior Resident	07.05.2018	Junior Resident	Not Applicable	UG - SMC/01123 dt. 23.06.2016	Not Applicable	Not Applicable
21	Dr. Pinki Singh	Junior Resident	14.05.2018	Junior Resident	Not Applicable	UG - 78045 dt. 28.06.2017	Not Applicable	Not Applicable
22	Dr. Sweety Raj	Junior Resident	14.05.2018	Junior Resident	Not Applicable	UG - 743577 dt. 06.05.2016	Not Applicable	Not Applicable
23	Dr. Jyoti Singh	Junior Resident	16.05.2018	Junior Resident	Not Applicable	UG - 74557 dt. 20.06.2016	Not Applicable	Not Applicable
24	Dr. Shalini Bansal	Junior Resident	01.05.2019	Junior Resident	Not Applicable	UG - 72099 dt. 10.07.2015	Not Applicable	Not Applicable
25	Dr. Padma Rao	Junior Resident	02.05.2019	Junior Resident	Not Applicable	UG - 48231 dt. 21.10.2003	Not Applicable	Not Applicable
26	Dr. Chhabra Sukanya Ashwin	Junior Resident	04.05.2019	Junior Resident	Not Applicable	UG - 2017/03/0708 dt. 14.03.2017	Not Applicable	Not Applicable
27	Dr. Parru Singh	Junior Resident	09.05.2019	Junior Resident	Not Applicable	UG - 80043 dt. 04.04.2018	Not Applicable	Not Applicable
28	Dr. Priya Jaiswal	Junior Resident	09.05.2019	Junior Resident	Not Applicable	UG - 9053 dt. 02.04.2019	Not Applicable	Not Applicable
29	Dr. Disha Bansal	Junior Resident	20.05.2019	Junior Resident	Not Applicable	UG - DMC/R/010519 dt. 27.05.2019	Not Applicable	Not Applicable
30	Dr. Yati Tiwary	Junior Resident	23.05.2019	Junior Resident	Not Applicable	UG - MP-17356 dt. 04.06.2015	Not Applicable	Not Applicable
31	Dr. Nitu Choudhary	Junior Resident	24.05.2019	Junior Resident	Not Applicable	UG - DMC/R/17770 dt. 08.06.2017	Not Applicable	Not Applicable
32	Dr. Rashmi Singh	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 5537	Not Applicable	Not Applicable
33	Dr. Nayana Kumari	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 83553	Not Applicable	Not Applicable
34	Dr. Aparna Khandelia	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 83642	Not Applicable	Not Applicable

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35	Dr. Priyanshi Srivastava	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 79913	Not Applicable	Not Applicable
36	Dr. Akriti Garg	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 80729	Not Applicable	Not Applicable
37	Dr. Sarita Kushwaha	Junior Resident	22.07.2020	Junior Resident	Not Applicable	UG - 62086	Not Applicable	Not Applicable
38	Dr. Garima Agrawal	Junior Resident	29.07.2020	Junior Resident	Not Applicable	UG - MP-26361	Not Applicable	Not Applicable
39	Dr. Jyoti Bhati	Junior Resident	30.07.2020	Junior Resident	Not Applicable	UG - 83981	Not Applicable	Not Applicable

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Anaesthesia

Sr. No.	Name of Faculty	Designation	Date of Joining	Joined as	Promotions	IMR Details	Transfers	Resignation
1	Dr. Malti Devi Agarwal	Professor & Head	23.09.2006	Assistant Professor	Promoted as Associate Professor on 14.09.2010 Promoted as Professor on 14.09.2013	UG - 22502 16 Sept,1978 PG - 496 22 Feb. 2007	Not Applicable	Not Applicable
2	Dr. Uma Rani Purohit	Professor	08.10.2009	Associate Professor	Promoted as Professor w.e.f. 01.12.2012	UG - 34075 dt. 17.05.2012 PG - 34075 dt. 17.05.2012	Not Applicable	Not Applicable
3	Dr. Ram Pal Singh	Professor	15.05.2008	Assistant Professor	Promoted as Associate Professor w.e.f. 21.05.2013 Promoted as Professor w.e.f. 05.09.2016	UG - 47734 dt. 26.04.2003 PG - 09-7097 dt. 21.05.2009	Not Applicable	Not Applicable
4	Dr. Neeharika Arora	Professor	07.06.2018	Associate Professor	Promoted as Professor w.e.f. 14.09.2018	UG - 24387 dt. 29.03.2003 PG - 24387 dt. 02.05.2011	Not Applicable	Not Applicable
5	Dr. Gopal Krishan	Associate Professor	28.06.2014	Assistant Professor	Promoted as Associate Professor w.e.f. 01.09.2018	UG - 48290 dt. 12.11.2003	Not Applicable	Not Applicable
6	Dr. Yogesh Kr. Sharma	Associate Professor	01.12.2005	Senior Resident	Promoted as Assistant Professor w.e.f. 01.01.2012 Promoted as Associate Professor w.e.f. 01.10.2018	UG - 27368 dt. 25.05.1983 PG - 310 dt. 19.05.2006	Not Applicable	Not Applicable
7	Dr. Devendra Singh	Associate Professor	22.01.2013	Senior Resident	Promoted as Assistant Professor w.e.f. 01.04.2014 Promoted as Associate Professor w.e.f. 15.02.2020	UG-36395 dt. 02.11.1992 PG-13-13524 dt. 17.04.2013	Not Applicable	Not Applicable
8	Dr. Vinod Rathore	Associate Professor	21.11.2012	Senior Resident	Promoted as Assistant Professor w.e.f. 01.09.2015 Promoted as Associate Professor w.e.f. 15.02.2020	UG - 26490 dt. 18.06.2010 PG - 26490 dt. 18.06.2010	Not Applicable	Not Applicable

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9	Dr. Sarfraj Ahmad	Assistant Professor	10.06.2015	Senior Resident	Promoted as Assistant Professor w.e.f. 01.06.2016 Promoted as Associate Professor w.e.f. 19.03.2021	UG - MCI/08-32972 dt. 14.05.2008	Not Applicable	Not Applicable
10	Dr. Akash Gupta	Assistant Professor	23.11.2017	Assistant Professor	Not Applicable	UG - 72081 dt. 30.11.2015 PG - 6691 dt. 30.11.2015	Not Applicable	Not Applicable
11	Dr. Mohd. Khalik	Assistant Professor	14.09.2016	Senior Resident	Promoted as Assistant Professor w.e.f. 22.01.2018	UG -58653 dt. 01.04.2010	Not Applicable	Not Applicable
12	Dr. Nitin Agarwal	Assistant Professor	01.03.2019	Senior Resident	Promoted as Assistant Professor w.e.f. 03.08.2019	UG - 51923 dt. 03.04.2006 PG - 11830 dt. 15.02.2019	Not Applicable	Not Applicable
13	Dr. Tulika Mittal	Assistant Professor	07.02.2018	Senior Resident	Promoted as Assistant Professor w.e.f. 12.09.2020	UG - MCI/09-35469 dt. 09.09.2009 PG - 73743 dt. 10.12.2015	Not Applicable	Not Applicable
14	Dr. Adarsh Bihari Lal Bhatnagar	Senior Resident	02.01.2012	Junior Resident	Promoted as Senior Resident w.e.f. 06.01.2014	UG - 24610 dt. 24.07.1980 PG (Dip.) - 13-14842 dt. 28.10.2013	Not Applicable	Not Applicable
15	Dr. Bhawna Singh	Senior Resident	01.07.2020	Senior Resident	Not Applicable	UG - 73431 dt. 05.04.2016 PG - 14240 dt. 11.03.2020	Not Applicable	Not Applicable
16	Dr. Priyanka Agarwal	Senior Resident	01.07.2020	Senior Resident	Not Applicable	UG - 69218 dt. 21.10.2014 PG - 70208 dt. 04.12.2019	Not Applicable	Not Applicable
17	Dr. Reehan Ahmad	Senior Resident	12.10.2020	Senior Resident	Not Applicable	UG - 59001 dt. 07.04.2010 PG - 9794 dt. 12.01.2018	Not Applicable	Not Applicable
18	Dr. Ankur Garg	Senior Resident	03.11.2020	Senior Resident	Not Applicable	UG - 59009 dt. 07.04.2010 PG - 7393 dt. 10.05.2016	Not Applicable	Not Applicable
19	Dr. Rachit Sinha	Junior Resident	14.05.2018	Junior Resident	Not Applicable	UG - MCI/13-50070 dt. 15-07-2013	Not Applicable	Not Applicable
20	Dr. Satyen Verma	Junior Resident	25.05.2018	Junior Resident	Not Applicable	UG - 69284 dt. 05.11.2014	Not Applicable	Not Applicable
21	Dr. Gautam Kumar Goel	Junior Resident	29.05.2018	Junior Resident	Not Applicable	UG - 044764 dt. 12.04.2001	Not Applicable	Not Applicable
22	Dr. Pragati Saxena	Junior Resident	29.05.2018	Junior Resident	Not Applicable	UG - 64102 dt. 25.10.2012	Not Applicable	Not Applicable
23	Dr. Aman Barthwal	Junior Resident	01.06.2018	Junior Resident	Not Applicable	UG - MMC-2016/11/4771 dt. 17.11.2016	Not Applicable	Not Applicable
24	Dr. Pasupururi Sharath Chandra	Junior Resident	04.06.2018	Junior Resident	Not Applicable	UG - TSMC/FMR/00111 dt. 04.03.2016	Not Applicable	Not Applicable
25	Dr. Arvind	Junior Resident	18.06.2018	Junior Resident	Not Applicable	UG - MCI/13-47328 dt. 07.02.2013	Not Applicable	Not Applicable

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26	Dr. Ekta Singh	Junior Resident	01.05.2019	Junior Resident	Not Applicable	UG - 76211 dt. 03.04.2017	Not Applicable	Not Applicable
27	Dr. Shambhu Singh	Junior Resident	03.05.2019	Junior Resident	Not Applicable	UG - 50412 dt. 06-08-2018	Not Applicable	Not Applicable
28	Dr. Akshat Taneja	Junior Resident	06.05.2019	Junior Resident	Not Applicable	UG - 75513 dt. 16.01.2017	Not Applicable	Not Applicable
29	Dr. Kaustubh Singh	Junior Resident	13.05.2019	Junior Resident	Not Applicable	UG - 80157 dt. 05.04.2018	Not Applicable	Not Applicable
30	Dr. Ishan Verma	Junior Resident	18.05.2019	Junior Resident	Not Applicable	UG - 79497 dt. 02.04.2018	Not Applicable	Not Applicable
31	Dr. Sachin Kumar	Junior Resident	20.05.2019	Junior Resident	Not Applicable	UG - 63981 dt. 17.11.2016	Not Applicable	Not Applicable
32	Dr. Tamanna Baktier	Junior Resident	27.05.2019	Junior Resident	Not Applicable	UG - 2537 dt. 27.05.2019	Not Applicable	Not Applicable
33	Dr. Sheikh Faraz Jelani	Junior Resident	19.06.2019	Junior Resident	Not Applicable	UG - 72419 dt. 07.01.2016	Not Applicable	Not Applicable
34	Dr. Vigneshwaran Swaminathan	Junior Resident	20.06.2019	Junior Resident	Not Applicable	UG - 118825 dt. 06.07.2016	Not Applicable	Not Applicable
35	Dr. Upasana Asooja	Junior Resident	17.07.2020	Junior Resident	Not Applicable	UG - 86263	Not Applicable	Not Applicable
36	Dr. Gulwatan Singh Kang	Junior Resident	29.07.2020	Junior Resident	Not Applicable	UG - 45994	Not Applicable	Not Applicable
37	Dr. Sadiya Shakeel	Junior Resident	30.07.2020	Junior Resident	Not Applicable	UG - 8742/2019	Not Applicable	Not Applicable
38	Dr. Anshul Agarwal	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - 83804	Not Applicable	Not Applicable
39	Dr. Nupur Saha	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - 116752	Not Applicable	Not Applicable
40	Dr. Nidhi Kumari Deswal	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - DMC/R/20413	Not Applicable	Not Applicable
41	Dr. Dilpreet Singh	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - 48548	Not Applicable	Not Applicable
42	Dr. Disha Parhi	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - APMC/FMR/95687	Not Applicable	Not Applicable
43	Dr. Anushree Pathak	Junior Resident	31.07.2020	Junior Resident	Not Applicable	UG - 77843	Not Applicable	Not Applicable

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Registration No:**RMEE2117649** Application No:**MEE0038791**

Department of Medical Health & Family Welfare

Goverment of Uttar Pradesh

MEDICAL ESTABLISHMENT CERTIFICATE

OFFICE OF THE CHIEF MEDICAL OFFICER, Bareilly

Certificate No: **CMEE2121297** Issuance Date: **27/05/2021**

This is to certify that the medical establishment having Name **ROHILKHAND MEDICAL COLLEGE AND HOSPITAL/ ROHILKHAND EDUCATIONAL AND CHARITABLE TRUST**, Type **HOSPITAL,** Address **OPP SURESH SHARMA NAGAR, PILIBHIT BYPASS ROAD, BAREILLY, UTTAR PRADESH - 243006** is operated by **TRUST(ROHILKHAND EDUCATIONAL AND CHARITABLE TRUST)** for providing **InPatient(No. of bed-720)/Outpatient** medical facilities **SURGERY, MEDICINE, CHEST, PHYSIO, ORTHO, OBG & GYNAE, PEDIA, ENT, SKIN, PSYCHIATRY, OPHTALMOLOGY, CRITICAL CARE, DENTAL ALL GENERAL AND SUPER SPECIALITY WITH RADIOLOGY, PATHOLOGY, PATHO, MICRO, BIO INVESTIGATION ALONG WITH ALL ICU CARE.**The medical establishment is registered with us for the period **27/05/2021** To **30/04/2022**.The Medical establishment will be operated by the in-charge of the medical establishment according to the terms/details mentioned below as given in the application form.

1. Owner/Partner Details:-

S.No.	Name	Father Name	Mobile No.	Age	Address
1	DR ASHOK AGARWAL	LATE MURARI LAL AGARWAL	8077285568	67	OPP SURESH SHARMA NAGAR, PILIBHIT BYPASS ROAD, BAREILLY, UTTAR PRADESH - 243006

2. Person Incharge Details:-

2.1 Name: DR ASHOK AGARWAL **2.2 Mobile No.:** 8077285568
2.3 Qualification: MD **2.4 Registration No.:** 22273
2.5 Address: OPP SURESH SHARMA NAGAR, PILIBHIT BYPASS ROAD, BAREILLY, UTTAR PRADESH - 243006

3. Doctor Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	RISHI JINDAL	DNB	AGRA UNIVERSITY	MCI / 17-24326	FULL TIME
2	SUJOY MUKHARJEE	MS	B M PATIL MEDICAL COLLEGE	MCI / 18165	FULL TIME

4. Paramedical staff Details:-

S.No.	Name	Qualification	Institution	Registration Type/No.	Job Type
1	POONAM AZAD	BACHELOR OF NURSING	THE ACADEMY NURSING SCIENCE AND HOSPITAL	SMF / 5284	FULL TIME
2	KRISHNA PAL SHARMA	DIPLOMA IN OT TECH	KESHLATA HOSPITAL	SMF / 1912	FULL TIME

RANJAN GAUTAM
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C.M.O. Bareilly, Uttar Pradesh

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Chief Medical Officer
Bareilly,
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SUSHIL KUMAR THAKUR

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Note: At the time of future inspection, if it is found that the In-charge of establishment form does not operate the institution,or violate the rules or if any other type of irregul[illegible] working, then the registration of the institution can be cancelled without notice.

Click to view the application
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FORM- 26 G

(See Rule 122-F)

CERTIFICATE OF RENEWAL OF LICENCE TO OPERATE A BLOOD BANK FOR PROCESSING OF WHOLE HUMAN BLOOD AND / OR FOR PREPARATION FOR SALE OR DISTRIBUTION OF ITS COMPONENTS

1. Certified that Licence Number UP/B & BP/2006/10 granted on Form-28C to **M/s Ruhelkhand Medical College & Hospital (Blood Bank)**, for the operation of a Blood Bank for processing of the whole human blood and / or preparation of its components at the premises situated at **Bitchouri Road, Opp. Suresh Sharma Nagar, Pilibhit By Pass Road, Bareilly (U.P.)** is hereby renewed with effect from **15.11.2016** to 14.11.2021.

2. Name (s) of Items (s):-

1- **Whole Human Blood I.P.**
2- ***Blood Components-***
(iv) Packed Red Blood Cells I.P
(v) Fresh Frozen Plasma B.P.
(vi) Platelet Concentrate USP
(vii) Cryoprecipitate USP

3. **Name (s) of competent Technical Staff:**

Medical Officer	Regd. Nurse	Blood Bank Technician	Technical Supervisor
Dr. S.S. Chawla, MBBS, MD (Path)	Ms. Premlata Sisiliya (G.N.M.)	(i) Mr. Ashok Kumar (D.M.L.T.) (ii) Mr. Abhineh Singh (D.M.L.T.)	Mr. Himanshu Nigam (B.Sc. M.L.T.)

Dated: , 2017

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

(A.K. Jain) 25/5/2017
Drug Licensing and Controlling Authority
Uttar Pradesh
(A. K. Jain)
Drugs Licensing and Controlling Authority
Uttar Pradesh (India)

Central Licence Approving Authority

SUSHIL KUMAR THAKUR

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UTTAR PRADESH POLLUTION CONTROL BOARD

TC-12V, Vibhuti Khand,Gomti Nagar, Lucknow-226010
Phone :2400852, 2400851, Fax:0651- 2400850
http://www.uppcb.com/

FORM III
(See Rule 10)
AUTHORISATION

(AUTHORISATION FOR OPERATING A FACILITY FOR COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIOMEDICAL WASTES)

1. File no. of authorisation and date of issue: No:- 10116977 and Date:-28/01/2021

2. M/s M/s Rohilkhand Educational Charitable Trust, DR KESHAV KUMAR AGARWAL an occupier or operator of the facility located at M/s Rohilkhand Educational Charitable Trust, Pilibhit Bye Pass Road in the front of Suresh Sharma Nagar Distt- Bareilly (U P) 243006 is hereby granted an authorisation for:

Generation, segregation	✓	**Collection**	
Storage	✓	**Transportation**	
Reception		**Use**	
Recycling		**Offering for sale**	
Packaging		**Transfer**	
Treatment or Processing or Conversion		**Disposal or destruction**	
Any other form of handling			

3. M/s M/s Rohilkhand Educational Charitable Trust is hereby authorized for handling of biomedical waste as per the capacity given below:

(i) Number of beds of HCF: 720
(ii) Number of health care facilities covered by CBMWTF:
(iii) Installed treatment and disposal capacity:
(iv) Area or distance covered by CBMWTF:
(v) Quantity of Biomedical waste handled, treated or disposed:

4. This authorisation shall be in force for a period of 1 Year Years from the date of issue.

4.1 The authorization shall be valid for till 31/12/2021

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

Administrative Office
Rohilkhand Medical College & Hospital
Bareilly

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Amit Chandra

SP Green

Common Bio Medical Waste Treatment Facility

Office : First Floor, Tiwari Market, Opp. Ram Janki Mandir, Janakpurt, Bareilly - 243122
Site : Saalpur Navadiya, Meeranpur Katra, Shahjahanpur (U.P.)
Website : www.spgreenbareilly.com, E-mail: spgreenbly@gmail.com, Contact No.: 7055945594, 7088918891

Certificate No. 1415

Date : 01/09/2021

Certificate of Service

This is to certify that Rohilkhand Educational Charitable Trust C/o Rohilkhand Medical College & Hospital represented by Dr./Mr./Mrs. Faiz Shamsi

Address Rohilkhand Medical College & Hospital, Pilibhit Bypass Road, Suresh Sharma Nagar Bareilly with I.D. No. BLY/385 is in contract with us for providing bio-medical waste disposals treatment facility. Our contract with health care facility is valid till Dec-2022.

Rohilkhand Administrative Officer Medical College & Hospital Bareilly

Authorised Signatory

SP Green Bareilly

SUSHIL KUMAR THAKUR

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मूल प्रति रिकार्ड हेतु/दूसरी प्रति कारोबार के स्थान में प्रदर्शित करने के लिए

प्रारूप 'ख'

नियम 6(2),नियम 6(5)और नियम 8(2) देखिए

–: रजिस्ट्रीकरण प्रमाण पत्र :–

1:– समुचित प्राधिकारी प्रसवपूर्व निदान तकनीक ; विनियमन और दुरूपयोग निवारण अधिनियम,1994 (1992का 57) की धारा 19(1) के अधीन प्रदत्त शक्तियों का प्रयोग करते हुये ,नीचे नामित आनुवांशिक परामर्श केन्द्र आनुवांशिक प्रयोगशाला/ आनुवांशिक क्लीनिक/ अल्ट्रासाउण्ड क्लीनिक/इमेजिंग केन्द्र को आनुवांशिक परामर्शप्रसवपूर्व निदान प्रक्रियाऐ /प्रसवपूर्व निदान परीक्षण/अल्ट्रासोनोग्राफी करने के प्रयोजनों के लिये , पूर्वोक्त अधिनियम के अधीन 07/02/2026 को समाप्त होने वाली पाँच वर्ष की अवधि के लिये रजिस्ट्रीकरण मंजूर करता है ।

2:– यह रजिस्ट्रीकरण पूर्वोक्त अधिनियम और उसके अधीन बनाए गये नियमों के अधीन रहते हुये मंजूर किया गया है और उसका कोई उल्लंघन करने पर यह रजिस्ट्रीकरण प्रमाण पत्र उक्त पांच वर्ष की अवधि की समाप्तिसे पूर्व निलम्बित या रदद कर दिया जाएगा ।

क: आनुवांशिक परामर्श केन्द्र/आनुवांशिक प्रयोगशाला/आनुवांशिक क्लीनिक अल्ट्रासाउण्ड क्लीनिक/इमेजिंग केन्द्र का नाम और पता:– रूहेलखण्ड मेडिकल कालेज एण्ड हॉस्पीटल, पीलीभीत बाईपास रोड, बिचपुरी रोड, बरेली।

ख: आनुवांशिक क्लीनिक के लिये अनुमोदित प्रसवपूर्व निदानप्रकियाएं :–
1–अल्ट्रासाउंड (आकामक)
2–एम्निओसेटेंसिस
3–कोरिओनिक विल्ली बायोप्सी
4–फोइटोस्कोपी
5–फोइटल स्किन या आर्गन बायोप्सी
6–कोर्डोसेंटेसिर्स
7–कोई अन्य (विनिर्दिष्ट करें)

ग: (आनुवांशिक प्रयोगशाला के लिये) अनुमोदित प्रसवपूर्व निदान परीक्षण:–
1–गुणसूत्री अध्ययन, 2–आण्विक अध्ययन, 3–जैव रासायनिक अध्ययन

घ: (अल्ट्रासाउंड क्लिनिक/इमेजिंग केन्द्र के लिये) कोई अन्य प्रयोजन(विनिर्दिष्ट करें):– अल्ट्रासाउण्ड

3–प्रयोग किये जा रहे उपस्कर का माडल और मेक:–(1)GE Logic P3 60318WS3 **2**. Mindray DP6000 BE7C8494 **3**. GE Logic V5 374864WX7 **4.** Toshiba Power Vision 6000 I4525468 **5**. Philips CV 350 45356148068, **6**. Mindray DP2200ML8101289 **7**.GE Logiq9 92719US4 **8**.GE Logiq9 90335US1 **9**.GE Logiq9 87403US2 **10**. Samsung HS70A 5151RSH3HN700001N **11**.Toshiba Power Vision 6000 B2515275 **12**. GE RT3200 9979WG6 **13**. Esaot Mylab 50CV06351 **14**. ATL HDI5000 0175XM **15**. Siemens Sonoline Els N7592 **16**. HP SONOS2500 3510A01202 **17**. Toshiba Nemio 20 P6545961

(कोई तब्दीली नियम 13 के अधीन समुचित प्राधिकारी को सूचित की जानी है)

P.N.D.T.R.NO.98

4–आंबटित रजिस्ट्रीकरण संख्या :–

5–केवल नवीकृत रजिस्ट्रीकरण प्रमाण पत्र के लिये
पहले रजिस्ट्रीकरण प्रमाण पत्र की विधि मान्यता अवधि .....08/02/2016.....से.....07/02/2021.....तक

समुचित प्राधिकारी के हस्ताक्षर
एवं नाम व सील

मोडल अधिकारी
पी०सी०पी०एन०डी०टी०

दिनांक:– / /2021

नोट :– अल्ट्रासाउंड करने हेतु चिकित्सकों के नाम :– (1) डा0 अतुल लहरोत्रा एम0डी0 रेडियोलॉजी (2) डा0 प्रमोद कुमार एम0डी0 रोडियोलॉजी (3).डा0 रमेश कुमार सक्सेना डी0एम0आर0डी0 (4)डा0 मोहित अग्रवाल एम0डी0 रेडियोलॉजी (5) डा0 मनीष कुमार एम0डी0 रेडियोडायग्नोसिस (6) डा0 शवीना खान, एम.एस. (7) डा0 रंजना गुप्ता, एम0एस0 (8)डा0 आदर्श ए.डी, एमडी, रेडियोडायग्नोसिस (9)डा0 हिमांशु पाण्डेय, डीएमआरडी, (10) डा0 राम मनोहर डीएमआरडी (11) डा0 सौरभ गंगवार डीएनबी, रेडियोडायग्नोसिस

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

केन्द्र पर बड़े शब्दों में इस आशय का बोर्ड लगाना आवश्यक है, कि :–
भ्रूण का लिंग प्रकट करना विधि के अधीन प्रतिषिद्ध है।

नवीनीकरण हेतु आवेदन प्रारूप क पर पंजीकरण समाप्त होने के [illegible] किया जाना है।

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ROHILKHAND MEDICAL COLLEGE AND HOSPITAL
PILIBHIT BYPASS ROAD
Department Services Rate List

Service Head / Service Group / Service Name	Rate
MICU	
N.A	
ADVANCE	
N.A	
ALLERGY TESTING	
N.A	
ALLERGY TEST	650.00
ANAESTHESIA	
N.A	
ANAESTHESIA CHARGES (FOR GENERAL))	500.00
ANAESTHESIA CHARGES (FOR PRIVATE)	2500.00
LOCOPLEX NEEDLE	300.00
ANTIGEN COVID TEST KIT	
N.A	
RAPID ANTIGEN COVID TEST KIT	250.00
AUDIOMETRY	
N.A	
BERA	1200.00
IMPEDANCE AUDIOMETRY	400.00
OAE	600.00
PTA(PURE TONE AUDIOMETRY)	400.00
BIO FEED BACK	
N.A	
BLOOD BANK	
N.A	
BLOOD INVESTIGATION	400.00
BLOOD TRANSFUSION	100.00
CROSS MATCHING CHARGES	200.00
CRYOPRECIPITATE	250.00
FRESH FROZEN PLASMA	400.00
PACKED RED CELLS	1450.00
PLATELET CONCENTRATED	400.00
SHIPPING CHARGE	90.00
T BAG	100.00
WHOLE BLOOD	1450.00
BLOOD BANK INVESTIGATION	
N.A	
BLOOD BANK INVESTIGATION	400.00
BURN ICU	
N.A	
BURN ICU CHARGES	3300.00
DRESSING CHARGES(BURNNT LESS THAN 30%)	200.00
DRESSING CHARGES(BURNNTMORE THAN 30%)	300.00
OXYGEN CHARGES	700.00
CARDIAC CATH LAB	
BIOCHEMISTRY	
HAEMATOLOGY	
IMMUNOLOGY	
N.A	
BALLOON VALVOTOMY	40000.00
CORONARY ANGIOGRAPHY PROCEDURE	10000.00
CORONARY ANGIOPLASTY PROCEDURE CHARGES	65000.00
DUAL CHAMBER PPI	35000.00
INTRA CARDIAC DEFIBRILLATOR(ICD)	35000.00
INTRA-ARTERIAL LINE	2500.00
PERICARDIOCENTESIS	10000.00
PERIPHERAL ANGIOGRAPHY	10000.00
PERIPHERAL ANGIOPLASTY	65000.00
SINGLE CHAMBER PPI	
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STENT NOSTRUM 2.5 X 36 MM (ENVISION SCIENTIFIC)	23625.00

Administrative Officer
Medical College & Hospital
Bareilly

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STENT NOSTRUM 2.75 X 16MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 20MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 24MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 28MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 32MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 36MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 2.75 X 40MM (ENVISION SCIENTIFIC)	23625.00
STENT NOSTRUM 3.0 X 12 MM (ENVISION SCIENTIFIC)	23625.00
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STENT NOSTRUM 4.0 X 40 MM (ENVISION SCIENTIFIC)	23625.00
STENT PROMUS ELEMENT 2.5 X 12 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 X 16 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 X 20 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 x 24 mm (Boston Scientific)	31080.00
STENT PROMUS ELEMENT 2.5 X 28 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 X 32 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 x 38 mm (Boston Scientific)	31080.00
STENT PROMUS ELEMENT 2.5 X 38 MM (BOSTON	31080.00
STENT PROMUS ELEMENT 2.5 X 8 MM (BOSTON SCIENTIFIC)	31080.00
STENT PROMUS ELEMENT 2.5 X 8 MM (BOSTON SCIENTIFIC)	31080.00
STENT PROMUS ELEMENT 2.75 x 38 mm (Boston Scientific)	31080.00
STENT PROMUS ELEMENT 3.5 x 32 mm (Boston Scientific)	31080.00
STENT PROMUS ELEMENT PLUS 2.5 X 12 MM (BOSTON	23625.00
STENT PROMUS ELEMENT PLUS 2.5 X 16 MM (BOSTON	23625.00
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STENT PROMUS ELEMENT PLUS 3.5 X 16 MM (BOSTON	23625.00

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STENT PROMUS ELEMENT PLUS 3.5 X 20 MM (BOSTON	23625.00
STENT PROMUS ELEMENT PLUS 3.5 X 28 MM (BOSTON	23625.00
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STENT PRONAVA CC 2.25 X 23 MM (VASCULAR)	23625.00
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STENT PRONAVA CC 4.0 X 48 MM (VASCULAR)	23625.00
STENT PRONAVA CC 4.0 X 13 MM (VASCULAR)	23625.00
STENT PRONAVA CC 4.0 X 18 MM (VASCULAR)	2
STENT PRONAVA XR 2.25 X 13 MM (VASCULAR)	2
STENT PRONAVA XR 2.25 X 18 MM (VASCULAR)	3
STENT PRONAVA XR 2.25 X 23 MM (VASCULAR)	3
STENT PRONAVA XR 2.25 X 28 MM (VASCULAR)	3
STENT PRONAVA XR 2.25 X 33 MM (VASCULAR)	32352.00

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STENT PRONAVA XR 2.25 X 38 MM (VASCULAR)	32352.00
STENT PRONAVA XR 2.25 X 43 MM (VASCULAR)	32352.00
STENT PRONAVA XR 2.25 X 48 MM (VASCULAR)	32352.00
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STENT PRONAVA XR 4.0 X 48 MM (VASCULAR)	32352.00
STENT VIVO ISAR 2.0 X 12 MM (TRANSLUMINA)	30291.00
STENT VIVO ISAR 2.0 X 16 MM (TRANSLUMINA)	30291.00
STENT VIVO ISAR 2.0 X 18 MM (TRANSLUMINA)	30291.00
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STENT VIVO ISAR 2.0 X 44 MM (TRANSLUMINA)	30291.00
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STENT VIVO ISAR 2.5 X 21 MM (TRANSLUMINA)	30291.00

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STENT VIVO ISAR 2.5 X 24 MM (TRANSLUMINA)	30291.00
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STENT XIENCE PRIME 2.5 X 12 MM (ABBOTT)	24999.00
STENT XIENCE PRIME 2.5 X 15 MM (ABBOTT)	24999.00
STENT XIENCE PRIME 2.5 x 18 mm (Abbott)	[illegible]
STENT XIENCE PRIME 2.5 x 23 mm (Abbott)	[illegible]
STENT XIENCE PRIME 2.5 x 28 mm (Abbott)	[illegible]
STENT XIENCE PRIME 2.5 x 33 mm (Abbott)	[illegible]
STENT XIENCE PRIME 2.5 x 38 mm (Abbott)	[illegible]
STENT XIENCE PRIME 2.5 X 8 MM (ABBOTT)	[illegible]
STENT XIENCE PRIME 2.75 x 15 mm (Abbott)	24999.00

Administrative Officer
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SUSHIL KUMAR THAKUR

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STENT XIENCE PRIME 2.75 x 28 mm (Abbott)	24999.00
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STENT XIENCE PRIME 3 x 15 mm (Abbott)	24999.00
STENT XIENCE PRIME 3 X 18 MM (ABBOTT)	24999.00
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STENT XIENCE PRIME 3.5 x 38 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 15mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 18 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 28 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 33 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.25 X 32 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 2.5 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.5 X 15mm (Abbott)	24999.00
STENT XIENECE PRIME 2.5 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.5 X 28 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.5 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.5 X 21 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 2.5 X24 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 2.75 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.75 X 24 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 2.75 X 38 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.75 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 2.75 X 12 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 2.75 X 40 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.0 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.0 X 18 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.0 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.0 X 24 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.0 X 38 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.0 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.0 X 21 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.0 X 28 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.5 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.5 X 18 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.5 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.5 X 24 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.5 X 28 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.5 X 28 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 3.5 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 3.5 X 16 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 4.0 X 12 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 15mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 18 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 23 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 28 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 33 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 38 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 8 mm (Abbott)	24999.00
STENT XIENECE PRIME 4.0 X 12 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 4.0 X 16 MM (ABBOTT)	24999.00

Administrative Officer
Rohilkhand Medical College & Hospital
(Bareilly)

SUSHIL KUMAR THAKUR

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DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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STENT XIENECE PRIME 4.0 X 21 MM (ABBOTT)	24999.00
STENT XIENECE PRIME 4.0 X 8MM (ABBOTT)	24999.00
STENT YUKON CHOICE PC 2.25 X 12 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 16 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 18 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 21 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 24 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.25 X 32 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 40 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.25 X 8 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.25 X28 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X 12 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X 16MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X 18 MM (TRANSLUMINA)	31689.00
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STENT YUKON CHOICE PC 2.5 X 24 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X 32 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X 40 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 2.5 X 8 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.5 X28 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.75 X 12 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.75 X 16 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.75 X 18 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.75 X 21 MM (TRANSLUMINA)	32179.00
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STENT YUKON CHOICE PC 2.75 X32 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 2.75 X40 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 3.0 X12 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 3.0 X16 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 3.0 X18 MM (TRANSLUMINA)	31689.00
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STENT YUKON CHOICE PC 3.0 X24 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 3.0 X28 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 3.0 X32 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 3.0 X40 MM (TRANSLUMINA)	32179.00
STENT YUKON CHOICE PC 3.0 X8 MM (TRANSLUMINA)	31689.00
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STENT YUKON CHOICE PC 3.5 X40MM (TRANSLUMINA)	31689.00
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STENT YUKON CHOICE PC 4.0 X16 MM (TRANSLUMINA)	31689.00
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STENT YUKON CHOICE PC 4.0 X40 MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC 4.0 X8MM (TRANSLUMINA)	31689.00
STENT YUKON CHOICE PC ELITE 2.5 X 8 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.5 X 18 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.5 X 12 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.5 X 16 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.5 X 21 MM (	32179.00
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STENT YUKON CHOICE PC ELITE 2.5 X 40 MM (	
STENT YUKON CHOICE PC ELITE 2.75 X 12 MM (	
STENT YUKON CHOICE PC ELITE 2.75 X 16 MM (	
STENT YUKON CHOICE PC ELITE 2.75 X 18 MM (	32179.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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STENT YUKON CHOICE PC ELITE 2.75 X 21 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.75 X 24 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.75 X 28 MM (	32179.00
STENT YUKON CHOICE PC ELITE 2.75 X 32 MM (	32179.00
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STENT YUKON CHOICE PC ELITE 3.5 X 16 MM (	32179.00
STENT YUKON CHOICE PC ELITE 3.5 X 18 mm (Translumina)	31689.00
STENT YUKON CHOICE PC ELITE 3.5 X 18 MM (	32179.00
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STENT YUKON CHOICE PC ELITE 4.0 X 8 MM (	32179.00
STENT YUKON CHOICE PC ELITE 4.0 X18 MM (	32179.00
STENT YUKON CHOICE PC ELITE 4.0 X32 MM (	32179.00
STENT YUKON CHOICE PC ELITE 4.0 X40 MM (	32179.00
TEMPORARY PACING	3000.00

SEROLOGY

CASUALTY

N.A

EMERGENCY OPD	500.00

CATARACT SURGERY(IOL)

N.A

PHACO FOLDABLE IOL,S(PAID)-APPA FOLDABLE IOL,S-	2500.00
PHACO FOLDABLE IOL,S(PAID)-HYDRIFOLD-[illegible]	
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)ACRY SOF	
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)SENSAR	
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)TECHNIS-	
RIGID IOL,S FOR SICS SURGERY(CAMP) -APPA LENS(MAA)	
RIGID IOL,S FOR SICS SURGERY(CAMP)-REVISION LENS-	1000.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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RIGID IOL,S FOR SICS SURGERY(PAID)-TRUE EDGE LENS-	1500.00
SPECTRA FOLD INTRAOCULAR LENSES	3500.00

CGHS

N.A

CICU

N.A

CASUALTY ICU CHARGES	4000.00

COLPOSCOPY

N.A

COLPOSCOPY	800.00

CONSULTATION CHARGES

N.A

CONSULTATION	200.00

COVID

N.A

ROOM CHARGE WITH AC(1800*12)	21600.00
VISIT CHARGES	6000.00
VISIT CHARGES(2000*3)	6000.00
ADMISSION CHARGES	1000.00
COVID 19 VACCINE	250.00
COVID PROCEDURE CHARGES(REMDESVIR INJ)	4000.00
CRITICAL CARE CHARGES	2000.00
FOOD EXPENSES	3000.00
HOUSEKEEPING CHARGES	1500.00
NEBULISATION CHARGES	2000.00
NURSING CARE CHARGES	600.00
OXYGEN CHARGES	2000.00
PRIVATE ROOM WITH COOLER	5000.00
PRIVATE ROOM WITH AC	6000.00
RTPCR	700.00
SAMPLING CHARGES	200.00
SANITIZATION CHARGES	1000.00
TECHNICAL CHARGES	1500.00
TRUNAT TEST	1250.00

OTHERS

CRITICAL CARE

N.A

CRITICAL CARE CHARGES	500.00

CT SCAN

N.A

ABDOMEN LOWER CONTRAST	4000.00
ABDOMEN LOWER PLAIN	2800.00
ABDOMEN UPPER CONTRAST	4000.00
ABDOMEN UPPER PLAIN	2800.00
ABDOMEN WHOLE CONTRAST	5600.00
ABDOMEN WHOLE PLAIN	4500.00
ABDOMINAL ANGIO/TRIPLE PHASE	6000.00
ANKLE JOINT CONTRAST	3500.00
ANKLE JOINT PLAIN	3000.00
AORTOGRAPHY(AORTA ANGIO)	3500.00
BIOPSY CT SCAN GUIDED	2500.00
CHEST CONTRAST	4500.00
CHEST PLAIN	2800.00
CORONARY ANGIO	3600.00
CVJ/SHOULDER ELBOW/WRIST/HIP/KNEE/ANKLE(PLAIN)	3000.00
CVJ/SHOULDER	4500.00
DENTA SCAN CONTRAST	2000.00
DENTA SCAN PLAIN	1100.00
ELBOW JOINT CONTRAST	3500.00
ELBOW JOINT PLAIN	3000.00
FACE CONTRAST	4500.00
FACE PLAIN	
FNAC CTSCAN GUIDED	
HAND HAND/ARM/FOREARM/THIGH/LEG (CONTRAST)	
HAND/ARM/FOREARM/THIGH/LEG(PLAIN)	
HEAD ANGIO	
HEAD CONTRAST	

Administrative Officer
Rohilkhand Medical College & Hospital
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HEAD PLAIN	1700.00
HR TEMPORAL BONE	2100.00
KNEE JOINT CONTRAST	5000.00
KNEE JOINT PLAIN	1600.00
LEG CONTRAST	4500.00
LEG PLAIN	2100.00
NECK ANGIO	3500.00
NECK CONTRAST	5000.00
NECK PLAIN	2100.00
ORBIT CONTRAST	3500.00
ORBIT CT SCAN	1900.00
ORBIT PLAIN	1600.00
PELVIC PLANE	4000.00
PNS CONTRAST	3400.00
PNS PLAIN	1600.00
RENAL ANGIO	2600.00
SPINE CONTRAST	4000.00
SPINE DORSAL	3000.00
SPINE PLAIN(CERVICAL/DORSAL/LUMBER)	3000.00
THOREX PLAIN/HRCT	3000.00
THOREX WITH CONTRAST	4500.00
TM JOINT CONTRAST	4500.00
TM JOINT PLAIN	1600.00
WHOLE SPINE (CONTRAST)	4500.00
WHOLE SPINE PLAIN	3500.00
WRIST JOINT CONTRAST	4500.00
WRIST JOINT PLAIN	1600.00
CUBICAL ICU	
N.A	
CUBICAL ICU CHARGES	7000.00
DENTAL PROCEDURE	
N.A	
ALVEOLOPASTY(PER QUADRANT)	600.00
BIOPSY(BONE)	1100.00
BIOPSY(SOFT TISSUE)	300.00
IMPACTION	1100.00
INCISION & DRAINAGE (UNDER GA)	2000.00
INCISION & DRAINAGE (UNDER LA)	1100.00
INTER MAXILLARY FIXATION(IMF)	4000.00
MAJOR OT & SURGICAL PROCEDURE CHARGES	4500.00
MINOR OT & SURGICAL PROCEDURE CHARGES	3000.00
OPEN REDUCTION & INTERNAL FIXATION(BONE PLATES	6000.00
OSTEOMYELITIS	1200.00
PA CURETTAGE(PER TEETH)	600.00
SPLINTING(DENTO ALVEOLAR FRACTURE)	1200.00
SURGICAL EXTRACTION	300.00
DIALYSIS	
N.A	
DIALYSIS PACKAGE	2500.00
DIGITAL X-RAY	
N.A	
COCCYX SPINE AP	200.00
COCCYX SPINE AP/LAT	400.00
COCCYX SPINE LAT	200.00
D JUDET ACETABULAR OBLIQUE	200.00
D JUDET ACETABULAR/OBTURATOR OBLIQUE	400.00
D JUDET OBTURATOR OBLIQUE	200.00
D KNEE AP	200.00
D KNEE LAT	200.00
D KNEE SKYLINE	200.00
D- SCAPULA AP	200.00
D- SCAPULA AP/Y VIEW	400.00
D- SCAPULA Y VIEW	200.00
D-ABDOMEN AP	200.00
D-ABDOMEN DECUBITUS	200.00
D-ABDOMEN EIRICT PA	200.00
D-ABDOMEN LAT	200.00
D-ANKLE WITH LEG AP	200.00
D-ANKLE WITH LEG AP/LAT	400.00
D-ANKLE WITH LEG LAT	200.00

Administrative Officer
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Bareilly

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D-ANKLE AP	200.00
D-ANKLE AP / LAT	400.00
D-ANKLE LAT	200.00
D-ANKLE MORTISE	200.00
D-ARM AP	200.00
D-ARM AP/LAT	400.00
D-ARM EXTERNAL ROTATION	200.00
D-ARM INTERNAL ROTATION	200.00
D-ARM LAT	200.00
D-B/L KNEE AP	200.00
D-B/L KNEE AP /LAT	400.00
D-B/L KNEE LAT	200.00
D-BARIUM ENEMA	780.00
D-BARIUM LOOPOGRAM	780.00
D-BARIUM MEAL	910.00
D-BARIUM MEAL FALLOW THROUGH	780.00
D-BARIUM MFT	780.00
D-BARIUM SWALLOW	780.00
D-CELCENIUM AP/ LAT	400.00
D-CELCENIUM AXIAL	200.00
D-CERVICAL SPINE EXTENTION	200.00
D-CERVICAL SPINE FLEXTION	200.00
D-CERVICAL SPINE FLEXTION/EXTENTION	400.00
D-CERVICAL SPINE AP	200.00
D-CERVICAL SPINE AP/LAT	400.00
D-CERVICAL SPINE LAT	200.00
D-CERVICAL SPINE -LT OBLIQUE	200.00
D-CERVICAL SPINE OPEN MOUTH	200.00
D-CERVICAL SPINE RT OBLIQUE	200.00
D-CERVICAL SPINE SWIMMERS VIEW	200.00
D-CERVICO DORSAL SPINE AP	200.00
D-CERVICO DORSAL SPINE AP/LAT	400.00
D-CERVICO DORSAL SPINE LAT	200.00
D-CHEST AP	200.00
D-CHEST DECUBITUS	200.00
D-CHEST LAT	200.00
D-CHEST LORDOTIC	200.00
D-CHEST OBLIQUE	200.00
D-CHEST PA	200.00
D-CHEST PA	200.00
D-CHEST PAV	200.00
D-CLAVICLE AP	200.00
D-CLAVICLE LAT	200.00
D CULLIS	200.00
D-DISTAL COLASTO GRAM	200.00
D-DORSAL SPINE AP	200.00
D-DORSAL SPINE AP/LAT	400.00
D DORSAL SPINE EXTENTION	200.00
D-DORSAL SPINE FLEXTION	200.00
D-DORSAL SPINE FLEXTION/EXTENTION	400.00
D-DORSAL SPINE LAT	200.00
D-DORSO LUMBER SPINE AP	200.00
D-DORSO LUMBER SPINE AP/LAT	400.00
D-DORSO LUMBER SPINE EXTENTION	200.00
D-DORSO LUMBER SPINE FLEXTION	200.00
D-DORSO LUMBER SPINE FLEXTION/EXTENTION	400.00
D-DORSO LUMBER SPINE LAT	200.00
D-DORSO LUMBER SPINE LT BANDING	200.00
D-DORSO LUMBER SPINE LT OBLIQUE	200.00
D-DORSO LUMBER SPINE RT BANDING	200.00
D-DORSO LUMBER SPINE RT OBLIQUE	200.00
D-EIRECT ABDOMEN	200.00
D-ELBOW AP	200.00
D-ELBOW AP/ LAT	400.00
D-ELBOW JONES	200.00
D-ELBOW LAT	200.00
D-ELBOW WITH ARM AP	200.00
D-ELBOW WITH ARM AP/LAT	400.00
D ELBOW WITH ARM LAT	200.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
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D-ELBOW WITH FORARM LAT	200.00
D-ELBOW WITH FORARM AP	200.00
D-ELBOW WITH FORARM AP/ LAT	400.00
D-FINGER AP	200.00
D-FINGER AP/LAT	400.00
D-FINGER LAT	200.00
D-FISTULOGRAM	1130.00
D-FOOT AP	200.00
D-FOOT AP/ LAT	400.00
D-FOOT LAT	200.00
D-FOOT OBLIQUE	200.00
D-FOREARM AP	200.00
D-FOREARM AP/LAT	400.00
D-FOREARM LAT	200.00
D-H. S. G.	1130.00
D-HAND AP	200.00
D-HAND AP/ LAT	400.00
D-HAND LAT	200.00
D-HEAD AP	200.00
D-HEAD LAT	200.00
D-HEEL LAT/AXID/LT	200.00
D-HIP AP/LAT	400.00
D-HIP C THIGH AP	200.00
D-HIP C THIGH LAT	200.00
D-HIP FROG LAT	200.00
D-HUMERUS AP / LAT	400.00
D-I. V. P.	1800.00
D-KNEE AP	200.00
D-KNEE AP (STANDING)	200.00
D-KNEE AP/LAT	400.00
D-KNEE LAT	200.00
D-KNEE LAT(STANDING)	200.00
D-KUB	200.00
D-KUB LAT	200.00
D-KUB WITH PENNIS	200.00
D-L S SPINE -EXTENSION	200.00
D-L S SPINE -EXTENSION/FLEXION	400.00
D-L S SPINE -FLEXION	200.00
D-L S SPINE -OBLIQUE	200.00
D-L.S SPINE AP	200.00
D-L.S SPINE AP/LAT	400.00
D-L.S SPINE LAT	200.00
D-LATERAL	200.00
D-LEG AP	200.00
D-LEG AP/LAT	400.00
D-LEG LAT	200.00
D-LEG WITH KNEE AP	200.00
D-LEG WITH KNEE LAT	200.00
D-LUMBER SPINE AP	200.00
D-LUMBER SPINE LAT	200.00
D-M.C.U.	1000.00
D-M.C.U./R.G.U X-RAY	1830.00
D-MANDIBLE AP	200.00
D-MANDIBLE LAT	200.00
D-MASTOID LT.	200.00
D-MASTOID RT.	200.00
D-NASAL BONE LAT VIEW	200.00
D-NEBULISATION	200.00
D-NECK AP	200.00
D-NECK LAT	200.00
D-NECK NASOPHYRX OPEN MOUTH	200.00
D-NECK SOFT TISSUE	200.00
D-ORBIT X-RAY	200.00
D-PATTELA	
D-PELVIC C HIP AP	
D-PELVIC C BOTH HIP AP/LAT	
D-PELVIC C HIP LAT	
D-PELVIS WITH SACRO ILIAC JOINT OBLIQUE	
D-PNS OM	200.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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D-R.G.U X-RAY	1000.00
D-RING FINGER AP/LAT	400.00
D-SHOULDER AP	200.00
D-SHOULDER AXIL	200.00
D-SHOULDER LAT	200.00
D-SHOULDER WITH ARM AP	200.00
D-SHOULDER WITH ARM AP/LAT	400.00
D-SHOULDER WITH ARM LAT	200.00
D-SINOGRAM X-RAY	1130.00
D-SKULL CALDWELL	200.00
D-SKULL AP	200.00
D-SKULL LAT	200.00
D-SKULL PA	200.00
D-SKULL T M JOINT	200.00
D-SKULL TOWNES	200.00
D-SMV	200.00
D-STERNUM AP	200.00
D-STERNUM AP/LAT	200.00
D-STERNUM LAT	200.00
D-T. TUBE CHOLANGIOGRAM	980.00
D-THIGH & KNEE AP	200.00
D-THIGH & KNEE AP/LAT	400.00
D-THIGH & KNEE LAT	200.00
D-THIGH AP	200.00
D-THIGH AP/LAT	400.00
D-THIGH LAT	200.00
D-THUMB AP/LAT	400.00
D-TOE AP/ LAT	400.00
D-WRIST AP	200.00
D-WRIST AP/ LAT	400.00
D-WRIST EXTERENAL OBLIQUE	200.00
D-WRIST INTERENAL OBLIQUE	200.00
D-WRIST LAT	200.00
D-WRIST ULNAR DEVITION	200.00
D-WRIST WITH FORARM AP	200.00
D-WRIST WITH FORARM AP/LAT	400.00
D-WRIST WITH FORARM LAT	200.00
D-WRIST WITH HAND OBLIQUE	200.00
D-WRIST WITH HAND AP	200.00
D-WRIST WITH HAND AP OBLIQUE	200.00
SACRUM SPINE AP/LAT	400.00
DOCUMENTATION	
N.A	
INSURANCE CLAIM FORM	500.00
DRESSING	
N.A	
DRESSING CHARGES(LARGE)	300.00
DRESSING CHARGES(MEDIUM)	200.00
DRESSING CHARGES(SMALL)	100.00
E.E.G	
N.A	
E.E.G	400.00
E.M.G	
N.A	
E.M.G	200.00
ECHO SCREENING	
N.A	
ECHO SCREENING	500.00
ECHOCARDIOGRAPHY	
N.A	
ECHO	1800.00
ELECTRO CARDIO GRAM	
N.A	
ECG	300.00
EMERGENCY OT	
N.A	
MAJOR OPERATION	
MINOR OPERATION	
ENDOSCOPY	
N.A	
ENDOSCOPY	
ENT PROCEDURE	
HISTOPATHOLOGY	

Administrative Officer
Rockland Medical College & Hospital

SUSHIL KUMAR THAKUR

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N.A

ADENOIDECTOMY	1200.00
ADENOIDECTOMY & TONSILLECTOMY	4000.00
ANGIOFIBROMA	3000.00
CALDWEL LUCS/OTHER PNS SURGERIES	3000.00
DCR	3000.00
DIRECT LARYNGOSCOPY & BIOPSY	1200.00
EAR LOBE REPAIR	100.00
ENT ENDOSCOPY	700.00
FESS	4000.00
LARYNGEAL ENDOSCOPY	150.00
M.R/RADICAL MASTOIDECTOMY	5000.00
MAXILLECTOMY	3000.00
MLS	2000.00
MYRINGOPLASTY/CORTICAL MASTOIDECTOMY	3000.00
MYRINGOTOMY/GROMMET	2000.00
NASAL ENDOSCOPY	150.00
NASAL POLYPECTOMY	1200.00
RHINOPLASTY	4000.00
SEPTOPLASTY	3000.00
STAPEDECTOMY	3000.00
TONSILLECTOMY	3000.00
TRACHEOSTOMY	1200.00

EYE CAMP PAYMENT

N.A

EYE MINOR OT

N.A

I.O.P. TEST	100.00
SAC SYRINGING	100.00

EYE PACKAGE

N.A

ACRYSOF IQ	11000.00
ACRYSOF(3 PIECES)	8000.00
HYDROFOLD	2500.00
SPECTRA FOLD(ASPHERIC)	5000.00
SPECTRAPHOLO	6000.00

EYE PROCEDURE

N.A

B-SCAN	400.00
FFA	600.00
GREEN LASER	800.00
PERIMETRY	400.00
YAG LASER CAPSULOTOMY	600.00
YAG PERIPHERAL IRIDOTOMY	600.00

EYE TEST

N.A

PERIMETRY	400.00

FILE CHARGES

N.A

ADMISSION FILE CHARGES(CASUALTY)	300.00
ADMISSION FILE CHARGES(GENERAL)	200.00
ADMISSION FILE CHARGES(ICU)	500.00
ADMISSION FILE CHARGES(MLC)	300.00
ADMISSION FILE CHARGES(PVT)	300.00
EMERGENCY ADDMISSION CHARGES	300.00
ICU FILE CHARGES	500.00
ICU FILE CHARGES	500.00
MLC FILE CHARGES	300.00
PVT WARD FILE CHARGES	300.00

FOOD FOR PATIENTS

N.A

GICU

N.A

GICU CHARGES	

GLUCOMETER

N.A

Administrative Officer
Rohtak

SUSHIL KUMAR THAKUR

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GYNAE MINOR OT	
N.A	
HERNIA TACKER	
N.A	
HERNIA TACKER CHARGES(LOTUS)	650.00
HOLTER	
N.A	
HOLTER	1600.00
ICU	
N.A	
HFNC	4000.00
ICU CHARGES	5000.00
ICU CHARGES(HOLDING AREA)	10000.00
ICU CHARGES(REGULAR)	6000.00
ICU CHARGES.	5000.00
INTUBATION CHARGES(ICU)	1000.00
NEBULISATION CHARGES (ICU)	75.00
NRBM	1200.00
VENTUARY MASK	1000.00
IMMUNOHISTOCHEMISTRY	
HISTOPATHOLOGY	
ANY OTHER SINGLE MARKER IHC	2700.00
CALARETINMIN	1200.00
CD - 10	1200.00
CD - 15	1200.00
CD-30	2700.00
CD-34	1200.00
CD-45	800.00
CEA	2700.00
CHROMOGRANIN -A	1200.00
CK - 20	1200.00
CK 7	1200.00
DESMIN	1500.00
ER	1000.00
HER2NEU	1200.00
HMB 45	1200.00
IHC - ENDOMETRIAL STROMAL TUMOR PANEL	3400.00
IHC - ENDOMETRIAL VS ENDOCERVICAL ADENOCARCINOMA	4400.00
IHC - HIRSCHSPRUNG DISEASE PANEL	1700.00
IHC - LUNG ADENOCARCINOMA VS MESOTHELIOMA PANEL	3200.00
IHC - LUNG CARCINOMA PANEL	6400.00
IHC - MELANOMA PANEL	1600.00
IHC- (PRIMARY VS METASTATIC) OVARIAN CARCINOMA	8000.00
IHC- BASIC UNDIFFERENTIATED TUMOR PANEL	3000.00
IHC- CARCINOMA OF UNKNOWN PRIMARY	2100.00
IHC- CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN) PANEL	2400.00
IHC FINAL DIAGNOSIS	7000.00
IHC -OVARIAN EPITHELIAL CARCINOMA PANEL	6200.00
IHC- OVARIAN SEX CORD STROMAL TUMOR PANEL	5500.00
IHC- ROUND CELL TUMOR PANEL	6900.00
IHC- SARCOMA PANEL	5300.00
IHC3-BREAST CARCINOMA PANEL	2400.00
IHC4-BREAST CARCINOMA PANEL	3100.00
IHC-ANY 3 IHC MARKER	2500.00
IHC-BASIC LYMPHOMA PANEL	5430.00
IHC-NEUROENDOCRINE TUMORS PANEL	4000.00
IHC-OVARIAN GERM CELL TUMORS PANEL	6500.00
IHC-URINARY BLADDER CARCINOMA(TURBT)PANNEL	1500.00
KI-67	1000.00
NAPSIN - A	1200.00
P-63	1200.00
PAN CK	800.00
PR	1000.00
PR	
S-100	
SMOOTH MUSCLE ACTIN	
SYNAPTOPHYSIN	
TTF 1	
VIMENTIN	

Administrative Officer
Rohilkhand Medical
SUSHIL KUMAR THAKUR
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IMMUNOTHERAPY	
N.A	
COMPLETE BOOSTER DOSE	250.00
COMPLETE INITIAL IMMUNOTHERAPY	250.00
INDOOR PROCEDURES	
N.A	
OPERATION FEES FOR MAJOR(GENERAL WARD)	2000.00
SANOSIDE	1000.00
SURGERY BOTH LIMB	60000.00
SURGERY ONE LIMB	30000.00
IPD	
N.A	
NICU	0.00
PICU	0.00
LABOUR ROOM	
N.A	
CTG	100.00
DELIVERY FEES	500.00
FORCEPS DELIVERY	1000.00
LABOUR ROOM CHARGES	1000.00
VENTAUSE DELIVERY	1000.00
LITHOTRIPSY(ESWL)	
N.A	
LITHOTRIPSY(ESWL) FIRST SITTING	4000.00
LITHOTRIPSY(ESWL) FOR SECOND SITTING	3000.00
LITHOTRIPSY(ESWL) FOR THIRD SITTING	3000.00
MAMMOGRAPHY	
N.A	
MAMMOGRAPHY(B/L)	1400.00
MAMMOGRAPHY(LT)	1400.00
MAMMOGRAPHY(RT)	1400.00
PIPELLE CAMULLA	450.00
SACRO_ILLIAC JOINTS	3100.00
MEDICINE BILL SUMMARY	
N.A	
MICU	
N.A	
MICU CHARGES	6000.00
MISCELLANEOUS	
N.A	
MLC	
N.A	
MLC CHARGES	1000.00
MRI	
N.A	
ANKLE JOINT SCREENING	5250.00
ANKLE WITH FOOT RIGHT OR LEFT	5250.00
ARM SCREENING	5250.00
ARM WITH ELBOW RIGHT OR LEFT	5250.00
ARM/FORARM/HAND/THIGH/LEG/FOOT(SINGLE SIDE)	5250.00
BOTH HIP JOINT	5250.00
BOTH HIP JOINT SCREENING	5250.00
BRACHIAL PLEXUS FULL	5250.00
BRAIN	5250.00
BRAIN ANGIO(WITH OUT CONTRAST)-MRA	5250.00
BRAIN SCANING	5250.00
BRAIN SCREENING	5250.00
BRAIN VENO(WITH OUT CONTRAST)-MRV	5250.00
BRAIN WITH MRV	5250.00
BRAIN WITH C-SPINE SCREENING T2(ONLY SAGITTAL)	5250.00
BRAIN WITH MRA	5250.00
BRAIN WITH MRA & MRV	5250.00
BRAIN WITH ORBITS	5250.00
BRAIN WITH PNS	5250.00
BRAIN WITH WHOLE SPINE SCREENING	5250.00
BRANCHIAL PLEXUS SCREENING	5250.00
CAROTID ANGIOGRAPHY	5250.00
CARTOID ANGIOGRAPHY	5250.00
CERVICAL SPINE	5250.00
CERVICAL SPINE SCREENING	5250.00
CERVICAL SPINE+CAROTID ANGIO	5250.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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CERVICAL SPINE+WHOLE SPINE SCREENING	5250.00
CERVICAL/DORSAL/LUMBAR WITH WHOLE SPINE	5250.00
CERVICO-DORSAL	5250.00
CHEST /THOREX	5250.00
CHEST FULL	5250.00
CONTRAST CHARGE	2500.00
DORSAL SPINE	5250.00
DORSAL SPINE SCREENING	5250.00
DORSO LUMBER	5250.00
ELBOW SCREENING	5250.00
FACE	5250.00
FOOT RIGHT OR LEFT	5250.00
FOOT SCREENING	5250.00
FOREARM WITH ELBOW RIGHT OR LEFT	5250.00
HAND RIGHT OR LEFT	5250.00
HAND SCREENING	5250.00
HIP JOINT(BOTH SIDE)	5250.00
HIP JOINT(ONE SIDE)	5250.00
HIP WITH THIGH	5250.00
KNEE JOINT RIGHT OR LEFT	5250.00
KNEE JOINT SCREENING	5250.00
KNEE/ANKLE/SHOULDER/ELBOW/WRIST(SINGLE SIDE)	5250.00
L/S SPINE WITH S.I JOINT FULL	5250.00
LEG SCREENING	5250.00
LEG WITH ANKLE RIGHT OR LEFT	5250.00
LEG WITH KNEE RIGHT OR LEFT	5250.00
LOWER ABDOMEN FULL	5250.00
LOWER ABDOMEN SCREENING	5250.00
LUMBER SPINE	5250.00
LUMBER SPINE+SACRO-ILIAC JOINTS	5250.00
LUMBOSACRAL SPINE FULL	5250.00
LUMBOSACRAL SPINE SCREENING	5250.00
MR VENOGRAPHY	5250.00
MRA NECK (WITH OUT CONTRAST)	5250.00
MRA OR MRV	5250.00
MRCP FULL	5250.00
MRCP SCREENING	5250.00
MRI BRAIN ANGIOGRAPHY	5250.00
MRI BRAIN FULL	5250.00
MRI BRAIN SCANNING	5250.00
MRI BRAIN WITH CERVICAL SPINE	5250.00
MRI BRAIN WITH CONTRAST	5250.00
MRI BRAIN WITH SPECTROSCOPY	5250.00
MRI CERVICAL SPINE	5250.00
MRI CERVICAL SPINE WITH LUMBER SPINE	5250.00
MRI D/L SPINE (LEFT)	5250.00
MRI D/L SPINE (RT)	5250.00
MRI DORSAL SPINE	5250.00
MRI JOINT ELBOW	5250.00
MRI JOINT HIP	5250.00
MRI JOINT KNEE (LT)	5250.00
MRI JOINT KNEE(RT)	5250.00
MRI JOINT WRIST	5250.00
MRI LOWER ABDOMEN	5250.00
MRI LS SPINE WITH WHOLE SPINE	5250.00
MRI LUMBER SPINE	5250.00
MRI LUMBER SPINE/WHOLE SPINE	5250.00
MRI MRCP	5250.00
MRI SPECTROSCOPY	5250.00
MRI SPINE CERVICAL	5250.00
MRI SPINE DORSAL	5250.00
MRI SPINE LUMBER	5250.00
MRI UPPER ABDOMEN	5250.00
MRI WHOLE ABDOMEN	5250.00
MRI WITH CONTRAST	5250.00
NECK	5250.00
NECK WITH FACE	5250.00
NECK WITH MRA NECK	5250.00
ORBIT FULL	5250.00

Administrative Officer
Rohilkhand Medical Co... Hospital
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	ORBIT SCREENING	5250.00
	PELVIS/UPPER ABDOMEN/LOWER ABDOMEN	5250.00
	PNS FULL	5250.00
	PNS SCREENING	5250.00
	RT OR LT BRACHIAL PLEXUS+SCREENING OF CERVICAL	5250.00
	SHOULDER JOINT SCREENING	5250.00
	SHOULDER WITH ARM RIGHT OR LEFT	5250.00
	SI JOINTS	5250.00
	SI JOINTS WITH BILETRAL HIP	5250.00
	TESTIS FULL	5250.00
	TESTIS SCREENING	5250.00
	THIGH SCREENING	5250.00
	THIGH WITH KNEE RIGHT OR LEFT	5250.00
	TMJ	5250.00
	UPPER ABDOMEN FULL	5250.00
	UPPER ABDOMEN SCREENING	5250.00
	WHOLE ABDOMEN	5250.00
	WHOLE SPINE FULL	5250.00
	WHOLE SPINE SCREENING	5250.00
	WRIST SCREENING	5250.00
	WRIST WITH HAND RIGHT OR LEFT	5250.00
MSKY		
N.A		
	INSURANCE PREMIUM CHARGES	365.00
NA		
N.A		
	AUDEOMETRE [PTA]	400.00
	G6PD	950.00
	L. S. CORSET	600.00
NEBULISATION		
N.A		
	NEBULISATION	100.00
NICU		
N.A		
	NICU CHARGES(WITH OXYGEN)	1900.00
	NICU CHARGES(WITHOUT OXYGEN)	1200.00
O.T. CHARGES		
N.A		
	CHALAZION EXT	500.00
	CONCRETIONS REMOVAL	500.00
	D & C	500.00
	FB REMOVAL	500.00
	I & D	500.00
	SA INJURY	500.00
	STITCHING	500.00
OPD		
N.A		
	REGISTRATION FOR INVESTIGATION	100.00
OPERATION THEATRE CHARGES FOR GENERAL		
N.A		
	MAJOR OPERATION	3500.00
	MEDIUM OPERATION	2500.00
	MINOR OPERATION	600.00
OPTICAL COHERRENCE TOMOGRAPHY		
N.A		
	OCT BOTH EYE	1500.00
	OCT ONE EYE	750.00
ORTHO IMPLANT		
N.A		
	TITANIUM CAGE 10 MM DIA (RS 150 PER MM)	150.00
ORTHO LAB PART		
N.A		
	ABDOMINAL BELT	800.00
	ANKLE BINDER	180.00
	ARCH SUPPORT (SINGLE)	800.00
	AROPLANE SPLINT	3500.00
	B/L METTAL ARCH	
	BOOT & BAR	
	COOK UP SPLINT (DYNAMIC)	
	CTEV SPLINT (B/L) CHILD SIZE	
	D B SPLINT	
	DYNAMIC FOOT DROP SPLINT	1200.00

Administrative Officer
Rohilkhand Medical College & Hospital

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FINGER SPLINT	85.00
FOOT DROP SPLINT	1600.00
KAFO	1200.00
KNEE BRACE	800.00
L S BELT	800.00
L S BELT REPAIR	500.00
L S CORSET	1800.00
L S CORSET(METALIC)	1800.00
L S CORSET(METALIC)	1800.00
LONG KNEE BRACE	800.00
P T B BRACE	2500.00
PELVIC BINDER	450.00
RANGER FOOT	2000.00
RIBS BELT	420.00
SILICONE HEEL CUP	700.00
STATIC HAND SPLINT	300.00
TAYLOR BRACE	1700.00

OTHER CHARGES

N.A

AIR MATTRESS	300.00
BED SHEET CHARGES	250.00
BIPAP	2000.00
BIPAP(HOLDING AREA ICU)	5000.00
BIPAP(REGULAR ICU)	3000.00
BLANKET SECURITY CHARGES	500.00
BLANKET WITH COVER SECURITY CHARGES	750.00
C.V.P LINE CHARGES	2000.00
C.V.P LINE CHARGES(HOLDING AREA ICU)	2500.00
C.V.P LINE CHARGES(REGULAR ICU)	2000.00
COCK TAIL INJECTION CHARGES	150.00
CRIMAR WIRE SECURITY	100.00
CT SCAN FILM CHARGES	200.00
DEFRIBRILLATOR CHARGES	1000.00
DRESS CHARGES	200.00
FIXED CHARGES	200.00
INFUSION PUMP CHARGES	100.00
INTUBATION CHARGES	1000.00
NEBULISATION CHARGES	100.00
NURSING CHARGES	100.00

OTHERS

N.A

BLOOD SUGAR BY GLUCOMITER	60.00
BLOOD SUGAR BY GLUCOMITER	60.00

OUT SOURCED

N.A

OXYGEN CHARGES

N.A

OXYGEN CHARGES PER DAY(ICU)	1000.00
OXYGEN CHARGES PER HOUR(ICU)	60.00
OXYGEN CHARGES (BIG CYLINDER FOR PVT WARD)	700.00
OXYGEN CHARGES (SMALL CYLINDER FOR PVT WARD)	200.00
OXYGEN CHARGES PER DAY	700.00
OXYGEN CHARGES PER DAY (ICU)	1000.00

PAIN CLINIC

N.A

C-ARM CHARGES	200.00
DYE CHARGES	200.00
EPIDURAL STEROID INJECTION	1000.00
JOINT INJECTION	75.00
PROCEDURE CHARGES	1000.00

PATHOLOGY

BACTERIOLOGY

BLOOD C & S	
BLOOD CULTURE BY BACTEC	
CERVICAL SWAB C&S	
CULTURE & SENSITIVITY	
ET(TRACHEAL) SECRETIONS C/S	1000.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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GRAM STANING	200.00
K.L.B STANING	160.00
NASAL SWEB C & S	450.00
OT CULTURE STERLITY	1000.00
PUS CULTURE & SENSITIVITY	450.00
PUS GRAM STAINING	200.00
SLIT SMEAR FOR AFB	250.00
SMEAR EXAM FOR PUS	150.00
SPUTUM FOR C & S	450.00
SPUTUM FOR GRAM STAINING	450.00
SPUTUM FOR PATH	450.00
STOOL EXAM C & S	160.00
THROAT SWAB C & S	450.00
URINE FOR CULTURE & SENSITIVITY	180.00
VAGINAL SMEAR FOR M/E	125.00
VAGINAL SWAB C & S	450.00
BIOCHEMISTRY	
ACID PHOSPHOTASE	575.00
ADA	1260.00
ADA FOR ASCITIC FLUID	1260.00
ADA FOR CSF FLUID	1260.00
ADA FOR PERICARDIAL FLUID	1260.00
ADA FOR PERITONEAL FLUID	1260.00
ADA FOR PLEURAL FLUID	1260.00
ADA FOR SERUM	1260.00
AG RATIO	140.00
ALPHA FETO PROTIEN	920.00
AMYLASE	400.00
ANA	1280.00
ANTI CCP	1700.00
ANTI TPO ANTI BODY	1600.00
BHCG	1400.00
BILIRUBIN	100.00
BIOCHEMICAL	180.00
BLOOD SUGAR FASTING	100.00
BLOOD SUGAR PP	100.00
BLOOD SUGAR RANDOM	100.00
BLOOD UREA	150.00
BLOOD UREA NITROGEN	150.00
C. P . K	600.00
C.A.-125	2680.00
C.E.A	900.00
C4 COMPLIMENT	750.00
CA-19.9	1550.00
CALCLUM	200.00
CCA-125	1380.00
C-PEPTIDE	1210.00
CPK-MB	550.00
DHEA	2600.00
DHEAS	1300.00
DOUBLE MARKER	1500.00
F.S.H.	380.00
FRUCTOSE TEST	100.00
FT3, FT4, TSH	980.00
G6PD	1350.00
GCT(DIPSI)	100.00
GENE EXPERT	2200.00
GGT	400.00
GT-75 BOTTLES	55.00
HBDH	560.00
IL6	3300.00
IRON	400.00
KFT	
L.H	
L.H. / FSH / PROLACTIN	
LDH	
LIPID PROFILE	
LIVER FUNCTION TEST (LFT)	540.00

Administrative Officer
Rohilkhand Medical College & Hospital

SUSHIL KUMAR THAKUR

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LUYMPHOCYTE SUBSET	1400.00
OGTT	300.00
OGTT(TRADITIONAL)	300.00
PHOSPHATE	140.00
PROTINES	100.00
PSA .	1700.00
RFT	280.00
S CORTISOL	635.00
S DHEAS	1150.00
S PTH	1840.00
S TESTOSTRONE	1200.00
S. ACID PHOSPHATE	550.00
S. ALBUMIN	100.00
S. AMYLASE	400.00
S. BILIRUBIN	180.00
S. CREATININE	150.00
S. ELECTROLYTE	300.00
S. HOMOCYSTEINE (QUANTITATIVE)	1350.00
S. LITHIUM (LT)	700.00
S. PROLACTIN	360.00
S. PROTIENS	400.00
S.ALKALINE PHOSPH	180.00
S.AMH	2200.00
S.CALCIUM (C+)	300.00
S.CERULOPLASMIN	1300.00
S.ESTRADIOL	1270.00
S.ESTRADIOL	1270.00
S.FERRITIN	2710.00
S.FOLATE ACID	4600.00
S.FOLIC ACID	1325.00
S.INSULINE	700.00
S.IRON	350.00
S.IRON BINDING CAP	180.00
S.IRON STUDIES (TIBC)	810.00
S.LH/ FSH	680.00
S.LIPASE	1300.00
S.PHOSPHORUS	300.00
S.POTASSIUM (K+)	250.00
S.PROCALCITONIN	5500.00
S.PROGESTERONE	1280.00
S.PROLACTIN	360.00
S.PROTEIN ELECTROPHERSIS	780.00
S.PSA	1200.00
S.PTH	1840.00
S.SODIUM (NA+)	300.00
S.SODIUM (NA+)/POTASSIUM (K+)/CHLORIDE	600.00
S.TESTORONE	1400.00
S.VITAMIN B12 LEVEL	2300.00
S.VITAMIN C	3300.00
SERUM CHOLESTEROL	300.00
SERUM COPPER	2250.00
SERUM FERRITIN	2710.00
SERUM FREE TESTOSTRONE	2130.00
SERUM GLOBUIN	100.00
SERUM IONISED CALCIUM	180.00
SERUM MAGNESIUM	450.00
SERUM TRIGLYCERIDE	230.00
SERUM URIC ACID	250.00
SGOT	200.00
SGPT	200.00
SYNOVIAL FLUID R & M	300.00
T3, T4 , TSH	600.00
TESTTICULAR TUMOUR MARKER	
THYROID PEROXIDASE ANTIBODY(ANTI TPO ELISA)	
TORCH IGG IGM ABS (ELA)10	
TORCH IGG IGM EVALUATION 9 PERA	
TORCH PANEL IGM	
TORCH TEST IGM	

Administrative Officer
Rohilkhand Medical College & Hospital
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TORCH TEST IGM&IGG	5800.00
TOTAL IGE SERUM	1150.00
TOTAL LIPIDS	120.00
TOTAL PROTEIN OR ALBUMIN	100.00
TOTAL PROTEINES	100.00
TRIGLYCERIDES	250.00
TRIPLE TEST	2000.00
TROP-T TEST	1200.00
TSH	250.00
URINARY MICROALBUMIN(QUANTITATIVE)	400.00
URINARY PROTEIN CREATININE RATIO	400.00
URINARY SODIUM	80.00
URINARY TRIGLYCERIDE	80.00
VITAMIN D3(VITAMIN D,25-HYDROXY)	1850.00
ZB.H. C. G	330.00
CYTOLOGY PATHOLOGY	
BAAR BODY TEST	200.00
COLPOSCOPY EXAMINATION+GYNAE LBC+CONVENTIONAL	800.00
FLUID CYTOGY	500.00
FNAC	500.00
FNAC	400.00
FNAC CT GUIDED	600.00
FNAC USG GUIDED	600.00
GYNAE LBC	700.00
GYNAE LBC+CONVENTIONAL PAP SMEAR	700.00
MICROSCOPIC & ROUTINE	140.00
ORGAN/SOFT TISSUE TUMOUR	340.00
PAP SMEAR/LBC	150.00
SYNOVIAL FLUID	340.00
FLUID	
ASCITIC FLUID ASPIRATION	280.00
ASCITIC FLUID R & M	340.00
C.S.F	340.00
C.S.F.	340.00
CYTOLOGY BIOCHEMICAL EXAM	340.00
PLURAL FLUID R & M	340.00
HAEMATOLOGY	
ABO GROUP / RH FACTOR	100.00
ABSOLUTE EOSINOPHIL COUNT	100.00
AMONIA BLOOD	1150.00
ANA POSITIVE REFLEX	3500.00
APLA TOTAL	4950.00
APTT	450.00
BLEEDING TIME(BT)	180.00
BLOOD GROUP	100.00
BONE MARROW ASPIRATION	600.00
BONE MARROW ASPIRATION & BIOPSY	800.00
BONE MARROW EXAM	1200.00
C.B.C/COMPLETE HAEMOGRAM	500.00
C3 COMPLIMENT	750.00
CAPILLARY FRAGILITY	100.00
CELL TOTAL	140.00
CLOTTING TIME(CT)	180.00
COMPLET HOMOGRAM	340.00
COOMB'S TEST	500.00
CORRECTED ESR	180.00
D- DIMER	2760.00
DAIFF.WBC(DLC)	100.00
DIRECT COOMBS TEST	200.00
ENDOMETRIAL	300.00
ESR	90.00
FACTOR VIII	3400.00
FDP	1130.00
FIBRINOGEN	
FOETAL HB%	
G.B.P	
HAEMOGLOBIN(HB)	
HB A2	
HB ELECROPHORESIS	

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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HBA1 C	600.00
HEMOGLOBIN VARIANT ANALYSIS BLOOD	800.00
HEMOGRAM	300.00
HLA B-27	2200.00
INDIRECT COOMBS TEST	200.00
INR	360.00
L.E CELL	500.00
LUPUS ANTICOAGULANT	620.00
PCV	90.00
PLATELET COUNT(PC)	220.00
PROTEIN C	260.00
PROTEIN S	260.00
PROTHROMBIN TIME(PT)	350.00
PT WITH INR	200.00
RETICULOGYTE COUNT	220.00
SICKLING TEST	200.00
SPECIAL STAINING	150.00
TOTAL RBC	100.00
TOTAL WBC(TLC)	100.00
VAGINAL(PAP)SMEAR	120.00
HISTOPATHOLOGY	
BIOPSY (FOR MAJOR OPERATION)	1500.00
BIOPSY (FOR MINOR OPERATION)	1200.00
BIOPSY MINOR OR PUNCH	500.00
BIOPSY PLACENTAL	200.00
BIOPSY USG GUIDED	900.00
BONE BIOSPY	2000.00
BRUSH BIOPSY	540.00
FIBREOPTIC LARYNGOSCOPY AND BIOPSY	850.00
FROZEN BIOPSY	1100.00
GMS STAINING	150.00
ISSUE FOR BIOPSY BLOCK	200.00
ISSUE FOR BIOPSY SLIDE	200.00
PAS	100.00
ZISSUE FOR BIOPSY SLIDE/BLOCK	150.00
IMMUNOLOGY	
ECHINOCOCCUS (IGG)	460.00
ELISA HCV	300.00
ELISA anti HBC IgG total antibodies	300.00
ELISA anti HBC IgM	300.00
ELISA DENGU(IGM/IGG)	750.00
ELISA FOR CYSTICERCOSIS	460.00
ELISA FOR DENGU IGG	750.00
ELISA FOR DENGU IGM	750.00
ELISA FOR DENGU NS1	750.00
ELISA FOR ECHINOCOCCUS IGG	460.00
ELISA FOR HIV 1 & 2	300.00
ELISA FOR MEASLES	460.00
ELISA FOR MUMPS	460.00
ELISA HBeAg	300.00
ELISA HBS ANTIGEN	300.00
ELISA HSV 1+2 IGM	500.00
ELISA MEASLES IGM	660.00
ELISA MUMPS IGM	660.00
ELISA NEUROCYSTICERCOSIS IGG	4400.00
HCV RNA GENOTYPE	1600.00
MICRO BIOLOGY	
ANTI HAV IGG	1650.00
ANTI HAV IGG/IGM	2530.00
ANTI HAV IGM	1370.00
ANTI HBC IGG	[illegible]
ANTI HBC IGM	
ANTI HBC IGM TOTAL	
ASPIRAT R&M EXAM	
BIPHASIC BLOOD CULTURE FOR SALMONELLA INFECTION	
CHIKUN GHUNIA	

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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HBEAG	1035.00
HBV	220.00
HBV DNA VIRAL QUANTITATIVE	8600.00
HBV DNA VIRAL QULITATIVE	5060.00
JAPANESE EMCEPHALITIS	4025.00
MALIGNANT CELL	600.00
PCR FOR TUBERCULOSIS	2300.00
TB GAMA GOLD	1850.00
TB GOLD GAMA ITERFERON	5800.00
TB PCR	2300.00
TONSILLAR SWAB C & S	180.00
TORCH IGM	1495.00
MOLECULAR BIOLOGY	
HCV VIRAL LOAD	3500.00
MYCOBACTERIOLOGY	
CULTURE FOR AFB (TB BY MGIT)	1000.00
CULTURE OF MYCOBACTERIUM	240.00
GENE EXPERT PLUS	2850.00
PUS FOR AFB	160.00
SPUTUM CULTURE FOR MYCOBACTERIUM	180.00
SPUTUM SMEAR FOR AFB	250.00
MYCOLOGY	
FUNGAL CULTURE	160.00
KOH MOUNT	150.00
KOH SMEAR FOR FUNGUS	180.00
N.A	
A.B.G	1000.00
B.M.D	240.00
BAL LUNGS MYCOBACTERIUM CULTURE	300.00
BLOOD SHIPPING KIT	180.00
BONE MARROW BIOPSY	600.00
BRONCHIAL WASHINGS	540.00
CARDIAC INVESTIGATION PANEL - ADVANCE	8110.00
CARDIAC INVESTIGATION PANEL -BASIC	4460.00
E.E.G	1000.00
ICU INVESTIGATION PANEL -COVID BASIC	11410.00
ICU INVESTIGATION PANEL -PEDIATRICS	7390.00
ICU INVESTIGATION PANEL -SURGERY	3760.00
ICU INVESTIGATION PANEL - LIVER PANEL	3450.00
ICU INVESTIGATION PANEL -DIALYSIS PANEL	3270.00
INVESTIGATION PANEL - COVID SUPERSAVER	9070.00
INVESTIGATION PANEL -SEPSIS ADVANCE(A)	4300.00
INVESTIGATION PANEL -SEPSIS ADVANCE(B)	6320.00
INVESTIGATION PANEL-SEPSIS BASIC	2660.00
PIPELLE CAMILLA	450.00
TEST SERVICE MODIFY	100.00
V.B.G	1000.00
W. B. C	90.00
OTHERS	
CHYLE	500.00
PARASITOLOGY	
MP BY CARD	200.00
MP FOR SMEAR	100.00
OCCULT BLOOD	100.00
PBS FOR MICRO FILARIA (MF)	140.00
PBS FOR MP	140.00
PERIFERAL BLOOD SMEAR	140.00
STOOL FOR OCCULT BLOOD	100.00
SEROLOGY	
AFB STAIN	180.00
ANTI PRO BNP	1200.00
ASO TITRE	200.00
AUSTRALIA ANTIGEN(H B S AG)	200.00
CRP TEST	200.00
DEHYDROEPIANDROSTERONE (DHEA)	1000.00
DENGU CARD TEST	1000.00
EARLY ICON/CARD TEST	200.00

Administrative Officer

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HCV	350.00
HCV RAPID CARD TEST	500.00
HCV RNA QUANTITATIVE REAL TIME PCR	1600.00
HEPATITIS- A ANTIBODIES	2150.00
HEPATITIS- A(IGG)	1370.00
HEPATITIS -A(IGM)	1370.00
HEPATITIS- E(IGG)	1840.00
HEPATITIS- E(IGM)	1840.00
HIV (AIDS) CONVENTIONAL	350.00
HIV TRIDOT TEST	300.00
MONOTOUX TEST(PPD)	200.00
RA-FACTOR	250.00
RAPID KALAZAR	1800.00
RAPID KALAZAR	1800.00
RH ANTIBODY TITRE	160.00
TOXO TEST	440.00
TYPHI DOT IGM/IGG	450.00
V.L.D.L	80.00
VDRL	200.00
WIDAL TEST	200.00
SPECIAL INVESTIGATION	
LUMBER PUNCTURE	180.00
SEMEN EXAM	200.00
URINE	
B.J PROTEINS	250.00
BENCE JONES PROTINES	250.00
PREGNANCY TEST	120.00
URIN PROTENE	100.00
URINE FOR SPECIFIC GRAVITY	100.00
URINE ALBUMIN	100.00
URINE ANALYSIS (24 HRS COLLOCTION)	500.00
URINE CA+	140.00
URINE CREATININE	340.00
URINE EXAM(ROUTI & MICRO)	140.00
URINE KETON BODY	100.00
URINE PH	90.00
URINE SUGAR	90.00
VIROLOGY	
TZANCK SMEAR	200.00
PENALTY/INVENTORY	
N.A	
PFT	
N.A	
PFT	400.00
PHOTO STAT	
N.A	
PHYSIOTHERAPY	
N.A	
PHYSIOTHARAPY ICU	250.00
PHYSIOTHARAPY PVT WARD	250.00
PHYSIOTHARAPY(FOR EMERGENCY)	250.00
PHYSIOTHARAPY(IPD)	250.00
PHYSIOTHARAPY(OPD)	250.00
PICU	
N.A	
HDU (PICU)	1000.00
PICU CHARGES (WITH OXYGEN)	2700.00
PICU CHARGES (WITHOUT OXYGEN)	2000.00
PLASTER CHARGES	
N.A	
ABOVE ELBOW	180.00
ABOVE ELBOW WITH CAST	250.00
ABOVE KNEE	220.00
ABOVE KNEE WITH CAST	300.00
BELOW ELBOW	140.00
BELOW ELBOW WITH CAST	
BELOW KNEE	
BELOW KNEE WITH CAST	
CTEV CAST	
HIP SPICA CAST	
U CAST	

Administrative Officer
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U SLAB	250.00
PLASTER OF PARIS	
N.A	
PLASTIC SURGERY	
N.A	
POLY BAG	
N.A	
PRIVATE WARD	
N.A	
BLOWER CHARGES	500.00
OT CHARGES FOR MAJOR PROCEDURE	5500.00
OT CHARGES FOR MINOR PROCEDURE	2200.00
PRIVATE ROOM WITH COOLER	1500.00
PRIVATE ROOM WITH COOLER WITH FRIDGE	1800.00
PRIVATE ROOM WITH AC	2500.00
PRIVATE ROOM WITH AC WITH FRIDGE	2500.00
PROCEDURE	
N.A	
ARTHROSCOPY	3700.00
BRONCHOSCOPY	1200.00
COLPOSCOPOY	800.00
CRYOCAUTERY	500.00
HYSTEROSCOPY	3000.00
LAPAROSCOPY	5000.00
PROCEDURE CHARGES	500.00
REGISTRATION CHARGES	
N.A	
REGISTRATION FOR INVESTIGATION	100.00
RESPIRATORY PROCEDURE	
N.A	
BRONCHOSCOPY	1200.00
INTERCOSTAL TUBE DRAINAGE	1200.00
PLEURAL ASPIRATION DIAGNOSTIC	300.00
PLEURAL ASPIRATION THERAPEUTIC	500.00
RICU	
N.A	
RICU CHARGES	6000.00
SCRAP/WASTE PAPER SALE	
N.A	
SICU	
N.A	
SICU CHARGES	6000.00
SKIN PROCEDURE	
N.A	
CHEMICAL PEEL	150.00
CO2 LASER & RESURFACING	400.00
ELECTRO CAUTERY	200.00
ELECTRO CAUTERY OF MC FEW LESIONS	200.00
IPL	500.00
PRP	550.00
Q-SWITCH NDYAG LASER	260.00
RADIO FREQUENCY	200.00
SPECIAL STAINS	
HISTOPATHOLOGY	
ALCIAN BLUE DAS	100.00
ALLIAN BLUE	100.00
GONGO RED	100.00
LEISHMAN GICMSA HPYLORI	100.00
MACSSON TRICHOME	100.00
MNCUARMINE	100.00
MYELOPEROXIDASE	100.00
PERIODIC ACID SCHITT	100.00
PRUSSION BLUE	
TDT	
TOLUIDINE BLUE	
VAN GIESON	
VON KOSSA	
WADE FITE FARA	

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ZN STAIN	100.00

SPIROMETRY

N.A

DLCO	1500.00
SPIROMETERY	100.00

SURGERY MINOR OT

N.A

TMT

N.A

TMT	1200.00

ULTRA SOUND

N.A

ANC LEVEL II	1400.00
BIOPHYSICAL PROFILE	1000.00
BIOPSY USG GUIDED	900.00
BREAST USG	700.00
COLOUR DOPPLER	1400.00
COLOUR DOPPLER LIMB/RENAL (SINGLE)	2000.00
COLOUR DOPPLER LIMBS/RENAL (BOTH)	4000.00
ECHO CARDIOGRAM	1500.00
FNAC USG GUIDED	1700.00
FOLLICULAR STUDY	1500.00
HEAD ULTRASOUND	700.00
INTERVENTIONAL/ASPIRATION/FNAC	1700.00
KUB ULTRASOUND	700.00
LOWER ABDOMEN	700.00
NECK USG	700.00
SCROTUM ULTRASOUND	700.00
T.V.S	700.00
TESTIS USG	700.00
U/S CRANIAL	700.00
UPPER ABDOMEN	700.00
USG CHEST	700.00
USG FETAL WELL BEING	700.00
USG GUIDED ASPIRATION/TAPPING(DIAGNOSTIC)	800.00
USG HIGH FRIQUANCY (MISCLANEOM)	700.00
WHOLE ABDOMEN	700.00

URODIP

N.A

UROLOGY OPEARATIVE PROCEDURE

N.A

CYSTOLITHOLAPEXY	8000.00
CYSTOSCOPIC DILATATION OF URETHERA	3000.00
CYSTOSCOPY	1500.00
CYSTOSCOPY WITH STENDTING	2500.00
PERCUTANEOUS CYSTOLITHOLAPEXY	10000.00
POSTERIOR URETHRAL VALVE FULGRATION	5000.00
TRANSURETHRAL RESECTION OF BLADDER TUMOR(TURBT)	15000.00
TRANSURETHRAL RESECTION OF PROSTAT(TURP)	15000.00
UNDESCENDED TESTIS (ORCHIDOPEXY)	10000.00
URETEROCELE REPAIR	15000.00
URETEROSCOPIC LITHOTRIPSY (URS) BILATERAL	20000.00
URETEROSCOPIC LITHOTRIPSY (URS) UNILATERAL	15000.00
URETHRAL INTERNAL URETHROTOMY (OIU)	5000.00
URETHROPLASTY SINGL STAGE	15000.00
URETHROPLASTY TWO STAGED	15000.00
VESICO URETERIC REFLUX REPAIR	15000.00

VACCINATION

N.A

BIO-TYPH VACCINE SINGLE DOSE	
CERVARIX VACCINE	
CHIKEN POX	
DPT HEP B (COMBINED)	
EASY V PENTAVAC GD	400.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

SUSHIL KUMAR THAKUR

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EASY- IV	400.00
EASY IV - TT TETRAVALENT	400.00
HEP A	1100.00
HIB-PRO	350.00
IMOVAX -IPV	350.00
INFLUENZA VACCINE	1140.00
M.M.R	160.00
MEASLES	55.00
M-VAC(MEASLES) VACCINE	55.00
PCV	1600.00
PEDA TYPN VACCINE	1200.00
PREVENOR	3700.00
RABIES HUMAN MONOCLONAL ANTIBODY VACCINE	2000.00
RABIES VACCINE	350.00
RABISHIELD	2000.00
ROTARIX(ROTAVIRUS VACCINE)	1400.00
SYNOFLORIX	1499.00
TDAP(BOOSTRIX VACCINE)	1290.00
TYPHOID	150.00

VENTILATOR

N.A

VENTILATOR CHARGES	7000.00
VENTILATOR CHARGES(HOLDING AREA ICU)	10000.00
VENTILATOR CHARGES(REGULAR ICU)	7000.00

VISIT CHARGES

N.A

VISIT CHARGES

DOCTOR VISIT CHARGES ICU	500.00
DOCTOR VISIT CHARGES(HOLDING AREA ICU)	1000.00
DOCTOR VISIT CHARGES(REGULAR ICU)	750.00

WORKSHOP

N.A

X-RAY

N.A

ABDOMEN AP	160.00
ABDOMEN EIRICT PA	160.00
ABDOMEN LAT	160.00
ANKLE AP / LAT	160.00
ANKLE AXIAL	160.00
ARM AP/LAT	160.00
B/L KNEE AP	160.00
B/L KNEE LAT	160.00
BARIUM ENEMA	580.00
BARIUM MEAL	720.00
BARIUM MEAL FALLOW THROUGH	720.00
BARIUM SWALLOW	580.00
CELCENIUM AP/ LAT	160.00
CERVICAL SPINE AP	160.00
CERVICAL SPINE LAT	160.00
CHEST AP	160.00
CHEST LAT	160.00
CHEST PA	160.00
CHEST PA	160.00
CHEST PAV	160.00
CLAVICLE AP	160.00
CLAVICLE LAT	160.00
COCCYX- AP	160.00
COCCYX- LAT	160.00
CULLIS	160.00
DIGITAL X-RAY	
DISTAL COLASTO GRAM	
DORSAL SPINE AP	
DORSAL SPINE LAT	
DORSO LUMBER SPINE AP	
DORSO LUMBER SPINE LAT	

Administrative Officer
Hospital

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ELBOW AP/ LAT	160.00
FINGER AP/LAT	160.00
FOARM AP/LAT	160.00
FOOT AP/ LAT	160.00
H. S. G.	980.00
HAND AP	160.00
HAND AP/ LAT	160.00
HEAD AP	160.00
HEAD LAT	160.00
HEEL LAT/AXIO/LT	160.00
HIP AP/LAT	160.00
HIP C THIGH AP	160.00
HIP C THIGH LAT	160.00
HUMURUS AP / LAT	160.00
I. V. P.	1620.00
KNEE AP (STAINING)	160.00
KNEE AP/LAT	160.00
KNEE LAT(STAINING)	160.00
KUB	160.00
L.S SPINE AP	160.00
L.S SPINE LAT	160.00
LATERAL	160.00
LEG AP/LAT	160.00
LEG WITH KNEE AP	160.00
LEG WITH KNEE LAT	160.00
LUMBER SPINE AP	160.00
LUMBER SPINE LAT	160.00
M.C.U./R.G.U X-RAY	980.00
MANDIBLE AP	160.00
MANDIBLE LAT	160.00
MASTOID LT	160.00
MASTOID RT	160.00
NASAL BONE LAT VIEW	160.00
NECK AP	160.00
NECK LAT	160.00
NECK SOFT TISSUE	160.00
NISHOPHARX -VIEW	160.00
ORBIT X-RAY	160.00
PATTELA	160.00
PELVIC C HIP AP	160.00
PELVIC C BOTH HIP AP	240.00
PELVIC C HIP LAT	160.00
PNS OM	160.00
RING FINGER AP/LAT	160.00
SHOLDER AXIAL	160.00
SHOULDER AP	160.00
SHOULDER LAT	160.00
SI JOINT LAT VIEW	160.00
SI JOINT PA VIEW	160.00
SINOGRAM X-RAY	980.00
SKULL AP	160.00
SKULL LAT	160.00
SKY LINE VIEW	160.00
SMV	160.00
T. TUBE CHOLANGIOGRAM	980.00
THIGH & KNEE AP/LAT	160.00
THIGH AP	160.00
THUMB AP/LAT	160.00
WRIST AP/ LAT	160.00

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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User : FINANCE



उत्तर प्रदेश UTTAR PRADESH 34AA 922500

Memorandum of Understanding (MOU)

Between

Bareilly International University, Bareilly, India

and

Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary

The memorandum of understanding is being signed for and behalf of Bareilly International University, Bareilly by Dr. S.K Thakur, Registrar, Bareilly International University, Bareilly and Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary by Professor Dr. Péter Borbély

This MOU aim to enhance relations between Bareilly International University and Hansa-Dont Fogszabályozási Stúdió by developing possibilities for academic and cultural interchange in teaching, research, and other activities. Within the framework of the regulation applying in each partner and subject to the availability of resources, the following programs and activities will be encouraged:

- Exchange of students
- Joint research activities
- Exchange of academic materials and information
- Exchange of faculty.

Under exchange program, the host shall organize and bear the cost of accommodation on campus, hospitality, and local transport. The air travel and medical insurance will be borne by student. In case of faculty, it will be borne by sending University.

The host will endeavour to facilitate for exposure and training in its departments and institutes including the use of its laboratories and libraries.

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Information will be actively exchanged on research and study provided at the university as well information about the faculty members and the fields of research and university publications.

This MOU is a statement of intention between the partners in relation to the areas of cooperation set out above. With the exception of confidentiality obligations, the partners do not intend for this to be legally binding.

Whilst this MOU creates no binding obligations on the partners, the MOU shall become effective from the date of the signature and remains in force for period of one year and may be renewed yearly with mutual agreement.

16th April 2023

Dr. S. K Thakur
Registrar
Bareilly International University
Bareilly, India

Prof Dr. Peter Borbely
Hansa-Dont Fogszabalyozasi Studio
Budapest, Hungary

Attested the execution of this Memorandum of Understanding
by Shri Dr. S. K. Thakur & Prof Peter Barbely.
Identified by Shri _____
and acknowledge the act of execution of this
Date 16/4/2023

Krant Pal Singh
Advocate & Notary Public
Bareilly (U.P.) India

SUSHIL KUMAR THAKUR

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Memorandum of Understanding (MOU)
Between
Bareilly International University, Bareilly, India
and
Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary

The memorandum of understanding is being signed for and behalf of Bareilly International University, Bareilly by Prof. Dr. Lata Agrawal, Vice Chancellor, Bareilly International University, Bareilly and Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary by Professor Dr. Péter Borbély

This MOU aim to enhance relations between Bareilly International University and Hansa-Dont Fogszabályozási Stúdió by developing possibilities for academic and cultural interchange in teaching, research, and other activities. Within the framework of the regulation applying in each partner and subject to the availability of resources, the following programs and activities will be encouraged:

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15th April 2021

Lata Agrawal

Prof. Dr. Lata Agrawal
Vice Chancellor
Bareilly International University
Bareilly, India

Prof.Dr. Peter Borbely
Hansa-Dont Fogszabalyozasi
Studio
Budapest,Hungary

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Memorandum of Understanding (MOU)

Between
Bareilly International University, Bareilly, India
and
Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary

The memorandum of understanding is being signed for and behalf of Bareilly International University, Bareilly by Dr. S. K Thakur, Registrar, Bareilly International University, Bareilly and Hansa-Dont Fogszabályozási Stúdió, Budapest, Hungary by Professor Dr. Dr. h.c. Péter Borbély.

This MOU aim to enhance relations between Bareilly University and Hansa-Dont Fogszabályozási Stúdió by developing possibilities for academic and cultural interchange in teaching, research, and other activities. Within the framework of the regulation applying in each partner and subject to the availability of resources, the following programs and activities will be encouraged:

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16th April 2022

Dr. S. K Thakur
Registrar
Bareilly Internationanal University
Bareilly, India

Prof. Dr. Dr. h.c. Péter Borbély
Hansa-Dont Fogszabályozási Stúdió
Budapest, Hungary

SUSHIL KUMAR THAKUR

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Memorandum of Understanding

between

Department of Chemical Engineering, MJP Rohilkhand University, Bareilly
and
Institute of Dental Sciences, Constituent College of Bareilly International University, Bareilly

This Memorandum of Understanding (MOU) is entered into on this 19* March 2021, between Department of Chemical Engineering, MJP RohilkUand University, Bareilly and Institute of Dental Sciences, Bareilly and we agree that cooperation in research collaborations and student and faculty exchanges would be mutually beneficial. The areas of cooperation may include, subject to mutual consent, any desirable and feasible activity that would further the goals of each institution. Such interaction may include cooperation in a variety of joint academic and educational activities such as:

- Joint research projects and publications, including work by undergraduate at the partner institutions;
- Faculty and student exchanges based on reciprocity;
- Reciprocal training of students when possible;
- Joint conferences and workshops;
- Team taught courses, including online courses; and
- Visits by faculty, professional staff, and students.

The parties anticipate that a number of these initiatives will occur during the period of this MOU. However, neither party is obligated to agree to any minimum number of activities, nor is this MOU intended to preclude either party from entering into similar agreements with other institutions.

g initiatives provide gcod starting places and can be implemented as soon as e details are agreed upon between the two institutions:

mer undergraduate experiences;
lty and student exchanges and opportunities for paid internships;
peration in academic and research programs.

This MOU shall be identified as the parent document of any program agreement executed between the parties. Further agreements concerning any program shall proviJe details concerning the specific commitments made by each party and shall not become effective until they have been reduced to writing, signed by the duly authorized representatives sf the parties.

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Cooperation in Education and Research

In order to facilitate student exchanges between Department of Chemical Engineering, MJP Rohilkhand University and Institute of Dental Sciences, Bareilly the following section provides ge"neral procedural information under which the exchange of students between the two institutions will take place. Specific procedures, requirements and duties of the parties in connection with student exchanges shall be set forth in a separate written program agreement to be executed by the parties.

Cooperation and exchanges may take place with undergraduate students. Each exchange may be for the duration of one academic year, one academic semester, or one intensive course, normally three or four weeks in length, scheduled either between academic terms or during the summer.

Whenever possible, courses will be taught by one faculty member from Department of Chemical Engineering, MJPRU and one faculty member from Institute of Dental Sciences. Courses may be taught at MJPRU, at, or concurrently at both campuses through online / offline capabilities.

If two faculty members from each institution are engaged in collaborative research projects, students at one institution may visit and work in the lab of the faculty member at the other institution and incorporate the work done as part of their dissertation research. When connected to funded research projects, the host institution will endeavor to provide a stipend for the visiting PG student.

Responsibilities of home institution for academic semester or academic year exchanges:

The home institution will:

- Register its own students for the duration of the exchange.
- Submit to the host institution the names and academic credentials of students who would like to participate in an exchange.
- Provide the host institution with names of courses that are essential to their own students' curricular plan.
- Ask the student to advise the host institution of any circumstances that may affect his or her year (e.g. medical condition, disability status).
- Advise its students about academic and cultural expectations at the host institution.

Responsibilities of the host institution for academic semester **or academic** year exchanges:

The host institution will:

- Be responsible for admission decisions of students recommended by the home institution.
- Provide an orientation program for incoming students.
- Endeavor to ensure that students are admitted to courses regarded as essential to their academic programs at their home institutions.
- Assign an academic advisor to all incoming students.
- Assist the incoming student in securing hostel.
- Inform the incoming student of medical facility at their campus.
- Provide the home institution with a final transcript of the student's academic performance.

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Short intensive courses:

Short intensive courses, offered during the summer or between semesters, will be taught by a faculty member from either Department of Chemical Engineering, MJPRU or Institute of Dental Sciences, Bareilly. Students will pay a flat fee to their home institutions for the course and that fee will include:

- **ACCOITimodation** in the host institution;
- Any additional fees charged by the host institution.

The total cost of each course will differ according to the location of the host institution and the nature of the course being taught.

Students will bear the cost of:

- Their own health insurance and any medical bills or non-mandatory fees;
- Food, living expenses, and any other costs relating to the exchange;
- Books and necessary academic supplies necessary for the course.

The number of credit hours each student will earn will depend on the nature and length of the course and by the departmenVfaculty offering the course.

The primary contacts for this MOU are Department of Chemical Engineering, MJPRU and Institute of Dental Sciences, Bareilly As previously noted, the parties shall enter into specific written agreements whenever appropriate to clarify and define the nature, extent, and terms of operation for the proposed collaborations, including intellectual property ownership and funding issues. Any agreement entered into by these two institutions will require the approval of appropriate officers from each institution. All agreements and activities covered under this MOU or entered into by the parties must comply with all applicable laws and regulations.

...r agreed upon activities, both institutions will make available their facilities and staffs. This MOU will take effect on and will be valid for Three (3) years from the date noted in the first line of this ...nless terminated by one of the parties. Either party may withdraw from this MOU ...itten notification of the withdrawal is given to the other party at least three (3) months ...desired withdrawal date. This MOU may be renewed for another period of five (5) years ...l written consent of the parties before the expiration date. Each institution will have ...s agreement.

...g authorized individuals have signed the present MoU on behalf of their respective

Name: Dr. M.S.Karuna
Head
Department of Chemical Engineering
MJP ...ilkhand University, Bareilly

Dr. Sathyajith Naik N.,
Principal,
Institute of Dental Sciences,
Bareilly Inte...tional University, Bareilly

Prof. (Dr.) Sathyajith Naik N.
MDS
Principal

Department of Chemical Engineering
Faculty of Engineering & Technology
M.J.P. Rohilkhand University

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Department of Chemical Engineering
Faculty of Engineering & Technology
Mahatma Jyotiba Phule Rohilkhand University
Bareilly - 243 006, Uttar Pradesh, India
Phone: 0581-2521947,Email: che.tp_mjpru@hotf¥iail.COfti

Date:22/02/2021

LETTER OF INTENT FOR ACADEMIC COOPERATION

Between

Department of Chemical Engineering, MJP Rohilkhand University, Bareilly

And

Institute of Dental Sciences, Constituent College of Bareilly International University, Bareilly

In line with the development of friendly National/international cooperation in accordance with our mutual interests in developing programs of academic and scholarly exchanges and for the purpose of establishing a long-term mutually beneficial association, **Department of Chemical Engineering, MJP Rohilkhand University, Bareilly,** and **Institute of Dental Sciences, Constitute College of Bareilly International University, Bareilly,** join in the following letter of intent. Both parties agree to exercise their best efforts to develop the following forms of cooperation:

1. Establish ties of friendship and cooperation.
2. Promote mutual understanding, academic collaboration, and personnel exchanges.
3. Work toward more formal, complex, and binding agreements.

Both **Department of Chemical Engineering, MJP Rohilkhand University, Bareilly** and **Institute of Dental** Sciences, **Constitute** College **of Bareilly International University, Bareilly,** are committed to working together to develop specific agreements on the points above. These agreements will provide logistical and management details appropriate to the successful operation of the program. These agreements will fulfill the spirit and purpose of this general letter of intent.

ories

S. Karuna
Head
t. Of Chemical Engineering
MJP Rohilkhand University
Bareilly.

Head
Department of Chemical Engineering
Faculty of Engineering & Technology
M.J.P. Rohilkhand University

Dr. Sathyajith Naik N.,
Principal,
Institute of Dental Sciences,
Bareilly,

Prof. (Mr.) Satkyajith Naik N.
MDS
Princip:ii
I,trtit,ti.. „f Dent:,1 Science's, 1!ᵛr.'ii{.

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SANKALCHAND PATEL UNIVERSITY

।। सर्वतो ज्ञानजिज्ञासा ।।

"Established as per sec 2(f) of UGC Act 1956."

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Sankalchand Patel University

Preamble

This Memorandum of Understanding (MoU) is established on 24.11.2020 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Sankalchand Patel University**, located at Sankalchand Patel Vidyadham Ambaji-Gandhinagar, State Highwaym, Visnagar, Gujarat 384315, jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Faculty and Student Exchange Programs**

   Facilitate the mobility of faculty and students to engage in academic collaborations, skill development, and training programs, strengthening the professional and academic competencies of both institutions.

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

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3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 24.11.2020 and will remain valid for a period of Five Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

24/11/2020

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

24/11/2020

Sankalchand Patel University

Gujarat

Signature and Date

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CANVASS ACADEMY

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Canvass Academy

Preamble

This Memorandum of Understanding (MoU) is established on 24.11.2020 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Canvass Academy**, located at B-303, Keshav Imperial, Opposite Shani mandir, Sitabuldi, Nagpur-440012, Maharashtra jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

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3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 24.11.2020 and will remain valid for a period of Two Years unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

24/4/20

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

BAREILLY INTERNATIONAL UNIVERSITY ★ BAREILLY Pin-243006

24/4/20

Canvass Academy

Maharashtra

Signature and Date

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INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

सत्यमेव जयते

Certificate No.	:	IN-UP42330185430338T
Certificate Issued Date	:	03-Mar-2021 04:03 PM
Account Reference	:	NEWIMPACC (SV)/ up14223604/ BAREILLY SADAR/ UP-BLY
Unique Doc. Reference	:	SUBIN-UPUP14223604731469686677753T
Purchased by	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Description of Document	:	Article 19 Certificate or other Document
Property Description	:	Not Applicable
Consideration Price (Rs.)	:	
First Party	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Second Party	:	Not Applicable
Stamp Duty Paid By	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Statutory Alert: UTTAR PRADESH ..... Please write or type below this line .....

No. GM:BR /Welf/Hosp. Emp /Ch-IV/2019-20/KW/ 10 Dated at BR 27/11/2021

Agreement entered between BSNL, Bareilly and M/s Rohilkhand Medical College & Hospital, Pilibhit Bypass Road Bareilly for empanelment for Indoor treatment of BSNL Employees in BA Bareilly for 2(Two) years from the date of agreement.

MEMORANDUM AGREEMENT FOR INDOOR TREATMENT OF BSNL BENEFECERIES

1. An agreement made and entered into this day of 27/11/2021 between GMBA , Bareilly (hereinafter called BSNL which expression , unless repugnant to or excluded by context, shall include its successors -in-office and assigns) of the One Part and
2. M/s Rohilkhand Medical College & Hospital, Bareilly hereinafter called Empanelled Hospital which expression unless repugnant to or excluded by context shall include its legal representatives, successors and assigns of the other Part

AGM (Admin)
O/o GMTD, BSNL Bareilly

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(b) For cases other than cashless the hospital will charge accordingly as per agreed rates of the agreement. However confirmation from concerned BSNL Office shall be obtained on following working day.

8 The hospital authorities shall provide access to the financial and medical record for own assessment and to the medical and financial auditors of the Central Government /BSNL as and when required and the decision of the Central Government /BSNL on necessity or requirement shall be final.

9 The Hospital shall also provide statement in the prescribed format to the BSNL in respect of the beneficiaries treated on monthly basis by the 10th day of succeeding calendar month.

10 Any liability arising out due to any default or negligence in providing or performance of the medical service shall be borne exclusively by the hospital /diagnostic centre who shall alone be responsible for the defect in rendering such services.

11 (a) In case of any complaint of overcharging, the GMBA BSNL Bareilly (Whose decision should be final) may, after factual enquiry, derecognize the M/s Rohilkhand Medical College & Hospital, Bareilly (name of Hospital/ diagnostic centre) without any notice , and this shall be without any prejudice to any other action to be taken as per terms herein contained including recovery of overcharged amount.

(b) Ethical honesty will be maintained by the Hospital authority and patient will be treated as per the requirement. In case it is found that over /under treatment has been given, the empanelment of the hospital will be cancelled without any notice and payment if any paid for such treatment will be recovered from pending bills.

12 During indoor treatment of the BSNL beneficiary, the hospital would not ask the beneficiary to purchase separately the medicines from outside but bear the cost of its own as the package deal rate fixed by the CGHS includes the cost of drugs, surgical instruments and other medicines etc in reference to instructions contained in clause 3(e) of this agreement or any further instructions received time to time from CPW circle office.

13 On production of a valid BSNL MRS card and a valid permission by the BSNL working/ pensioner beneficiary, the hospital is required to provide credit facilities to the BSNL beneficiary or his family member as per clause 3(e) of the agreement and the bills be sent directly to the concerned unit i.e. Account Section of BSNL Bareilly within 10th of following month, who will make reimbursement to the hospital preferably within 30 days or as per availability of fund, after completion of all required conditions as per BSNL departmental Rules & policies applicable and for treatment other than cashless hospital should issue emergency letter in prescribed format in the name of BSNL Bareilly with brief details of admission of BSNL Working/Retired employees on the same day of admission for further permission of treatment by competent authority in consideration to application of patient or his dependent and will charge accordingly for the treatment of BSNL employees &their family members as per agreed rates in this agreement and on the discharge date will provided bills to BSNL beneficiaries for further necessary action/reimbursement with due go report and prescribed formats.

14 Treatment cases other than conditions mentioned in 3(e) shall be on cash basis and to be paid by the patient at the time of discharge as per the agreed rates of this agreement. The final bill be issued by empanelled hospital & be submitted to this office in triplicate through patient for reimbursement.

15 This agreement contains the entire agreement between the two parties and nothing outside this agreement shall be valid and binding. This agreement can be modified or altered only on written agreement signed by both the parties.

16 This agreement shall remain in force for a period of two years i.e from 29.11.2021 to 28.11.2023.

17 The Agreement may be terminated by giving one month's notice in writing and the notice given by the BSNL shall be valid if given and signed by the GM-BA, Bareilly.

18 Should the hospital get wound up or partnership is dissolved ,the BSNL shall have the power to terminate the agreement but termination of the agreement shall not relieve the hospital or their heirs and legal representatives from legal liabilities in respect of the services provided by the Hospital during the period when the Agreement was in force.

19 The BSNL shall be at liberty at any time to terminate this agreement on giving one month's notice in writing to the hospital for breach of any of the terms and conditions of this agreement and the decision of the GM-BA, Bareilly in this regard shall be final.

20 In the event of any bribes, commission gifts or advantage being given, promised or offered by or on behalf of the hospital or any of them for their agent or servant or anyone else on their behalf to any officer, servant or representative of the BSNL or any member of the family of any officer, in relation to the obtaining or execution of this or any other agreement with the BSNL then the BSNL shall without prejudice to their rights and remedies be entitled not withstanding any criminal liability which the hospital may incur ,cancel this agreement and any other agreement entered into by the hospital with the BSNL and to recover from the Hospital any loss or damaged resulting from such cancellation. Any question or dispute as to the commission of any offence under this clause shall be decided by the GM-BA, Bareilly in such manner and in such evidence or information as he shall think fit and sufficient and his decision shall be final and conclusive.

21 Subject as otherwise provided in this contract, all notice may be given or taken by the GMHA, Bareilly or any officer for the time being entrusted with the functions and powers of the said GM-BA, Bareilly.

22 The administrative cost of the hospital and all other expenses required by the hospital for the purpose of this agreement shall be borne by the Hospital.

23 In the event of any question, dispute or difference what so ever at any time arising under the conditions of agreement or in any other manner under this agreement or in any way relating thereto the true meaning or interpretation of any of

29/11/21

AGM (Admn)
O/o GMTD, BSNL Bareilly

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the provisions thereof. (except as to any matters for which the decision is specially provided for in the conditions of the agreement), the same be referred to for decision is specially provided for in the conditions of the agreement), the same shall be referred to for decision to a sole arbitrator who shall be nominee of the GM-BA, Bareilly and the decision of the arbitrator shall be final and binding on both the parties. There should be no objection that the arbitrator is a Govt./ BSNL Employee and that he had to deal with the manners to which the contract relates or that in the course of his duties as a Govt. Servant , he has expressed views on all or any of the maters in question, dispute or difference.

In the event of the arbitrator appointed by the BSNL denying neglecting or refusing to act or resigning or being incapable or unable to act for reason whatsoever , it shall be lawful for the GM-BA, Bareilly to appoint another arbitrator in place of the outgoing arbitrator in the manner aforesaid.

Subject as aforesaid, the arbitrator and conciliation act, 1996 or any modification or replacement and the rules there under and any statutory modifications thereof for the time being in force shall apply to the arbitration proceedings under this clause.

24. Copy of the treatment chart & discharge summary, shall be submitted along with medical bills.
25. All notice and reference hereunder shall be deemed to have been duly served and given to the hospital if delivered to the hospital or their authorized agent or left at consent by registered post to the address stated herein,and to the BSNL If delivered to the GM-BA, Bareilly or sent by registered post or left at his office during office hours on any working day.
26. **Cases where CGHS rates are not available, the cases will be settled as per AIIMS Rates**
27. The original copy of this agreement shall be kept at the office of GM-BA, Bareilly and a true copy shall be retained in the office of Hospital.
28. The entitlement for indoor treatment for different groups of employees will be as per **Annexure II**.
29. TDS may be deducted as per rule.
30. Availability of certificates having validity lesser then one year, validity shall be ensured by empanelled hospital to cover the period of empanelment and any extension thereof.

In witness whereof, the parties have hereinto set and subscribed their respective hands and seals, the day and year first here -in- above written.

Authorized Signatory of Hospital

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Managing Director
M/s Rohilkhand Medical College
&Hospital, Bareilly

Authorized Signatory of BSNL

29/11/24

(Shailendra Soni)
AGM (Admn)
O/o GM-BA, Bareilly

AGM (Admn)
O/o GMTD, BSNL Bareilly

Witness: Anuj Vikram Singh.

Witness:

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BSNL, Bareilly
14 SEP 2021

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भारत संचार निगम लिमिटेड
(भारत सरकार का उद्यम)
कार्यालय मुख्य महाप्रबंधक
(चिकित्सा अनुभाग)
उ0प्र0(प0) दूरसंचार परिमंडल
मेरठ

BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)
O/o Chief General Manager
U.P. (West) Telecom Circle
(Medical Section), Meerut
Ph.No.0121-2603550.FAX-2604084

No.- UPT(W)/Admn.-II/Hospital Emp./2020-21/Part-I/33 Date at 09.2021

Sub:-Empanelment of Hospital for the treatment of BSNL Employees of UP (W) Circle.

In pursuance of instructions contained in BSNL HQ New Delhi Letter No. BSNL/ADMN/I dated 22.04.2003 and NO.BSNL/ADMN/I dated 01.12.2003, The CGMT UP (W) Circle, Meerut is pleased to approve the empanelment of M/s Rohilkhand Medl. College & hospital, Pilibhit Bypass road Bareilly for the treatment of BSNL employees working in different BSNL establishment of UP (W) Circle as per BSNL Policy for two years from the date of agreement.

This approval has been accorded at ~~CGHS~~ at 5% discount on CGHS rates for UP West Circle with offered room rent Genl. Ward-1000/-, Semi Pvt. Ward-1500 & Pvt. Ward-2500/- under Non-NABH Category as per your committee report dated 30.06.2020 & letter from Bareilly BA no. GMTD-BR/Hosp. Emp./Ch-IV./2019-20/134 dated 28.07.21. The hospital will charge accordingly for the treatment of BSNL employees & their family members. The payment terms are to be cashless for the disease mentioned in vide letter No. UPT (W)/Admn.-I/Genl. Corrs./2017/50, dated 29.10.18.

The entitlement of Room/Bed for indoor treatment will be as per the Annexure –I of BSNL New Delhi Letter No. BSNL/ADMN/I dated 28.02.2003.

Note: (1) TDS may be deducted as per rule.

(2) Availability of certificate having validity lesser than one year, validity shall be ensured to cover the period of two years of empanelment"

Asstt. General Manager (Admn.)

Copy to:-

1. Business Area Head, Bareilly
2. M/s Rohilkhand Medl. College & hospital, Pilibhit Bypass road Bareilly for information please.

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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ROHILKHAND MEDICAL COLLEGE & HOSPITAL
Pilibhit Bypass Road, Opp. Suresh Sharma Nagar,Bareilly. (U.P.) 243 006 INDIA
Phone : 0581-2526011, 2526012 Fax : 0581-2526054, 2303345
e-mail : info@rmcbareilly.com, www.rmcbareilly.com

DEED OF LOI

This LOI is entered into on this the 25 Day of June, 2020

Between

Rohilkhand Medical College and Hospital, an institution located in Opp. Suresh Sharma Nagar, Pilibhit Bypass road, Bareilly having their registered office at Opp. Suresh Sharma Nagar, Pilibhit Bypass road, Bareilly (here in after referred to as "Hospital", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

And

ICICI Lombard General Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office and Corporate Office at ICICI Lombard House, 414 Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai - 400 025 (hereinafter referred to as "ICICI General" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors, affiliate and assigns) as party of the SECOND PART.

The Hospital and ICICI General are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by government and appropriate authorities to impart heath care services to the public at large.

2. ICICI General is a general insurance company providing health insurance to various state government, employer groups, corporates and individuals and for this purpose ICICI General has created a network of service providers.

3. The Hospital is desirous to join the said network of Hospitals and is willing to extend medical facilities and treatment to Beneficiaries covered under such health care management plans on the agreed terms and conditions, and ICICI General is interested in providing its Beneficiaries with Medical / Hospitalization services.

4. ICICI General has on the basis of representation of the Hospital, agreed to engage The Hospital as an empanelled Hospital for providing health services.

5. The Parties hereby desire to record the statements, LOIs, undertakings and

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

PATRONAGE
ROHILKHAND EDUCATIONAL CHARITABLE

Administrative Officer
Medical College & Hospital
Bareilly

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covenants on the part of ICICI General &The Hospital and also the terms and conditions of this LOI as follows:

In this **LOI**, unless the context otherwise requires:

1. the masculine gender includes the other two genders and vice versa;
2. the singular includes the plural and vice versa;
3. natural persons include created entities (corporate or incorporate) and vice versa;
4. Marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **LOI**.
5. Should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** not withstanding the fact that it is embodied in the definition clause.
6. In this **LOI** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

A. **Institution** shall for all purpose mean a Hospital.

B. **Health Services** shall mean all services necessary or required to be rendered by the Institution under the LOI with an insurer in connection with "health insurance business" or "health cover" as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.

C. **Insured Beneficiaries** shall mean the person/s that are covered under the health insurance scheme of ICICI General.

D. **Confidential Information** includes all information (whether proprietary or not and whether or not marked as 'Confidential') pertaining to the business of ICICI General or any of its subsidiaries, affiliates, employees, Companies, consultants or business associates to which the Institution or its employees have access to, in any manner whatsoever.

E. **Affiliate** shall mean and include:
   1. ICICI Bank Limited or
   2. Any company which is the holding company or subsidiary of ICICI Bank Limited or

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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3. A person under the control of or under common control with ICICI Bank limited or
4. Any person, in 26% or more of the voting securities of which, ICICI Bank limited has a direct or beneficial interest.
5. For the purpose of this definition of Affiliate and LOI , " Control" together with its grammatical variations when used with respect to any person , means the power to direct the management and policies of such person , directly or indirectly, whether through the ownership of the vote carrying securities, right to appoint member(s) to the board of directors, by contract or otherwise howsoever; and "person" means a company, corporation, a partnership, trust and any other entity or organisation or other body whatsoever.

F. **Effective date of LOI:** shall mean the date on which the LOI is executed.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Article 1: Term

This LOI shall be in force from the effective date of this LOI, and for a period of Three (3) (Month) unless terminated by either parties as per provisions of Article 18 of this LOI. Upon expiry of the said term the LOI shall be renewed automatically for the same term unless terminated by either party in writing.

Article 2: Scope of services

1. The Hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of ICICI General and in accordance with additional instructions issued by ICICI General in writing from time to time.

2. The Hospital shall treat the Beneficiaries of ICICI General according to good business practice.

3. The Hospital will extend priority admission facilities to the Beneficiaries of ICICI General.

4. The Hospital shall ensure that medical treatment/facility with all due care and accepted standards is extended to the Beneficiary.

5. The LOI is subject to the detailed schedule of fees submitted by the Hospital, which shall be reviewed and accepted by ICICI General.
6. The Hospital shall allow ICICI General's official to visit the Beneficiary. ICICI General shall not interfere with the medical team of the Hospital; however ICICI General reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the Hospital shall be provided to ICICI General on a case to case basis with prior appointment

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

Administrative Officer
Rajkot Civil Hospital

SUSHIL KUMAR THAKUR

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from the Hospital.

7. The Hospital shall also endeavor to comply with future requirement of ICICI General providing for standardized billing, ICD coding etc and if mandatory by statutory requirement both parties agree to review the same.

8. The Hospital shall allow ICICI General to conduct audits of the bills as and when deemed necessary by ICICI General. Such audits shall be conducted by ICICI General's audit team without prior intimation to the Hospital.

9. The Hospital shall allow ICICI General to inspect the premises of the network provider at any time without prior intimation on regular and ad-hoc basis.

10. The Hospital will convey to its medical consultants to keep the Beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which the Insured Beneficiary is admitted for. Any other incidental investigation required by the patient on his request needs to be approved separately by ICICI General and if it is not covered under ICICI General policy then the same will not be paid by ICICI General and the Hospital needs to recover it from the Insured Beneficiary.

Article 3: Identification of Beneficiaries

1. The Insured Beneficiaries will be identified by the Hospital on the basis of an ID card issued to the Insured Beneficiary bearing the logo and the wordings of ICICI General and a photo identity card.

2. For the ease of the Insured Beneficiary, the Hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by ICICI General at prominent location, preferably at the reception and admission counter and Casualty/Emergency departments. The Hospital also needs to inform their reception and admission staff the procedures of admission and obtaining authorization letter as per the article 4. The Hospital shall also allow ICICI Lombard to display their details.

Article 4: Cashless facility admission procedure by the Network Provider

The procedure to be followed for providing cashless facility shall be as provided in Annexure I.

Article 5: Payment terms

1. Hospital will submit all the documents as listed in Article 4 above within 7 days from the date of the discharge of the patient/Insured Beneficiary and ICICI General will make payment of eligible bills within 26 days from the date of receipt of such submission. However if required, ICICI General can call for further document related to treatment to process the case, in which case the payment

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

Administrative Officer
Rohi... College & Hospital

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may be delayed beyond 26 days as contemplated herein (Depending on the query response received from the Hospital)

2. All payments shall be made through direct electronic fund transfer subject to deduction of tax at source as applicable under the relevant laws. Further, the payment reconciliation process shall be carried out on a regular basis.

3. The Hospital must recover any non-covered treatment/ Investigation cost from the Patient/ Insured Beneficiary.

4. The final docket for onward submission to ICICI General for immediate payment must contain the documents as mentioned in Article 5 and in addition to the same shall also provide the following documents:

   a. Copy of preauthorization letter, Insured Beneficiary acceptance letter and duly signed claim form.

   b. Original final bill with detailed break up of miscellaneous, consumables & other charges.

   c. Original and complete discharge card/ summary mentioning the duration of ailment and duration of other disorders like hypertension or diabetes if any.

   d. Original investigation reports with corresponding prescription/ request

   e. Pharmacy bill if supplied by Hospital with corresponding request

   f. Any other statutory documentary evidence required under law or policy terms & condition

   g. Status of deposit paid if any by beneficiary.

5. The final docket must be submitted to ICICI General within 90 days of receipt of authorization from ICICI General. In the event of non submission of final docket within 90 days, the authorization shall stand closed and ICICI Lombard General Insurance Co Ltd shall be released of any liability arising out of the said authorization.

6. All queries raised by ICICI General during the process of settlement of claim raised by The Hospital should be reverted within a maximum period of 45 days. In the event of non response to query within 45 days from the query raised date, the claim shall stand closed and ICICI Lombard General Insurance Co Ltd shall be released of any liability arising out of the said authorization.

7. All the claim documents shall be dispatched at the following address of

   ICICI Lombard Healthcare:
   ICICI Bank Tower, Plot No. 12,
   Financial District, Nanakram Guda,
   Gachibowli, Hyderabad - 500 032
   Andhra Pradesh

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

Executive Officer

Hospital

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Article 6: Standard Discharge Summary

The procedure to be followed for standard discharge summary shall be as provided in Annexure II.

Article 7: Standard Format for Provider Bills

The standard format for provider bills shall be as provided in Annexure III.

Article 8: Right to Repudiate/Deny a Claim

ICICI General reserves the exclusive right to deny or repudiate a claim without divesting any such right either on the Hospital or any TPA. It shall be the sole responsibility of ICICI General to repudiate/deny a claim with due regard to the terms and conditions of the policy so availed by the Insured.

Article 9: Declarations and Undertakings of a Hospital

1. The Hospital undertakes that they have obtained all the registrations /licenses /approvals required by law in order to provide the services pursuant to this LOI and that they have the skills, knowledge and experience required to provide the services as required in this LOI.
2. The Hospital undertakes to comply with all requirement of law in so far as these apply in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt.
3. The Hospital declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a competent court..

Article 10: General responsibilities and obligations of the Hospital

1. The Hospital shall ensure that no confidential information is shared or made available by the Hospital or any person associated with the Hospital to any person or entity not related to the Hospital without prior written consent of ICICI General.
2. The Hospital shall provide cashless facility to the Insured Beneficiary in strict adherence to the provisions of the LOI.
3. The Hospital will have the facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the LOI. The cost/ premium of such policy shall be borne solely by the hospital.

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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4. The Hospital shall endeavor to have an officer/staff appointed in the administration department and such officer/staff shall assist the Insured Beneficiaries in respect to various benefits under the different policies provide by ICICI General in this regard.

5. The Hospital agree to display their status to preferred Insured Beneficiary of ICICI General at their reception/admission desks along with the display and other materials supplied by **ICICI General** whenever possible for the ease of the Insured Beneficiaries. The Hospital shall also allow ICICI Lombard to display their details.

Article 11: General responsibilities of ICICI General

ICICI General represents and warrants to the Hospital that:

It has full power capacity and authority to execute deliver and perform this LOI and it has taken all necessary action (corporate, statutory or otherwise) to execute delivery, perform and authorize the execution delivery and performance of this LOI and that it is fully empowered to enter into and execute this LOI as well as perform all its obligations hereunder.

Neither the making of this LOI nor compliance with its terms will be in conflict with or result in the breach of or constitute a default or require any consent under any provision of any LOI or other instrument to which such party is a party or by which it is bound; any judgement injunction, order, decree or award which is binding upon such Party; and/or such Party's the Memorandum and / or Articles of Association.

Throughout the term of this LOI the Insurer shall continue to be an insurance company under Law to carry on the activities contemplated herein.

Article 12: Non- Exclusivity

ICICI General has a right to avail similar services as contemplated herein from other institution for the Health services covered under this LOI.

Article 13: Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Article 14: Continuity of Services

Nothing contained herein shall forbid the Hospital from providing continuous services to ICICI General including but not limited to change in an LOI entered into between the Hospital and the TPA or change in the TPA.

Article 15: Customer Services and Relations:

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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The Hospital shall provide bespoke services to the insured in a precise, reliable and professional manner and treat the Insured Beneficiaries of ICICI General according to good business practice. The Hospital shall further ensure that medical treatment/facility with all due care and accepted standards is extended to the Insured Beneficiaries and extend priority admission facilities to the Insured Beneficiaries of ICICI General.

Article 16: Code of Conduct

The Hospital shall scrupulously adhere to and follow the Code of Conduct as set out in Article 2 to the service level LOI and as may be prescribed and communicated from time to time. Breach of this sub-clause will entitle the Company to terminate this LOI forthwith and without any notice;

Article 17: Reporting

In the first week of each month, beginning from the first month of the commencement of this LOI, the hospital and ICICI General shall exchange information on their experiences during the month and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary LOIs or by way of exchange of letters.

All official correspondence, reporting, etc pertaining to this LOI shall be conducted with ICICI General at its corporate office at 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025

Article 18: Termination

1. ICICI General reserves the right to terminate this LOI by giving 30 days notice if:

   1.1. The Hospital violates any of the terms and conditions of this LOI; or

   1.2. ICICI General comes to know of wrong and fraudulent practices; or

   1.3. ICICI General comes to know of any misrepresentation; or

   1.4. ICICI General observes any inadequacy of service or other non compliance or default;

   1.5. ICICI General observes cases of overstay and over provisioning without adequate explanation.

However, no such cancellation or modification shall be done by ICICI General unless the Hospital is given an opportunity of being heard.

2. This LOI may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this LOI shall remain effective thereafter with respect to all rights and obligations incurred or committed by the

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Signed: For, Service Provider

Authorised Signatory

Authorised Signatory

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Medical College & Hospital

parties hereto prior to such termination.

Article 19: PROCEDURE FOR DE-EMPANELLMENT OF NETWORK PROVIDER

The procedure to be followed for de-empanellment of network provider shall be as provided in Annexure IV.

Article 20: Confidentiality

This clause shall survive the termination/expiry of this LOI.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this LOI. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by ICICI General. ICICI General shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the
hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

2. In Particular the hospital agrees to:
   a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this LOI of all information received by the hospital or such other medical practitioner or such other person by virtue of this LOI or otherwise, including ICICI General's proprietary information, confidential information relating to insured, medicals/test reports whether created/handled/delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion /preparation /finalization of medical reports/test reports for transmission to ICICI General only and shall not give or make available such information/any documents to any third party whatsoever.
   b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.
   c) Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from ICICI General and through ICICI General from the Insured.

Article 21: Indemnities and other provisions

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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Medical Officer
College & Hospital

1. ICICI General will not be in any way held responsible for the outcome of treatment or quality of care provided by the Hospital.

2. ICICI General shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the Hospital and the Hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure in providing the services.

3. Notwithstanding anything to the contrary in this LOI neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this LOI 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.

4. The Hospital will indemnify, defend and hold harmless the ICICI General against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this LOI or as a result of the breach of the terms of this LOI by the Hospital or any of its employees or doctors or medical staff.

Article 22: <u>Notices</u>

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this LOI will be in writing and delivered to the other Party:

a) By registered mail;
b) By courier;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

a) If sent by registered mail, seven working days after posting it; and
b) If sent by courier, seven working days after posting it; and

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):
-if to the Hospital:

Attn: Rohilkhand Medical College and Hospital,Opp. Suresh Sharma Nagar, Pilibhit Bypass road, Bareilly
Tel : 0581-2526011,2526012

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

Officer

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Fax: 0581-2526054

-if to ICICI General

ICICI LOMBARD HOUSE,
414 Veer Savarkar Marg,
Near Siddhivinayak Temple,
Prabhadevi,
Mumbai - 400 025

Article 23: Dispute Resolution

1. The provisions of this LOI shall be governed by, and construed in accordance with Indian law.

2. Any dispute, controversy or claims arising out of or relation to this LOI or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.

3. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and the third arbitrator shall be appointed by mutual consent of the arbitrators so appointed.

4. The place of arbitration shall be Mumbai and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Mumbai.

5. The arbitral procedure shall be conducted in the English and any award shall be rendered in English. The procedural law of the arbitration shall be Indian law.

6. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the courts having jurisdiction.

7. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration LOI in this Clause, shall be governed by and subject to Indian law.

8. The cost of the arbitration proceeding would be born by the parties on equal sharing basis.

Article 24: Miscellaneous

This LOI together with any Annexures attached hereto constitutes the entire LOI between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and LOIs, irrespective of their form between the parties. All Annexures shall constitute an integral part of the LOI.

1. Except as otherwise provided herein, no modification, amendment or waiver of any

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Signed: For, Service Provider

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provision of this LOI will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.

2. Should specific provision of this LOI be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this LOI shall not be affected thereby.

3. The hospital may not assign, transfer, encumber or otherwise dispose of this LOI or any interest herein without the prior written consent of ICICI General, provided whereas that the ICICI General may assign this LOI or any rights, title or interest herein to an Affiliate without requiring the consent of the hospital.

4. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this LOI or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.

Article 25: Severability

The invalidity or enforceability of any provisions of this LOI in any jurisdiction shall not effect the validity, legality or enforceability of the remainder of this LOI in such jurisdiction or the validity, legality or enforceability of this LOI, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

Article 26: Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital- the within named Rohilkhand Medical College and Hospital, by the Hand of Dr Faiz Shamsi its Authorised Signatory
In the presence of:

1. Mr Mehfooz Hussain

2. Mr Anuj Vikram Singh

SIGNED AND DELIVERED BY ICICI LOMBARD

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

Nodal Officer
Rohilkhand Medical College & Hospital

SUSHIL KUMAR THAKUR

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GENERAL INSURANCE COMPLAY LIMITED, the within named ICICI General, by the hand of _____ it's Authorised Signatory
In the presence of:

1.

2.

Annexure I - Provider Services-Cashless Facility Admission Procedure

4A. Pre-authorization Procedure - Planned Admissions

1. Request for hospitalization shall be forwarded by the provider immediately after obtaining due details from the treating doctor / beneficiary in the pre-authorization form prescribed i.e. "request for authorization letter" (RAL). The RAL shall be sent along with all the relevant details in the electronic form to the 24-hour authorization /cashless department of the insurer or its representative TPA along with contact details of treating physician and the insured. The insurer's or its representative TPA's medical team may consult the treating physician or the insured, if necessary.

2. If the treating physician identifies any disease/ailment/illness/condition as pre-existing, the treating physician shall record it and also inform the insured immediately.

3. In the cases where the symptoms appear vague / no effective diagnosis is arrived at, the medical team of the insurer or its representative TPA may consult with treating physician /insured, if necessary.

4. The RAL shall reach the authorization department of insurer or its representative TPA 7 days prior to the expected date of admission, in case of planned admission.

5. If "clause 4"above is not followed, the clarification for the delay needs to be forwarded along with the request for authorization.

6. The RAL form shall be dully filled with clearly mentioning Yes or No and/or the details

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Signed: For, Service Provider

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as required. The form shall not be sent with nil or blanks replies.

7. The guarantee of payment shall be given only for the medically necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Non covered items i.e. non-medical items which are specifically excluded in the policy, like Telephone usage, food provided to relatives/attendants, Provider registration fees etc shall be collected directly from the insured. Indicative list of inadmissible items provided as per Annex-V.

8. The authorization letter by the insurer or its representative TPA shall clearly indicate the amount agreed for providing cashless facility for hospitalization.

9. In the event of the cost of treatment increasing the agreed amount, the provider may check the availability of further limit with the insurer or its representative TPA.

10. When the cost of treatment exceeds the authorized limit, request for enhancement of authorization limit shall be made immediately during hospitalization using the same format as for the initial preauthorization. The request for enhancement shall be evaluated based on the availability of further limits and may require to provide valid reasons for the same. No enhancement of limit is possible after discharge of insured.

11. Further the insurer shall accept or decline such additional expenses within a maximum of 24 hours of receiving the request for enhancement. Absence of receiving the reply from the insurer within 24 hours shall be construed as denial of the additional amount.

12. In case the insured has opted for a higher accommodation / facility than the one eligible under the policy, the provider shall explain orally the effect of such option and also take a written consent from the insured at the time of admission as regard to owing the responsibility of such expenses by the insured including the proportionate expenses which have a direct bearing due to up gradation of room accommodation/facility. In all such cases the insurer shall pay for the expenses which are based on the eligibility limits of the insured. However provider may charge any advance amount/security deposit from the insured only in such cases where the insured has opted for an upgraded facility to the extent of the amounts to be collected from the insured.

13. Insurance company guarantees payment only after receipt of RAL and the necessary medical details. The Authorization Letter (AL) shall be issued within 48hours of receiving the RAL.

14. In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer or its representative TPA can deny the authorization.

15. Authorisation letter [AL] shall mention the authorization number and the amount guaranteed for the procedure.

16. In case the balance sum available is considerably less than the cost of treatment,

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Signed: For, Service Provider

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GENERAL INSURANCE COMPLAY LIMITED, the within named ICICI General, by the hand of _____ it's Authorised Signatory
In the presence of:

1.

2.

Annexure I - Provider Services-Cashless Facility Admission Procedure

4A. Pre-authorization Procedure - Planned Admissions

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2. If the treating physician identifies any disease/ailment/illness/condition as pre-existing, the treating physician shall record it and also inform the insured immediately.

3. In the cases where the symptoms appear vague / no effective diagnosis is arrived at, the medical team of the insurer or its representative TPA may consult with treating physician /insured, if necessary.

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provider shall follow their norms of deposit/running bills etc. However, provider shall only charge the balance amount over and above the amount authorized under the health insurance policy against the package or treatment from the insured.

17. Once the insured is to be discharged, the provider shall make a final request for the preauthorization for any residual amount along with the standard discharge summary and the standard billing format. Once the provider receives final pre-authorization for a specific amount, the insured shall be allowed to get discharged by paying the difference between the pre-authorised amount and actual bill, if any. Insurer, upon receipt of the complete bills and documents, shall make payments of the guaranteed amount to the provider directly.

18. Due to any reason if the insured does not avail treatment at the Provider after the preauthorization is released, the Provider shall cancel the Pre-authorisation and intimate to TPA immediately.

19. All the payments in respect of pre-authorised amounts shall be made electronically by the insurer to the Net work provider as early as possible but not later than a 30 days from the date of receipt of all claim documents.

20. Denial of authorization (DAL) for cashless is by no means denial of treatment by the health facility. The provider shall deal with such case as per their normal rules and regulations.

21. Insurer shall not be liable for payments to the providers in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

22. Provider, Insurer and its representative TPA shall ensure that the procedure specified in this Schedule is strictly complied in all respects.

4B. Preauthorization Procedure - Emergency Admissions

1. Request for hospitalization shall be forwarded by the provider immediately after obtaining due details from the treating doctor / beneficiary in the pre-authorization form prescribed i.e. "request for authorization letter" (RAL). The RAL shall be sent along with all the relevant details in the electronic form to the 24-hour authorization /cashless department of the insurer or its representative TPA along with contact details of treating physician and the insured. The insurer's or its representative TPA's medical team may consult the treating physician or the insured, if necessary.

2. The insurer or its representative TPA may continue to discuss with treating doctor till conclusion of eligibility of coverage is arrived at. However, any life saving, limb saving, sight saving, emergency medical attention cannot be withheld or delayed for the purpose of waiting for pre-authorisation. Provider meanwhile may consider treating him by taking a token deposit or as per their norms.

3. Once a pre-authorization is issued after ascertaining the coverage, provider shall

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refund the deposit amount to the insured if taken barring a token amount to take care of non covered expenses.

4C. Preauthorization Procedure - RTA / MLCs

1. If requesting a pre-authorisation for any potential medico-legal case including Road Traffic Accidents, the Provider shall indicate the same in the relevant section of the standard form.

2. In case of a road traffic accident and or a medico legal case, if the victim was under the influence of alcohol or inebriating drugs or any other addictive substance or does intentional self injury, it is for the Provider to inform this circumstance of emergency to the insurer or its representative TPA.

4D. Authorization letter (AL)

1. Authorization letter shall mention the amount, guaranteed class of admission, eligibility, of the patient or various sub limits for rooms and board, surgical fees etc. wherever applicable, as per the benefit plan for the patient.

2. The Authorization letter will also mention validity of dates for admission and number of days allowed for hospitalization, if any. The Provider shall see that these rules are strictly followed; else the AL will be considered null and void.

3. In the event the room category, if any, is not available the same shall be informed to the insurer or its representative TPA and the insured. For such cases, if the insured is admitted to a class of accommodation higher than what he is eligible for, the provider shall collect the necessary difference, if any, in charges from the insured.

4. The AL has a limited period of validity - which is 15 days from the date of sending the authorization.

5. AL is not an unconditional guarantee of payment. It is conditional on facts presented - when the facts change the guarantee changes.

4E Reauthorization

1. Where there is a change in the line of treatment - a fresh authorization shall be obtained from the insurer immediately - this is called a reauthorization.

2. The same pre-authorisation form shall be used for the reauthorization, and the same turnaround times as specified shall apply.

4F. Discharge Procedure

1. The following documents shall be included in the list of documents to be sent along with the claim form to the insurer or its representative TPA. These shall not be given

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to the insured:

a. Original pre authorization request form,
b. Authorization letter,
c. Original Discharge Card & Final Hospital Bill
d. All original investigation reports, prescription & pharmacy receipt etc

2. Where the insured requires the discharge card/reports he or she can be asked to take photocopies of the same at his or her own expenses and these have to be clearly stamped as "Duplicate, originals are submitted to insurer".

3. The discharge card/Summary shall mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries. The clinical detail shall be sufficiently and justifiably informative.

4. Signature of the insured on final Provider bill shall be obtained.

5. In the event of death or incapacitation of the insured, the signature of the nominee or any of insured's of the family who represents the insured as such subject to reasonable satisfaction of Provider shall be sufficient for the insurer to consider the claim.

6. Standard Claim form duly filled in shall be presented to the insured for signing and identity of the insured shall be confirmed by the provider.

Network Provider agrees to comply with the present & future requirements of insurers like standardized pre-authorization form/discharge summary/billing, ICD-10 coding etc. In case Network Provider doesn't have such facility at their end, they agree to get such services outsourced to a competent agency at their own cost.

4G. Billing Procedure

1. The Provider shall submit original invoices directly to insurer or its representative TPA and such invoices shall contain, at the minimum, following information:

   a) the insured's full name and date of birth;
   b) the policy number;
   c) the insured's address;
   d) the admitting consultant;
   e) the date of admission and discharge;
   f) the procedure performed and procedure code according to ICD-10 PCS or any other code as specified by the Authority from time to time;
   g) the diagnosis at the time of treatment and diagnosis code according to ICD-10 or any other code as specified by the Authority from time to time;

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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h) whether this is an interim or final bill/account;

i) the description of each Service performed, together with associated Charges, the agreed standard billing codes associated with each Service performed and dates on which items of Service were provide; and.

j) the insured's signature (in original).

2. The Provider shall submit the following documents with the final invoice:

Original pre-authorization form; and signed copy of authorization letter issued by insurer or TPA

a) fully completed claim form or the relevant claim section of the pre-authorisation letter, signed by the insured and the treating consultant for the treatment performed;

b) original and complete discharge summary in standard form and billing form in the standard form, including the treating Consultant's operative notes;

c) original investigation reports with corresponding prescription/request;

d) pharmacy bill with corresponding prescription/request:

e) any other relevant and/or statutory documentary evidence required under law or by the insured's policy; and

f) photocopy of the insured's photo identification (e.g. voter's Smart card/ ID card, passport or driving license etc).

g) Evidence of use of Implants/Lens, like bar coded stickers in original.

h) Invoice in support of Implant cost

3. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date Service network provider may endeavor to provide all claim records electronically including indoor case record.

Signed: For, ICICI Lombard GIC Ltd.

Signed: For, Service Provider

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SBI General
SURAKSHA AUR BHAROSA DONO

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Uttar Pradesh

e-Stamp

Certificate No.	:	IN-UP42343677188030T
Certificate Issued Date	:	03-Mar-2021 04:15 PM
Account Reference	:	NEWIMPACC (SV)/ up14223604/ BAREILLY SADAR/ UP-BLY
Unique Doc. Reference	:	SUBIN-UPUP14223604730865103338324T
Purchased by	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Description of Document	:	Article 19 Certificate or other Document
Property Description	:	Not Applicable
Consideration Price (Rs.)	:	
First Party	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Second Party	:	Not Applicable
Stamp Duty Paid By	:	ROHILKHAND EDUCATIONAL CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

----------Please write or type below this line----------

Health Services Agreement

THIS AGREEMENT is executed on this 3/25/2022 day at Mumbai, India

BY AND AMONGST

First Part - SBI GENERAL INSURANCE COMPANY LIMITED
And

Second Party - RohilKhand Medical College and Hospital, a trust

Deputy Medical Superintendent
Rohilkhand Medical College
Bareilly

SBI General Insurance

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SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

SBI GENERAL INSURANCE COMPANY LIMITED, a company registered under the Companies Act, 1956, having its Registered Office at 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai 400099, hereinafter referred to as "**Insurer**", which expression shall unless repugnant to the subject or context thereof, mean and include its successors and assigns and duly registered with Insurance Regulatory and Development Authority of India ("**IRDAI**") under the Insurance Act, 1938 bearing Certificate of Registration No: 144, duly represented by Shree Bishwajit Nayak of the Insurer of the First Part.

AND

RohilKhand Medical College and Hospital, a trust duly formed and registered under [insert details of the law where the trust is registered] and having its principal place of business at Pilibhit bypass road, hereinafter referred to as "**Network Provider**" which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include each of its Trustees, beneficiaries, administrators, successors and permitted assigns, duly represented by Dr. Faiz Shamsi of the Network Provider of the SECOND PART

Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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WHEREAS:

A. The Insurer is engaged in carrying out general insurance business in India including the business of health insurance or providing health cover under various health insurance policies to its customers and is also providing cashless health care facilities to its customers/Insured/beneficiaries ("**Beneficiaries**") as per the terms and conditions of the underlying health insurance policies, and for this purpose has created a network of hospital/healthcare providers.

B. The administration of the various health insurance policies, including processing of the cashless requests, processing of various claims arising out of the underlying health insurance policies and settlement of claims will be done by the Insurer. The Network Provider will provide medical and health services to the Beneficiaries within the scope of the health insurance policies issued by the Insurer. In this regard, network providers are hospitals or nursing homes or day care centres duly recognized and authorized by appropriate authorities to impart health care services to the public at large.

C. The Network Provider is a running and operating a hospital providing medical services in the name and style of RohilKhand Medical College and Hospital and has expressed its desire to join the Insurer's network and has represented that it has requisite license, permissions, accreditations, resources, skills, expertise and facilities to extend medical facilities and treatments covered under various health insurance policies issued to the Beneficiaries of the Insurer as detailed under **Annexure A** ("**Services**") and shall perform all necessary and ancillary services for provision of the Services as may be specified by the Insurer from time to time.

D. The Insurer has on the basis of the desire expressed by the Network Provider and on its representation and warranties agreed to empanel the Network Provider as a Network Provider for rendering the Services as per the terms and conditions set out herein.

NOW THIS AGREEMENT WITNESSED AS UNDER:

1. Provisions Applicable to the Network Provider

General Terms & Conditions

1.1. In consideration of mutual covenants, the Insurer hereby appoints, engages and empanels the Network Provider and the Network Provider accepts such appointment for rendering the Services on the terms set out herein.

1.2. The Network Provider represents and warrants that it has valid license(s), approval(s) and permission issued by the relevant authority(ies) to run and operate the Hospital and shall keep the said license(s), approval(s) and permissions valid at all times. In the event the any such license(s), approval(s) and permission are either suspended, expired or terminated for any reason whatsoever, the Network Provider shall forthwith inform the Insurer. The Insurer in such event reserve the right to terminate this Agreement with notice in writing to the Network Provider.

1.3. The Network Provider shall be registered with the Hospital Registry ROHINI maintained by Insurance Information Bureau or such other registry or portal required by Insurer and/or IRDAI from time to time.

1.4. The Network Provider shall meet the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals ("**NABH**") or such other standards or requirements as may be specified by the IRDAI from time to time.

1.5. The Network Provider undertakes that at all times during the course of this Agreement it will provide the Services as per the instructions and as specified by the Insurer:

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a. in a professional, diligent and courteous manner to the Insurer;

b. in a timely manner consistent with the instructions of the Insurer;

c. in compliance with the standard quality levels made applicable to the Network Provider by the relevant authority from time to time and shall ensure that the turnaround times detailed in Annexure D, are complied with; and in addition;

d. in accordance with all applicable laws, rules, regulations, governmental orders, etc. and applicable codes of practice, now or hereafter in effect, relating to its performance under this Agreement.

1.6. The Network Provider covenants that it shall not, in the course of carrying out the obligations under this Agreement, perform any act or do anything that would contravene the provisions of any law for the time being in force.

1.7. The Services provided by the Network Provider shall be at all times in compliance with the applicable laws and regulations, including any regulations/guidelines issued by the IRDAI from time to time. The Network Provider shall be governed by the norms, directions, ceilings and stipulations of the IRDAI issued from time to time.

Beneficiary Treatment

1.8. The Network Provider shall treat Beneficiaries in a courteous manner and according to best business practices.

1.9. The Network Provider hereby represents and warrants that the Network Provider will not in any manner whatsoever:

a. solicit and procure insurance business on behalf of the Insurer;

b. act or present itself in a manner that may be construed as the Network Provider being an insurance intermediary of the Insurer.

1.10. The Network Provider shall clarify to the Beneficiary that only the Insurer has the authority to repudiate a claim.

1.11. The Network Provider shall extend priority admission facilities to the Beneficiaries, as far as possible.

1.12. The Network Provider shall ensure that best medical treatment / facility is extended to the Beneficiary.

1.13. The Network Provider shall have a designated officer(s) in the administration department assigned for insurance/ Beneficiary and the officer(s) shall learn the various types of medical benefits offered by and under the different insurance plans issued by the Insurer.

Pricing & Fees

1.14. The Agreement is subject to the detailed schedule of fees/tariff for the Services mutually agreed between the Parties and annexed at Annexure B, as submitted by the Network Provider in physical and/or electronic form as may be required by Insurer from time to time and shall be an integral part of this Agreement.

1.15. The Network Provider will separately list package charges as mentioned in proposal cum offer documents at Annexure C which form an integral part of this Agreement. Such package charges must be inclusive of stay, medicines, consumables, surgical fees, operation theatre etc. No additional payment would be entertained unless the medical team of the Insurer agrees with treating consultant for any deviation.

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1.16. The Network Provider agrees to follow the pricing structure agreed to between both Parties at Annexure B and Annexure C without any deviation. Any proposed revision in the tariff schedule in Annexure B shall be discussed with the Insurer and mutually agreed by the Parties before implementation of such revision.

1.17. For procedures not defined within the tariff schedule under Annexure B, the Network Provider shall employ reasonable, rational and logical reasons for billing and it is clarified that such costs shall be not borne by the Insurer and it shall be the sole responsibility and liability of the Network Provider to inform the levy of such charges outside the tariff schedule to the Beneficiary and the Insurer shall not be liable for the payment of the same. For clarity, payment of any costs and expenses not covered under the scope of this Agreement, including any dispute in relation thereto, shall be handled exclusively by the Network Provider without recourse to the Insurer. Any clarifications sought by the Insurer regarding the bill shall be provided by the Network Provider immediately.

1.18. The Network Provider shall comply with requirements of the Insurer including standardized billing, ICD-10/PCS coding and other requirements directed by the Insurer and as may be directed by the IRDAI from time to time.

Access & Audit

1.19. Access to billing and medical records and indoor papers shall be allowed to the Insurer as and when necessary or asked for.

1.20. The Network Provider shall allow the Insurer or its medical team or its nominees / representatives to visit the Beneficiary or consult the treating physician, if necessary, and reserves the right to discuss the treatment plan with treating doctor(s). However, the Insurer shall not interfere with the medical treatment of the Beneficiary.

1.21. The Network Provider acknowledges that the Insurer has the right to inspect the premises of the Network Provider/audit the Network Provider (including medical/bills audit) at any time without prior intimation, and carry out such inspection, audit of the Network Provider with access rights, either on regular or on ad-hoc basis.

2. Code of Conduct, Customer Services & Relations

2.1. The Network Provider shall not disclose, display, discuss, share or circulate this Agreement, its enclosures and any payment issues or problems with the Beneficiary or the Insurer to / with any third-party other than its own staff, who shall be informed strictly on a need to know basis only who need the same for the purpose of performance of its obligations hereunder.

2.2. The Network Provider shall treat the Beneficiaries in a courteous manner and according to best business practices.

2.3. In case the Network Provider has any issues in relation to the provision of Services, the same needs to be clarified urgently with the Insurer. Any harassment or denial of Service to the Beneficiary without prior written notice with detailed justification to the Insurer shall be construed as violation and breach of this Agreement.

2.4. The Network Provider agrees to display, free of charge, their status of empanelment as Network Provider of the Insurer along with the display and other materials supplied by the Insurer at their reception/admission desks or at such conspicuous place where it would be easily and clearly visible to the Beneficiaries, or as may be suggested and communicated by the Insurer.

2.5. The Network Provider agrees to display, free of charge, information on cashless services of the Insurer as offered by the Network Provider at the reception and admission counter and casualty/emergency departments.

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2.6. The Network Provider agrees that all information, records, files and memoranda obtained, used by or prepared in connection with the Services rendered hereunder, including but not limited to, all display materials provided to the Network Provider by the Insurer, and any copies or reproduction thereof in any medium whatsoever, shall at all times be the sole and exclusive property of the Insurer and will be returned to the Insurer upon expiry or termination of this Agreement.

2.7. The Parties to the Agreement shall adhere to the applicable turnaround time for each of the Services to be rendered by the respective Parties as detailed at Annexure D. In the event of failure to adhere to the agreed timelines, the Insurer has the right to issue notice to the Network Provider and in the event of continuous failure exceeding 3 (three) working days, the Insurer may at its sole discretion terminate the Agreement without further notice and/or remedy under applicable law.

3. De-Empanelment Of Network Providers

3.1. The Insurer shall follow the de-empanelment process detailed in Annexure E to this Agreement.

4. Identification of Beneficiaries

4.1. Beneficiaries will be identified by the Network Provider on the basis of the ID card issued to them by the Insurer, bearing the logo of the Insurer. The ID card will carry the name, age, date of birth, gender and membership number of the Beneficiary. The ID card may have photograph or signature or thumb impression of the Beneficiary. In case when ID card issued does not contain photograph or signature or thumb impression of the Beneficiary, the Network Provider will verify the identity of the Beneficiary on the basis of any government approved identity proof. Copy of the same is required to be submitted along with the claim document to the Insurer.

4.2. In certain cases of where ID cards are not issued by the Insurer including for large corporates, Beneficiary may have only the authorization letter issued by the Insurer along with the employee ID number of the corporate, which shall be accepted and acted upon by the Network Provider.

4.3. For the ease of the Beneficiary, the Network Provider shall display the recognition and promotional material, rate card, , network status and procedures for admission supplied by the Insurer at prominent location, preferably at the reception and admission counter and casualty/emergency departments, , and at such other places as suggested by the Insurer, free of cost. The Network Provider also needs to inform its reception and admissions facilities regarding the procedures of admission and obtaining authorization as per the Clause 5 of this Agreement.

4.4. The Network Provider shall take a photocopy of the Beneficiary's ID card or photo identification document and Pre-authorization Letter, , as the case may be, for submission to the Insurer along with the bill and/or to keep as proof of the Beneficiary being treated.

5. Network Provider Services – Cashless Facility Admission Procedure

5.1. The Beneficiary is entitled for cashless access at the Network Provider for all such ailments which are covered under the health insurance policy within the Sum Insured limits/sub-limits, i.e. coverage not specifically excluded under the policy terms and conditions. The Network Provider shall be reimbursed as per the tariff agreed at Annexure B under this Agreement for different treatments or procedures.

5.2. The procedure to be followed for providing cashless facility shall be as detailed under Annexure F to this Agreement.

6. Network Provider Financial Details

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6.1. The Network Provider's details for payment processing is as follows:

a. PAN
b. TAN (TDS deduction)
c. GST No
d. Bank Account details including IFSC codes
e. Copy of Cancelled Cheque
f. TDS Exemption Certificate
g. Such other documents as may be required by the Insurer from time to time

7. Payment Terms & Conditions

7.1. All payments would be made directly by the Insurer to the Network Provider.

7.2. The Insurer agrees to pay all eligible, correct and undisputed bills within 60 days from the Insurer's receipt of the bill along with all the original relevant documents, complete in all respects. Parties agree that they shall jointly conduct payment reconciliation process on a quarterly basis during the Term of the Agreement and during such other period as may be mutually agreed.

7.3. Payment will be done electronically (RTGS/NEFT) to the bank account of the Network Provider, subject to deduction of tax at source as applicable under the relevant laws.

7.4. In the event that, during the subsistence of this Agreement, the Insurer is of the opinion that the reports/invoices submitted by the Network Provider are manipulated, forged or prepared in any fraudulent manner, the Insurer may immediately report the case to the General Insurance Council ("**Council**"), for appropriate action to be taken against the Network Provider per the 'Protocol for Action Against Fraud' issued by the Council as annexed at Annexure G to this Agreement. The order passed by the Council shall be binding on both Parties, and may include immediate blacklisting of the Network Provider.

8. Indemnity

8.1. The Insurer will not interfere in the treatment and medical care provided to its Beneficiaries. The Insurer will not in any way be held responsible for the outcome of treatment or quality of care provided by the Network Provider.

8.2. The Network Provider, shall at its own expense, indemnify, defend and hold harmless the Insurer, its associate companies and/or its and their officers, directors, employees, representatives and agents, against the breach of its obligations under this Agreement, any third party claim, demand, suit, action or other proceeding brought against the Insurer or its associate companies and/or its and their officers directors, employees, representatives and agents and all damages, awards, settlements, liabilities, losses, costs and expenses related thereto (including attorneys' fees) to the extent that such claim, suit, action or other proceedings are, directly or indirectly, based on or arises on account of any breach of any of the terms and conditions of this Agreement or any acts, omissions or commissions of the doctors, any other medical or para-medical staff or any other staff or official of the Network Provider or failure in the performance or observance of its role, functions, responsibilities and Services as specified herein in terms of this Agreement by the Network Provider.

9. Confidentiality

9.1. "**Confidential Information**" shall, without limitation, mean and include confidential (including proprietary and technical) information received by a Party, whether directly or indirectly, from the other Party pursuant to this Agreement. Confidential Information includes without limitation inventions, innovations, works or intellectual property and any idea, trade secret, know-how or data of any nature concerning the development, use, formulation, manufacture or performance of either Party or its products or prospective products or services, and any research and development activities, process, techniques, inventions, specifications,

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algorithms, prototypes, designs, drawings or test data thereof, information technology, software programs, computer programs or documentation, specifications, source code, object code of such software and computer programs, inventions, processes, engineering products, services, assets, Parties' markets or the business of either Party or that of their respective clients, policyholders' information/ Beneficiary data, Beneficiary Information (*defined hereinafter*). Information shall be deemed to be confidential whether the same comes to the knowledge of the other Party in writing, orally or is contained in tangible or fungible form, or whether contained in a electronic device, computer system, brochure, booklet or otherwise. Unless otherwise specified, all information received by either Party and pertaining to the other Party shall be deemed to be Confidential Information.

9.2. Each Party acknowledges and agrees that it may receive Confidential Information of the other Party in connection with this Agreement. The receiving Party ("**Receiving Party**") shall not disclose to any third-party any Confidential Information of the disclosing Party ("**Disclosing Party**") that it may have access to during and in connection with its performance of Services hereunder. Confidential Information means any and all information or data of a confidential nature (including Beneficiary data), application, software (and Intellectual Property Rights therein), network configuration, documents, accounts, business plans, products, promotional and marketing plans, tools and techniques of business, information about a Party's customers, merchants, vendors, partners, employees, agents and contractors and processes and/or any other information in whole or in part of either Party. It is hereby clarified that all Beneficiary Data is the Confidential Information of the Insurer.

9.3. Each Party acknowledges that monetary damages may not be a sufficient remedy for unauthorized disclosure of any Confidential Information and that the Disclosing Party shall be entitled, without waiving any other rights or remedies, to such injunctive or equitable relief as may be deemed proper.

9.4. The confidentiality obligations herein shall not apply to information:

a. in the public domain without breach of this Agreement; or

b. that either Party can establish by competent proof, was in its possession before receipt from the other Party and was not acquired, directly or indirectly from the other Party; or

c. obtained by either Party from or by a third-party not under an obligation of confidentiality to either of the Parties; or

d. in case the disclosure of any such confidential information is consequent upon any direction of any governmental, statutory authority or a court of law or tribunal.

9.5. The Receiving Party will notify the Disclosing Party immediately upon discovery of any unauthorized use or disclosure of Confidential Information or any other breach of this clause of this Agreement. The Receiving Party will cooperate with the Disclosing Party in every reasonable way to help the Disclosing Party regain possession of such Confidential Information and prevent its further unauthorized use.

9.6. Upon termination or expiration of this Agreement, or upon request, each Party shall return all Confidential Information of the other Party, to such other Party, and certify in writing that it has returned all such information and has not kept copies thereof in any medium.

Beneficiary Information

9.7. The Network Provider shall comply with all Indian and international laws governing or relating to privacy, data security and the handling of data security breaches. All information pertaining to a former or current policyholder, Beneficiary or prospect of the Insurer including but not limited to such person's address, telephone number and other contact information, image, gender, age, social security number, account or other identifying numbers or attributes, and financial, medical, sexual orientation, health and insurance information, and other information about an individual, including the fact that the individual is or was a policyholder or prospect of

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& Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

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the Insurer ("**Beneficiary Information**") shall be deemed to be Confidential Information, subject to the obligations and restrictions set forth in this Agreement.

9.8. Limited Disclosure: The Network Provider shall not disclose Beneficiary Information to any third party or use any Beneficiary Information (i) without the Insurer's prior written approval and (ii) only as permitted by law, and then only to the extent necessary to carry out its obligations under this Agreement and with prior intimation to the Insurer.

9.9. The Network Provider shall maintain, and shall require and cause its employees and representatives and all third parties to whom the Network Provider has disclosed the Beneficiary Information, who need to know the same for the purposes of performance of its obligations hereunder, to maintain, effective information security measures to protect Beneficiary Information from disclosure or use not specifically authorized pursuant to this Agreement. Such security measures shall ensure the security and confidentiality of Beneficiary Information, protect against any anticipated threats or hazards to the security or integrity of Beneficiary Information, and protect against access to or use of Beneficiary Information. The Network Provider shall: (i) upon the request of the Insurer, promptly provide the Insurer with information regarding such security measures; and (ii) immediately provide the Insurer with detailed information regarding any failure or breach of such security measures including, without limitation, how and when such failure or breach occurred and what actions the Network Provider is taking or has taken to remedy such failure or breach. The Network Provider shall defend, indemnify and hold harmless the Insurer for any third-party claims that arise from or relate to any breach or alleged breach of its obligations under this clause, pursuant to the terms of clause 8 (*Indemnity*) under this Agreement.

9.10. Notice: If there is any disclosure or loss of, or inability to account for, or any incident relating to unauthorized access to or acquisition of, any of the Beneficiary Information or Confidential Information in the Network Provider's (or its agents' or affiliates') possession or control, the Network Provider shall promptly at its own expense: (i) notify the Insurer in writing within forty-eight (48) hours of discovery of such disclosure, loss or incident; (ii) take all such actions as may be necessary or reasonably requested by the Insurer to minimize the problem; and (iii) cooperate in all reasonable respects with the Insurer to minimize the problem, to notify affected individuals, and to minimize any resulting damage.

10. Term and Termination

10.1. This Agreement shall come into force from 1st April 2022 and shall be valid and in force for a period of five (5) years upto 31st March 2027, unless otherwise terminated by the Parties in accordance with the provisions of this Agreement ("**Term**"). Parties may renew this Agreement for such further term and on the terms and conditions as may be mutually agreed between the Parties.

10.2. The Insurer reserves the right to terminate this Agreement by giving 15 (fifteen) days' written notice if:

a. the Network Provider violates any of the terms and conditions of this Agreement;

b. the Network Provider increases fee schedule, without notice and confirmation of the Insurer;

c. the Insurer observes cases of overstay and over provisioning/charging without explanation by the Network Provider to the satisfaction of the Insurer;

d. the license of the Network Provider to run and operate as a Hospital is suspended, expired or terminated by a relevant authority;

e. the Network Provider has been blacklisted by any other insurer or statutory, government or quasi-governmental authority;

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f. the Network Provider has abandoned, either in whole or part, its business or the hospital or clinic;

g. the Network Provider has been adjudged insolvent or any insolvency or bankruptcy proceedings has been filed against the Network Provider and such proceedings have not been dismissed within 60 days from the date of filing;

h. the Network Provider or any of its promotors, directors, partners, key managerial personnel or doctors have been convicted by a criminal court any illegal act or omission or for an offense involving moral turpitude.

10.3. The Insurer may de-empanel the Network Provider or otherwise modify this Agreement for reason of any fraud, misrepresentation, inadequacy of service or other non-compliance or default on the part of the Network Provider. Notwithstanding the foregoing, this Agreement shall not be terminated on the grounds set out under this clause 10 (*Termination*) unless the Network Provider is given an opportunity of being heard. However, the Network Provider agrees and confirms that the decision of the Insurer shall be final and binding on the Network Provider.

10.4. The Network Provider may opt out of network of the Insurer by giving [30 (thirty) days'] advance written notice for reasons of delay on continuous basis by the Insurer in complying with the timelines specified under Annexure F.

10.5. Termination without cause: Either Party can terminate this Agreement without cause after giving [60 (sixty) days'] written notice to the other Party, provided however that in the event of a material breach by either Party of the terms hereof, the other Party/Parties may terminate this Agreement with immediate effect.

10.6. Notwithstanding the termination of this Agreement, the obligations contained in clause 8 (*Indemnity*), 9 (*Confidentiality*), 12 (*Business Continuity*), and 14 (*Governing Law* and *Arbitration*) shall continue to survive even after termination or expiry of the Agreement.

11. Non-Exclusivity

11.1. The Insurer reserves the right to appoint other network provider(s) in the same area/location and the Network Provider shall have no objection for the same.

12. Business Continuity

12.1. In the event of termination of this Agreement, the Network Provider shall continue to render the Services to the existing Beneficiaries undergoing treatment/admitted at the Network Provider in accordance with the terms and conditions of the Agreement, with minimal business disruption, and shall not undertake new Beneficiaries.

13. Representation and Warranties

Each Party represents that:

13.1. it has the power and authorization to enter into this Agreement and perform its obligations hereunder and the execution of this Agreement does not violate or is inconsistent with its bylaws and other constituent documents;

13.2. the individual(s) signing this Agreement, whose name appears below, has the authorization to execute and deliver this Agreement;

13.3. it is an entity duly constituted and validly existing under applicable law;

13.4. it holds valid and subsisting licenses, registrations, approvals and consents as may be required for conducting its business and performing its obligations under this Agreement;

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13.5. it shall comply with all the statutory and regulatory requirements and follow the law of land;

13.6. its obligations hereunder constitute legal, valid, binding and enforceable obligations;

13.7. execution and performance of this Agreement does not breach its organizational documents or any applicable law, provisions of any contract or order of any court or tribunal applicable to it and does not require any governmental approval.

14. Governing Laws and Arbitration

14.1. This Agreement shall be governed by the laws of India and in the event of any dispute or difference arising between the Parties with respect to the subject matter hereof or any of the terms or clauses of this Agreement, the same shall be endeavoured to be settled amicably mutually, and in the event of any failure to arrive at mutually amicable settlement, the dispute or difference shall be referred for determination by the sole arbitrator to be appointed by the Insurer, who shall conduct its proceedings in accordance with the Arbitration and Conciliation Act, 1996, as amended, time to time. Subject to arbitration, the Courts at Mumbai shall have exclusive jurisdiction over any matter arising out of this Agreement. The venue of arbitration shall be at Mumbai and that the arbitral proceedings shall be conducted in English language and that the cost of arbitration shall be borne equally by the Parties concerned. Parties agree that the decision of the arbitral tribunal shall be final and binding.

15. Notice

15.1. Any notice or communication between the Parties shall be considered as duly delivered on the earliest of the following:

a. When delivered by hand, on the day received at the registered office by the addressee;

b. If dispatched by post then seven (7) days after the date of mailing by registered post acknowledgement due or under certificate of posting by prepaid certified mail or registered mail direct to the address of the Parties.

c. If delivered by facsimile transmission/electronic mail or electronic transmission at the following facsimile transmission number/e-mail id, then upon confirmation of proper receipt;

In Case of Notice to the Insurer	In Case of Notice to the Network Provider
Shreeraj Deshpande Head – Health Business Address: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai 400099 Phone: 022 - 42412475 E-mail: shreeraj.deshpande@sbigeneral.in	Name: RohilKhand Medical College and Hospital Address: Pilibhit bypass road Phone: 0 Facsimile: E-mail: rsbyrmch@gmail.com

15.2. Either Party may in the event of change in its contact person, address, or facsimile number shall communicate the same to the other Party by means of a notice to the other Party.

16. Intellectual Property Rights

16.1. The Network Provider shall not use the name and/or trademark/logo of the Insurer, its group companies, subsidiaries or associate companies in any sales or marketing publication or advertisement, and on termination or earlier determination of this Agreement without prior written consent of the Insurer. The Network Provider shall not hold itself out as partner or agent of the Insurer except to provide the Services under this Agreement, or in any other manner without prior written consent of the Insurer.

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17. Miscellaneous

It is agreed by and between the Parties:

17.1. The recital shall form an integral part of this Agreement and the clause and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or intention of this Agreement.

17.2. The Network Provider shall maintain its regular books of accounts in respect of performance of Services and shall allow the Insurer, its auditors, representatives, nominees and/or IRDAI to inspect, examine and audit, the Network Provider's operations and business records which are directly related to the performance of Services under this Agreement.

17.3. Any amendments in the clauses of the Agreement can be effected only in writing with the consent of all the Parties hereto. No amendment to this Agreement is valid unless it is reduced to writing and duly signed by all the Parties, unless the amendment is deemed to be automatic as per the terms of this Agreement.

17.4. In the event of any inconsistency between the provisions of this Agreement and the Annexure hereto, the provisions of the Agreement shall prevail over that of the Annexure. However, both the Parties agree and understand that the Parties shall be bound by the IRDAI Guidelines on Standardization of Health Insurance issued vide Circular No.: IRDA/HLT/REG/CIR/146/07/2016 dated 29th July, 2016, Consolidated Guidelines on Product filing in Health Insurance Business of 22 July 2020, the IRDAI (Health Insurance) Regulations, 2016, and amendments thereto from time to time. In case there is any inconsistency or repugnancy between the provisions of the aforesaid IRDAI Guidelines and Regulations on the one hand and the provisions this Agreement on the other, the Parties shall be bound by the former for all their intents and purposes. The Parties hereto agree that the provisions of this Agreement are in addition to and not in derogation of any of the provisions of the aforesaid IRDAI Guidelines and Regulations, and that the same shall be deemed to have been engrafted in this Agreement.

17.5. If any or more provisions of this Agreement, or any part or parts thereof, should, for any reason, be found to be illegal, unenforceable or of no effect in any respect, the same shall be severed from this Agreement and the remaining provisions shall be valid and binding and shall not in any way be affected or impaired thereby.

17.6. The Network Provider shall not assign or transfer its rights or obligations in any manner whatsoever without the prior consent of the Insurer, provided however, notwithstanding such consent, Network Provider understands, agrees and confirms that Network Provider alone shall be liable for any and all breach or non-performance or part performance of any obligations by such assignee or transferee.

17.7. This Agreement is entered into by the Parties hereunto on principal to principal basis, and nothing contained in this Agreement shall be construed or deemed to create any association, partnership or joint venture or employer-employee relationship or principal-agent relationship in any manner whatsoever between the Parties.

17.8. Any express waiver of any term or condition in this Agreement or waiver of a breach of such term or condition shall not constitute a waiver of any of the other terms and conditions or of any future breach or breaches of any term or condition or operate as a continuing waiver.

17.9. This Agreement may be executed in any number of counterparts and by the other parties on separate counterparts, each of which when so executed and delivered shall be an original, but all of which shall together constitute one and the same instrument. Parties agree that the original signed document of this Agreement shall be retained by the Insurer and the Network Provider may retain a copy of the same.

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Deputy Medical Superintendent
& Administrative Officer
Rohilkhand Medical College & Hospital
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IN WITNESS WHEREOF, this Agreement is executed by or on behalf of the Parties on the day and year first before written.

Signed and delivered by the within named for and on behalf of SBI General Insurance Company Limited	Signed and delivered by the within named for and on behalf of **RohilKhand Medical College and Hospital**
Name: Mr. Bishwajit Nayak Designation: Head – Health Claims	Deputy Medical Superintendent & Administrative Officer Rohilkhand Medical College & Hospital Bareilly Name: Dr Faiz Sha Designation: Deputy Medical Superintendent

Please Sign and Stamp in the box

Annexure to Be Enclosed

Annexure A – Scope of Services

Annexure B – Tariff applicable with respect to Services

Annexure C– Package Charges

Annexure D – Turn Around Timelines

Annexure E – De-Empanelment of Network Providers

Annexure F – Cashless Facility Admission Procedures

Annexure G – Protocol for Action Against Fraud' issued by the General Insurance Council

Annexure H – Standard Format for Network Provider Bill

Annexure I – Standard Format of Discharge Summary

Annexure J – Disclosure of Quality Parameters by Network Providers

Annexure K – Capping of Rates by National Pharmaceutical Pricing Authority (NPPA)

Annexure L – Standard Formats for Cashless Claims

Annexure M – Option covers offered by Insurer and Costs to be Subsumed by the Network

Annexure N – Service Level Requirements

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Annexure A

Scope of Services

A. Parties agree that the Network Provider shall provide the following scope of services under this Agreement:

(i) Outpatient services on cashless basis
(ii) Inpatient services on cashless basis
(iii) Health check-up and wellness services
(iv) Such other services as may be mutually agreed between the parties from time to time

B. The Network Provider shall at all times keep the Insured informed about the standards required to be maintained by the Network Providers in the Hospitals and provide the updated disclosures from time to time in accordance with the IRDAI guidelines / circular on Standards for hospitals in the provider network – Disclosure of Quality Parameters, annexed as Annexure J. The Network Provider shall provide the Insurer the updated parameters as may be amended by IRDAI from time to time.

for

Deputy Medical Superintendent
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Annexure B

Tariff applicable with respect to Services

Parties agree that the tariff with respect to the Services to be provided by the Network Provider shall be as follows and as agreed between the Insurer and the Network Provider from to time:

[***insert details***]

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Annexure C

Package Charges

1. A Discount of 0%Discount on Total IPD Bill. Shall be offered by the Network Provider in acknowledgement of the goodwill generated by this Agreement. This shall not be applicable on any package rates agreed upon between Insurer and the Network Provider.
2. The Network Provider shall also offer the following benefits in addition to the agreed discount Structure

   Discount of 0% on OPD Consultations

   Discount of 0% on Investigations

   Discount of 5% on Health Check-up Packages

   Discount of 0% on Items purchased from In House pharmacy

   Complimentary health camps / health awareness sessions at corporate sites

   Health checkup camps / health awareness sessions on discounted price

   Waiver offered on: - Yes / No

   - Registration / Admission Charges –NO
   - Admission Deposit –NO
   - Non-Medical Expenses up to INR 5000 –NO
   - Charges for expert health talks -NO
3. The Network Provider shall adhere to the capping of rates for the proceduces as determined by National Pharmaceutical Pricing Authority (NPPA) from time to time. The current capping of rates as determined by NPPA is set out in Annexure K.
4. 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 Insurer's patients. This shall be applicable to cashless and reimbursement hospitalizations of Insurer's patients.
5. Insurer shall not be responsible for any wrong transfers due to wrong details provided by the Network Provider in the NEFT form.
6. 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.
7. 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.
8. For procedures not defined within the pricing structure, the Network Provider shall employ rational and logical reasons for billing. Any clarifications sought by Insurer regarding the bill shall be provided by the Hospital / Healthcare Provider.
9. The Network Provider shall offer a choice of General Ward, Semi Private Rooms and Single Private Rooms only to all members of Insurer. Any effort made by the Hospital / Healthcare Provider to communicate to the customer that better room categories are available and not permitted by Insurer shall be construed as violation of this Agreement.
10. In case a customer insists on a higher room category, the Network Provider may ask the

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member to obtain an approval from Insurer stating that the Hospital / Healthcare Provider is not authorized to provide rooms above a Single Private AC category.

for

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Annexure D

Turn Around Timelines

1. All information sought by Insurer or the member shall be provided within a reasonable time frame which shall not exceed 2 working hours.
2. Insurer will endeavour to send a documented response to the preauthorization request within 1 hour of receipt of the preauthorization request. The response shall be in the form of an authorization, denial or query for more information.
3. In case of emergencies, the Network Provider may admit the member on the basis of the identity card and without an Authorization Letter. However, the Network Provider shall inform the help desk of Insurer and send the completed Preauthorization Form within 24 hours of admission for obtaining the authorization.
4. Insurer shall make a deduction of **10%** on the total payable amount for all bills received **2 days** after the discharge of the patient. The Network Provider shall forthwith inform the Insurer of the discharge of the patient as well as send the bill to the insurer by e-mail.

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Annexure E

De-Empanelment Of Network Providers

The following process is in accordance with the process note prescribed by the IRDAI.

Step 1 – Putting the Network Provider on "Watch-list"

1. Based on the claims data analysis and/ or the visits carried out on a Network Provider, if there is any doubt on the performance of the Network Provider, the Insurer can put that Network Provider in the "watch-list".

2. The data of such Network Provider shall be analysed very closely on a daily basis by the Insurer for patterns, trends and anomalies.

Step 2 – Suspension of the Network Provider

3. The Network Provider can be temporarily suspended in the following cases:

   a. For Network Providers which are in the "Watch-list", if the Insurer observes continuous patterns or strong evidence of irregularity based on either claims data or field visit to the Network Providers, the Network Provider shall be suspended from providing Services to the Beneficiaries and a formal investigation shall be instituted.

   b. If a Network Provider is not in the "Watch-list", but the Insurer observes at any stage that it has data/ evidence that suggests that the Network Provider is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurer involved in financial fraud related to health insurance patients, the Insurer may immediately suspend the Network Provider from providing Services to Beneficiaries and a formal investigation shall be instituted.

4. A formal letter shall be sent to the Network Provider regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

5. The Insurer can launch a detailed investigation into the activities of the Network Provider in the following conditions:

   a. For Network Providers which have been suspended.

   b. Receipt of complaint of a serious nature from any of the stakeholders.

6. The detailed investigation may include field visits to the Network Providers, examination of case papers, recording the statement of the Beneficiary (if needed), examination of the Network Provider records etc.

7. If the investigation reveals that the report/ complaint/ allegation against the Network Provider is not substantiated, the Insurer would immediately revoke the suspension (in case it is suspended). A letter regarding revocation of suspension shall be sent to the Network Provider within 24 hours of that decision.

Step 4 – Action by the Insurer

8. If the investigation reveals that the complaint/allegation against the Network Provider is correct then the following procedure shall be followed:

   a. The Network Provider must be issued a "show-cause" notice seeking an explanation for the aberration.

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b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.

c. The action could entail one of the following based on the seriousness of the issue and other factors involved:

   i. A warning to the concerned Network Provider,

   ii. De-empanelment of the Network Provider.

9. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

10. Once a Network Provider has been de-empanelled by the Insurer, following steps shall be taken:

   a. A letter shall be sent to the Network Provider regarding this decision.

   b. This information shall be sent to all the other insurance companies which are doing health insurance business.

   c. An FIR shall be lodged against the Network Provider by the Insurer at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.

   d. The Insurer which had de-empanelled the Network Provider, may be advised to notify the same in the local media, for the information of Beneficiaries about the de-empanelment, so that a Beneficiary does not utilize the services of that particular Network Provider.

11. If the Network Provider appeals against the decision of the Insurer, all the aforementioned actions shall be subject to the dispute resolution process agreed in the Agreement.

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Annexure F

Cashless Facility Admission Procedure

The following process is in accordance with the process and procedure prescribed by the IRDAI.

I Preauthorization procedure-planned admissions:

1. Request for hospitalization shall be forwarded by the Network Provider immediately after obtaining due details from the treating doctor in the preauthorization form prescribed by the IRDAI i.e. "request for authorization letter" (RAL). The RAL shall be sent electronically along with all the relevant details in electronic form to the 24-hour authorization /cashless department of the Insurer along with contact details of treating physician and the Beneficiary. The Insurer's medical team may consult the treating physician or the Beneficiary, if necessary.

2. If the treating physician of the Network Provider identifies any disease or ailment as pre-existing, the treating physician shall record it and also inform the Beneficiary immediately.

3. In cases where the symptoms appear vague / no effective diagnosis is arrived at, the medical team of the Insurer may consult with treating physician / Beneficiary, if necessary.

4. The RAL shall reach the authorization department of Insurer (seven) days prior to the expected date of admission, in case of planned admission.

5. If "clause 3" above is not followed, the clarification for the delay needs to be forwarded along with the request for authorization.

6. The RAL form shall be dully filled in clearly mentioning Yes or No and/or the details as required. The form shall not be sent with nil or blank replies.

7. The guarantee of payment shall be given only for the medically necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Non covered items as per terms and conditions of the policy, like telephone usage, food provided to relatives/attendants, Network Provider registration fees etc. must be collected directly from the Beneficiary.

8. The authorization letter by the Insurer shall clearly indicate the amount agreed for providing cashless facility for hospitalization.

9. In the event of the cost of treatment increasing, the Network Provider may check the availability of further limit with the Insurer.

10. When the cost of treatment exceeds the authorized limit, request for enhancement of authorization limit shall be made immediately during hospitalization using the same format as for the initial reauthorization. The request for enhancement shall be evaluated based on the availability of further limits and the hospital may be required to provide valid reasons for the same. No enhancement of limit is possible after discharge of Beneficiary.

11. Further, the Insurer shall accept or decline such additional expenses within a maximum of 24 hours of receiving the request for enhancement. Absence of receiving the reply from the Insurer within 24 hours shall be construed as denial of the additional amount.

12. In case the Beneficiary has opted for a higher accommodation /facility than the one eligible under the policy, the Network Provider shall explain the effect of such option and inform the Beneficiary at the time of admission as regard to owing the responsibility of such expenses by the Beneficiary including the proportionate expenses which have a direct bearing due to upgradation of room accommodation/facility. In all such cases, the Insurer shall pay for the expenses which are based on the eligibility limits of the Beneficiary. However, the Network Provider may charge any advance amount/security deposit from the Beneficiary only in such

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cases where the Beneficiary has opted for an upgraded facility to the extent of the amounts to be collected from the Beneficiary.

13. The Insurer guarantees payment only after receipt of RAL and the necessary medical details. The Authorization Letter (AL) shall be issued within 48 hours of receiving the RAL.

14. In case the ailment is not covered or the given medical data is not sufficient for the medical team of the authorization department to confirm the eligibility, Insurer shall seek further clarification/information immediately.

15. The Authorization Letter (AL) shall specify the authorization number and the amount guaranteed for the procedure.

16. In case the balance sum available is considerably less than the cost of treatment, the Network Provider shall follow their norms of deposit/running bills etc. However, the Network Provider shall only charge the balance amount over and above the amount authorized under the health insurance policy against the package or treatment from the Beneficiary.

17. Once the Beneficiary is to be discharged, the Network Provider shall make a final request for the pre-authorization for any residual amount along with the standard discharge summary and the standard billing format. The Network Provider shall prepare the discharge summary in the form and the manner as set out in Annexure I or in the format as may be amended and notified by IRDAI from to time.Once the Network Provider receives final authorization for a specific amount, the Beneficiary shall be allowed to get discharged by paying the difference between the pre-authorized amount and actual bill, if any. The Insurer upon receipt of the complete bills and documents shall make payment of the guaranteed amount to the Network Provider directly.

18. Due to any reason if the Beneficiary does not avail treatment at the Network Provider after the pre-authorization is released and any payment is made in this regard, the Network Provider shall return the amount to the Insurer immediately.

19. All the payments in respect of pre-authorised amount (subject to deduction of applicable tax at source) shall be made electronically by the Insurer to the Network Provider as early as possible but not later than a week, provided all the necessary electronic claim documents are received by the Insurer.

20. Denial of authorization (DAL) for cashless is by no means denial of treatment by the health facility. The Network Provider shall deal with such case as per their normal rules and regulations.

21. The Insurer shall not be liable for payments to the Network Providers in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

22. Parties shall ensure that the procedure specified in this Annexure is strictly complied in all respects.

II Preauthorization Procedure – Emergency Admissions:

1 In case of emergencies also, the procedure specified in clause (I) 1, 2 and 3 shall be followed.

2 The Insurer may continue to discuss with treating doctor till conclusion of eligibility of coverage is arrived at. However, any lifesaving, limb saving, sight saving, emergency medical attention cannot be withheld or delayed for the purpose of waiting for authorization. The Network Provider meanwhile may consider treating him by taking a token deposit or as per their norms.

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3 Once a pre-authorization is issued after ascertaining the coverage, the Network Provider shall refund the deposit amount to the Beneficiary if taken barring a token amount to take care of non-covered expenses.

III Preauthorization Procedure-RTA/MLCs:

1 If requesting a pre-authorization for any potential medico-legal case including road traffic accidents, the Network Provider shall indicate the same in the relevant section of the standard form.

2 In case of a road traffic accident and or a medico-legal case, if the victim was under the influence of alcohol or inebriating drugs or any other addictive substance or does intentional self-injury, it is mandatory for the Network Provider to inform this circumstance of emergency to the Insurer.

IV Authorization Letter (AL):

1 Authorization Letter shall specify the amount, guaranteed class of admission, eligibility of the Beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable as per the benefit plan for the Beneficiary.

2 The Pre-Authorization letter shall also specify validity of dates for admission and number of days approved for hospitalization, if any. If extension of days is required, Network Provider will need to take necessary approval along with supporting documentation.

3 In the event the room category, if any, is not available the same shall be informed to the Insurer and the Beneficiary. For such cases, if the Beneficiary is admitted to a class of accommodation higher than what he is eligible for and/or in case the insured has opted for a higher accommodation / facility than the one eligible under the policy, the Network Provider shall explain the effect of such option. In all such cases the Insurer shall only pay for the expenses which are based on the eligibility limits of the Beneficiary per the terms and conditions of the underlying policy.

4 The AL has a limited period of validity – which is 15 (fifteen) days from the date of sending the authorization.

5 AL is not an unconditional guarantee of payment. It is conditional on facts presented when the facts change the guarantee changes.

V Reauthorization:

1 Where there is a change in the line of treatment a fresh authorization shall be obtained from the Insurer immediately this is called a Reauthorization.

2 The same pre-authorization form shall be used for the reauthorization, and the same turnaround times as specified in Annexure D shall apply.

VI Discharge:

1 The following documents shall be included in the list of documents to be sent along with the claim form to the Insurer. These shall not be handed over to the Beneficiary.

A. Original pre-authorization request form.
B. Authorization Letter.
C. Original Discharge card.
D. Original investigation reports,
E. All original prescription & pharmacy receipt etc.

2 Where the Beneficiary requires the discharge card/reports or other relevant medical documents, photocopies of the same can be handed over at his or her own expenses and

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these have to be clearly stamped as "Duplicate & originals are submitted to Insurer". Where, the Beneficiary requests for any of the original reports, the Insurer shall arrange forwarding the originals by duly endorsing the settlement of the claim on such original reports. However, the Insurer may retain a copy of such reports as per their operational requirements.

3 The discharge card/Summary shall mention the duration of ailment and duration of other disorders if any like hypertension or diabetes and operative notes in case of surgeries. The clinical detail shall be sufficiently and justifiably informative. In addition, the Network Provider shall provide all the relevant details pertaining to past treatment availed by the Beneficiary available with the Network Provider.

4 The discharge summary format shall include the following standard contents:

a. Beneficiary's Name*
b. Telephone No / Mobile No*
c. IPD No
d. Admission No
e. Treating Consultant/s Name, contact numbers and Departments/Specialty
f. Date of Admission with Time
g. Date of Discharge with Time
h. MLC No/ FIR No*
i. Provisional Diagnosis at the time of Admission
j. Final Diagnosis at the time of Discharge
k. ICD – 10 code(s) or any other codes, as recommended by the Authority, for Final diagnosis*
l. Presenting Complaints with Duration and Reason for Admission
m. Summary of Presenting Illness.
n. Key findings, on physical examination at the time of admission
o. History of alcoholism, tobacco or substance abuse, if any
p. Significant Past Medical and Surgical History, if any*
q. Family History if significant/relevant to diagnosis or treatment
r. Summary of key investigation during Hospitalization*
s. Course in the Hospital including complication if any*
t. Advice on Discharge*
u. Name & Signature of treating Consultant / Authorized Team Doctor
v. Name & Signature of Beneficiary / Attendant*

5 The following guide notes for filling discharge summary shall be followed:

a. The Beneficiary's name shall be the official name as appearing in the Insurance Policy document and the attendants should be made aware that it cannot be changed subsequently, because in some cases the attendants give the nick names which are different from documented names. As a matter of abundant precaution, all personal information should be shown to the Beneficiary /attendant and validated with their signature.
b. The contact numbers shall be specifically those of the Beneficiary and if pertaining to attendant, the same should be mentioned.
c. Where applicable, copy of MLC/FIR needs to be attached.
d. Responses to point 4(b), (k) and (p) are desirable but not mandatory.
e. Significant past medical and surgical history shall be relevant to present ailment and shall provide the summary of treatment previously taken, reports of relevant tests conducted during that period. In case history is not given by Beneficiary, it should be specified as to who provided the same.
f. Either Summary of key investigations shall appear chronologically consolidated for each type of investigation or investigation reports will be submitted separately by Hospital.
g. The course in the Hospital shall specify the line of treatment, medications administered, operative procedure carried out and if any complications arise during course in the Hospital, the same should be specified.
h. Discharge medication, precautions, diet regime, follow up consultation etc. should be specified, if Beneficiary suffers from any allergy, the same shall be mentioned.

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i. The signatures/Thumb impression in the Discharge Summary shall be that of the Beneficiary because generally the Beneficiary is discharged after having improved. In other cases, like Death summary or transfer notes in case of terminal illness, the attendant can sign. In such cases, the inability of the Beneficiary to sign should be recorded by the attending doctor.

6 Signature of the Beneficiary on final Network Provider bill shall be obtained.

7 In the event of death or incapacitation of the Beneficiary, the signature of the nominee or any of Beneficiary's family who represents the Beneficiary as such subject to reasonable satisfaction of the Network Provider shall be sufficient for the Insurer to consider the claim.

8 The duly filled standard claim form as prescribed by the IRDAI from time to time, shall be presented to the Beneficiary for signing and identity of the Beneficiary shall be confirmed by the Network Provider.

VII Billing:

1 The Network Provider shall submit original invoices along with receipts of payment made directly to the Insurer and such invoices shall contain, at the minimum, following information:

a. the Beneficiary's full name and date of birth;
b. policy number;
c. the Beneficiary's address;
d. the admitting consultant;
e. the date and time of admission and discharge;
f. the procedure performed and procedure code according to ICD-10 PCS or any other code as specified from time to time;
g. the diagnosis at the time of treatment and diagnosis code according to ICD-10 or any other code as specified from time to time.
h. the description of each Service performed, together with associated Charges;
i. whether this is an interim or final bill/account;
j. the agreed standard billing codes associated with each Service performed and dates on which items of Service were provided;
k. the Beneficiary's signature (in original).

2 The Network Provider shall submit the following documents with the final invoice:

a. copy of pre-authorization letter;
b. fully completed claim form or the relevant claim section of the pre-authorization letter, signed by Beneficiary and the treating consultant along with hospital stamp and seal;
c. original and complete discharge summary and billing form in the standard form, including the treating Consultant's operative notes if any;
d. original investigation reports with corresponding prescription/request;
e. pharmacy bill with corresponding prescription/request;
f. any other statutory documentary evidence required under law or by the Beneficiary's policy; and
g. photocopy of the Beneficiary's valid photo identification (e.g. voter's Smart card/ID card, Passport or driving license etc.).

3 The Network Provider understands and agrees Insurer may provide optional covers to the members as per list I of Annexure M and as may be modified from time to time. Further, the Network Provider shall also adhered to costs to be subsumed in the billing as per list 2,3 and 4 of Annexure M and as may be updated from time to time

4 The Network Provider shall submit the final invoice and all supporting documentation required within 2 (two) days of the discharge date.

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5 The Network Provider shall submit bills as per enclosed standard format at Annexure H to this Agreement.

VIII Formats of Claim and other Forms

Parties agree and confirm to use all the claims form as issued by IRDAI from time to time. Currently the claim form shall be in the form as set out in Annexure L.

IX Service Level Agreement:

The Network Provider shall comply with the service level agreement as set out in Annexure N.

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Annexure G

'Protocol for Action Against Fraud' issued by the General Insurance Council

Parties agree that the protocol against fraud detection as issued by General Insurance Council, from time to time shall be adhered to. Any amended protocol as may be modified by General Insurance Council from time to time shall be deemed to have be replaced and the earlier protocol shall stand modified without any further action required by the Parties.

Standard guidelines issued by General Insurance council will be enclosed in the final agreement

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Annexure H

Standard Format For Network Provider Bill

Standard format as per IRDAI regulations will be enclosed in the final agreement

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Annexure I

Standard Format of Discharge Summary

Standard format as per IRDAI regulations will be enclosed in the final agreement

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Annexure J

Disclosure of Quality Parameters by Network Providers

Standard format as per IRDAI regulations will be enclosed in the final agreement

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Annexure K

Capping of Rates by National Pharmaceutical Pricing Authority (NPPA)

Circular issued by NPPA will be enclosed in the final agreement

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Annexure L

Standard formats as per IRDAI regulations will be enclosed in the final agreement

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Annexure M

Optional Covers offered by Insurer and costs to be subsumed by the Network Provider in the Billing

Standard format as per IRDAI regulations will be enclosed in the final agreement

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Annexure N

Service Level Requirements

Cashless Services

1. The Network Provider shall admit members upon the production of the identity card issued by Insurer and / or an Authorization Letter duly signed by the authorized signatory of Insurer. The Network 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 Network Provider shall inform the insurer 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. Upon admission, a Member shall be entitled to a room or such facilities as communicated by Insurer 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 Insurer.
3. All members of Insurer are entitled to the lowest category of Single Private Rooms or rooms below that category available in the Network Provider. For example, if the Network Provider has Deluxe Room, Super Deluxe Room & Suite Room (in increasing order of room rent), Insurer 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 Insurer in this regard. However, a member may choose a lower-class accommodation below the Single Private AC category and the Network Provider must provide the same.
4. All members of Insurer are entitled for maximum of Single Private AC or any Room Category below that. Insurer 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.

Billing Terms

1. The Network Provider tariff shall remain fixed for a period of **36 months** from the date of signing the agreement or this tariff (whichever is later). Any changes after this period shall be with mutual consent.
2. 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.
3. 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.
4. Wherever institutions such as Network 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.

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5. Institutions such as Network Provider / 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.
6. Network Provider shall provide the required details/information as per Table A and Table B publication on 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.

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UNDERTAKING & DECLARATION

UNDERTAKING FOR DNB PROGRAMME AT DISTRICT HOSPITALS IN THE STATE
Maharana Pratap District Combind Hospital, Bareilly, UP.

The State Govt. of U P has applied for accreditation of following district hospital in the State for DNB programme as under:

Applicant District Hospitals	Annexed Secondary Node with the applicant District Hospital for DNB training	Speciality applied for
Maharana Pratap District Combind Hospital, Bareilly	Rohikhand Medical Collage and Hospital, Bareilly	Ophthalmology

It is hereby undertaken that:

1. The State Govt will ensure that an operational tie up with annexed secondary node, the facilities/infrastructure of which are proposed to be utilized for training of DNB trainees at applicant district hospital, will continue uninterrupted for the period of accreditation.
2. No changes in the faculty will be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment at any of the applicant district hospital and its partner secondary node is to be replaced, the same be carried out within 2 months under intimation to the NBE and the total no. of faculty will not be reduced under any circumstances.
3. The selection procedure for the DNB candidates at above mentioned hospital shall be made only through the Centralized Merit Based Counseling conducted by the National Board of Examinations for admission to DNB courses in every admission session as per time schedule & guidelines notified by NBE. **There is no other admission methodology for DNB courses.**
4. The State Govt will facilitate participation of faculty from the applicant district hospitals/annexed secondary node in periodic faculty development/training of trainer's workshop.
5. The State Govt. will ensure that DNB training at applicant district hospitals will be carried out in accordance with prescribed NBE guidelines only.

Date: 8-5-19
Place: Lucknow

(Suresh Chandra)
Principal Secretary

SUSHIL KUMAR THAKUR

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Suresh Chandra, IAS
Principal Secretary
Medical Health & Family Welfare

Government of Uttar Pradesh
516, Vikas Bhawan,
U.P. Secretariat, Lucknow - 226001
Phone No.: (0522) 2234665, 2629904
Fax : 0522 - 2234549
E-mail : psecup.health@gmail.com

UNDERTAKING & DECLARATION

UNDERTAKING FOR DNB PROGRAMME AT DISTRICT HOSPITALS IN THE STATE

Maharana Pratap District Combind Hospital, Bareilly, UP.

The State Govt. of U P has applied for accreditation of following district hospital in the State for DNB programme as under:

Applicant District Hospitals	Annexed Secondary Node with the applicant District Hospital for DNB training	Speciality applied for
Maharana Pratap District Combind Hospital, Bareilly	Rohikhand Medical Collage and Hospital, Bareilly	Orthopedics

It is hereby undertaken that:

1. The State Govt will ensure that an operational tie up with annexed secondary node, the facilities/infrastructure of which are proposed to be utilized for training of DNB trainees at applicant district hospital, will continue uninterrupted for the period of accreditation.
2. No changes in the faculty will be made within the period of accreditation. However, under extreme circumstances if the Faculty/Guide present at the time of assessment at any of the applicant district hospital and its partner secondary node is to be replaced, the same be carried out within 2 months under intimation to the NBE and the total no. of faculty will not be reduced under any circumstances.
3. The selection procedure for the DNB candidates at above mentioned hospital shall be made only through the Centralized Merit Based Counseling conducted by the National Board of Examinations for admission to DNB courses in every admission session as per time schedule & guidelines notified by NBE. <u>There is no other admission methodology for DNB courses</u>.
4. The State Govt will facilitate participation of faculty from the applicant district hospitals/annexed secondary node in periodic faculty development/training of trainer's workshop.
5. The State Govt. will ensure that DNB training at applicant district hospitals will be carried out in accordance with prescribed NBE guidelines only.

Date: 8-5-19
Place: Lucknow

(Suresh Chandra)
Principal Secretary

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Maharana Pratap District Combined Hospital, Bareilly *(Name of the applicant hospital)* has applied for seeking accreditation with NBE in the speciality of **Orthopedic Surgery** *(Name of the applicant department for accreditation is sought)* The applicant hospital does not have adequate exposure in the areas of **Orthopedic Surgery** *(Specify departments, or subunits wherein exposure is deficient in-house)*

As per NBE requirements, comprehensive training shall be provided by the hospital as per prescribed DNB curriculum in the specialty. To ensure the same, the applicant hospital has undertaken a **Memorandum of Understanding (MoU) with Rohilkhand Medical College & Hospital, Bareilly** *(Name of the hospital with which MOU is undertaken)* which is recognized for MD/MS/DNB Programme in the specialty of **Orthopedic Surgery** *(Name of the applicant department for accreditation is sought)* and where the above mentioned exposure is available.

As per the MOU the trainees of the applicant hospital shall be rotated to the above mentioned *hospital under MOU* as per following externship plan:

Areas wherein exposure is inadequate in the applicant hospital	Proposed hospital for externship of trainees (Specify Name & complete address)	Duration of rotational posting (in weeks/months)
Orthodontics Prosthetics	Rohilkhand Medical College & Hospital, Bareilly	01 month
Plastic Surgery	Rohilkhand Medical College & Hospital, Bareilly	01 month
Neurosurgery	Rohilkhand Medical College & Hospital, Bareilly	01 month

The above said externship shall be governed by following terms and conditions:

	Terms & Conditions for Externship	Hospital submission
15.	The rotation shall be Hands on experience and not mere observership	YES
16.	How does the applicant hospital propose to monitor the training of the candidates as part of the proposed MoU?	At Rohilkhand Medical College & Hospital Bareilly
17.	Who shall bear the stipend of the candidate during this period of training outside the hospital in another accredited institute?	Maharana Pratap District Combined Hospital Bareilly, through UP Government/NHM
18.	What shall be status of theses supervision?	Faculty at Maharana Pratap District Combined Hospital Bareilly

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19.	How will the Nodal Supervisor and Guide of the candidate provide teaching and guidance during the period?	Faculty at Maharana Pratap District Combined Hospital Bareilly
20.	Nature of responsibilities of the respective hospitals that shall deploy the candidate for the appropriate period of providing training.	Faculty at Maharana Pratap District Combined Hospital Bareilly
21.	Validity of MoU: The MOU shall be effective w.e.f. 20.02.2019 and shall remain valid till Completion of DNB First Batch	

Date: 16th March 2019

Place: Bareilly

Signature & Stamp of Head of the Institute
(Applicant Hospital)

Dy. Addl Director & Supdt in Chief
Maharana Pratap Distt Combined Hospital
Bareilly

Signature & Stamp of Head of the Institute
(Hospital under MOU)

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Annexure – MoU (RP)

Maharana Pratap District Combined Hospital, Bareilly *(Name of the applicant hospital)* has applied for seeking accreditation with NBE in the speciality of **Ophthalmology** *(Name of the applicant department for accreditation is sought)* The applicant hospital does not have adequate exposure in the areas of **Ophthalmology** *(Specify departments, procedures wherein exposure is deficient in-house)*

As per NBE requirements, comprehensive training shall be provided by the hospital as per prescribed DNB curriculum in the specialty. To ensure the same, the applicant hospital has undertaken a Memorandum of Understanding (MoU) with **Rohilkhand Medical College & Hospital, Bareilly** *(Name of the hospital with which MOU is undertaken)* which is recognized for MD/MS/DNB Programme in the specialty of **Ophthalmology** *(Name of the applicant department for accreditation is sought)* and where the above mentioned exposure is available.

As per the MOU, the trainees of the applicant hospital shall be rotated to the above mentioned *hospital under MOU* as per following externship plan:

Areas wherein exposure is inadequate in the applicant hospital	Proposed hospital for externship of trainees (Specify Name & complete address)	Duration of rotational posting (in weeks/months)
Neurology	Rohilkhand Medical College & Hospital, Bareilly	01 month
Radiology	Rohilkhand Medical College & Hospital, Bareilly	01 month
Eye Bank	Rohilkhand Medical College & Hospital, Bareilly	01 month
Microbiology	Rohilkhand Medical College & Hospital, Bareilly	01 month

The above said externship shall be governed by following terms and conditions:

	Terms & Conditions for Externship	Hospital submission
1.	The rotation shall be Hands on experience and not mere observership	YES
2.	How does the applicant hospital propose to monitor the training of the candidates as part of the proposed MoU?	At Rohilkhand Medical College & Hospital Bareilly
3.	Who shall bear the stipend of the candidate during this period of training outside the hospital in another accredited institute?	Maharana Pratap District Combined Hospital Bareilly, through UP Government/NHM
4.	What shall be status of theses supervision?	Faculty at Maharana Pratap District Combined Hospital Bareilly

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5	How will the thesis supervisor and guide of the candidate provide teaching and mentoring support during this period?	Faculty at Maharana Pratap District Combined Hospital Bareilly
6.	Nature of responsibilities of the respective hospitals that shall deploy the candidate for the appropriate period of providing training	Faculty at Maharana Pratap District Combined Hospital Bareilly
7.	*Validity of MoU*: The MOU shall be effective w.e.f. 20.02.2018 and shall remain valid till Completion of DNB First Batch.	

Date: 16th March 2019

Place: Bareilly

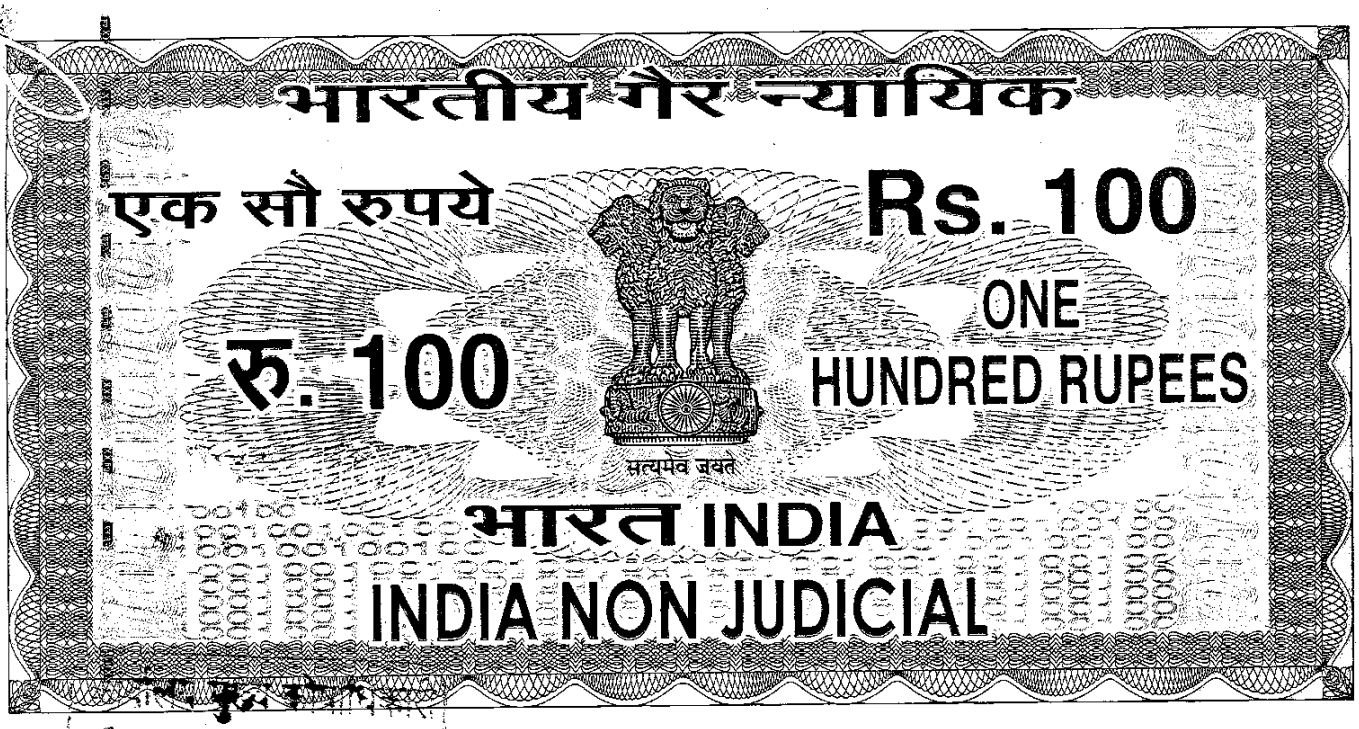
Signature & Stamp of Head of the Institute
(Applicant Hospital)

Div. Asst Director & Supdt in chief
Maharana Pratap Distt Combined Hospital
Bareilly

Signature & Stamp of Head of the Institute
(Hospital under MOU)

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उत्तर प्रदेश UTTAR PRADESH

DU 326803

24 JUN 2019

बरेली-11

Agreement
For Implementation of
Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)
Between
[Rohilkhand Medical College And Hospital, Bareilly]
and
[Uttar Pradesh State Health Agency]

This Agreement (Hereinafter referred to as "Agreement") made at _____ on this 3rd day of May 2018 2019 (3.05.2019)

BETWEEN

Uttar Pradesh State Health Agency, SACHIS, a Society registered by the State Government of Uttar Pradesh, and having its registered office SACHIS, 4th Floor, Nav Chetna Kendra, 10 Ashok Marg, Hazratganj, Lucknow, 226001 (hereinafter referred to as "SHA" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assignees) as FIRST PARTY.

AND

Rohilkhand Medical College and Hospital(Empanelled Health Care Provider or EHCP) an institution located in Bareilly, Uttar Pradesh having their registered office at **Opp. Suresh Sharma Nagar, Pilibhit Bypass Road** (here in after referred to as "EHCP", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assignees) as Second PARTY.

(डा० राजेन्द्र कुमार)
संयुक्त निदेशक एवं मॉडल अधिकारी

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Medical Superintendent
and Medical College Hospital
BAREILLY

ROHILKHAND MEDICAL COLLEGE & HOSPITAL

Pilibhit Bypass Road, Opp. Suresh Sharma Nagar,Bareilly. (U.P.) 243 006 INDIA
Phone : 0581-2526011, 2526012 Fax : 0581-2526054, 2303345
e-mail : info@rmcbareilly.com, www.rmcbareilly.com

To,
ERICSON INSURANCE TPA PVT. LTD.
11-C, Corporate Park
S.T. Road, Chembur
Mumbai - 400071

Date:- 17/4/2019

SUB: Regarding Empanelment :- Rohilkhand Medical College & Hospital Bareilly

Dear Sir,

I take this privilege to introduce Rohilkhand Medical College & Hospital established in 2006 by Rohilkhand Education Charitable Trust with an infrastructure comprising of 825 beds, 11 Operation Theatres,51 Intensive Care Unit Beds,24x7 Emergency facilities, full range of state-of-the-art diagnostic laboratories and comprehensive rehabilitation facilities. Rohilkhand Medical College & Hospital is the city first multi-specialty hospital of Bareilly to provide health care within the reach of common man. Over the year it has progressed bringing in the latest and most modern medical care in critical and life threatening areas. Our constant endeavor is to continuously upgrade our facilities. Preventive, diagnostic and therapeutic services are the core of our eminent specialists. The Hospital is situated opposite Suresh Sharma Nagar, Pilibhit Bypass Road Bareilly and is a 825 Bedded Hospital with satellite centers at Rithora and Rampur Garden, Bareilly. Our constant endeavor is to provide affordable care to patients at nominal cost.

We are a professional managed group having special interest in healthcare and medical education.

Our hospital provides medical services in following :-

General Surgery, Trauma & Neuro Surgery, Orthopedics & Joint Replacement, Spine Surgery, Surgical Oncology,GeneralMedicine,EmergencyMedicine,RespiratoryMedicine,PediatricMedicine,Ophthalmology &E.N.T, Obstetrics & Gynecology, Dermatology ,Pediatrics, Neonatology. Neonatology Intensive Care Unit, Medical Intensive Care Unit, Pediatric Intensive Care Unit, Respiratory Intensive Care Unit, Surgical Intensive Care Unit, Dialysis, Cardiology, Angioplasty, Balloon Mitral Valvuloplasty, MRI, CT Scan, Digital X-Ray, Ultra Sound, Color Doppler and others. Today the hospital offers a tertiary level care in 14 specialties and has assembled the finest medical talent – Physician, Surgeons, Nursing Professionals and Technician. The skills of our Medical Professionals are enriched with international experience. This is in line with the continuing ethos of the hospital to combine the best medical care with warmth and tenderness which is the healing process.

Thanking Your
Yours Sincerely,

Administrative Officer
Rohilkhand Medical College & Hospital
Bareilly

Dr. Faiz Shamsi
(Administrator - Officer)

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MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN ERICSON INSURANCE TPA PVT LTD.

AND_____

This MOU made and executed at Mumbai onthis of 201 between

Company duly registered under The Companies Act, 1956, which has its Registered Office at 308, 3rd floor, Swastik Chambers, Swastik Park, Chembur, Mumbai-400071 & Corporate Office at 4th Floor, New Vijay Cinema Building, S.T. Road, Chembur, Mumbai - 400071 (hereinafter referred to as "TPA", which expression shall unless it is repugnant to the context or meaning thereof shall deem to mean and include its successors and assignees) as party of the FIRST PART.

AND

Rohilkhand Medical College & Hospital, a company incorporated under the Companies Act, 1956 and having its registered office at CMO (Bareilly), (hereinafter, referred to as "Provider", which expression shall, unless repugnant to or inconsistent with the context or meaning thereof, mean and include its successors and permitted assigns), as party of the SECOND PART.

WHEREAS TPA intends to offer and / or provide various services, through certain other business associates, including healthcare services and third party administration services. TPA will provide cashless Service to Policyholders (hereinafter referred to as "Insured person/beneficiary") at Network Hospitals.

WHEREAS the aforesaid PROVIDER represents that it owns and operates _____ as mentioned in the Annexure I to the MOU and confirms that it is capable and well equipped to provide medical services. WHEREAS the TPA has offered to join in their network of Hospitals to provide medical treatment and allied services AND WHEREAS the provider accepted the said offer agreed to join in the TPA network of hospitals to provide medical treatment and allied services subject to terms and condition stipulated hereunder.

Scope of the Agreement:-

The Provider is willing to extend medical facilities and treatment to insured persons/beneficiaries covered under such healthcare management plans on the agreed terms and conditions, and TPA is interested in providing its Health care related services to its beneficiaries with Medical/Hospitalization services.

NOW TH IS Memorandum of Understanding WITN ESS ETH as follows:

Identification of Insured Person

For the purpose of identification TPA shall provide each Insured Person an Identity Card with or without photograph with details like name, period up to which Card is valid etc.
The Provider shall identify the Insured Person seeking admission for treatment through the Identity Card issued by TPA and in case of identity card without photograph or when in doubt through other documents with alternative ID such as Passport, Income Tax PAN, and Voters ID card, Driving License or any other valid Photo Identity document that conclusively establishes the Identity.

Procedure: Planned Admission

2.1. TPA shall receive request for hospitalization from the Insured Person (OR Insured Persons representative when he/she is unable to personally communicate due to medical condition) through the provider.

2.2. On receipt of such request and after due scrutiny, TPA will issue a Letter of Credit (LOC) specifying his / her entitlement of available benefits. LOC will mention the amount authorized class of accommodation, eligibility of beneficiary or other sub limits & co-payment, etc.

2.3. The copy of LOC will be dispatched to the beneficiary through Email/Fax/Post/Hand delivery for being produced to the Provider at the time of admission.

3. The Provider will not extend CASHLESS facility for Medical Treatment to any Insured person without LOC issued by TPA. The Provider shall deal with such cases as per their normal rules and regulation.

4.1. TPA is responsible for payment up to the amount specified in LOC for the services rendered by the Provider to the insured in terms of this agreement.

4.2. The provider shall provide **CASH LESS** FACILITY TO THE Insured Person only up to the amount specified in the LOC as issued by TPA OR if the estimate of the expenses or the real expenses incurred is to be over and above the amount specified by TPA in the LOC, the Provider will inform the Insured Person Accordingly and arrange to collect such EXCESS **AMOUNT FROM THE** INSURED PERSON (as per their norms while treating patients who do not fall under the purview of CASH LESS). Provider will explain all **details to Insured about shortfall/reduced LOC** & will collect **remaining amount from Insured.** TPA would not be responsible for reimbursing any amount which is either in excess of the amount stated in LOC or which is not approved by it. The provider shall submit interim bills for enhancement if required & the same may be approved subject to the term & conditions of the Policy.

For Rohilkhand Medical College & Hospital

PROVIDER'S AUTHORIZED SIGNATORY
(Office Seal)

Authorised Signatory

ERICSON TPA AUTHORIZED SIGNATORY
(Office Seal)

SUSHIL KUMAR THAKUR

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4.3. **If some expenses incurred by the insured Person is not related to actual medical treatment and non-medical items that are not payable by the TPA, must be directly collected by Provider from the Insured Person. The list of Non Medical items are mentioned in "Annexure I' which is only an indicative list and not an exhaustive list.**

4.4. TPA will not be responsible for making payments for items that are INADMISSIBLE as per the Insurance Policy/guidelines in force from time and such inadmissible items shall be intimated to Provider by TPA.

4.5. Request for enhancement of pre authorization for any guaranteed amount shall be made before discharge of the patient. Request will be denied, in case of failure to do so.

Procedure: Emergency Admission

5.1. When the Insured Person requires emergency admission in view of accidental injuries OR medical emergency. The Provider shall admit on the basis of identity and eligibility established through ID Card.

5.2. However it is the responsibility of the Insured person (OR Insured Person's representative when he/she is unable to personally communicate due to medical condition) to intimate TPA details of the medical case along with relevant documents WITH IN 24 hours of admission through the provider, for obtaining Post Admission Letter of Credit from TPA and submitting same to the Provider.

5.3. In case the Provider does NOT receive the Post Admission Letter of credit from TPA, the medical case is to be treated as a normal case and the Provider should proceed with collections as per their normal business practice. TPA cannot be made liable for the payment in such case.

6. Request for enhancement of credit for any guaranteed amount shall be made before discharge of the patient. Request will be denied, in case of failure to do so.

Medicine Supply & Diagnostic Tests etc.

7.1. The Provider will arrange to supply all medicines and medicinal requirements, injections, surgical materials and disposable items required for medical treatment of the beneficiary as per medical norms and include them in the final bill, stating cost of each item.

In case the Provider does not have the facility to provide such items necessitated from the medical point of view for treatment of the beneficiary from within its own resources the Provider shall arrange to obtain such items from outside medical sources and include the cost of such medicine in the final bill mentioning cost of each medicine.

In case the Provider does not have the facility to carry out some of the diagnostic tests necessitated from medical point of view for treatment of the beneficiary, the Provider shall arrange to carry out these tests at other Diagnostic Centers and include the charges of such tests in the final bill, mentioning cost of each test.

Documents to be handed over

8. At the time of discharge of the Insured person who has availed of cashless facility after obtaining valid LOC, the Provider shall submit the following documents to TPA-

i Original discharge summary.
ii. Final Hospital bill with break up. Amount collected by provider from insured must clearly be mentioned in final bill. (in detail)
iii. Original copies of investigation reports.
iv. Doctors/Surgeons/Anesthetists (as applicable) bill with breakup.
v. Any other documentary evidences statutorily required under the law, such as FIR in case of an Accident/Medico Legal cases.
vi. TPA shall be entitled to verify and obtain copies of any further documents such as Case Sheets, as may be deemed necessary.
vii. Should obtain claim form duly filled & signed by patient/insured and will form part of claim documents.
viii. Should obtain signature of patient/insured on main bill.
ix. Copy of Ericson TPA card. In case of photoless cards, copy of any other photo Identification of patient should be taken & submitted along with claim documents.

Bill **submission**

9. All bills for which LOC given, shall be submitted within 7 working days from the date of discharge.

Payments

10.1. All Payments in respect of the final bills, subject to limits specified in LOC, as may be applicable from time to time, shall be made by TPA directly to the provider within a period of 30 working days from the date of receipt of bills.

10.2. Provider shall give the list of applicable tariffs to the TPA and any changes shall be intimated immediately and are subject to approval from TPA. Provider shall charge as per intimated tariffs for all services offered.

10.3. Any denials/repudiation of claim shall be informed by TPA to the provider in writing within 15 working days from the date of submission of all documents.

10.4. Any deficiency in documents submitted will be intimated to the hospital within 7 working days of submission of claim documents. If required documents are not submitted within stipulated time of 30 days, the claim will be repudiated and TPA will not be liable for payment.

For Rohilkhand Medical Institute & Hospital

Authorised Signatory

PROVIDER'S AUTHORIZED SIGNATORY
(Office Seal)

ERICSON TPA AUTHORIZED SIGNATORY
(Office Seal)

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Warranties by Provider

11. The insured person will be provided treatment by the panel of consultants/doctors/surgeons/medical staff of the provider Hospital according to the established clinical protocols and prevalent norms in the medical world. The provider warrants that it shall follow ethical practices in conducting diagnostic tests, prescribing medical procedures etc at all points of time.

12. The provider warrants that the hospital would be well maintained and will have qualified & experienced medical staff and all necessary and up-to-date facilities round the clock for treatment of insured Person.

13. Provider warrants that it shall not disclose to any outsider persons or agencies any confidential information regarding the Patient ORTPA whether marked *"confidential"* or not unless authorized to do so by TPA.

14. Confidentiality

a) The provider undertakes to protect the secrecy of all the data of Ericson TPA Healthcare Pvt. *Ltd .and trade or business secrets of "TPA" and* shall not share the same with any unauthorized person for any reason whatsoever. Further TPA also respects the confidentiality of the provider and undertakes to protect the secrecy on all medical information and reports concerning TPA card holders.

15. The provider shall treat the beneficiaries of TPA according to good business practice.

16. The provider will extend priority admission facilities to the beneficiaries of the client, whenever possible.

17. The provider shall ensure that medical treatment/facility with all due care and accepted standards is extended to the beneficiary.

General

18. All planned admission should be with prior approval. The TPA will respond to all pre authorization and enhancement request bythe provider within 1 hrs & 2 hrs respectively.

19. In case of emergency admission, the provider will extend the cashless facility to the beneficiary. TPA will respond within 30 minutes- 3 hrs after receiving post admission authorization request sent by the provider.

20. The choice of provider's hospital for treatment shall be entirely that of insured person. Provider shall not make any representation associating TPA with the treatment regarding which TPA shall have no liability whatsoever.

21. The provider shall render services as an independent Contractor and shall not act or purport to act as an agent or agency of TPA.

22. TPA will not interfere in the treatment provided to the insured person who is undergoing treatment as a patient in the concerned Provider Hospital.

23. TPA Medical Representative may visit the hospital to liaison with the beneficiary and the Medical consultant in charge of the beneficiary but will not suggest or insist on any medical course of action. The Medical treatment or the course of action related to treatment will be the sole prerogative of the Provider Hospital.

24. The Provider Hospital will not take any deposit from the Insured person in case of emergency (Max 24 Hours or till LOC information is received).

25. Provider will send the claim documents along with the Bills to TPA.

26. The Provider shall have no objection to use its name, and other relevant material in advertisement, promotional literature, brochures, website etc, sponsored by TPA.

27. This agreement shall come into force with effect from ____ and remain in force for a period of 2 years until terminated by mutual consent or by giving to the other not less than 30 days' prior written notice. However, in case of any breach of warranty/violation of terms and conditions from any party, non-breaching party shall be entitled to terminate the agreement forthwith.

28. In the event of termination of the Agreement TPA will be responsible for payment of bills in respect of treatment which has been Authorized or for which request has been made to TPA prior to the date of termination, provided it is found admissible under the terms of policy.

29. Any amendments in the clauses of the MOU can be affected as an addendum, after the written approval from both parties.

Discount-Agreed discount is implied on the total bill of the admission, whether authorized fully or partly by Ericson TPA. A discount of__ % **on inpatient services, __ % on outpatient service and__ % to be extended on all the packages except the__ to the members by the provider (Please enclose separate sheets if required with the details on discounts)**

TPA and The provider hereby agree to indemnify from and against all at any cost damages or losses and hold harmless (Whether consequential business or otherwise) arising out of breach any representation, warranty and/or covenant made by it though this MOU, any breach ot understanding/any service mutually agreed upon or for non -fulfillment of its obligations under this MOU or any law or to any Third Party/ Parties.

For Sushil Kanti Hospital

Authorised Signatory

PROVIDER'S AUTHORIZED SIGNATORY
(Office Seal)

ERICSON TPA AUTHORIZED SIGNATORY
(Office Seal)

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
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Any Disputes, claims arising out of this Agreement between the parties are subject to arbitration.

a. Either party shall send a written notice to the other party involving arbitration or it shall commence NOT later than 60 days from the time of such notice.
b. Parties shall refer the dispute to their respective CEO/CAD for resolution.
c. In the event CEO are unable to resolve the dispute within 30 days of its being referred to them, then either party may refer the dispute to the sole arbitrator who shall be jointly appointed by both the parties OR in case both the parties are unable to agree on the choice of sole arbitrators, by three arbitrators, one to be appointed by each party with power to the two arbitrators so appointed to appoint the Third arbitrator. The law governing Arbitration shall be Arbitration & Conciliation Act 1996 as amended or reconstituted from time to time and the proceedings of Arbitration shall be conducted at Mumbai, India in English Language.

In witness thereof this Memorandum of Understanding is executed by or on behalf of the parties the day and year first before written.

Signed and delivered by the within named

_____ Sign

Through
Shri/Smt_____. Sign

In the presence of Shri/Stat.

Signed and delivered by the within named

ERICSON TPA HEALTHCARE PVT.
LTD.

THROUGH Shri/Smt._____ Sign

In presence of Shri. (Witness) Sign

Annexure-I

Non payable items
Registration and Administration charges
Cashless, TPA charges administration charges and discharge procedure charges
Surcharges, service charges and luxury charges
Medical records, documentation, certificate charges, Birth certificate, courier charges, Mail or internet charges Separate a/c/cooler, Telephone, TV and luxury charges, Service/Maintenance charges if charged separately. Electricity and water charges
Advance booking charges for Room, Ante-natal, OT, Blood bank etc.
MLC charges
Housekeeping and maintenance charges
Washing and laundry charges
TPA processing fee, courier charges and fax charges Ambulance and conveyance charges Ambulance charges
Food and beverages charges
Gowns, linen, cozy sheets, towels,
Medicines box, Measuring jars, ounce glasses, nebulizer kit, Autoclave, LSCS kit/Baby kit, Identification bands
Dietician/nutritional Planning-Diet charges
Paper gloves/non sterile gloves, surg tapes/tegaderm, spirits, betadine
Pelvic traction kit, lumbar belt, cervical collar, arm slings, shoulder immobilizer, knee immobilizer, Knee/shoulder brace, crepe bandages, stockings and leggings, shoe covers, tourniquets, urine containers, Band-Aid, eye shield, eye guard, eye pads, spectacles Barber charges, disposable razors, and Preparation charges. Screening test HIV and HbsAg unless indicated Special/private nurse, Ayaas or special attendant. Discharge medicines
CAPD and C-PAP equipment.
Glucometers, uro meters, nebulizers, BIPAP machines, 02 charges Donor screening charges Mortuary charges.
Separate baby charges without indication ECG leads and O2 probes Surgical drill, Spiro meter.
Tissue papers, Under pads, napkins, sanitary pads, disposable inner wears
Cold pads / hot pads
CD, Cassette and camera charges
Oils, soaps, Tooth Paste and Brush Alcohol swabs
Molinea sheets.
Utilities like- hair removers, creams, dettol, savlon, microshield-sterillium (hand wash), colognes Purchase of Airbed, alpha bed, water bed Thermometer
Glucostix unless indicated Vaccination charges. Breast pump
RMO/DMO, Assistant charades ir~ minor sur§ical procedure.
All Food supplements, Protein energy drinks & other health drinks Mopping Pad Wheel Chair.

For Rohilkhand Medi l College & Hospital

PROVIDER'S AUTHORIZED SIGNATORY
(Office Seal)

Authorised Signatory

ERICSON TPA AUTHORIZED SIGNATORY
(Office Seal)

SUSHIL KUMAR THAKUR

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Gmail Search mail

1 of 724

4

Success Payment Hospital Renewal

Inbox ×

Rohini <rohini@iib.gov.in> 26 Nov 2018, 16:38 (0 minutes ago)
to me

Dear Rohilkhand Medical College & Hospital,

Greeting FROM ROHINI (Registry of Hospitals IN Network of Insurance)!

We are happy to inform you that your registration has been renewed with the Registry of Hospitals in Network of Insurance and the ROHINI ID continues to be 8900[illegible]. The registration is valid up to " 2019-12-06 ".

In case you have any queries, write to us at (rohini@iib.gov.in)

Yours truly,

ROHINI
(Registry of Hospitals IN Network of Insurance)

Website:
ROHINI:https://rohini.iib.gov.in/
IIB: https://iib.gov.in/

For Rohilkhand Medical College & Hospital

Authorised Signatory

SUSHIL KUMAR THAKUR
Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC9D793F2708FC9D687F06B89F4196B93253 26C0EEC86FECC22CC0, CN=SUSHIL KUMAR THAKUR
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Date: 2024.11.13 22:54:53 +05'30'
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पंजी करण हेतु आवेदन–पत्र (प्रारूप)

(समस्त अधिकृत चिकित्सकों एवं प्रतिष्ठानों)

कार्यालय मुख्य चिकित्सा अधिकारी
पंजीकरण सं० 1/10/96
दिनांक 4/11/96
मुख्य चिकित्सा अधिकारी
बरेली।

सेवा में,

मुख्य चिकित्सा अधिकारी,
जनपद Bareilly
उत्तर प्रदेश

महोदय,

कृपया मेरी क्लीनिक/चिकित्सा प्रतिष्ठान जिसका विवरण निम्नवत् है का पंजीकरण करने का कष्ट कर :–

1. **चिकित्सा प्रतिष्ठान का प्रकार :–** Renewed w.e.f 1.4.2015 to 31.3.16

(अ) चिकित्सालय, नर्सिंग होम, मेटर्निटी होम, मेडिकल क्लीनिक, निजी चिकित्सक, चिकित्सा एवं स्वास्थ्य सेवायें प्रदान करने हेतु, पैथालाजी प्रयोगशाला, डायग्नोस्टिक क्लीनिक।

(ब) अधिष्ठान व्यक्तिगत अथवा फर्म, सोसाइटी, ट्रस्ट, प्राइवेट लि० या पब्लिक लि० कम्पनी द्वारा संचालित है।

Chief Medical Officer
Bareilly

2. **क्लीनिक/प्रतिष्ठान का पता :–** ROHILKHAND MEDICAL COLLEGE HOSPITAL
INSTITUTE OF DENTAL COLLEGE CAMPUS
PILIBHIT BY PASS ROAD
BAREILLY - 243006

3. **प्रदत्त चिकित्सा सेवायें :–** Medical College Hospital Renewed w.e.f 1.4.2016 to 31.3.17

4. **पंजीकृत एवं अधिकृत चिकित्सक/चिकित्सकों का विवरण**
(जो कार्यरत/नियुक्त लगाये हुए हैं।)

क्र.सं.	नाम	योग्यता	संस्था पंजीकरण संख्या	पंजीकरण संस्था
	LIST ENCLOSED		Renewed w.e.f 1.4.2017 to 31.3.18	

Chief Medical Officer
Bareilly

5. **कार्यरत पैरामेडिकल्स के नाम :–** Renewed w.e.f 1.4.2018 to 31.3.2019

क्र.सं.	नाम	योग्यता	संस्थान
	LIST ENCLOSED.		Renewed w.e.f 1.4.2019 to 31.3.2020

Chief Medical Officer
Bareilly

संलग्नक :–

1. योग्यता, डिग्री डिप्लोमा व पंजीकरण प्रमाण–पत्र प्रमाणित प्रतिया।
2. मेडिकल संस्थान को संचालित करने वाले अथवा संस्थान के प्रभारी का समर्थन में नोटरी द्वारा सत्यापित शपथ–पत्र।

दिनांक 21/12/2005

For Rohilkhand Medical College & Hospital
Authorised Signatory

आवेदक के हस्ताक्षर
(चिकित्सा सेवाये प्रदान करने वाले/चिकित्सा संस्थान के प्रभारी)
नाम Dr ASHOK AGARWAL
पता : MBBS, MD, DCH

नोट :–

1. समस्त उपरोक्त आवेदन–पत्र पूर्ण विवरण, प्रमाण–पत्रों एवं शपथ–पत्र सहित सम्बन्धित जन 30.4.2004 अथवा उसके पूर्व दो प्रतियों में प्राप्त कराये जायेंगे। मुख्य चिकित्सा अधिकारी

SUSHIL KUMAR THAKUR
Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, OU=0022, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708EC9D687E06B89F4196B9325326C00EECB6FEC22C0354, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
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ERICSON INSURANCE TPA PVT.LTD.

11-C, Corporate Park, S.T.Road, Chembur, Mumbai-400071
Website: www.ericsontpa.com E mail: - care@ericsontpa.com
Tel no: 022-25280280 Fax no: 022-25270200

HOSPITAL INFORMATION PROFORMA

NAME OF THE HOSPITAL:- Rohilkhand Medical College & Hospital

ADDRESS:- Opp. Suresh Sharma Nagar, Pilibhit Bypass Road Bareilly - 243006

LANDMARK:- Pilibhit Bypass Road DISCTRICT:- Bareilly

STATE:- Uttar Pradesh PIN CODE:- 243006

TELEPHONE:- 05812526011 FAX: - 05812526054

MAIL ID:- rsbyrmch@gmail.com

BED CAPACITY:- 825 Hospital Registration No:- 1/Hospital

SPECIALITY:- Single ___ Multiple ✓

OWNERSHIP:- Individual __ Partnership __ Private Limited __ Others Trust

CONTACT DETAILS: -

ADMINISTRATOR: - Mobile No: 8171790347

Landline No: 05812526011

Particulars	Owner/ Director/ Trustee Info		
	Person 1	Person 2	Person 3
Name	Dr. Ashok Kumar Agarwal		
Mobile No			
Landline No	05812526011		
Email ID	rsbyrmch@gmail.com		

Particulars	Finance Head Info	Marketing Head Info
Name	Mr. Arfat Khan	Dr. Faiz Shamsi
Mobile No	9568893120	8171790347
Landline No	05812526011	05812526011
Email ID	rsbyrmch@gmail.com	rsbyrmch@gmail.com

Particulars	TPA Coordinator Person 1	TPA Coordinator Person 2
Name	Dr. Faiz Shamsi	Ms. Shehroon Husain
Mobile No	8171790347	9456624629
Landline No	05812526011	05812526011
Email ID	rsbyrmch@gmail.com	rsbyrmch@gmail.com

For Rohilkhand Medical College & Hospital

HOSPITAL STAMP

SUSHIL KUMAR THAKUR

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Reason: your signing reason here
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Date: 2024.10.15 13:26:35+05'30'
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CERTIFICATION DETAILS: -

Particulars	No	Valid From	Valid Up To
ROHINI Reg	890008004807 2		6/12/2019
Application ID for NABH			
Pre Accreditation Entry Level No			
NABH Progressive Level Certification No			
NABH Accreditation No.			
JCI Accreditation No.			
ISO Certification			

CONSULTANT DETAILS: -

Name of the Consultant	Qualification	Registration No	Speciality
			List Attached

NAME OF SPECIALITY AVAILABLE: -

1.	7.	13.	19.
2.	8.	14.	20.
3.	9.	15.	21.
4.	10.	16.	22.
5.	11.	17.	23. List Attached
6.	12.	18.	24.

DETAILS OF DEPARTMENT AVAILABLE: -

Department Name	Department Name
1.	7.
2.	8.
3.	9.
4.	10.
5.	11. List Attached
6.	12.

For Rohilkhand Medical College & Hospital

HOSPITAL STAMP

SUSHIL KUMAR THAKUR

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Date: 2024.10.15 13:26:35+05'30'
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DETAILS OF DIAGNOSTIC SERVICES/EQUIPMENTS AVAILABLE - PLS ATTACH COPY OF THE DETAILS OF THE SERVICES:-

LAB SERVICES	**Yes**	Yes	**No**	___
RADIOLOGY				
X Ray	**Yes**	✓	**No**	___
CT Scan	**Yes**	✓	**No**	___
MRI	**Yes**	✓	**No**	___
PET Scan	**Yes**	___	**No**	___
Others If Any	Cath Lab			

FACILITIES AVAILABLE: -

Operation Theatre	Yes ✓	No ___	Units 12
Labour Room	Yes ✓	No ___	Units 2
Emergency Ward	Yes ✓	No ___	Units 1
Blood Transfusion	Yes ✓	No ___	Units ___
ICU	Yes ✓	No ___	Units 51
In-house Pharmacy	Yes ✓	No ___	Units 9
Laboratory	Yes ✓	No ___	Units ___
Dialysis	Yes ✓	No ___	Units ___
Chemotherapy	Yes ___	No ___	Units ___
Radiation Chemotherapy	Yes ___	No ___	Units ___
24*7 Doctor/Consultant Availability	Yes ✓	No ___	
Ambulance	Yes ✓	No ___	
Any Other, Please Specify Name			

ESCALATION MATRIX:

Particulars	Person Name	Contact No
SPOC Person		
2nd Level Escalation		
3rd Level Escalation		

Note: *Kindly Attach:

- Hospital Tariff with all the relevant details.
- Hospital Registration Certificate Copy.
- Additional Information Brochure for the facilities available.

Checklist for the documents:

- MOU : ___
- ROHINI Reg No : ___
- Hospital Registration Certificate Copy : ___
- Hospital Information Sheet : ___
- NEFT Details : ___
- Cancelled Cheque : ___
- PAN Card Copy : ___
- Hospital Tariff : ___

For Rohilkhand Medical College & Hospital

HOSPITAL STAMP

Authorised Signatory

SUSHIL KUMAR THAKUR

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Authorized Hospital Stamp & Signature X-1

Name of the Person: Dr. Faiz Shamsi (Administrative officer)

Place: Bareilly

Date: 17/4/2019

For Rohilkhand Medical College & Hospital

HOSPITAL STAMP

Authorised Signatory

SUSHIL KUMAR THAKUR

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ERICSON INUSRANCE TPA PRIVATE LIMITED

4th Floor, New Vijay Cinema Building, S.T.Road, Chembur, Mumbai-400071
Website: www.ericsontpa.com E mail: - care@ericsontpa.com
Tel. no: 022-25280280 Fax. no: 022-25270200

NATIONALIZED ECONOMIC FUND TRANSFER

Name of the Hospital	Rohilkhand Medical College & Hospital
Payee Name	Rohilkhand Medical College & Hospital
Hospital code with Ericson TPA	
Hospital Address	opp. Suresh Sharma Nagar, Pilibhit Bypass Road, Bareilly - 243006
Contact person name (payments related)	Dr. Faiz Shamsi
Contact No.	8171790347
Bank Name	Oriental Bank of Commerce
Bank Account No.	52262010003430
Bank Account Type	Saving Account
Bank Branch	Springdale College, Bichpuri Road
Bank Address	Springdale College, Bichpuri Road, Bareilly - 243006
Email ID (to send amount deposited details)	
IFSC Code:	ORBC010 5226
IFSC Code IN words:	
MICR No.:	243022004
PAN No.	AAATR6902J

Name: Dr. Faiz Shamsi (Administrator-officer)
Signature:

For Rohilkhand Medical College & Hospital

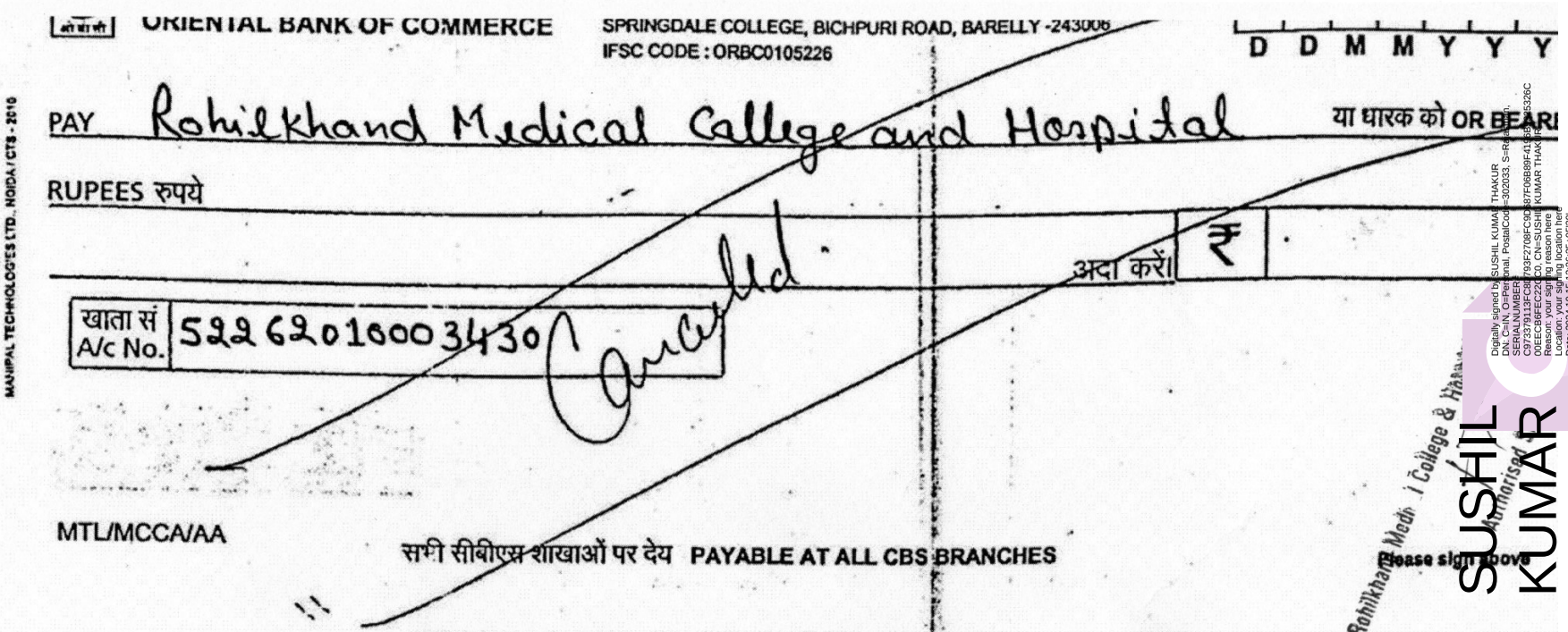
Authorised Signatory

Designation and seal of the authorized Person:

*__NOTE:__ CANCELLED CHEQUE MANDATE

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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ORIENTAL BANK OF COMMERCE

SPRINGDALE COLLEGE, BICHPURI ROAD, BARELLY -243006
IFSC CODE : ORBC0105226

D D M M Y Y Y

PAY Rohilkhand Medical College and Hospital या धारक को OR BEARI

RUPEES रुपये

अदा करें ₹

खाता सं A/c No. 52262010003430

MANIPAL TECHNOLOGIES LTD., NOIDA / CTS - 2010

MTL/MCCA/AA

सभी सीबीएस शाखाओं पर देय PAYABLE AT ALL CBS BRANCHES

Please sign above

For Rohilkhand Medical College & Hospital

Authorised Signatory

"078171" 243022004: 29

Oriental Bank of Commerce

A/c Holder Name :- Rohilkhand Medical College and Hosp

A/c Number :- 52262010003430

IFSC Code :- ORBC0105226

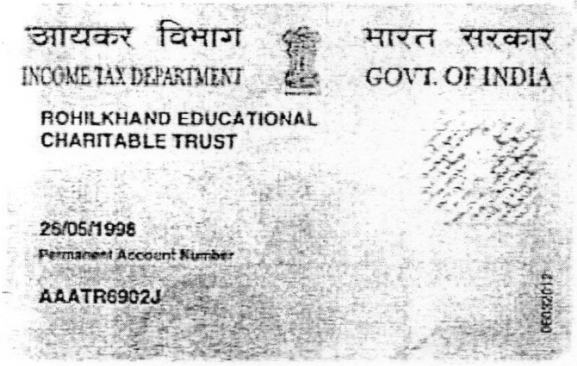
Branch :- Springdale College, Bichpuri Road
Bareilly - 243006

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SUSHIL KUMAR THAKUR

INCOME TAX PAN SERVICES UNIT

(Managed by National Securities Depository Limited)
3rd Floor, Sapphire Chambers, Near Baner Telephone Exchange,
Baner, Pune - 411 045.



Dear Sir / Madam

PAN:

AAATR6902J

Your request for change in details in PAN data has been processed as per change/correction form submitted by you.

We wish to inform you that quoting of PAN on return of income tax and challans for payment of taxes is neccessary to ensure accurate credit of taxes paid by you and faster processing of return of income. **Please quote PAN on all communications with the department as it helps to improve taxpayer service.**

Income Tax Department maintains a website : **www.incometaxindia.gov.in** for providing information and services to citizens. This site also contains detailed information of PAN.

Income Tax Department

PKG ID : PLC / 00010 / 05032012_02 / BLU

LKN / 41 / 10230200700996l191 / 68346468

ROHILKHAND EDUCATIONAL CHARITABLE TRUST

ROHILKHAND EDUCATIONAL CHARITABLE TRUST,
CHATARPUR MINIFORM NO 10, C/O MUKUL AGARWAL,
NEAR NANDA HOSPITAL, CHATARPUR MANDIR RD, NEW DELHI,
DELHI - 110074
TEL. NO.: 91 - 9837070066

For Rohilkhand Medical College & Hospital

Authorised Signatory

SUSHIL KUMAR THAKUR

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ROHILKHAND MEDICAL COLLEGE AND HOSPITAL

PILIBHIT BYPASS ROAD

Department Services Rate List

Service Head / Service Group / Service Name	Rate	Discount	Net.Rate
ALLERGY TESTING			
N.A			
ALLERGY TEST	650.00	0	**650.00**
ANAESTHESIA			
N.A			
ANAESTHESIA CHARGES	3000.00	0	**3000.00**
LOCOPLEX NEEDLE	300.00	0	**300.00**
AUDIOMETRY			
N.A			
BERA	1200.00	600	**600.00**
IMPEDANCE AUDIOMETRY	400.00	200	**200.00**
OAE	600.00	300	**300.00**
PTA(PURE TONE AUDIOMETRY)	400.00	200	**200.00**
BIO FEED BACK			
N.A			
BIO FEED BACK	600.00	0	**600.00**
BLOOD BANK			
N.A			
BLOOD TRANSFUSION	50.00	0	**50.00**
FRESH FROZEN PLASMA	400.00	0	**400.00**
PACKED RED CELLS	1450.00	0	**1450.00**
PLATELET CONCENTRATED	400.00	0	**400.00**
SHIPPING CHARGE	90.00	0	**90.00**
T BAG	100.00	0	**100.00**
WHOLE BLOOD	1450.00	0	**1450.00**
OOD BANK INVESTIGATION			
N.A			
BLOOD BANK INVESTIGATION	400.00	200	**200.00**
BURN ICU			
N.A			
BURN ICU CHARGES	3300.00	0	**3300.00**
DRESSING CHARGES(BURNNT LESS THAN 30%)	200.00	0	**200.00**
DRESSING CHARGES(BURNNTMORE THAN 30%)	300.00	0	**300.00**
OXYGEN CHARGES	700.00	0	**700.00**
CARDIAC CATH LAB			
N.A			
BALLOON VALVOTOMY	40000.00	0	**40000.00**
CORONARY ANGIOGRAPHY PROCEDURE	10000.00	0	**10000.00**
CORONARY ANGIOPLASTY PROCEDURE CHARGES	65	0	**65000.00**
DUAL CHAMBER PPI	35	0	**35000.00**
INTRA CARDIAC DEFIBRILLATOR(ICD)			

For Rohilkhand Medical College & Hospital

Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302020, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.10.15 13:26:35+05'30'
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PERICARDIOCENTESIS	10000.00	0	**10000.00**
PERIPHERAL ANGIOGRAPHY	10000.00	0	**10000.00**
PERIPHERAL ANGIOPLASTY	65000.00	0	**65000.00**
SINGLE CHAMBER PPI	30000.00	0	**30000.00**
TEMPORARY PACING	8000.00	0	**8000.00**
CASUALTY			
N.A			
EMERGENCY OPD	40.00	0	**40.00**
CATARACT SURGERY(IOL)			
N.A			
PHACO FOLDABLE IOL,S(PAID)-APPA FOLDABLE IOL,S-	2500.00	0	**2500.00**
PHACO FOLDABLE IOL,S(PAID)-HYDRFOLD-BIOCARE	2500.00	0	**2500.00**
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)ACRY SOF	11000.00	0	**11000.00**
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)SENSAR-	12500.00	0	**12500.00**
PREMIUM IOL,S (FOLDABLE LENSES FOR PHACO)TECHNIS-	15000.00	0	**15000.00**
RIGID IOL,S FOR SICS SURGERY(CAMP) -APPA LENS(PMMA)	1000.00	0	**1000.00**
RIGID IOL,S FOR SICS SURGERY(CAMP)-REVISION LENS-	1000.00	0	**1000.00**
RIGID IOL,S FOR SICS SURGERY(PAID)-TRUE EDGE LENS-	1500.00	0	**1500.00**
SPECTRA FOLD INTRAOCULAR LENSES	3500.00	0	**3500.00**
CICU			
N.A			
CASUALTY ICU CHARGES	4000.00	0	**4000.00**
COLPOSCOPY			
N.A			
REGISTRATION CHARGES	50.00	0	**50.00**
CONSULTATION CHARGES			
N.A			
CONSULTATION	200.00	0	**200.00**
CT SCAN			
N.A			
ABDOMEN WHOLE PLAIN	4500.00	400	**4100.00**
ABDOMEN LOWER CONTRAST	4000.00	1200	**2800.00**
ABDOMEN LOWER PLAIN	2800.00	500	**2300.00**
ABDOMEN UPPER CONTRAST	4000.00	1000	**3000.00**
ABDOMEN UPPER PLAIN	2800.00	700	**2100.00**
ABDOMEN WHOLE CONTRAST	5600.00	1000	**4600.00**
ABDOMINAL ANGIO/TRIPLE PHASE	6000.00	1000	**5000.00**
ANKLE JOINT CONTRAST	3500.00	1000	**2500.00**
ANKLE JOINT PLAIN	3000.00	1000	**2000.00**
AORTOGRAPHY(AORTA ANGIO)	3500.00	0	**3500.00**
BIOPSY CT SCAN GUIDED	2500.00	500	**2000.00**
CHEST CONTRAST	2600.00	0	**2600.00**
CHEST PLAIN	2800.00	700	**2100.00**
CONTRAST CHARGES	500.00	0	**500.00**
CORONARY ANGIO	3600.00	0	**3600.00**
CVJ/SHOULDER ELBOW/WRIST/HIP/KNEE/ANKLE(PLAIN	4000.00	0	**4000.00**

For Rohtak Medical College Hospital
Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F [illegible] 00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
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Date: 2024.10.15 13:26:35+05'30'
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DENTA SCAN CONTRAST	1600.00	0	1600.00
DENTA SCAN PLAIN	1100.00	0	1100.00
ELBOW JOINT CONTRAST	3500.00	1000	2500.00
ELBOW JOINT PLAIN	3000.00	1000	2000.00
FACE CONTRAST	3500.00	500	3000.00
FACE PLAIN	3000.00	500	2500.00
FNAC CTSCAN GUIDED	2500.00	500	2000.00
HAND HAND/ARM/FOREARM/THIGH/LEG (CONTRAST)	3100.00	500	2600.00
HAND/ARM/FOREARM/THIGH/LEG(PLAIN)	2600.00	500	2100.00
HEAD ANGIO	5000.00	1500	3500.00
HEAD CONTRAST	2200.00	700	1500.00
HEAD PLAIN	1700.00	700	1000.00
HR TEMPORAL BONE	2100.00	0	2100.00
KNEE JOINT CONTRAST	4000.00	1500	2500.00
KNEE JOINT PLAIN	1600.00	0	1600.00
LEG CONTRAST	2600.00	0	2600.00
LEG PLAIN	2100.00	0	2100.00
NECK ANGIO	3500.00	0	3500.00
NECK CONTRAST	4000.00	1400	2600.00
NECK PLAIN	2100.00	0	2100.00
ORBIT CONTRAST	3500.00	1400	2100.00
ORBIT CT SCAN	1900.00	0	1900.00
ORBIT PLAIN	1600.00	0	1600.00
PELVIC PLANE	4000.00	1900	2100.00
PNS CONTRAST	3400.00	1300	2100.00
PNS PLAIN	1600.00	0	1600.00
RENAL ANGIO	2600.00	0	2600.00
SPINE CONTRAST	4000.00	1400	2600.00
SPINE DORSAL	3000.00	900	2100.00
SPINE PLAIN(CERVICAL/DORSAL/LUMBER)	3000.00	900	2100.00
THOREX PLAIN/LRCT	3000.00	900	2100.00
THOREX WITH CONTRAST	3500.00	900	2600.00
TM JOINT CONTRAST	2100.00	0	2100.00
TM JOINT PLAIN	1600.00	0	1600.00
WHOLE SPINE (CONTRAST)	4000.00	500	3500.00
WHOLE SPINE PLAIN	3500.00	500	3000.00
WRIST JOINT CONTRAST	4000.00	1900	2100.00
WRIST JOINT PLAIN	1600.00	0	1600.00

DENTAL PROCEDURE

N.A

ALVEOLOPASTY(PER QUADRANT)	300		300.00
BIOPSY(BONE)	550		550.00
BIOPSY(SOFT TISSUE)	150		150.00

For Rohilkhand Medical College & Hospital

Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708B9CBD87F06B89F41 00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
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INCISION & DRAINAGE (UNDER LA)	1100.00	550	**550.00**
INTER MAXILLARY FIXATION(IMF)	4000.00	2000	**2000.00**
MAJOR OT & SURGICAL PROCEDURE CHARGES	4500.00	0	**4500.00**
MINOR OT & SURGICAL PROCEDURE CHARGES	3000.00	0	**3000.00**
OPEN REDUCTION & INTERNAL FIXATION(BONE PLATES	6000.00	3000	**3000.00**
OSTEOMYELITIS	1200.00	600	**600.00**
PA CURETTAGE(PER TEETH)	600.00	300	**300.00**
SIMPLE EXTRACTION	60.00	30	**30.00**
SPLINTING(DENTO ALVEOLAR FRACTURE)	1200.00	600	**600.00**
SURGICAL EXTRACTION	300.00	150	**150.00**
DIALYSIS			
N.A			
DIALYSIS	600.00	0	**600.00**
DIGITAL X-RAY			
N.A			
COCCYX SPINE AP	320.00	120	**200.00**
COCCYX SPINE AP/LAT	640.00	240	**400.00**
COCCYX SPINE LAT	320.00	120	**200.00**
D JUDET ACETABULAR OBLIQUE	320.00	120	**200.00**
D JUDET ACETABULAR/OBTURATOR OBLIQUE	640.00	240	**400.00**
D JUDET OBTURATOR OBLIQUE	320.00	120	**200.00**
D KNEE AP	320.00	120	**200.00**
D KNEE LAT	320.00	120	**200.00**
D KNEE SKYLINE	320.00	120	**200.00**
D- SCAPULA AP	320.00	120	**200.00**
D- SCAPULA AP/Y VIEW	640.00	240	**400.00**
D- SCAPULA Y VIEW	320.00	120	**200.00**
D-ABDOMEN AP	320.00	120	**200.00**
D-ABDOMEN DECUBITUS	320.00	120	**200.00**
D-ABDOMEN EIRICT PA	320.00	120	**200.00**
D-ABDOMEN LAT	320.00	120	**200.00**
D-ANKLE WITH LEG AP	320.00	120	**200.00**
D-ANKLE WITH LEG AP/LAT	640.00	240	**400.00**
D-ANKLE WITH LEG LAT	320.00	120	**200.00**
D-ANKLE AP	320.00	120	**200.00**
D-ANKLE AP / LAT	640.00	240	**400.00**
D-ANKLE LAT	320.00	120	**200.00**
D-ANKLE MORTISE	320.00	120	**200.00**
D-ARM AP	320.00	120	**200.00**
D-ARM AP/LAT	640.00	240	**400.00**
D-ARM EXTERNAL ROTATION	320.00	120	**200.00**
D-ARM INTERNAL ROTATION	320.00	120	**200.00**
D-ARM LAT	320.00	120	**200.00**
D-B/L KNEE AP	320.00	120	**200.00**

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=RAJASTHAN, SERIALNUMBER=C97379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
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D-BARIUM ENEMA	780.00	230	550.00
D-BARIUM LOOPOGRAM	780.00	230	550.00
D-BARIUM MEAL	910.00	360	550.00
D-BARIUM MEAL FALLOW THROUGH	780.00	230	550.00
D-BARIUM SWALLOW	780.00	230	550.00
D-CELCENIUM AP/ LAT	640.00	240	400.00
D-CELCENIUM AXIAL	320.00	120	200.00
D-CERVICAL SPINE EXTENTION	320.00	120	200.00
D-CERVICAL SPINE FLEXTION	320.00	120	200.00
D-CERVICAL SPINE FLEXTION/EXTENTION	640.00	240	400.00
D-CERVICAL SPINE AP	320.00	120	200.00
D-CERVICAL SPINE AP/LAT	640.00	240	400.00
D-CERVICAL SPINE LAT	320.00	120	200.00
D-CERVICAL SPINE -LT OBLIQUE	320.00	120	200.00
D-CERVICAL SPINE OPEN MOUTH	320.00	120	200.00
D-CERVICAL SPINE RT OBLIQUE	320.00	120	200.00
D-CERVICAL SPINE SWIMMERS VIEW	320.00	120	200.00
D-CERVICO DORSAL SPINE AP	320.00	120	200.00
D-CERVICO DORSAL SPINE AP/LAT	640.00	240	400.00
D-CERVICO DORSAL SPINE LAT	320.00	120	200.00
D-CHEST AP	160.00	60	100.00
D-CHEST DECUBITUS	160.00	60	100.00
D-CHEST LAT	160.00	60	100.00
D-CHEST LORDOTIC	160.00	60	100.00
D-CHEST OBLIQUE	160.00	60	100.00
D-CHEST PA	160.00	60	100.00
D-CHEST PA	160.00	60	100.00
D-CHEST PAV	160.00	60	100.00
D-CLAVICLE AP	320.00	120	200.00
D-CLAVICLE LAT	320.00	120	200.00
D-CULLIS	320.00	120	200.00
D-DISTAL COLASTO GRAM	320.00	120	200.00
D-DORSAL SPINE AP	320.00	120	200.00
D-DORSAL SPINE AP/LAT	640.00	240	400.00
D-DORSAL SPINE EXTENTION	320.00	120	200.00
D-DORSAL SPINE FLEXTION	320.00	120	200.00
D-DORSAL SPINE FLEXTION/EXTENTION	640.00	240	400.00
D-DORSAL SPINE LAT	320.00	120	200.00
D-DORSO LUMBER SPINE AP	320.00	120	200.00
D-DORSO LUMBER SPINE AP/LAT		240	400.00
D-DORSO LUMBER SPINE EXTENTION		120	200.00
D-DORSO LUMBER SPINE FLEXTION		120	200.00

For Rohilkhand [illegible]

Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B8328326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
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Date: 2024.10.15 13:26:35+05'30'
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D-DORSO LUMBER SPINE LT BANDING	320.00	120	**200.00**
D-DORSO LUMBER SPINE LT OBLIQUE	320.00	120	**200.00**
D-DORSO LUMBER SPINE RT BANDING	320.00	120	**200.00**
D-DORSO LUMBER SPINE RT OBLIQUE	320.00	120	**200.00**
D-EIRECT ABDOMEN	320.00	120	**200.00**
D-ELBOW AP	320.00	120	**200.00**
D-ELBOW AP/ LAT	640.00	240	**400.00**
D-ELBOW JONES	320.00	120	**200.00**
D-ELBOW LAT	320.00	120	**200.00**
D-ELBOW WITH ARM AP	320.00	120	**200.00**
D-ELBOW WITH ARM AP/LAT	640.00	240	**400.00**
D-ELBOW WITH ARM LAT	320.00	120	**200.00**
D-ELBOW WITH FORARM LAT	320.00	120	**200.00**
D-ELBOW WITH FORARM AP	320.00	120	**200.00**
D-ELBOW WITH FORARM AP/ LAT	640.00	240	**400.00**
D-FINGER AP	320.00	120	**200.00**
D-FINGER AP/LAT	640.00	240	**400.00**
D-FINGER LAT	320.00	120	**200.00**
D-FISTULOGRAM	1130.00	430	**700.00**
D-FOOT AP	320.00	120	**200.00**
D-FOOT AP/ LAT	640.00	240	**400.00**
D-FOOT LAT	320.00	120	**200.00**
D-FOOT OBLIQUE	320.00	120	**200.00**
D-FOREARM AP	320.00	120	**200.00**
D-FOREARM AP/LAT	640.00	240	**400.00**
D-FOREARM LAT	320.00	120	**200.00**
D-H. S. G.	1130.00	430	**700.00**
D-HAND AP	320.00	120	**200.00**
D-HAND AP/ LAT	640.00	240	**400.00**
D-HAND LAT	320.00	120	**200.00**
D-HEAD AP	320.00	120	**200.00**
D-HEAD LAT	320.00	120	**200.00**
D-HEEL LAT/AXID/LT	320.00	120	**200.00**
D-HIP AP/LAT	640.00	240	**400.00**
D-HIP C THIGH AP	320.00	120	**200.00**
D-HIP C THIGH LAT	320.00	120	**200.00**
D-HIP FROG LAT	320.00	120	**200.00**
D-HUMERUS AP / LAT	640.00	240	**400.00**
D-I. V. P.	1800.00	600	**1200.00**
D-KNEE AP	320.00	120	**200.00**
D-KNEE AP (STANDING)	320.00	120	**200.00**
D-KNEE AP/LAT	640.00	240	**400.00**

For Rohilkhand ... Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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D-KUB LAT	320.00	120	200.00
D-KUB WITH PENNIS	320.00	120	200.00
D-L S SPINE -EXTENSION	320.00	120	200.00
D-L S SPINE -EXTENSION/FLEXION	640.00	240	400.00
D-L S SPINE -FLEXION	320.00	120	200.00
D-L S SPINE -OBLIQUE	320.00	120	200.00
D-L.S SPINE AP	320.00	120	200.00
D-L.S SPINE AP/LAT	640.00	240	400.00
D-L.S SPINE LAT	320.00	120	200.00
D-LATERAL	320.00	120	200.00
D-LEG AP	320.00	120	200.00
D-LEG AP/LAT	640.00	240	400.00
D-LEG LAT	320.00	120	200.00
D-LEG WITH KNEE AP	320.00	120	200.00
D-LEG WITH KNEE LAT	320.00	120	200.00
D-LUMBER SPINE AP	320.00	120	200.00
D-LUMBER SPINE LAT	320.00	120	200.00
D-M.C.U.	1000.00	300	700.00
D-M.C.U./R.G.U X-RAY	1830.00	430	1400.00
D-MANDIBLE AP	320.00	120	200.00
D-MANDIBLE LAT	320.00	120	200.00
D-MASTOID LT.	320.00	120	200.00
D-MASTOID RT.	320.00	120	200.00
D-NASAL BONE LAT VIEW	320.00	120	200.00
D-NEBULISATION	320.00	120	200.00
D-NECK AP	320.00	120	200.00
D-NECK LAT	320.00	120	200.00
D-NECK NASOPHYRX OPEN MOUTH	320.00	120	200.00
D-NECK SOFT TISSUE	320.00	120	200.00
D-ORBIT X-RAY	320.00	120	200.00
D-PATTELA	320.00	120	200.00
D-PELVIC C HIP AP	320.00	120	200.00
D-PELVIC C BOTH HIP AP/LAT	640.00	240	400.00
D-PELVIC C HIP LAT	320.00	120	200.00
D-PELVIS WITH SACRO ILIAC JOINT OBLIQUE	320.00	120	200.00
D-PNS OM	320.00	120	200.00
D-R.G.U X-RAY	1000.00	300	700.00
D-RING FINGER AP/LAT	640.00	240	400.00
D-SHOULDER AP	320.00	120	200.00
D-SHOULDER AXIL	320.00	120	200.00
D-SHOULDER LAT	320.00	120	200.00
D-SHOULDER WITH ARM AP	320.00	120	200.00

For Rohilkhand ...

Authorised Signatory

SUSHIL KUMAR THAKUR

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DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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D-SINOGRAM X-RAY	1130.00	430	**700.00**
D-SKULL CALDWELL	320.00	120	**200.00**
D-SKULL AP	320.00	120	**200.00**
D-SKULL LAT	320.00	120	**200.00**
D-SKULL PA	320.00	120	**200.00**
D-SKULL T M JOINT	320.00	120	**200.00**
D-SKULL TOWNES	320.00	120	**200.00**
D-SMV	320.00	120	**200.00**
D-STERNUM AP	160.00	60	**100.00**
D-STERNUM AP/LAT	320.00	120	**200.00**
D-STERNUM LAT	160.00	60	**100.00**
D-T. TUBE CHOLANGIOGRAM	980.00	430	**550.00**
D-THIGH & KNEE AP	320.00	120	**200.00**
D-THIGH & KNEE AP/LAT	640.00	240	**400.00**
D-THIGH & KNEE LAT	320.00	120	**200.00**
D-THIGH AP	320.00	120	**200.00**
D-THIGH AP/LAT	640.00	240	**400.00**
D-THIGH LAT	320.00	120	**200.00**
D-THUMB AP/LAT	640.00	240	**400.00**
D-TOE AP/ LAT	640.00	240	**400.00**
D-WRIST AP	320.00	120	**200.00**
D-WRIST AP/ LAT	640.00	240	**400.00**
D-WRIST EXTERENAL OBLIQUE	320.00	120	**200.00**
D-WRIST INTERENAL OBLIQUE	320.00	120	**200.00**
D-WRIST LAT	320.00	120	**200.00**
D-WRIST ULNAR DEVITION	320.00	120	**200.00**
D-WRIST WITH FORARM AP	320.00	120	**200.00**
D-WRIST WITH FORARM AP/LAT	640.00	240	**400.00**
D-WRIST WITH FORARM LAT	320.00	120	**200.00**
D-WRIST WITH HAND OBLIQUE	320.00	120	**200.00**
D-WRIST WITH HAND AP	320.00	120	**200.00**
D-WRIST WITH HAND AP OBLIQUE	320.00	120	**200.00**
SACRUM SPINE AP/LAT	640.00	240	**400.00**
DRESSING			
N.A			
DRESSING CHARGES(LARGE)	100.00	0	**100.00**
DRESSING CHARGES(MEDIUM)	50.00	0	**50.00**
DRESSING CHARGES(SMALL)	30.00	0	**30.00**
E.E.G			
N.A			
E.E.G	400.00	150	**250.00**
E.M.G			
N.A			
E.M.G		0	**200.00**

For Rohilkhand Medical College & Hospital

Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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ECHOCARDIOGRAPHY			
N.A			
ECHO	1800.00	800	**1000.00**
ELECTRO CARDIO GRAM			
N.A			
ECG	200.00	100	**100.00**
EMERGENCY OT			
N.A			
MAJOR OPERATION	3000.00	0	**3000.00**
MINOR OPERATION	1000.00	0	**1000.00**
ENDOSCOPY			
N.A			
ENDOSCOPY	700.00	0	**700.00**
ENT PROCEDURE			
HISTOPATHOLOGY			
BIOPSY	50.00	0	**50.00**
N.A			
ADENOIDECTOMY	1200.00	0	**1200.00**
ADENOIDECTOMY & TONSILLECTOMY	4000.00	0	**4000.00**
ANGIOFIBROMA	3000.00	0	**3000.00**
CALDWEL LUCS/OTHER PNS SURGERIES	3000.00	0	**3000.00**
CHEMICAL CAUTERY	50.00	0	**50.00**
DCR	3000.00	0	**3000.00**
DIRECT LARYNGOSCOPY & BIOPSY	1200.00	0	**1200.00**
EAR LOBE REPAIR	100.00	0	**100.00**
EAR PACKING	30.00	0	**30.00**
EAR PEARCING	50.00	0	**50.00**
FB REMOVAL	50.00	0	**50.00**
FESS	4000.00	0	**4000.00**
INCISSIONAL & DRANAGE	50.00	0	**50.00**
INTRA LESSIONAL INJECTION	25.00	0	**25.00**
LARYNGEAL ENDOSCOPY	150.00	0	**150.00**
M.R/RADICAL MASTOIDECTOMY	5000.00	0	**5000.00**
MAXILLECTOMY	3000.00	0	**3000.00**
MLS	2000.00	0	**2000.00**
MYRINGOPLASTY/CORTICAL MASTOIDECTOMY	3000.00	0	**3000.00**
MYRINGOTOMY/GROMMET	2000.00	0	**2000.00**
NASAL AND EAR FOREIGN BODY	50.00	0	**50.00**
NASAL ENDOSCOPY	150.00	0	**150.00**
NASAL PACKING	50.00	0	**50.00**
NASAL POLYPECTOMY	1200.00	0	**1200.00**
RHINOPLASTY	4000.00	0	**4000.00**
SEPTOPLASTY		0	**3000.00**
STAPEDECTOMY		0	**3000.00**
TCA CAUTERY		0	**30.00**

For Rohilkhand Medical College & Hospital

12/19 Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97379113FC8D793F2708FC9D087F06B89F4[illegible]00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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Location: your signing location here
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EYE PACKAGE			
N.A			
ACRYSOF IQ	11000.00	0	**11000.00**
ACRYSOF(3 PIECES)	8000.00	0	**8000.00**
HYDROFOLD	2500.00	0	**2500.00**
SPECTRA FOLD(ASPHERIC)	5000.00	0	**5000.00**
SPECTRAPHOLO	6000.00	0	**6000.00**
EYE PROCEDURE			
N.A			
B-SCAN	400.00	200	**200.00**
FFA	600.00	300	**300.00**
GREEN LASER	800.00	400	**400.00**
PERIMETRY	400.00	200	**200.00**
YAG LASER CAPSULOTOMY	600.00	300	**300.00**
YAG PERIPHERAL IRIDOTOMY	600.00	300	**300.00**
EYE TEST			
N.A			
CONCRETION TARSI	100.00	50	**50.00**
EPIRATION	30.00	30	**0.00**
FB REMOVAL	40.00	20	**20.00**
FUNDUS	50.00	50	**0.00**
I.O.P. TEST	100.00	99	**1.00**
INTROHED IHYAH	100.00	50	**50.00**
PERIMETRY	400.00	200	**200.00**
REFRACTION	60.00	60	**0.00**
SAC SYRINGING	100.00	50	**50.00**
SILIK LAMP EXAMINATION	30.00	30	**0.00**
SYMBLEPHARON EXCISION	100.00	50	**50.00**
TENOMETRY	50.00	25	**25.00**
TONO METRY	50.00	25	**25.00**
'LE CHARGES			
N.A			
ADMISSION FILE CHARGES	120.00	0	**120.00**
EMERGENCY ADDMISSION CHARGES	220.00	0	**220.00**
ICU FILE CHARGES	120.00	0	**120.00**
MLC FILE CHARGES	220.00	0	**220.00**
PVT WARD FILE CHARGES	250.00	0	**250.00**
FOOD FOR PATIENTS			
N.A			
FOOD FOR PATIENTS	35.00	0	**35.00**
GICU			
N.A			
GICU CHARGES	4000.00	0	**4000.00**
GLUCOMETER			
N.A			
BLOOD SUGAR BY GLAUCOMETER	30	0	**30.00**

SUSHIL KUMAR THAKUR

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ICU			
N.A			
ICU CHARGES.	3500.00		
IMMUNOTHERAPY			
N.A			
COMPLETE BOOSTER DOSE	250.00	0	**250.00**
COMPLETE INITIAL IMMUNOTHERAPY	250.00	0	**250.00**
INDOOR PROCEDURES			
N.A			
SURGERY BOTH LIMB	60000.00	0	**60000.00**
SURGERY ONE LIMB	30000.00	0	**30000.00**
LABOUR ROOM			
N.A			
CTG	100.00	0	**100.00**
LABOUR ROOM CHARGES	550.00	0	**550.00**
LITHOTRIPSY(ESWL)			
N.A			
LITHOTRIPSY(ESWL) FIRST SITTING	4000.00	0	**4000.00**
LITHOTRIPSY(ESWL) FOR SECOND SITTING	3000.00	0	**3000.00**
LITHOTRIPSY(ESWL) FOR THIRD SITTING	3000.00	0	**3000.00**
MAMMOGRAPHY			
N.A			
MAMMOGRAPHY(B/L)	1400.00	0	**1400.00**
MAMMOGRAPHY(LT)	1400.00	700	**700.00**
MAMMOGRAPHY(RT)	1400.00	700	**700.00**
SACRO_ILLIAC JOINTS	3100.00	0	**3100.00**
MEDICINE BILL SUMMARY			
N.A			
MEDICINE BILL SUMMARY	30.00	0	**30.00**
MICU			
N.A			
MICU CHARGES	4000.00	0	**4000.00**
_C			
N.A			
MLC CHARGES	1000.00	0	**1000.00**
MRI			
N.A			
ANKLE JOINT SCREENING	5250.00	2750	**2500.00**
ANKLE WITH FOOT RIGHT OR LEFT	5250.00	750	**4500.00**
ARM WITH ELBOW RIGHT OR LEFT	5250.00	750	**4500.00**
BOTH HIP JOINT	5250.00	1250	**4000.00**
BRACHIAL PLEXUS FULL	5250.00	1750	**3500.00**
BRAIN	5250.00	2750	**2500.00**
BRAIN ANGIO(WITH OUT CONTRAST)-MRA	5250.00	2750	**2500.00**
BRAIN VENO(WITH OUT CONTRAST)-MRV		2750	**2500.00**
BRAIN WITH MRV		2250	**3000.00**
BRAIN WITH C SPINE SCREENING T2(ONLY SAGITTAL)			

For Rohilkhand Medical College & Hospital

Authorised Signatory

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BRAIN WITH ORBITS	5250.00	1750	**3500.00**
BRAIN WITH PNS	5250.00	1750	**3500.00**
CAROTID ANGIOGRAPHY	5250.00	750	**4500.00**
CERVICAL SPINE	5250.00	1750	**3500.00**
CERVICAL SPINE+CAROTID ANGIO	5250.00	750	**4500.00**
CERVICAL/DORSAL/LUMBAR WITH WHOLE SPINE	5250.00	750	**4500.00**
CERVICO-DORSAL	5250.00	1550	**3700.00**
CHEST /THOREX	5250.00	1750	**3500.00**
CONTRAST CHARGE	2500.00	0	**2500.00**
DORSAL SPINE	5250.00	1750	**3500.00**
DORSO LUMBER	5250.00	1550	**3700.00**
FACE	5250.00	1750	**3500.00**
FOREARM WITH ELBOW RIGHT OR LEFT	5250.00	750	**4500.00**
HIP JOINT(ONE SIDE)	5250.00	1750	**3500.00**
HIP WITH THIGH	5250.00	750	**4500.00**
KNEE JOINT RIGHT OR LEFT	5250.00	1750	**3500.00**
KNEE JOINT SCREENING	5250.00	3150	**2100.00**
KNEE/ANKLE/SHOULDER/ELBOW/WRIST(SINGLE SIDE)	5250.00	1750	**3500.00**
LEG WITH ANKLE RIGHT OR LEFT	5250.00	750	**4500.00**
LEG WITH KNEE RIGHT OR LEFT	5250.00	750	**4500.00**
LOWER ABDOMEN FULL	5250.00	1750	**3500.00**
LUMBER SPINE	5250.00	1750	**3500.00**
LUMBER SPINE+SACRO-ILIAC JOINTS	5250.00	1250	**4000.00**
MRI BRAIN FULL	5250.00	2750	**2500.00**
MRI JOINT ELBOW	5250.00	1750	**3500.00**
MRI JOINT WRIST	5250.00	1750	**3500.00**
MRI LS SPINE WITH WHOLE SPINE	5250.00	750	**4500.00**
MRI LUMBER SPINE	5250.00	1750	**3500.00**
MRI MRCP	5250.00	1750	**3500.00**
NECK	5250.00	1750	**3500.00**
NECK WITH FACE	5250.00	750	**4500.00**
NECK WITH MRA NECK	5250.00	750	**4500.00**
ORBIT FULL	5250.00	2750	**2500.00**
PNS FULL	5250.00	1750	**3500.00**
SHOULDER WITH ARM RIGHT OR LEFT	5250.00	750	**4500.00**
SI JOINTS	5250.00	1750	**3500.00**
TESTIS FULL	5250.00	1750	**3500.00**
THIGH WITH KNEE RIGHT OR LEFT	5250.00	750	**4500.00**
TMJ	5250.00	1750	**3500.00**
UPPER ABDOMEN FULL	5250.00	1750	**3500.00**
WHOLE ABDOMEN	5250.00	750	**4500.00**
WRIST WITH HAND RIGHT OR LEFT	5250.00	750	**4500.00**

For Rohilkhand [illegible]

7/2/19 Authorised Signatory

SUSHIL KUMAR THAKUR

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REGISTRATION CHARGES	50.00	0	50.00
NA			
N.A			
AUDEOMETRE [PTA]	400.00		
G6PD	950.00		
L. S. CORSET	600.00		
NICU			
N.A			
NICU CHARGES(WITH OXYGEN)	1900.00	0	1900.00
NICU CHARGES(WITHOUT OXYGEN)	1200.00	0	1200.00
O.T. CHARGES			
N.A			
CHALAZION EXT	500.00	0	500.00
CONCRETIONS REMOVAL	500.00	0	500.00
D &.C.	500.00	0	500.00
FB REMOVAL	500.00	0	500.00
I.& D.	500.00	0	500.00
SA INJURY	500.00	0	500.00
STITCHING	500.00	0	500.00
OPD			
N.A			
FILE CHARGES	20.00	0	20.00
REGISTRATION	10.00	0	10.00
REGISTRATION FOR INVESTIGATION	30.00	0	30.00
OPERATION THEATRE CHARGES FOR GENERAL			
N.A			
MAJOR OPERATION	1500.00	0	1500.00
MINOR OPERATION	550.00	0	550.00
OPTICAL COHERRENCE TOMOGRAPHY			
N.A			
OCT BOTH EYE	1500.00	0	1500.00
OCT ONE EYE	750.00	0	750.00
THO IMPLANT			
N.A			
TITANIUM CAGE 10 MM DIA (RS 150 PER MM)	150.00	0	150.00
ORTHO LAB PARTS			
N.A			
ABDOMINAL BELT	300.00	0	300.00
ANKLE BINDER	150.00	0	150.00
ARCH SUPPORT (SINGLE)	80.00	0	80.00
AROPLANE SPLINT	800.00	0	800.00
B/L METTAL ARCH	150.00	0	150.00
BOOT & BAR	800.00	0	800.00
COOK UP SPLINT (DYNAMIC)	350.00	0	350.00
CTEV SPLINT (B/L) CHILD SIZE	1000.00	0	1000.00
D B SPLINT	800.00	0	800.00
FINGER SPLINT			

For Rohilkhand Medical College & Hospital

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KNEE BRACE	800.00	0	800.00
L S BELT	500.00	0	500.00
L S BELT REPAIR	500.00	0	500.00
L.S CORSET	600.00	0	600.00
L.S CORSET(METALIC)	800.00	0	800.00
LONG KNEE BRACE	800.00	0	800.00
P T B BRACE	800.00	0	800.00
PELVIC BINDER	300.00	0	300.00
RANGER FOOT	2000.00	0	2000.00
RIBS BELT	250.00	0	250.00
STATIC HAND SPLINT	300.00	0	300.00
TAYLOR BRACE	1000.00	0	1000.00
OTHER CHARGES			
N.A			
AIR MATTERESS	300.00	0	300.00
AMBULANCE CHARGES(PER KILOMETER)	10.00	0	10.00
BED CHARGES	300.00	0	300.00
BED SHEET CHARGES	225.00	0	225.00
BIPAP	1500.00	0	1500.00
BLANKET CHARGES PER DAY	10.00	0	10.00
BLANKET SECURITY CHARGES	300.00	0	300.00
BLANKET WITH COVER SECURITY CHARGES	500.00	0	500.00
CRIMAR WIRE SECURITY	100.00	0	100.00
DRESS CHARGES	200.00	0	200.00
DRIP CHARGES	50.00	0	50.00
NURSING CHARGES	100.00	0	100.00
OTHERS			
N.A			
BLOOD SUGAR BY GLUCOMITER	60.00	30	30.00
EMERGENCY	50.00	0	50.00
OXYGEN CHARGES			
N.A			
OXYGEN CHARGES (BIG CYLINDER FOR PVT WARD)	700.00	0	700.00
OXYGEN CHARGES (SMALL CYLINDER FOR PVT WARD)	200.00	0	200.00
OXYGEN CHARGES PER DAY	700.00	0	700.00
OXYGEN CHARGES PER HOUR	40.00	0	40.00
PAIN CLINIC			
N.A			
C-ARM CHARGES	200.00	0	200.00
DYE CHARGES	200.00	0	200.00
EPIDURAL STEROID INJECTION	1000.00	200	800.00
JOINT INJECTION	75.00	0	75.00
PROCEDURE CHARGES	600.00	0	600.00
PATHOLOGY			

For Rohilkhand Medical College & Hospital

7/2/19

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CERVICAL SWAB C&S	200.00	80	**120.00**
CULTURE & SENSITIVITY	180.00	80	**100.00**
GRAM STANING	160.00	60	**100.00**
K.L.B STANING	160.00	60	**100.00**
NASAL SWEB C & S	200.00	80	**120.00**
PUS CULTURE & SENSITIVITY	200.00	80	**120.00**
PUS GRAM STAINING	120.00	40	**80.00**
SLIT SMEAR FOR AFB	80.00	30	**50.00**
SMEAR EXAM FOR PUS	80.00	30	**50.00**
SPUTUM FOR C & S	200.00	80	**120.00**
SPUTUM FOR GRAM STAINING	140.00	40	**100.00**
SPUTUM FOR PATH	150.00	50	**100.00**
STOOL EXAM C & S	160.00	60	**100.00**
THROAT SWAB C & S	200.00	80	**120.00**
URINE FOR CULTURE & SENSITIVITY	180.00	80	**100.00**
VAGINAL SMEAR FOR M/E	125.00	60	**65.00**
VAGINAL SWAB C & S	200.00	80	**120.00**
BIOCHEMISTRY			
ACID PHOSPHOTASE	575.00	0	**575.00**
ADA	1260.00	610	**650.00**
ADA FOR ASCITIC FLUID	1260.00	610	**650.00**
ADA FOR CSF FLUID	1260.00	610	**650.00**
ADA FOR PERICARDIAL FLUID	1260.00	610	**650.00**
ADA FOR PERITONEAL FLUID	1260.00	610	**650.00**
ADA FOR PLEURAL FLUID	1260.00	610	**650.00**
ADA FOR SERUM	1260.00	610	**650.00**
AG RATIO	140.00	40	**100.00**
ALPHA FETO PROTIEN	920.00	0	**920.00**
AMH ESTRODIOL	2810.00	0	**2810.00**
AMYLASE	200.00	80	**120.00**
ANA	1280.00	580	**700.00**
ANTI CCP	1700.00	0	**1700.00**
ANTI TPO ANTI BODY	1495.00	0	**1495.00**
BHCG	1400.00	600	**800.00**
BILIRUBIN	80.00	30	**50.00**
BIOCHEMICAL	180.00	80	**100.00**
BLOOD SUGAR FASTING	100.00	40	**60.00**
BLOOD SUGAR PP	100.00	40	**60.00**
BLOOD SUGAR RANDOM	80.00	20	**60.00**
BLOOD UREA	120.00	40	**80.00**
C. P . K	400.00	150	**250.00**
C.A.-125	1680.00	1280	**1400.00**
C.E.A	900.00	0	**900.00**

For Rohilkhand Medical Hospital

Authorised Signatory

7/2/19

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CALCLUM	100.00	40	**60.00**
CCA-125	1380.00	0	**1380.00**
C-PEPTIDE	1210.00	0	**1210.00**
CPK-MB	380.00	180	**200.00**
DOUBLE MARKER	1200.00	0	**1200.00**
F.S.H.	380.00	180	**200.00**
FRUCTOSE TEST	100.00	40	**60.00**
FT3. FT4. TSH	980.00	430	**550.00**
G. C .T	100.00	40	**60.00**
G.T.T	200.00	80	**120.00**
G6PD	950.00	0	**950.00**
GENE EXPERT	2200.00	0	**2200.00**
GGT	290.00	0	**290.00**
GT-75 BOTTLES	55.00	0	**55.00**
HBDH	560.00	260	**300.00**
IRON	160.00	60	**100.00**
KFT	280.00	130	**150.00**
L.H	380.00	180	**200.00**
L.H. / FSH / PROLACTIN	1120.00	520	**600.00**
LDH	300.00	100	**200.00**
LIPID PROFILE	500.00	250	**250.00**
LIVER FUNCTION TEST (LFT)	540.00	240	**300.00**
LUYMPHOCYTE SUBSET	1400.00	0	**1400.00**
PHOSPHATE	140.00	40	**100.00**
PROTINES	100.00	40	**60.00**
PSA	1700.00	800	**900.00**
RFT	280.00	130	**150.00**
S CORTISOL	635.00	0	**635.00**
S DHEAS	1150.00	0	**1150.00**
S FOLIC ACID	1325.00	0	**1325.00**
S PTH	1840.00	0	**1840.00**
S TESTOSTRONE	700.00	0	**700.00**
S. ACID PHOSPHATE	195.00	0	**195.00**
S. ALBUMIN	100.00	40	**60.00**
S. AMYLASE	200.00	80	**120.00**
S. BILIRUBIN	140.00	60	**80.00**
S. CREATININE	120.00	50	**70.00**
S. ELECTROLYTE	180.00	80	**100.00**
S. HOMOCYSTEINE (QUANTITATIVE)	1035.00	0	**1035.00**
S. LITHIUM (LT)	600.00	250	**350.00**
S. POTASSIUM (K+)	120.00	40	**80.00**
S. PROLACTIN	420.00	200	**220.00**

For Rohilkhand Medical College & Hospital.
7/2/19
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S.CHLORIDE	320.00	140	**180.00**
S.ESTRADIOL	1270.00	620	**650.00**
S.FERRITIN	2710.00	1310	**1400.00**
S.FOLATE ACID	4600.00	2100	**2500.00**
S.INSULINE	500.00	200	**300.00**
S.IRON	120.00	40	**80.00**
S.IRON BINDING CAP	180.00	80	**100.00**
S.IRON STUDIES (TIBC)	810.00	390	**420.00**
S.LH/ FSH	680.00	330	**350.00**
S.LIPESE	1300.00	600	**700.00**
S.PHOSPHORUS	140.00	40	**100.00**
S.PROGESTERONE	1280.00	630	**650.00**
S.PROLACTIN	360.00	160	**200.00**
S.PROTEIN ELECTROPHERSIS	780.00	0	**780.00**
S.PSA	1590.00	790	**800.00**
S.PTH	1840.00	0	**1840.00**
S.SODIUM (NA+)	120.00	40	**80.00**
S.TESTORONE	1400.00	700	**700.00**
S.VITAMIN B12 LEVEL	2300.00	1100	**1200.00**
SERUM CHOLESTEROL	200.00	80	**120.00**
SERUM FREE TESTOSTRONE	2130.00	0	**2130.00**
SERUM GLOBUIN	100.00	40	**60.00**
SERUM IONISED CALCIUM	140.00	40	**100.00**
SERUM MAGNESIUM	250.00	0	**250.00**
SERUM URIC ACID	120.00	40	**80.00**
SGOT	140.00	60	**80.00**
SGPT	140.00	60	**80.00**
SYNOVIAL FLUID R & M	300.00	100	**200.00**
T3, T4 , TSH	600.00	250	**350.00**
TESTTICULAR TUMOUR MARKER	1100.00	550	**550.00**
THYROID PEROXIDASE ANTIBODY(ANTI TPO ELISA)	500.00	0	**500.00**
TORCH IGG IGM ABS (ELA)10	2100.00	0	**2100.00**
TORCH IGG IGM EVALUATION 9 PERA	2000.00	0	**2000.00**
TORCH PANEL IGM	1050.00	0	**1050.00**
TORCH TEST IGM	3000.00	1000	**2000.00**
TORCH TEST IGM&IGG	5800.00	2300	**3500.00**
TOTAL LIPIDS	120.00	40	**80.00**
TOTAL PROTEIN OR ALBUMIN	50.00	20	**30.00**
TOTAL PROTEINES	100.00	40	**60.00**
TRIGLYCERIDES		60	**80.00**
TRIPLE TEST		0	**2000.00**
TROP-T TEST		700	**800.00**

For Rohtkhand Medi... College & Hospi...
7/2/19
Authorised Signatory

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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URINARY PROTEIN CREATININE RATIO	400.00	100	**300.00**
URINARY SODIUM	80.00	0	**80.00**
VITAMIN D3(VITAMIN D,25-HYDROXY)	1850.00	850	**1000.00**
ZB.H. C. G	330.00	165	**165.00**
CYTOLOGY PATHOLOGY			
BAAR BODY TEST	200.00	0	**200.00**
FLUID CYTOGY	80.00	30	**50.00**
FNAC	400.00	200	**200.00**
FNAC CT GUIDED	400.00	200	**200.00**
FNAC USG GUIDED	400.00	200	**200.00**
MICROSCOPIC & ROUTINE	140.00	40	**100.00**
ORGAN/SOFT TISSUE TUMOUR	340.00	160	**180.00**
PAP SMEAR	150.00	100	**50.00**
PAP SMEAR/LBC	150.00	100	**50.00**
SYNOVIAL FLUID	340.00	140	**200.00**
FLUID			
ASCITIC FLUID ASPIRATION	280.00	130	**150.00**
ASCITIC FLUID R & M	340.00	160	**180.00**
C.S.F	340.00	160	**180.00**
CYTOLOGY BIOCHEMICAL EXAM	340.00	140	**200.00**
PLURAL FLUID R & M	340.00	140	**200.00**
HAEMATOLOGY			
ABO GROUP / RH FACTOR	100.00	40	**60.00**
ABSOLUTE EOSINOPHIL COUNT	100.00	40	**60.00**
AMONIA BLOOD	1150.00	0	**1150.00**
APTT	200.00	80	**120.00**
BLEEDING TIME(BT)	80.00	30	**50.00**
BLOOD GROUP	100.00	40	**60.00**
BONE MARROW ASPIRATION	600.00	300	**300.00**
BONE MARROW ASPIRATION & BIOPSY	800.00	400	**400.00**
BONE MARROW EXAM	600.00	300	**300.00**
C.B.C/COMPLETE HAEMOGRAM	400.00	150	**250.00**
C3 COMPLIMENT	750.00	0	**750.00**
CAPILLARY FRAGILITY	60.00	20	**40.00**
CELL TOTAL	140.00	40	**100.00**
CLOTTING TIME(CT)	80.00	30	**50.00**
COMPLET HOMOGRAM	340.00	140	**200.00**
COOMB'S TEST	360.00	160	**200.00**
CORRECTED ESR	100.00	50	**50.00**
D DIMER	2760.00	1360	**1400.00**
DAIFF.WBC(DLC)	80.00	20	**60.00**
DIRECT COOMBS TEST	300.00	180	**120.00**
ENDOMETRIAL	400.00	200	**200.00**

For Rohilkhand Medi... 7/2/19 Authorised Signatory

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FIBRINOGEN	1920.00	920	**1000.00**
FOETAL HB%	160.00	60	**100.00**
G.B.P	140.00	40	**100.00**
HAEMOGLOBIN(HB)	100.00	40	**60.00**
HB A2	400.00	0	**400.00**
HB ELECROPHORESIS	800.00	0	**800.00**
HBA1 C	560.00	0	**560.00**
HEMOGRAM	300.00	100	**200.00**
HLA B-27	2200.00	0	**2200.00**
INDIRECT COOMBS TEST	200.00	80	**120.00**
INR	360.00	160	**200.00**
L.E.CELL	220.00	100	**120.00**
LUPUS ANTICOAGULANT	620.00	300	**320.00**
PCV	80.00	30	**50.00**
PLATELET COUNT(PC)	100.00	40	**60.00**
PROTEIN C	260.00	110	**150.00**
PROTEIN S	260.00	110	**150.00**
PROTHROMBIN TIME(PT)	160.00	60	**100.00**
PT WITH INR	200.00	80	**120.00**
RETICULOGYTE COUNT	100.00	40	**60.00**
SICKLING TEST	200.00	0	**200.00**
TOTAL RBC	100.00	40	**60.00**
TOTAL WBC(TLC)	100.00	40	**60.00**
VAGINAL(PAP)SMEAR	120.00	40	**80.00**
HISTOPATHOLOGY			
BIOPSY (FOR MAJOR OPERATION)	600.00	300	**300.00**
BIOPSY (FOR MINOR OPERATION)	500.00	280	**220.00**
BIOPSY MINOR OR PUNCH	500.00	0	**500.00**
BIOPSY PLACENTAL	120.00	40	**80.00**
BONE BIOSPY	640.00	320	**320.00**
BRUSH BIOPSY	540.00	270	**270.00**
FIBREOPTIC LARYNGOSCOPY AND BIOPSY	850.00	0	**850.00**
ISSUE FOR BIOPSY SLIDE/BLOCK	150.00	50	**100.00**
IMMUNOLOGY			
ECHINOCOCCUS (IGG)	460.00	210	**250.00**
ELISA HCV	300.00	100	**200.00**
ELISA anti HBC IgG total antibodies	300.00	100	**200.00**
ELISA anti HBC IgM	300.00	100	**200.00**
ELISA DENGU(IGM/IGG)	900.00	350	**550.00**
ELISA FOR CYSTICERCOSIS	460.00	210	**250.00**
ELISA FOR DENGU		210	**250.00**
ELISA FOR ECHINOCOCCUS IGG		210	**250.00**
ELISA FOR HIV 1 & 2			

For Rohilkhand ... Authorised Signatory

7/2/19

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ELISA HBeAg	300.00	100	**200.00**
ELISA HBS ANTIGEN	300.00	0	**300.00**
ELISA HSV 1+2 IGM	500.00	0	**500.00**
ELISA MEASLES IGM	660.00	260	**400.00**
ELISA MUMPS IGM	660.00	260	**400.00**
ELISA NEUROCYSTICERCOSIS IGG	440.00	190	**250.00**
HCV RNA GENOTYPE	7700.00	0	**7700.00**
MICRO BIOLOGY			
ALBUT STAINING	80.00	30	**50.00**
ANTI HAV IGG	1650.00	0	**1650.00**
ANTI HAV IGG/IGM	2530.00	0	**2530.00**
ANTI HAV IGM	1370.00	0	**1370.00**
ANTI HBC IGG	1265.00	0	**1265.00**
ANTI HBC IGM	900.00	0	**900.00**
ANTI HBC IGM TOTAL	1265.00	0	**1265.00**
ASPIRAT R&M EXAM	180.00	80	**100.00**
BIPHASIC BLOOD CULTURE FOR SALMONELLA INFECTION	360.00	160	**200.00**
CHIKUN GHUNIA	1115.00	0	**1115.00**
HBEAG	1035.00	0	**1035.00**
HBV	220.00	60	**160.00**
HBV DNA VIRAL QUANTITATIVE	8600.00	0	**8600.00**
HBV DNA VIRAL QULITATIVE	5060.00	0	**5060.00**
JAPANESE EMCEPHALITIS	4025.00	0	**4025.00**
MALIGNANT CELL	240.00	60	**180.00**
PCR FOR TUBERCULOSIS	2300.00	0	**2300.00**
TB GAMA GOLD	1850.00	0	**1850.00**
TB GOLD GAMA ITERFERON	5800.00	2900	**2900.00**
TB PCR	2300.00	0	**2300.00**
TONSILLAR SWAB C & S	180.00	80	**100.00**
TORCH IGM	1495.00	0	**1495.00**
MYCOBACTERIOLOGY			
CULTURE FOR AFB (TB BY MGIT)	1000.00	200	**800.00**
CULTURE OF MYCOBACTERIUM	240.00	90	**150.00**
PUS FOR AFB	160.00	60	**100.00**
SPUTUM CULTURE FOR MYCOBACTERIUM	180.00	60	**120.00**
MYCOLOGY			
FUNGAL CULTURE	160.00	60	**100.00**
KOH MOUNT	150.00	50	**100.00**
KOH SMEAR FOR FUNGUS	180.00	70	**110.00**
N.A			
A.B.G	1000.00	400	**600.00**
B.M.D	240.00	90	**150.00**
BAL LUNGS MYCOBACTERIUM CULTURE	400.00	200	**200.00**

For Rohilkhand Medical College & Hospital
7/2/19
Authorised Signatory

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	PREGNANCY TEST	120.00	40	**80.00**
	URIN PROTENE	100.00	40	**60.00**
	URINE FOR SPECIFIC GRAVITY	100.00	0	**100.00**
	URINE ALBUMIN	100.00	40	**60.00**
	URINE ANALYSIS (24 HRS COLLOCTION)	500.00	200	**300.00**
	URINE CA+	140.00	40	**100.00**
	URINE CREATININE	120.00	40	**80.00**
	URINE EXAM(ROUTI & MICRO)	120.00	40	**80.00**
	URINE KETON BODY	100.00	40	**60.00**
	URINE PH	80.00	30	**50.00**
	URINE SUGAR	80.00	30	**50.00**
	URINE VOLUME	80.00	30	**50.00**
	VIROLOGY			
	TZANCK SMEAR	120.00	40	**80.00**
PFT				
	N.A			
	PFT	400.00	150	**250.00**
PHYSIOTHERAPY				
	N.A			
	PHYSIOTHARAPY ICU	220.00	70	**150.00**
	PHYSIOTHARAPY PVT WARD	240.00	90	**150.00**
	PHYSIOTHARAPY(IPD)	200.00	100	**100.00**
	PHYSIOTHARAPY(OPD)	180.00	90	**90.00**
PICU				
	N.A			
	HDU (PICU)	1000.00	0	**1000.00**
	PICU CHARGES (WITH OXYGEN)	2700.00	0	**2700.00**
	PICU CHARGES (WITHOUT OXYGEN)	2000.00	0	**2000.00**
PLASTER CHARGES				
	N.A			
	ABOVE ELBOW	180.00	0	**180.00**
	ABOVE ELBOW WITH CAST	250.00	0	**250.00**
	ABOVE KNEE	220.00	0	**220.00**
	ABOVE KNEE WITH CAST	300.00	0	**300.00**
	BELOW ELBOW	140.00	0	**140.00**
	BELOW ELBOW WITH CAST	200.00	0	**200.00**
	BELOW KNEE	200.00	0	**200.00**
	BELOW KNEE WITH CAST	250.00	0	**250.00**
	CTEV CAST	140.00	0	**140.00**
	HIP SPICA CAST	550.00	0	**550.00**
	U CAST	300.00	0	**300.00**
	U SLAB	250.00	0	**250.00**
PRIVATE WARD				
	N.A			
	OT CHARGES FOR MAJOR PROCEDURE		0	**5500.00**

For Rohilkhand Medical ... 7/2/19 Authorised Signatory

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PRIVATE ROOM WITH AC	2000.00	0	**2000.00**
PRIVATE ROOM WITH AC WITH FRIDGE	2500.00	0	**2500.00**
PROCEDURE			
N.A			
ARTHROSCOPY	3700.00	0	**3700.00**
BRONCHOSCOPY	1200.00	400	**800.00**
COLPOSCOPOY	250.00	0	**250.00**
CRYOCAUTERY	500.00	0	**500.00**
HYSTEROSCOPY	500.00	0	**500.00**
LAPAROSCOPY	5000.00	0	**5000.00**
PROCEDURE CHARGES	500.00	0	**500.00**
REGISTRATION CHARGES			
N.A			
REGISTRATION FOR INVESTIGATION	30.00	0	**30.00**
RESPIRATORY PROCEDURE			
N.A			
BRONCHOSCOPY	1200.00	400	**800.00**
INTERCOSTAL TUBE DRAINAGE	1200.00	400	**800.00**
PLEURAL ASPIRATION DIAGNOSTIC	300.00	100	**200.00**
PLEURAL ASPIRATION THERAPEUTIC	500.00	200	**300.00**
RICU			
N.A			
RICU CHARGES	4000.00	0	**4000.00**
SICU			
N.A			
SICU CHARGES	4000.00	0	**4000.00**
SKIN PROCEDURE			
N.A			
BIOPSY PROCEDURE	40.00	15	**25.00**
CHEMICAL CAUTERY	40.00	15	**25.00**
CHEMICAL PEEL	50.00	0	**50.00**
CHEMICAL PEELING TCA	50.00	0	**50.00**
CO2 LASER & RESURFACING	400.00	0	**400.00**
COMEDONE EXTRACTION	40.00	15	**25.00**
EAR PIERCING	50.00	25	**25.00**
ELECTRO CAUTERY	200.00	90	**110.00**
ELECTRO CAUTERY OF MC FEW LESIONS	200.00	90	**110.00**
GLYCOLIC ACID (USA)	100.00	50	**50.00**
INTRA DERMAL INJECTION	40.00	15	**25.00**
IONTO PHORESIS	25.00	10	**15.00**
IPL	500.00	240	**260.00**
MANY LESIONS	100.00	50	**50.00**
MICRODERMA ABRASION	100.00	50	**50.00**
MILIA EXTRACTION	50.00	25	**25.00**
PRP	600.00	50	**550.00**

For Rohilkhand Medical [illegible]

7/2/19 Authorised Signatory

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RADIO FREQUENCY	200.00	80	**120.00**
T.C.A CAUTERY FOR MC	40.00	15	**25.00**
T.C.A. CAUTERY FOR XP	40.00	15	**25.00**
TMT			
N.A			
TMT	1800.00	900	**900.00**
ULTRA SOUND			
N.A			
ANC LEVEL II	1400.00	600	**800.00**
BIOPHYSICAL PROFILE	1000.00	400	**600.00**
BREAST USG	700.00	300	**400.00**
COLOUR DOPPLER	1400.00	600	**800.00**
COLOUR DOPPLER LIMB/RENAL (SINGLE)	2000.00	1000	**1000.00**
COLOUR DOPPLER LIMBS/RENAL (BOTH)	4000.00	2000	**2000.00**
ECHO CARDIOGRAM	1500.00	700	**800.00**
FNAC USG GUIDED	1700.00	800	**900.00**
FOLLICULAR STUDY	1500.00	500	**1000.00**
HEAD ULTRASOUND	700.00	300	**400.00**
INTERVENTIONAL/ASPIRATION/FNAC	1700.00	800	**900.00**
KUB ULTRASOUND	700.00	300	**400.00**
LOWER ABDOMEN	700.00	300	**400.00**
NECK USG	700.00	300	**400.00**
SCROTUM ULTRASOUND	700.00	300	**400.00**
T.V.S	700.00	300	**400.00**
TESTIS USG	700.00	300	**400.00**
U/S CRANIAL	700.00	300	**400.00**
UPPER ABDOMEN	700.00	300	**400.00**
USG CHEST	700.00	300	**400.00**
USG FETAL WELL BEING	700.00	300	**400.00**
USG GUIDED ASPIRATION/TAPPING(DIAGNOSTIC)	800.00	400	**400.00**
USG HIGH FRIQUANCY (MISCLANEOM)	700.00	300	**400.00**
WHOLE ABDOMEN	700.00	300	**400.00**
UROLOGY OPEARATIVE PROCEDURE			
N.A			
CYSTOLITHOLAPEXY	8000.00	0	**8000.00**
CYSTOSCOPIC DILATATION OF URETHERA	3000.00	0	**3000.00**
CYSTOSCOPY	1500.00	0	**1500.00**
CYSTOSCOPY WITH STENDTING	2500.00	0	**2500.00**
PERCUTANEOUS CYSTOLITHOLAPEXY	10000.00	0	**10000.00**
POSTERIOR URETHRAL VALVE FULGRATION	5000.00	0	**5000.00**
TRANSURETHRAL RESECTION OF BLADDER TUMOR(TURBT)	15000.00	0	**15000.00**
TRANSURETHRAL RESECTION OF PROSTAT(TURP)	15000.00	0	**15000.00**
UNDESCENEDED TESTIS (ORCHIDOPEXY)	10000.00	0	**10000.00**
URETEROCELE REPAIR	15000.00	0	**15000.00**

For Rohilkhand [illegible]
7/2/19
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URETHRAL INTERNAL URETHROTOMY (OIU)	5000.00	0	**5000.00**
URETHROPLASTY SINGL STAGE	15000.00	0	**15000.00**
URETHROPLASTY TWO STAGED	15000.00	0	**15000.00**
VESICO URETERIC REFLUX REPAIR	15000.00	0	**15000.00**

VACCINATION

N.A

B.C.G	10.00	0	**10.00**
BIO-TYPH VACCINE SINGLE DOSE	150.00	0	**150.00**
CERVARIX VACCINE	2200.00	0	**2200.00**
CHIKEN POX	1400.00	0	**1400.00**
D.P.T	10.00	0	**10.00**
D.T	15.00	0	**15.00**
DPT+HEP B (COMBINED)	150.00	0	**150.00**
EASY - V PENTAVAC SD	400.00	0	**400.00**
EASY- IV	300.00	0	**300.00**
EASY IV - TT TETRAVALENT	400.00	0	**400.00**
EASY -V PANTAVAC LIQUID	10.00	0	**10.00**
HEP A	1000.00	0	**1000.00**
HEP -B ADULT	50.00	0	**50.00**
HEP -B CHILD	10.00	0	**10.00**
HEP -B CHILD(1 MONTH -17 YRS)	25.00	0	**25.00**
HIB-PRO	350.00	0	**350.00**
I.P.V	10.00	0	**10.00**
IMOVAX -IPV	350.00	0	**350.00**
JE VACCINE	10.00	0	**10.00**
M.M.R	120.00	0	**120.00**
M.R.VACCINE	10.00	0	**10.00**
MEASELS	10.00	0	**10.00**
M-VAC(MEASLES) VACCINE	55.00	0	**55.00**
O.P.V(SQZ) VACCINE	10.00	0	**10.00**
PCV	1400.00	0	**1400.00**
PEDA TYPN VACCINE	800.00	0	**800.00**
POLIO DROP	10.00	0	**10.00**
PREVENOR	3700.00	0	**3700.00**
RABIES VACCINE	320.00	0	**320.00**
ROTARIX(ROTAVIRUS VACCINE)	1400.00	0	**1400.00**
ROTAVAC VACCINE	10.00	0	**10.00**
SYNOFLORIX	1499.00	0	**1499.00**
T.T	10.00	0	**10.00**
TYPHOID	150.00	0	**150.00**

VENTILATOR

N.A

VENTILATOR CHARGES			**4500.00**

For Rohilkhand Medical College & Hospital
7/2/19
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Rohilkhand Medical College & Hospital Bareilly

List Of Beds Floor & Specialty Wise

S.No.	Floor	Word	Number Of Beds
1	Ground Floor	Casualty	25
3	,,	Orthopaedics	90
4	First Floor	Skin	30
5	,,	Psychiatry	30
6	,,	Surgery	150
7	,,	Obsterics & Gynaecology	90
8	,,	NICU	10
9	,,	Burn ICU	4
11	,,	GICU	2
18	Second Floor	General Medicine	150
19	,,	Pediatrics	90
20	,,	Chest & TB	30
21	,,	Ophthalmology	30
22	,,	ENT	30
23	,,	MICU	6
24	,,	ICCU	8
25	,,	PICU	5
26	,,	RICU	5
27	,,	Isolation	10
28	,,	Dental	20
29	,,	Private Ward	10
			825

For Rohilkhand Medical College & Hospital

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SUSHIL KUMAR THAKUR

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Anatomy

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Rakesh Gupta	Professor & Head	MS Anatomy	UG - 2159 dt. 15.02.2001 PG - 5006 dt. 28.03.2007	Anatomy
2	Mr. Sarangdhar Kumar	Assistant Professor	M.Sc. Anatomy	Not Applicable	Anatomy
3	Dr. Shalini Sharma	Assistant Professor	MD Anatomy	UG - 56946 dt. 08.04.2009 PG - 6150 dt. 17.06.2015	Anatomy
4	Mr. Suresh Babu Kottapalli	Assistant Professor	M.Sc. Anatomy	Not Applicable	Anatomy
5	Dr. Deepak Ranjan Das	Assistant Professor	MD Anatomy	UG - 18711 dt. 01.04.1982	Anatomy
6	Dr. Archana Singh	Assistant Professor	MD Anatomy	UG - 045145 dt. 04.12.2001	Anatomy

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Biochemistry

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Biswajit Das	Professor & Head	MD Biochemistry	UG - 14095 dt. 24.02.1998 PG - 2234 dt. 29.08.2005	Biochemistry
2	Dr. Ayaz Khurram Mallick	Professor	MD Biochemistry	UG - 61928 dt. 08.02.2002 PG - 61928 dt. 20.06.2009	Biochemistry
3	Dr. Shikha Saxena	Associate Professor	MD Biochemistry	UG - 045899 dt. 06.04.2002 PG - 15-20197 dt. 30.11.2015	Biochemistry
4	Mr. Sumeru Samanta	Assistant Professor	M.Sc. Biochemistry	Not Applicable	Biochemistry
5	Mrs. Kalpana Bohra	Tutor	M.Sc. Biochemistry	Not Applicable	Biochemistry

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Pathology

Sr. No.	Name	Designation	Qalification	Registration No.	Department
1	Dr. Bharat Chandra Choudhary	Professor & Head	MD Pathology	UG - 12308 dt. 25.08.1975 PG - 12308 dt. 07.09.2006	Pathology
2	Dr. Ranjan Agarwal	Professor	MD Pathology	UG - 36093 dt. 23.06.1992 PG - 499 dt. 22.02.2007	Pathology
3	Dr. Nitesh Mohan	Professor	MD Pathology	UG - 25517 dt. 05.03.2004 PG - 25517 dt. 04.05.2009	Pathology
4	Dr. Anjana Arya	Professor	MD Pathology	UG - 35080 dt. 21.12.2001 PG - 942 dt. 01.02.2008	Pathology
5	Dr. Mithila Bisht	Associate Professor	MD Pathology	UG - 1463 dt. 10.06.2008 PG - 13-14791 dt. 23.10.2013	Pathology
6	Dr. Ghanshyam Dass Katiyar	Associate Professor	MD Pathology	UG - 27462 dt. 10.06.1983 PG - 13-14892 dt. 08.11.2013	Pathology
7	Dr. Shweta Agarwal	Associate Professor	MD Pathology	UG - 10480 dt. 30.04.2009 PG - 15-17543 dt. 24.03.2015	Pathology
8	Dr. Shahbaz Singh Chawla	Assistant Professor	MD Pathology	UG - 18479 dt. 05.04.2013 PG - 18479 dt. 05.04.2013	Pathology
9	Dr. Vibhuti Goyal	Assistant Professor	MD Pathology	UG - 53875 dt. 10.04.2007 PG - A/F dt. 22.08.2016	Pathology
10	Dr. Cheena Garg	Assistant Professor	MD Pathology	UG - MCI/10-36497 dt. 10.03.2010 PG - Applied for	Pathology
11	Dr. Divya Bajpai	Tutor	DNB	UG - 50693 dt. 11.04.2005 DNB - 64895 dt. 17.11.2016	Pathology

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faulty Information - Department of Microbiology

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Ved Prakash	Professor & Head	MD Microbiology	UG - 30122 dt. 07.06.1986 PG - 1711 dt. 25.06.1990	Microbiology
2	Dr. Deepika Verma	Associate Professor	MD Microbiology	UG - 51574 dt. 30.11.2005 PG - 12-12080 dt. 26.06.2012	Microbiology
3	Dr. Lautika Sonkar	Assistant Professor	MD Microbiology	UG - 48580 dt. 21.02.2004 PG - 2752 dt. 12.01.2011	Microbiology
4	Dr. Saumya Agarwal	Assistant Professor	MD Microbiology	UG - 65366 dt. 10.04.2013 PG - 65684 dt. 17.06.2016	Microbiology
5	Mr. Junaid Musarrat Khan	Tutor	M.Sc. Microbiology	Not Applicable	Microbiology

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Faculty Information - Department of Pharmacology

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Shalini Chandra	Professor & Head	MD Pharmacology	UG - 43096 dt. 22.04.1999 PG - 24033 dt. 09.07.2004	Pharmacology
2	Dr. Marya Ahsan	Associate Professor	MD Pharmacology	UG - 37882 dt. 22.09.2008 PG - 13-15029 dt. 03.12.2013	Pharmacology
3	Dr. Iram Shaifali	Associate Professor	MD Pharmacology	UG - 53663 dt. 05.04.2007 PG - 6558 dt. 08.10.2015	Pharmacology
4	Dr. Rakesh Kaul	Assistant Professor	MD Pharmacology	UG - 16587 dt. 16.06.1997 PG - 2354 dt. 27.08.2014	Pharmacology

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Faculty Information - Department of Forensic Medicine

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Prem Chandra Shrivastava	Professor & Head	MD Forensic Medicine	UG - 40305 dt. 09.04.1996 PG - 12-11798 dt. 25.04.2012	Forensic Medicine
2	Dr. Agniwesh	Assistant Professor	MD Forensic Medicine	UG - 17648 dt. 14.12.2010 PG - 17648 dt. 22.04.2015	Forensic Medicine
3	Dr. Sarla Mohan	Tutor	MBBS	UG - 6716 dt. 02.12.1977	Forensic Medicine
4	Dr. Jitendra Mall	Tutor	MBBS	UG - 24463 dt. 14.05.1980	Forensic Medicine

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Faculty Information - Department of Community Medicine

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Arun Singh	Professor & Head	MD Community Medicine	UG - 044749 dt. 11.04.2001 PG - 325 dt. 27.06.2006	Community Medicine
2	Dr. Swati Khan	Professor	MD Community Medicine	UG - 49784 dt. 04.10.2004 PG - 4984 dt. 22.03.2007	Community Medicine
3	Dr. Bhushan Kumar	Professor	MD Community Medicine	UG - 16145 dt. 02.11.2014 PG - 16145 dt. 23.11.2009	Community Medicine
4	Dr. Rashmi Katyal	Associate Professor	MD Community Medicine	UG - 2417 dt. 29.06.1999 PG - 13-13652 dt. 10.05.2013	Community Medicine
5	Dr. Deepak Uphadhyay	Associate Professor	MD Community Medicine	UG - MCI-IMR/10/300 dt. 02.04.2010 PG - 13-14790 dt. 23.10.2013	Community Medicine
6	Dr. Ajay Kumar Agarwal	Associate Professor	MD Community Medicine	UG - 23455 dt. 25.06.1979 PG - 23455 dt. 04.02.2016	Community Medicine
7	Dr. Medhavi Agarwal	Associate Professor	MD Community Medicine	UG - G-43893 dt. 11.06.2010 PG - G-21590 dt. 30.08.2014	Community Medicine
8	Mr. Mahendra Sharma	Statistician cum Lecturer	M.Sc.	Not Applicable	Community Medicine
9	Dr. Shashi Kant Saxena	Lecturer Cum H.E.	MBBS	UG - 20498 dt. 08.11.1976	Community Medicine

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of General Medicine

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Rajib Ratna Chaudhary	Professor & Head	MD General Medicine	UG - 11474 dt. 12.12.1973 PG - 11474 dt. 26.12.1978	General Medicine
2	Dr. Malini Kulshresthra	Professor	MD General Medicine	UG - 10470 dt. 05.02.1992 PG - 10470 dt. 22.05.1998	General Medicine
3	Dr. Anoop Kumar	Professor	MD General Medicine	UG - 21737 dt. 31.12.1977 PG - 268 dt. 27.03.1981	General Medicine
4	Dr. Seema Seth	Associate Professor	MD General Medicine	UG -32733 dt. 27.03.1989 PG - 2917 dt.04.04.2011	General Medicine
5	Dr. Darshan Mehra	Associate Professor	MD General Medicine	UG - 2852 dt. 06.04.2009 PG - 5702 dt. 13.11.2014	General Medicine
6	Dr. Nitin Agarwal	Associate Professor	MD General Medicine	UG - 48765 dt. 05.04.2004 PG - 39497 dt. 26.08.2008	General Medicine
7	Dr. Aditi Srivastava	Associate Professor	MD General Medicine	UG - 20934 dt. 05.02.1977 PG - 2022 dt. 30.11.2009	General Medicine
8	Dr. Saurabh Goel	Assistant Professor	MD General Medicine	UG - 15536 dt. 06.12.1996 PG - 13-13207 dt. 15.01.2013	General Medicine
9	Dr. Anupam Seth	Assistant Professor	MD General Medicine	UG - 8128 dt. 11.09.1987 PG - MCI/624 dt. 1998	General Medicine
10	Dr. Ashish Agarwal	Assistant Professor	MD General Medicine	UG - 59654 dt. 18.08.2010 PG - 2536 dt. 18.08.2010	General Medicine
11	Dr. Bharat Kalra	Assistant Professor	MD General Medicine	UG - 37911 dt. 16.12.1998 PG - 12-12347 dt. 06.08.2012	General Medicine
12	Dr. Ghayasul Rehman	Assistant Professor	MD General Medicine	UG - 37911 dt. 30.11.1993 PG - 12-12760 dt. 16.10.2012	General Medicine
13	Dr. Vipul Kumar	Assistant Professor	MD General Medicine	UG - 31062 dt. 07.08.1987 PG - 262 dt. 04.04.2006	General Medicine
14	Dr. Arvind Agarwal	Assistant Professor	MD General Medicine	UG - 16416 dt. 19.05.1982 PG - 26416 dt. 18.11.1985	General Medicine
15	Dr. Mukesh Kumar	Assistant Professor	MD General Medicine	UG - 43420 dt. 12.04.2013	General Medicine
16	Dr. Anil Kumar Sharma	Senior Resident	MD General Medicine	UG - 37051 dt. 30.03.1993	General Medicine
17	Dr. Ankit Kumar Chaturvedi	Senior Resident	MD General Medicine	UG - 64547 dt. 18.03.2013	General Medicine
18	Dr. Syed Yousuf Faisal	Senior Resident	MD General Medicine	UG - 42819 dt. 20.02.2015 PG - 42819 dt. 06.07.2018	General Medicine

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19	Dr. Abhishek Kumar Verma	Senior Resident	MD General Medicine	UG - 67054 dt. 26.05.2014	General Medicine
20	Dr. Akhilesh Jawaharlal Yadav	Senior Resident	MD General Medicine	UG - 2012/06/1814 dt. 21.06.2012 PG - 85880 dt. 25.06.2018	General Medicine

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Psychiatry

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Chandra Shekhar Sharma	Professor & HOD	MD Psychiatry	UG - 12057 dt. 18.10.1975 PG - 12057 dt. 07.03.2008	Psychiatry
2	Dr. Santosh Kumar	Associate Professor	MD Psychiatry	UG - 548 dt. 09-12-2005 PG - 548 dt. Nov. 2011	Psychiatry
3	Dr. Rakesh Yaduvanshi	Associate Professor	MD Psychiatry	UG - 54424 dt. 13.07.2007 PG - 54424 dt. 08.06.2011	Psychiatry
4	Dr. Ramjan Ali	Assistant Professor	MD Psychiatry	UG - LGL.60/98/18 dt. 04.06.05 PG - 4629 dt. 09.09.2013	Psychiatry
5	Dr. Abhinav Kuchhal	Senior Resident	MD Psychiatry	UG - 60287 dt. 08.03.2011	Psychiatry
6	Dr. Arpit Jaiswal	Senior Resident	MD Psychiatry	UG - 62497 - dt. 02.04.2012	Psychiatry

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Skin & VD

Sr. No.	Name	Designation	Registration No.	Department
1	Dr. Praveen Kumar Rathore	Professor & Head	UG - 23089 dt. 14.02.2002 PG - 13-14970 dt. 21.11.2013	Skin & V.D.
2	Dr. Thiruveedhula Haritha	Professor	UG - 43063 dt. 16.08.1999 PG - 43063 dt. 07.04.2007	Skin & V.D.
3	Dr. Supriya Agarwal	Assistant Professor	UG - 49165 dt. 21.04.2004 PG - 13-13601 dt. 04.05.2013	Skin & V.D.

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Faculty Information - Department of Chest & TB

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Rajesh Agarwal	Professor & HOD	MD Chest & T.B.	UG - 30104 dt. 05.06.1986 PG - 5224 dt.	Chest & T.B.
2	Dr. Amit Kumar	Associate Professor	MD Chest & T.B.	UG - 50365 dt. 04.04.2005 PG - 13-13247 dt.	Chest & T.B.
3	Dr. Rajat Kumar	Associate Professor	MD Chest & T.B.	UG - 41917 dt. 23.03.98 PG - 524 dt. 02.03.07	Chest & T.B.
4	Dr. Ganesh Chandra Mohapatra	Associate Professor	MD Chest & T.B.	UG - 9289 dt. 05.11.1985 PG - 12-12269 dt. 23.07.2012	Chest & T.B.
5	Dr. Mohd. Javed Khan	Assistant Professor	MD Chest & T.B.	UG - 64176 dt. 03.12.2012 PG - 17-24758 dt. 25.05.2017	Chest & T.B.
6	Dr. Rishi Kumar Saini	Assistant Professor	MD Chest & T.B.	UG - 62501 dt. 02.04.2012 PG - 17-26435 dt. 07.11.2017	Chest & T.B.

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Faculty Information - Department of Paediatrics

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Rajesh Bansal	Professor & Head	MD Paediatrics	PG - 11026 dt. 24.12.1992 PG - 11026 dt. 14.03.2006	Paediatrics
2	Dr. Roshan Lal Sharma	Professor	MD Paediatrics	UG - 55105 dt. 05.07.2005 PG - 1/2005 dt. 05.07.2005	Paediatrics
3	Dr. Ashok Kumar Agarwal	Professor	MD Paediatrics	UG - 22273 dt. 26.06.1978 PG - 264 dt. 04.04.2006	Paediatrics
4	Dr. Alka Bhambri	Professor	MD Paediatrics	UG - 20811 dt. 18.01.1977 PG (MD & Dip.) - 4785 dt. 16.01.2007	Paediatrics
5	Dr. Kishan Chand Gupta	Associate Professor	MD Paediatrics	UG - 38794 dt. 12.07.1994 PG - 267 dt. 04.04.2006	Paediatrics
6	Dr. Murli Manohar Agarwal	Assistant Professor	MD Paediatrics	UG - 28406 dt. 06.07.1984 PG (MD & Dip.) - 403 dt. 14.11.2006	Paediatrics
7	Dr. Rajiv Kumar Jha	Assistant Professor	MD Paediatrics	UG - 33172 dt. 19.02.2007 PG - 33172 dt. 21.09.2016	Paediatrics
8	Dr. Preeti Tandon	Assistant Professor	MD Paediatrics	UG - 11646 dt. 14.09.1992 PG - 11646 dt. 26.09.1997	Paediatrics
9	Dr. Vaibhav Agarwal	Senior Resident	MD Paediatrics	UG - 28256 dt. 31.05.2006 PG - 28256 dt. 08.02.2011	Paediatrics
10	Dr. Sudhir Kumar	Senior Resident	MD Paediatrics	UG - 66116 dt. 04.09.2013 PG - 9708 dt. 21.12.2017	Paediatrics
11	Dr. Priyank Verma	Senior Resident	MD Paediatrics	UG - 66185 dt. 11.07.2013 PG - 66185 dt. 11.09.2017	Paediatrics

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Faculty Information - Department of General Surgery

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Sharad Seth	Professor & Head	MS General Surgery	UG - 29356 dt. 16.08.1985 PG - 948 dt. 06.02.2008	General Surgery
2	Dr. C.G.S. Chauhan	Professor	MS General Surgery	UG - 4843 dt. 30.3.1973 PG - (MS & M.Ch) 24/2006	General Surgery
3	Dr. C.P. Pandey	Professor	MS General Surgery	UG - 045438 dt. 01.02.2002 PG - 4911 dt. 11.12.2013	General Surgery
4	Dr. Sujoy Mukherjee	Professor	MS General Surgery	UG - 18165 dt. 01.12.1998 PG - 4178 dt. 30.12.2005	General Surgery
5	Dr. Jagadamba Saran	Professor	MS General Surgery	UG - 33314 dt. 04.04.2002 PG - 33314 dt. 17.11.2008	General Surgery
6	Dr. Mohd. Arshad Raza	Associate Professor	MS General Surgery	UG - 50010 dt. 11.04.2014 PG - 50010 dt. 11.04.2011	General Surgery
7	Dr. Sameer Chandra	Associate Professor	MS General Surgery	UG -41343 dt. 12.05.97 PG - 25087 dt.09.11.04	General Surgery
8	Dr. Alok Ranjan	Associate Professor	MS General Surgery	UG - 35158 dt. 22.03.2005 PG - 35158 dt. 22.03.2005	General Surgery
9	Dr. (Mrs.) Manjul Mohan	Associate Professor	MS General Surgery	UG - 34321 dt. 23.11.1990 PG - 2252 dt. 14.05.2010	General Surgery
10	Dr. T.R. Kakkar	Assistant Professor	MS General Surgery	UG - 30106b dt. 06.06.86 PG - 09-6875 dt. 20.03.09	General Surgery
11	Dr. Atul Kumar	Assistant Professor	MS General Surgery	UG - 63728 dt. 17.07.2012 PG - 8064 dt. 08.11.2016	General Surgery
12	Dr. Sumer Singh	Assistant Professor	MS General Surgery & M.Ch. (Plastic Surgery)	UG- 029142 dt. 10.09.2010 PG- 11740 dt. 05.08.2013	General Surgery
13	Dr. Rishi Jindal	Assistant Professor	DNB	UG - 63702 dt. 05.07.2012 PG - NBE/PR/Surg/C/ 71/05 dt. 18.08.2010	General Surgery

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14	Dr. Rishi Agarwal	Assistant Professor	MS General Surgery & DNB (Urology)	UG - 73354 dt. 02.05.2006 PG - 48906 dt 02.08.2010 DNB - 31331140-141110490	General Surgery
15	Dr. Sandeep Kumar Agarwal	Assistant Professor	MS General Surgery & M.Ch. (Paediatric Surgery)	UG - 1627 dt. 13.12.2008 PG - 1627 dt. May 2014	General Surgery
16	Dr. Om Kumar Sharma	Assistant Professor	MS General Surgery	UG - 57021 dt. 09.04.2009 PG - 15-19122 dt. 04.08.2015	General Surgery
17	Dr. Arjun Agarwal	Assistant Professor	MS General Surgery & M.Ch. (Surgical Oncology)	UG - 11-39061 dt. 09.04.2009	General Surgery
18	Dr. Hemant Singh	Senior Resident	MS General Surgery	UG - 57654 dt. 15.10.2009	General Surgery
19	Dr. Mohd. Ayub Ansari	Senior Resident	MS General Surgery	UG - 36604 dt. 08.01.1993 PG - 500 dt. 22.02.2007	General Surgery
20	Dr. Vijendra Kumar	Senior Resident	MS General Surgery	UG - 57128 dt. 22.04.2009	General Surgery
21	Dr. Ashish Mor	Senior Resident	MS General Surgery	UG - DMC/R/010611 dt. 12.06.2014	General Surgery
22	Dr. Atul Shishodia	Senior Resident	MS General Surgery	UG - 67057 dt. 26.03.2014	General Surgery

for Rohilkhand Med. College & Hosp.

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Orthopaedics

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. T. Somashekarappa	Professor	MS Orthopaedics	UG - 26417 dt. 29.08.1986 PG - 26417 dt. 09.2000	Orthopaedics
2	Dr. R.K. Narula	Professor	MS Orthopaedics	UG - 21208 dt. 17.06.1977 PG - (MS & D.Ortho) 4046 dt. 09.09.2005	Orthopaedics
3	Dr. Om Prakash Shah	Professor	MS Orthopaedics	UG - 7205 dt. 20.12.1978 PG - 8922 dt. 23.01.2009	Orthopaedics
4	Dr. Mohammad Zahid	Professor	MS Orthopaedics	UG - 6577 dt. 13.06.1977 PG -10-9149 dt. 20.10.2010	Orthopaedics
5	Dr. Gopal Tiwari	Associate Professor	MS Orthopaedics	UG - 50855 dt. 28.04.2005 PG - 12-11331 dt.09.01.2012	Orthopaedics
6	Dr. Praveen Agarwal	Assistant Professor	MS Orthopaedics	UG - 48615 dt. 15.03.2004 PG - 705 dt.21.05.2007	Orthopaedics
7	Dr. Fahad Bin Hamid	Assistant Professor	DNB	UG - 27937 dt. 29-03-2006	Orthopaedics
8	Dr. Varun Agarwal	Assistant Professor	MS Orthopaedics	UG - 74846 dt. 31.08.2016 PG - 7747 dt. 31.08.2016	Orthopaedics
9	Dr. Praveen Garg	Assistant Professor	MS Orthopaedics	UG - 50442 dt. 05.04.2005 PG - 1178 dt.02.06.2008	Orthopaedics
10	Dr. Ashish Agarwal	Assistant Professor	MS Orthopaedics	UG - 047196 dt. 18.02.2003 PG - 16-21760	Orthopaedics
11	Dr. Saumitra Diwedi	Assistant Professor	MS Orthopaedics	UG - 93797 dt. 06.03.2012 PG - 80980 dt. 30.08.2017	Orthopaedics
12	Dr. Som Dutt Singh	Senior Resident	MBBS & D. Orth	UG - 20641 dt. 24.04.2000 PG - 28207 dt. 12.09.2005	Orthopaedics
13	Dr. Balwinder Singh	Senior Resident	MBBS & D. Orth	UG - 54241 dt. 14.05.2007	Orthopaedics
14	Dr. Ashutosh Kumar	Senior Resident	MS Orthopaedics	UG-65597 dt. 17.04.2013 PG-8828 dt. 13.07.2017	Orthopaedics

for Rohilkhand Medical College & Hospital

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty - Information Department of Radiodiagnosis

S. No	Name	Designation	Qualification	Registration No.	Department
1	Dr. Lalit Kumar	Professor & Head	MD Radiodiagnosis	UG - 15254 dt. 13.09.1979	Radiodiagnosis
2	Dr. Lokesh Goyal	Professor	MD Radiodiagnosis	UG - 044468 dt. 07.02.2001 PG - 5855 dt. 15.05.2004	Radiodiagnosis
3	Dr. Atul Mehrotra	Professor	MD Radiodiagnosis	UG - 53496 dt.09.03.2005 PG - 12-11974 dt. 31.05.2012	Radiodiagnosis
4	Dr. Pramod Kumar	Professor	MD Radiodiagnosis	UG - 44900 dt. 04.05.2001 PG - 31185 dt. 11.09.2012	Radiodiagnosis
5	Dr. Dinesh Kumar Singh	Assistant Professor	MD Radiodiagnosis	UG - 42479 dt. 21.01.1999 PG -14-15227 dt. 06.03.2014	Radiodiagnosis
6	Dr. Manali Agarwal	Assistant Professor	MD Radiodiagnosis	UG -56427 dt. 19.02.2009	Radiodiagnosis
7	Dr. Mohit Agarwal	Assistant Professor	MD Radiodiagnosis	UG - 72045 dt. 23.11.2015 PG - 6670 dt. 23.11.2015	Radiodiagnosis
8	Dr. Manish Kumar	Assistant Professor	MD Radiodiagnosis	UG - 63684 dt. 10.07.2013 PG - 63684 dt. 10.07.2013	Radiodiagnosis
9	Dr. Himanshu Pandey	Assistant Professor	DNB	UG - 045876 dt. 04.04.2002 DMRD & DNB- 004875 dt. 12.05.2010	Radiodiagnosis
10	Dr. Adarsh A.D.	Assistant Professor	MD Radiodiagnosis	UG - 84174 dt. 16.04.2009 PG - 84174 dt. 16.09.2015	Radiodiagnosis
11	Dr. Manish Goel	Senior Resident	MD Radiodiagnosis	UG - 48030 dt. 16.04.1999 PG - 14-15556 dt. 20.08.2014	Radiodiagnosis
12	Dr. Ramesh Kr. Saxena	Senior Resident	MBBS & DMRD	UG - 56507 dt. 16.03.2009	Radiodiagnosis

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Rohilkhand Medical College & Hospital, Bareilly (U.P.)

Faculty Information - Department of Ophthalmology

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Ashutosh Dokania	Professor & HOD	MS Ophthalmology	UG -25227 dt. 16.4.1990 PG - 25227 dt. 16.7.1995	Ophthalmology
2	Dr. Yusuf Rizvi	Associate Professor	MS Ophthalmology	UG -10211 dt. 03.09.1990 PG - 5529 dt. 03.12.2007	Ophthalmology
3	Dr. Ritu Jain	Associate Professor	MS Ophthalmology	UG -13428 dt.11.02.1995 PG - 4466 dt. 15.06.2006	Ophthalmology
4	Dr. Kanupriya Agarwal	Assistant Professor	MS Ophthalmology	UG -72044 dt.23.11.2015 PG - 6669 dt. 23.11.2015	Ophthalmology
5	Dr. Ankur	Senior Resident	MS Ophthalmology	UG -64091 dt.19.12.2012 PG - 17-25229 dt. 20.07.2017	Ophthalmology

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of ENT

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Chander Mohan	Professor & HOD	MS ENT	UG -13960 dt. 20.6.1973 PG - 40/2006 dt. 24.07.06	ENT
2	Dr. Onkar Nath Sinha	Professor	MS ENT	UG -17421 dt. 28.05.1981 PG - 17421 dt. 28.11.86	ENT
3	Dr. Abhinav Srivastava	Associate Professor	MS ENT	UG -55691 dt. 29.05.2008 PG - MCI-IMR/13/1355 dt. 20.08.2013	ENT
4	Dr. Sadhana	Assistant Professor	MS ENT	UG -33519 dt.May 2000 PG - 33519 dt. 22.01.2016	ENT

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Obstetrics & Gynaecology

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Kanchan Dalmia	Professor & Head	MD Obstetrics & Gynaecology	UG - 26182 dt. 20.09.1991 PG - 26182 dt. 13.03.2006	Obstetrics & Gynaecology
2	Dr. Kiran Agarwal	Professor	MD Obstetrics & Gynaecology	UG - 26093 dt. 09.02.1982 PG - 263 dt. 04.04.2006	Obstetrics & Gynaecology
3	Dr. Lata Agarwal	Professor	MS Obstetrics & Gynaecology	UG - 26465 dt. 21.05.1982 PG - 271 dt. 04.04.2006	Obstetrics & Gynaecology
4	Dr. Ranjana Gupta	Professor	MS Obstetrics & Gynaecology	UG - 41660 dt. 02.02.1998 PG - 1019 dt. 14.03.2008	Obstetrics & Gynaecology
5	Dr. Shobha Mukherjee	Professor	MD Obstetrics & Gynaecology	UG - 82373 dt. 04.03.1997 PG - 16246 dt. 09.07.2001	Obstetrics & Gynaecology
6	Dr. Shabina Khan	Associate Professor	MS Obstetrics & Gynaecology	UG - 80456 dt. April, 2008 PG - 80456 dt. May, 2010	Obstetrics & Gynaecology
7	Dr. Tripti Gupta	Associate Professor	MS Obstetrics & Gynaecology	UG - 044395 dt. 31.01.2001 PG - 12-12994 dt. 26.12.2012	Obstetrics & Gynaecology
8	Dr. Anuradha Kakkar	Assistant Professor	MS Obstetrics & Gynaecology	UG - 30851 dt.18.11.1983 PG - 09-7024 dt. 04.05.2009	Obstetrics & Gynaecology
9	Dr. Alka Agarwal	Assistant Professor	MS Obstetrics & Gynaecology	UG - 043353 dt. 30.10.1999 PG - 14-15523 dt. 19.08.2014	Obstetrics & Gynaecology
10	Dr. Divya Mittal	Assistant Professor	MS Obstetrics & Gynaecology	UG - G-35176 dt. 28.01.2005	Obstetrics & Gynaecology
11	Dr. Pragya Agarwal	Assistant Professor	MD Obstetrics & Gynaecology	UG - 57945 dt. 05.07.2012 PG - Applied For	Obstetrics & Gynaecology
12	Dr. Shivi Saxena	Assistant Professor	MS Obstetrics & Gynaecology	UG - 56648 dt. 02.04.2009 PG - 63078 dt. 23.07.2013	Obstetrics & Gynaecology
13	Dr. Shashi Bala	Assistant Professor	MS Obstetrics & Gynaecology	UG - 65491 dt. 11.04.2013 PG - 9981 dt. 23.02.2018	Obstetrics & Gynaecology
14	Dr. Shalini Gupta	Senior Resident	MBBS, DGO	UG - 17497 dt. 16.03.1998	Obstetrics & Gynaecology
15	Dr. Sarita Chandra	Senior Resident	MBBS, DGO	UG - 785 dt. 30.12.2006	Obstetrics & Gynaecology

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Rohilkhand Medical College & Hospital Bareilly (U.P.)

Faculty Information - Department of Anaesthesia

Sr. No.	Name	Designation	Qualification	Registration No.	Department
1	Dr. Malti Devi Agarwal	Professor & Head	MD Anaesthesiology	UG - 22502 16 Sept,1978 PG - 496 22 Feb. 2007	Anaesthesia
2	Dr. Ananda Prakash Verma	Professor	MD Anaesthesiology	UG - 5530 dated 30.10.1975 PG - 007347 19.06.2006	Anaesthesia
3	Dr. Uma Rani Purohit	Professor	MD Anaesthesiology	UG - 34075 dt. 17.05.2012 PG - 34075 dt. 17.05.2012	Anaesthesia
4	Dr. Ram Pal Singh	Professor	MD Anaesthesiology	UG - 47734 dt. 26.04.2003 PG - 09-7097 dt. 21.05.2009	Anaesthesia
6	Dr. Neeharika Arora	Professor	MD Anaesthesiology	UG - 24387 dt. 29.03.2003 PG - 24387 dt. 02.05.2011	Anaesthesia
5	Dr. Subhro Mitra	Associate Professor	MD Anaesthesiology	UG - 64599 dt. 07.04.2009 PG - 13-14116 dt. 13.07.2013	Anaesthesia
7	Dr. Gopal Krishan	Associate Professor	MD Anaesthesiology	UG - 48290 dt. 12.11.2003	Anaesthesia
8	Dr. Yogesh Kr. Sharma	Associate Professor	MD Anaesthesiology	UG - 27368 dt. 25.05.1983 PG - 310 dt. 19.05.2006	Anaesthesia Anaesthesia
9	Dr. Atul Agarwal	Assistant Professor	MD Anaesthesiology	UG-38651 dt. 18.05.1994 PG-288 dt. 28-04-2006	Anaesthesia
10	Dr. Devendra Singh	Assistant Professor	MD Anaesthesiology	UG-36395 dt. 02.11.1992 PG-13-13524 dt. 17.04.2013	Anaesthesia
11	Dr. Ravindra Kumar Bhaskar	Assistant Professor	MD Anaesthesiology	UG -32546 dt. 18.01.1989 PG - 306 dt.19.01.2006	Anaesthesia
12	Dr. Vinod Rathore	Assistant Professor	MD Anaesthesiology	UG - 26490 dt. 18.06.2010 PG - 26490 dt. 18.06.2010	Anaesthesia
13	Dr. Sarfraj Ahmad	Assistant Professor	MD Anaesthesiology	UG - MCI/08-32972 dt. 14.05.2008	Anaesthesia
14	Dr. Ankur Garg	Assistant Professor	MD Anaesthesiology	UG - 59009 dt. 07.04.2010 PG - 7393 dt. 10.05.2016	Anaesthesia

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15	Dr. Akash Gupta	Assistant Professor	MD Anaesthesiology	UG - 72081 dt. 30.11.2015 PG - 6691 dt. 30.11.2015	Anaesthesia
16	Dr. Mohd. Khalik	Assistant Professor	MD Anaesthesiology	UG -58653 dt. 01.04.2010	Anaesthesia
17	Dr. Adarsh Bihari Lal Bhatnagar	Senior Resident	MBBS & D.A.	UG - 24610 dt. 24.07.1980 PG (Dip.) - 13-14842 dt. 28.10.2013	Anaesthesia
18	Dr. Kansoo Ram	Senior Resident	MD Anaesthesiology	UG - 25670 dt. 25.07.1981	Anaesthesia
19	Dr. Tulika Mittal	Senior Resident	MD Anaesthesiology	UG - MCI/09-35469 dt. 09.09.2009 PG - 73743 dt. 10.12.2015	Anaesthesia

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उत्तर प्रदेश UTTAR PRADESH EV 850289

MEMORANDUM OF UNDERSTANDING (MOU)

Provider No. 14 2019 18927

This Agreement made at _____ on this 16th day of April 2019.

BETWEEN

Insurance Company's listed in Annexure VI & duly registered with IRDA under the Insurance Act, 1938. Hereinafter called the "**Insurer**" of the ONE PART.

AND

Rohilkhand Medical College & Hospital HOSPITAL/NURSING HOME, Bearing Registration No. 1/Hospital ROHINI ID. 890008004807 2

Owned and run by _____ being

A Registered public charitable Trust / private body / individual having its office at _____ herein after referred as **"Network Provider"** (which expression shall unless it be repugnant to the context or meaning thereof shall mean and include the persons for the time being and from time to time constituting the said private organization /Trust, survivors or survivor of them) of the SECOND PART.

AND

Third Party Administrator licensed by the Insurance Regulatory and Development Authority under the Third Party Administrator - Health Services Regulation 2016 **(Safeway Insurance TPA Pvt Ltd.** 815, Vishwasadan, District Centre, Janak Puri, New Delhi 110058 IRDA **License No. 026)** (herein after referred to as the **"Insurance TPA"** which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns) of the THIRD PART.

For Rohilkhand Medical College & Hospital

Authorised Signatory

Safeway Insurance TPA Pvt. Ltd. 815 Vishwasadan District Centre Janak Puri New Delhi-110058

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("The Insurer", "Network Provider" and the "TPA" are individually referred to as a "party" and collectively as "parties")
WHEREAS

1. The Insurer has agreed to provide health insurance to the individuals / group members (hereinafter called "the Beneficiaries")
2. The Network Provider agrees to extend medical facilities and treatment to the individuals/group members (hereinafter called "the Beneficiaries") who require medical treatment and are duly covered under the Health Insurance policies issued by the Insurer.
3. **Safeway TPA** a Third Party Administrator licensed by the IRDA under the Third Party Administrator - Health Services Regulation 2016 under License No 26 and having its registered office at New Delhi will be administering the health policy services of the provider on behalf of insurance companies
4. The Provider has accepted the offer made on the terms and conditions herein after appearing

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS: -

Clause 1: Standard Definitions & Interpretation

The terms and expressions appearing in this agreement shall have the meanings for the purpose of this Agreement as defined under the Insurance Regulatory and Development Authority (Health Insurance) Regulations, 2016 and/ or the Guidelines on Standardization in Health Insurance and Amendments thereto issued by IRDA from time to time.

Clause 2: Warranties by Insurer

1. Insurer under this MOU is obligated to pay to the Provider (for the necessary medical treatment given to the Beneficiary provided the Provider has fulfilled all the necessary conditions as mentioned)
2. This agreement is signed by a person duly authorized by insurer and all the terms and conditions contained in this agreement are binding on the Insurer.
3. The Insurer will deduct the TDS or any applicable taxes as per law from time to time while settling the bills. If any exemption is available to the provider they must inform the insurer in advance.

Clause 3: Identification of Beneficiary

1. The beneficiaries will be identified by the Network Provider on the basis of Health cards issued to them bearing the logo and the title of the Insurer/TPA. Network Provider must also collect one additional Govt. approved photo ID card such as Driving License, Passport, Aadhar Card, Election Card or PAN Card.
2. For the ease of beneficiary, the Network Provider shall display the recognition and promotional material, network status and procedures for admission, supplied by Insurer/TPA at prominent location, preferably at the reception and admission counter and Casualty/Emergency departments. The Network Provider also needs to inform their reception and admission-facilities regarding the procedures of admission and obtaining pre-authorization

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3. It shall be the responsibility of the provider to identify the beneficiary and mandatorily take a photocopy of the Health card, to be submitted later with the bill or to keep as proof of the beneficiary being treated. If beneficiary card is not available with the Insured for the purpose of identification Network Provider can also collect Government Approved photo ID cards such as Driving License, Passport, Aadhar Card, Election Card or PAN Card. (Also would cover AMD) In case of infant Children identification card of the Insured parent would be accepted..

4. In the event of the Provider, bona fide, believing that the identity card or the authorization letter is not genuine then the Provider shall contact TPA / Insurer and address the same.

Clause 4: Scope of services provided by the Network Provider

Cashless facility admission procedure:
The procedure to be followed for providing cashless facility shall be:-

4A. Pre-authorization Procedure- Planned Admissions:

1. Request for hospitalization shall be forwarded by the provider immediately after obtaining due details from the treating doctor /beneficiary in the pre-authorization form prescribed i.e. "request for authorization letter" (RAL) as per **Annex-I** (as per IRDA guidelines this form may change from time to time which will be informed, accordingly). The RAL shall be sent along with all the relevant details in the electronic form to the 24-hour authorization /cashless department of the insurer or its representative TPA along with contact details of treating physician and the insured. The insurer's or its representative TPA's medical team may consult the treating physician or the insured, if necessary.

2. If the treating physician identifies any disease/illness/condition as pre- existing,the treating physician shall record it and also inform the insured immediately.

3. In the cases where the symptoms appear vague / no effective diagnosis is arrived at, the medical team of the insurer or its representative TPA may consult with treating physician /insured, if necessary.

4. The RAL shall reach the authorization department of insurer or its representative TPA 7 days prior to the expected date of admission, in case of planned admission.

5. If "clause 4"above is not followed, the clarification for the delay needs to be forwarded along with the request for authorization.

6. The RAL form shall be dully filled with clearly mentioning Yes or No and/or the details as required. The form shall not be sent with nil or blanks replies or without signature & Stamp of hospital/doctor.

7. The guarantee of payment shall be given only for the medically necessary treatment

For Rohilkhand Medical Science & Hosp

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Vidhi Centre Dist. Centre Janak Puri New Delhi-110058

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cost of the ailment covered and mentioned in the request for hospitalization. As per IRDA approved list of Non covered items i.e. non-medical items which are specifically excluded in the policy, like Telephone usage, food provided to relatives/attendants, Provider registration fees etc. shall be collected directly from the insured. Indicative list of inadmissible items provided as per **Annex-III**

8. The authorization letter by the insurer or its representative TPA shall clearly indicate the amount agreed for providing cashless facility for hospitalization.

9. In the event of the cost of treatment increasing the agreed amount, the provider may check the availability of further limit with the insurer or its representative TPA.

10. When the cost of treatment exceeds the authorized limit, request for enhancement of authorization limit shall be made immediately during hospitalization using the same format as for the initial preauthorization. The request for enhancement shall be evaluated based on the availability of further limits and may require to provide valid reasons for the same. No enhancement of limit is possible after discharge of insured.

11. Further the insurer shall accept or decline such additional expenses within a maximum of 24 hours of receiving the request for enhancement. Absence of receiving the reply from the insurer within 24 hours shall be construed as denial of the additional amount.

12. In case the insured has opted for a higher accommodation / facility than the one eligible under the policy, the provider shall explain orally the effect of such option and also take a written consent from the insured at the time of admission as regard to owing the responsibility of such expenses by the insured including the proportionate expenses which have a direct bearing due to upgradation of room accommodation/facility. In all such cases the insurer shall pay for the expenses which are based on the eligibility limits of the insured. However provider may charge any advance amount/security deposit from the insured only in such cases where the insured has opted for an upgraded facility to the extent of the amounts to be collected from the insured.

13. Insurance company guarantees payment only after receipt of RAL and the necessary medical details. The Authorization Letter (AL) shall be issued within 48hours of receiving the RAL.

14. In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer or its representative TPA can deny the authorization.

15. Authorization letter [AL] shall mention the authorization number and the amount guaranteed for the procedure.

16. In case the balance sum available is considerably less than the cost of treatment,

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New Delhi-110058

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provider shall follow their norms of deposit/running bills etc. However, provider shall only charge the balance amount over and above the amount authorized under the health insurance policy against the package or treatment from the insured.

17. Once the insured is to be discharged, the provider shall make a final request for the preauthorization for any residual amount along with the standard discharge summary and the standard billing format. Once the provider receives final pre-authorization for a specific amount, the insured shall be allowed to get discharged by paying the difference between the pre-authorized amount and actual bill, if any. Insurer, upon receipt of the complete bills and documents, shall make payments of the guaranteed amount to the provider directly.

18. Due to any reason if the insured does not avail treatment at the Provider after the preauthorization is released, the Provider shall cancel the Pre-authorization and intimate to TPA immediately.

19. All the payments in respect of pre-authorized amounts shall be made electronically by the insurer to the Network provider as early as possible as but not later than a 30 days from the date of receipt of all claim documents.

20. Denial of authorization (DAL) for cashless is by no means denial of treatment by the health facility. The provider shall deal with such case as per their normal rules and regulations.

21. Insurer shall not be liable for payments to the providers in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

22. Provider, Insurer and its representative TPA shall ensure that the procedure specified in this Schedule is strictly complied in all respects.

4.B Preauthorization Procedure - Emergency Admissions:

1. Request for hospitalization shall be forwarded by the provider immediately after obtaining due details from the treating doctor/beneficiary in the pre-authorization form prescribed i.e. "request for authorization letter" (RAL) as per **Annex-I** (this form may change from time to time which will be informed, accordingly). The RAL shall be sent along with all the relevant details in the electronic form to the 24-hour authorization /cashless department of the insurer or its representative TPA along with contact details of treating physician and the insured. The insurer's or its representative TPA's medical team may consult the treating physician or the insured, if necessary.

2. The insurer or its representative TPA may continue to discuss with treating doctor till conclusion of eligibility of coverage is arrived at. However, any life saving, limb

For Rohilkhand [illegible]

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saving, sight saving, emergency medical attention cannot be withheld or delayed for the purpose of waiting for pre-authorization.

4.C Preauthorization Procedure - RTA / MLCs:

1. If requesting a pre-authorization for any potential medico-legal case including Road Traffic Accidents, the Provider shall indicate the same in the relevant section of the standard form along with copy of MLC.

2. In case of a road traffic accident and or a medico legal case, if the victim was under the influence of alcohol or inebriating drugs or any other addictive substance or does intentional self-injury, it is for the Provider to inform this circumstance of emergency to the insurer or its representative TPA.

4.D Authorization letter (AL):

1. Authorization letter shall mention the amount, guaranteed class of admission, eligibility, of the patient or various sub limits for rooms and board, surgical fees etc. wherever applicable, as per the benefit plan for the patient.

2. The Authorization letter will also mention validity of dates for admission and number of days allowed for hospitalization, if any. The Provider shall see that these rules are strictly followed; else the AL will be considered null and void.

3. In the event the room category, if any, is not available the same shall be informed to the insurer or its representative TPA and the insured. For such cases, if the insured is admitted to a class of accommodation higher than what he is eligible for, the provider shall collect the necessary difference, if any, in charges from the insured.

4. The AL has a limited period of validity - which is 15 days from the date of sending the authorization.

5. AL is not an unconditional guarantee of payment. It is conditional on facts presented – when the facts change the guarantee changes.

4.E Reauthorization:

1. Where there is a change in the line of treatment - a fresh authorization shall be obtained from the insurer immediately - this is called a reauthorization.

2. The same pre-authorization form shall be used for the reauthorization, and the same turnaround times as specified shall apply.

4.F Discharge Procedure:

1. The following documents shall be included in the list of documents to be sent along with the claim form to the insurer or its representative TPA. These shall not be given to the insured:

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a) Original pre authorization request form,
b) Authorization letter,
c) Original Discharge Card & Final Hospital Bill
d) All original investigation reports, prescription,invoice & pharmacy receipt etc.

2. Where the insured requires the discharge card/reports he or she can be asked to take photocopies of the same at his or her own expenses and these have to be clearly stamped as "Duplicate, originals are submitted to insurer".

3. The discharge card/Summary shall mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries. The clinical detail shall be sufficiently and justifiably informative.

4. Signature of the insured on final Provider bill shall be obtained.

5. In the event of death or incapacitation of the insured, the signature of the nominee or any of insured's of the family who represents the insured as such subject to reasonable satisfaction of Provider shall be sufficient for the insurer to consider the claim.

6. Standard Claim form duly filled in shall be presented to the insured for signing and identity of the insured shall be confirmed by the provider.

Network Provider agrees to comply with the present & future requirements of insurers like standardized pre-authorization form/discharge summary/billing, ICD-10 coding etc. In case Network Provider doesn't have such facility at their end, they agree to get such services outsourced to a competent agency at their own cost. The following formats have been provided with the MOU to be followed in this respect:

1. "Request for authorization letter" (RAL) as per **Annex-I**
2. Standard Format for Hospital Bill ----- **Annex-II**
3. Indicative list of inadmissible items provided as per **Annex-III**
4. Standard Format with guidelines for Discharge Summary ---- **Annex-IV**
5. Standards and benchmarks for hospitals in provider network—**Annex-V**

4.G Billing Procedure:

1. The Provider shall submit original invoices directly to insurer or its representative TPA and such invoices shall contain, at the minimum, following information:

a. the insured's full name and date of birth;
b. the policy number;
c. the insured's address;
d. the admitting consultant;
e. the date of admission and discharge;
f. the procedure performed and procedure code according to ICD-10 PCS or any other code as specified by the Authority from time to time;
g. the diagnosis at the time of treatment and diagnosis code according to ICD-10 or any other

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code as specified by the Authority from time to time;
h. whether this is an interim or final bill/account;
i. the description of each Service performed, together with associated Charges,
j. the agreed standard billing codes associated with each Service performed and dates on which items of Service were provide; and.
k. The insured's signature (in original).

2. **The Provider shall submit the following documents with the final invoice**:
Original pre-authorization form; and signed copy of authorization letter issued by insurer or TPA
a. fully completed claim form or the relevant claim section of the pre-authorization letter, signed by the insured and the treating consultant for the treatment performed;
b. original and complete discharge summary in standard form and billing form in the standard form, including the treating Consultant's operative notes;
c. original investigation reports with corresponding prescription/request;
d. pharmacy bill with corresponding prescription/request:
e. any other relevant and/or statutory documentary evidence required under law or by the insured's policy; and
f. Photocopy of the insured's photo identification (e.g. voter's Smart card/ ID card, passport or driving license etc.).
g. Evidence of use of Implants/Lens, like bar coded stickers in original.
h. Invoice in support of Implant cost

3. The Provider shall submit the final invoice and all supporting documentation required within 2 days of the discharge date Service network provider may endeavor to provide all claim records electronically including indoor case record.

4.I. Limitations of Liability and Indemnity.

i. TPA/ Insurer will not interfere with the treatment and medical care provided to the patients. TPA/ Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the Provider.

ii. TPA/ Insurer shall not be liable or responsible for any acts of omission or commission of the Doctors and other medical staff of the Provider.

iii. The Provider shall alone be liable to pay any costs, damages and/or compensation demanded by the patients for poor, wrong or bad quality of the test report or treatment given to the patient by the Provider.

iv. Billing disputes will be resolved amicably between the Provider and the Insurer.

4.H: General Provisions:

1. The Provider shall subject to the availability of the beds extend priority admission facility to the beneficiaries.

2. The Provider hereby ensures that it has cover of adequate insurance policy against any error or omission in treatment as also negligence by its doctors and Para-medical staff and shall keep such policies in force during the subsistence of this agreement.

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3. The Provider shall endeavor to have an officer of the Provider assigned for the patients and shall endeavor to ensure that such officer learns various types of medical benefit offered by different insurance plans.

4. The Provider shall allow the qualified medical representatives of TPA/ INSURER to visit the patients and generally discuss the medical treatment to be given by the Provider to the patients provided always the final decision with respect to the line of treatment to be given to the patients shall be that of the Provider and its team of doctors, and the representatives of TPA/INSURER shall not interfere with the same, However they have the right to know the treatment plan and discuss the same with the provider.

5. If found necessary by TPA/INSURER to depute an authorized representative, the Provider shall allow with prior appointment or otherwise, the authorized representatives to have an access to the standardized billing and medical records, Electronic Medical Records, Indoor Case Papers, (Without any charge) International Coding of Diseases after the patient is discharged or during the period of the hospitalization. Provider will not charge any additional cost

6. The Provider shall comply with the statutory requirements and follow the law of the land and all the conditions and clauses mentioned in Annexure V.

7. Network Provider agrees to have medical audit/bills audit, periodically, and as and when necessary through an authorized person(s) appointed by TPA/Insurer. Free access will be provided to all systems and data related to medical bill under audit, whether physical or electronic, whenever asked by such representative

8. The Provider will convey to the Doctor treating the patient to keep the patient only for the required number of days of treatment and carry out only the required investigation and treatment for the ailment for which he/she is admitted and the decision in this regard of the attached Doctor shall be final and binding on the parties. In the event of any complications and/or emergency the treatment for the same will be included and permitted as necessary treatment and the attached Doctor shall at all times have the rights to treat the patient as he/she considers in his/her absolute discretion fit and necessary. Any other investigations required by the patient for his/her benefit are not reimbursable and hence not payable by TPA/INSURER and the Doctor will inform the patient that he/she will have to bear the costs of the same. However if there is any deviation in the line of treatment or from the information given in the Pre - Authorization request TPA/INSURER shall not be considered liable and the patient will have to bear the cost for the same and the provider would be required to recover the same from the patient.

9. The agreement is subject to the agreed package charges from time to time and for rest of the diseases/procedures, the detailed schedule of charges to be submitted by the Provider, which has to be agreed by Insurer/TPA.

10. Provider agrees to deal with Insurer/TPA and will guarantee the confidentiality of the Insurer/TPA data.

11. AL is issued on behalf of the first party (As per format attached) and after approval of the first party and all payment rights/liabilities/obligations would be to the account of the first party.

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12. In case the provider has any issues, the same needs to be clarified urgently with the Insurer/TPA, as the case may be. Any harassment or denial of service to the insured/ beneficiary without prior notice to the TPA/Insurer shall be construed as violation of this Agreement.

13. The TPA /Insurer shall conduct surprise checks of the provider to ensure display of posters and also check the knowledge of the provider's staff about the cashless process and recognition of ID cards, and generally the quality and nature of services provided by the provider. Any deficiencies as observed during the course of any such inspection shall also be regarded as violation of the agreement.

This agreement super cedes all earlier agreements signed by the Safeway individually.

Clause 5: TARIFF SCHEDULE.

1. The Provider will submit their Tariff schedule for the approval of insurer. The Provider if already on the network will continue as per the rates accepted on date and will have to inform TPA/INSURER in case of any changes. And changes will be applicable only after agreement with the Insurer. . New services or new procedures must be discussed and rates agreed upon prior to providing services.

2. Any revision in the schedule of tariff has to be by mutual consent only, otherwise the payment will be effected as per the agreed schedule of tariff in the MOU.

3. Any revision in schedule of tariff is effective only from the date of approval of the revised schedule of tariff by TPA/INSURER in writing.

4. Tax Deduction at source (TDS):- Income tax would be deducted by the first party (Insurer) U/s 194J at applicable rate as per Income Tax Act, 1961 from the Bill amount and deposited with Govt. At the year end, and TDS Certificate will be issued for such deduction of TDS amount.

5. Other than agreed packages the Network Providers agree to provide 10% **discount on Total Bill** from the Standard Charges (SOC's) in line with the Package rate.

6. Provider agrees with the below mentioned clauses pertaining to Package Charges –

6.1 Provider should charge as per the attached package charges (which is subject to change only with mutual understanding in writing). Such package charges must be inclusive of stay, medicines, investigations, consumables, surgical fees, operation theatre etc. No additional payment would be entertained unless the medical team of TPA agrees with treating consultant for any deviation and the Provider explains the insured patient that no amount will be admitted beyond the PPN package by the TPA/Insurer and takes a written undertaking from the insured patient that no claim will be lodged for this amount from the TPA/Insurer.

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6.2 Provider agrees that if two procedures are done in a single hospitalization then full package for Major/1st procedure and 50% of the Minor/2nd Procedure will be considered for settlement. In case there is a third procedure that will be considered at 25% and so on.

Clause 6: PAYMENT TERMS AND CONDITIONS.

1. Insurer hereby agrees and undertakes to pay all the eligible bills within 30 working days of the receipt of the complete claim docket along with the bill at Insurer/TPA office along with all the documents mentioned above.

2. In case certain billed items do not tally with the corresponding reports; the related bill amount will be held back from payment of the final bill, which means Insurer shall make part payment of the total billed amount to the Provider for which Insurer is satisfied that the same is payable under the Bill. Due reason for such deductions, if any, will be given at the time of settlement of bills by Insurer to the Provider. Clarification by the Provider may be sent within 15 days of receiving the part payment as afore stated to receive the remaining payment if the Provider wishes to collect the balance amount.

3. Payment will be done directly by the Insurer to the Provider by NEFT /Electronically

4. If Provider fails to fulfill the deficiency raised by TPA within a period of 7 working days from the date on which such deficiency is raised,
   a. In case where the deficiency does not pertain to the admissibility of the claim, the claim shall be short paid mentioning the reasons.
   b. In case where the deficiency pertains to the admissibility of the claim, the claim shall be closed mentioning the reasons.

5. In case the claim file along with the relevant & complete set of documents is not forwarded to TPA within the prescribed period stipulated, TPA and Insurer will not be liable for making payment against such claims for delayed submission of claims files.

6. The Provider shall submit its queries regarding payment to TPA within 15 working days from the date of payment or the date of closure as the case may be.

7. Acceptance and encashment by the Provider would be construed as due receipt if a Provider omits to send a stamped receipt for the payment received.

8. The power to deny a claim lies solely & only with the Insurer.

Clause 7: CONFIDENTIALITY.

The parties hereto undertake to protect the secrecy of all the data of / the patient and trade or business secrets of the Provider and Insurer and shall not share the same with any unauthorized person for any reason whatsoever with or without any consideration. Provided always in case of any legal action which may filed by a patient and/or his/her relatives against the Provider or its doctors it will be open for the Provider to submit all the documents to the concerned Court/Tribunal.

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Provider specifically agrees to deal directly with Insurer/TPA and will not share the data with any 3rd party

Clause 8: TERMINATION.

1. TPA and Insurer or the Provider shall reserve the right to terminate the agreement by giving 30 days prior notice in writing.

2. However, in case of gross breach of terms and conditions of this MOU by the provider, TPA and/or Insurer shall reserve the right to terminate the MOU with immediate effect.

Gross breach would include inter alia acts such as:

a. Failure to perform any material obligation under this Agreement, by the Provider.
b. The failure to maintain any license, certification or accreditation required to conduct business or perform under this Agreement
c. if Provider is declared bankrupt or insolvent, approves a petition seeking reorganization of the party or appoints a receiver, trustee, or liquidator for all or a substantial part of the party's assets
d. If there is a change in the controlling interest of either party which affects its financial ability or performance under this Agreement.
e. If any claim is/are in any respect fraudulent, or if any fraudulent means or devices are used by the Provider or anyone acting on his behalf to obtain any benefit under this MOU, Before terminating or modifying this MOU the provider will be given appropriate and enough time and opportunity to explain its stand.
f. The above list is only illustrative and not exhaustive.

3. In the event this agreement is terminated and a Beneficiary remains under care at the Provider on or after the effective date of such termination, Provider shall be obliged to continue the provision of Health Services to that Beneficiary as per the actual agreement, until he or she is discharged. The Provider agrees not to bill Beneficiary for services if authorized by TPA, and hold the Beneficiary Person only financially responsible for non-authorized expenses. Insurer shall render payment in accordance with the issued Authorization Letter and in the amounts established by this Agreement.

4. TPA will provide administrative services as described in this Agreement for any claims that were incurred prior to the termination of this Agreement, so long as authorization and coverage under the benefit plan exist.

Clause 9: PROCEDURE FOR DE-EMPANELLEMENT OF NETWORK PROVIDER

Steps 1 - Putting the Provider on "Watch-list"

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1. Based on the claims data analysis and/ or the Provider visits, if there is any doubt on the performance of a Provider, the Insurance Company can put that Provider on the watch list.
2. The data of such Provider shall be analyzed very closely on a daily basis by the Insurance Company for patterns, trends and anomalies.

Step 2 - Suspension of the Provider

3. A Provider can be temporarily suspended in the following cases:

a. For the Providers which are in the "Watch-list" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of Providers, the Provider shall be suspended from providing services to policyholders/insured patients and a formal investigation shall be instituted.

b. If a Provider is not in the "Watch-list", but the insurance company observes at any stage that it has data/ evidence that suggests that the Provider is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company involved in financial fraud related to health insurance patients, it may immediately suspend the Provider from providing services to policyholders/insured patients and a formal investigation shall be instituted.

4. A formal letter shall be send to the Provider regarding its suspension with mentioning the Time frame within which the formal investigation will be completed.

Step 3 - Detailed Investigation

5. The Insurance Company can launch a detailed investigation into the activities of a Provider in the following conditions:
a. For the Providers which have been suspended.
b. Receipt of complaint of a serious nature from any of the stakeholders.

6. The detailed investigation may include field visits to the Providers, examination of case papers, talking with the policyholders/insured (if needed), examination of Provider records etc.

7. If the investigation reveals that the report/ complaint/ allegation against the Provider is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended). A letter regarding revocation of suspension shall be sent to the Provider within 24 hours of that decision.

Step 4 - Action by the Insurance Company

8. If the investigation reveals that the complaint/allegation against the Provider is correct then following procedure shall be followed:
a. The Provider must be issued a "show-cause" notice seeking an explanation for the aberration.
b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.

Schedule-II

c. The action could entail one of the following based on the seriousness of the issue and other

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factors involved:

i A warning to the concerned Provider,
ii. De-empanelment of the Provider.

9. The entire process should be completed within 30 days from the date of suspension.

Step 5 - Actions to be taken after De-empanelment

10. Once a Provider has been de-empanelled by insurer, following steps shall be taken:
a. A letter shall be sent to the Provider regarding this decision.
b. This information shall be sent to all the other Insurance Companies which are doing health insurance business.
c. The Insurance Company which had de-empanelled the Provider may be advised to notify the same in the local media, informing all policyholders/insured about the de-empanelment, so that the beneficiaries do not utilize the services of that particular Provider.
d. If the Provider appeals against the decision of the Insurance Company, the aforementioned actions shall be subject to the dispute resolution process agreed in the service level agreement.

Clause 10: Continuation of Services.

Even if the agreement between TPA and Insurer is terminated the provider shall continue providing services to the above mentioned Insurer.

Clause 11: Non- Exclusivity

TPA and Insurer reserve the right to appoint other Providers and the Provider shall have no objection for the same.

Clause 12: JURISDICTION.

12.1. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.

12.2. Any disputes, claims arising out of this Agreement are subject to Arbitration and jurisdiction exclusively of Delhi Courts. Any dispute and differences arising between the parties shall be adjudicated and resolved by a Sole Arbitrator appointed by TPA and Insurer as per the provisions of the Arbitration and Conciliation Act, 1996 and amendments thereof

12.3. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.

12.4. The place of arbitration shall be and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in Indian Rupees.

12.5. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.

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12.6. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgment thereon in any one or more of the highest courts having jurisdiction.

12.7. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.

12.8. The cost of the arbitration proceeding would be borne by the parties on equal sharing basis.

12.9. Any amendments in the clauses of the Agreement can be effected as an addendum, after the written approval from any party.

Clause 13: Commencement.

The Effective Date of this Agreement is the date of signature by the Parties (if signed by the parties on separate dates, the latter of the three) and shall remain in full force and effect for 12 full months after the Date of Signing and shall automatically renew for subsequent years term, unless terminated as provided for in Clause 8

Clause 14: General Conditions

14.1 Neither party shall be liable for any failure or delay in performance under this Agreement to the extent said failures or delays are proximately due to causes beyond that party's reasonable control and occurring without its fault or negligence, including, but not limited to: natural disaster (earthquake, hurricane, flood); war, riot or other major upheaval; performance failures of external parties to the Agreement (e.g., disruptions in telephone service attributable to the telephone company). As a condition to the claim of non-liability, the party experiencing the difficulty shall give the other prompt written notice of the occurrence. Dates by which performance obligations are scheduled to be met will be extended as agreed between the parties.

14.2 During the term of this Agreement the Provider authorizes TPA and INSURER to make reference to the Provider and its affiliated providers as part of "TPA" Provider Network to the Beneficiaries. Provider, provider affiliates, and "TPA" shall not otherwise use the other Party's name, symbol or service mark without prior written consent, which shall not unreasonably be withheld.

14.3 All notices from one party to the other party pursuant to this Agreement shall be in writing and shall be delivered either personally, by nationally recognized overnight delivery service, courier services, or by certified or registered post.

14.4 The date of receipt and effective date of the notice will be determined as follows:
a) The date on the signed receipt if delivered personally, by overnight service, or courier.
b) The date indicated on the return receipt if delivered by registered or certified mail.

14.5 It is agreed by and between the parties:-
a The Article and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

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b. No amendment to this Agreement is valid unless it is reduced to writing and duly signed by all the parties, unless the amendment is deemed to be automatic as per the terms of this agreement.

c. In the event of any inconsistency between the provisions of this Agreement and the Schedules/annexures hereto, the provisions of the Agreement shall prevail over that of the Schedule. However, both the parties agree and understand that the IRDA guidelines on Standardization of Health Insurance issued vide **IRDA/HLT/REG/CIR/146/07/2016** dt. **29.07.2016** and the IRDA (Health Insurance) Regulations, 2016, the parties shall be bound by the same. In case there is any inconsistency or repugnancy between the provisions of the aforesaid IRDA Guidelines and Regulations on the one hand and the provisions this Agreement on the other, the parties shall be bound by the former for all their intents and purposes. The parties hereto agree that the provisions of this agreement are in addition to and not in derogation of any of the provisions of the aforesaid IRDA Guidelines and Regulations, and that the same shall be deemed to have been engrafted in this agreement.

d. If any or more provisions of this Agreement, or any part or parts thereof, should, for any reason, be found to be illegal, unenforceable or of no effect in any respect, the same shall be severed from this Agreement and the remaining provisions shall be valid and binding and shall not in any way be affected or impaired thereby.

e. The Insurer shall have discretion at all times, in modifying, adding, deleting or cancelling the contents of this agreement, at its sole discretion, and that the other parties shall be bound by the same.

f. Any express waiver of any term or condition in this Agreement or waiver of a breach of such term or condition shall not constitute a waiver of any of the other terms and conditions or of any future breach or breaches of any term or condition or operate as a continuing waiver.

g. Neither party can assign its right and obligations under this Agreement to any third party, without the prior written consent of the other two parties. However, this shall not apply to any right or obligation that would befall any party to this agreement on account of portability of insurance (subject to the Regulations of IRDA) as opted by any insured in terms of the IRDA (Health Insurance) Regulations, 2016 or any amendment modification thereto.

h. Neither party shall transfer its rights or obligations in any manner what so ever without the prior consent of the other parties.

i. This agreement is entered into by the parties hereunto on principal to principal basis, and as such neither party shall be deemed to be the agent of the others or partner of the others.

For Rohilkhand Medical College & Hospital

Authorised Signatory

New Delhi-110059

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C97337911 3FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
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1. **SIGNED SEALED AND DELIVERED by the within named** _____

Insurance Company Ltd. by the hand of its duly Constituted Attorney

Through _____

In the presence of _____

2. **SIGNED SEALED AND DELIVERED by the within named** Rohilkhand Medical College & Hospital

For Rohilkhand Medical College & Hospital

Authorised Signatory

Provider by the hand of its duly Constituted Attorney

Through Dr. Faiz Shamsi

In the presence of Administrator - officer

3. **SIGNED SEALED AND DELIVERED by the SAFEWAY INSURANCE TPA PRIVATE LIMITED**

Through **Mr.Vijender Kumar**
Head- Provider Network

FOR SAFEWAY INSURANCE TPA PVT. LTD.

AUTHORISED SIGNATORY

SUSHIL KUMAR THAKUR

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ANNEXURE – VI

Name of Insurance Company	Registered Office	Name of Authorized Signatory with Designation	Signature	Date of Signing MOU
National Insurance Company Ltd	3, Middleton Street, Prafulla Chandra Sen Sarani , Kolkata, West Bengal, 700071			
The New India Assurance Company Ltd	#87, M.G.Road, Fort, Mumbai 400001			
The Oriental Insurance Company Ltd	Oriental House, A-25/27 Asaf Ali Road, New Delhi - 110002			
United India Insurance Company Ltd	24, Whites Road, Chennai - 600014			
IFFCO Tokio General Insurance Company Limited	IFFCO Tower, Plot No. 3, Sector 29,Gurgaon - 122001 Haryana			
Royal Sundaram General Insurance Co. Limited	No. 21, Patullos Road, Chennai - 600 002			
Religare Health Insurance Company Limited	Vipul Tech Square, Tower C, 3rd Floor, Sector – 43, Golf Course Road, Gurgaon – 122009			



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LOKPRIYA HOSPITAL

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Lokpriya Hospital

18.08.2019

Objective of MoU

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

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6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 18.08.2019 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.

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- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

Lokpriya Hospital
Meerut
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Dr. Bhatia Medical Coaching Institute Pvt. Ltd

Effective Date: 12th September 2018

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

Support for the Guidance for Medical Competitive Exams

Providing mutual assistance for organizing guidance program and classed for students to help them in NEET-PG exams and other medical competitive exams and related academic events.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

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TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.09.2018 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

Dr. Bhatia Medical Coaching Institute Pvt. Ltd
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Govind Ballav Pant Engineering Institute

Effective Date: 21th August 2019

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

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8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

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TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 21.08.2019 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date
21/08/2019

Govind Ballav Pant Engineering Institute
Pantnagar
Signature and Date
21/08/2019

SUSHIL KUMAR THAKUR

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CHHATRAPATI SHIVAJI
SUBHARTI HOSPITAL
Meerut

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Chatrapati Shivaji Subharti Hospital

Effective Date: 28th July 2018

Objective of MoU

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

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5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 28.07.2018 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.

SUSHIL KUMAR THAKUR

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- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date 28/07/2018

Chatrapati Shivaji Subharti Hospital
Signature and Date 28/07/2018

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Shobhit University

Effective Date: 12th August 2022

This Memorandum of Understanding (MoU) is entered into on 12.08.2022 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Shobhit University**, located at Adarsh Babu Vijendra Marg Institutional Area, Gangoh, Uttar Pradesh 247341. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

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6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of Two Years unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

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CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.08.2022 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

Shobhit University
Gangoh
Signature and Date
12/9/2022

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Sharda University

Effective Date: 19th August 2020

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

SUSHIL KUMAR THAKUR

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8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

SUSHIL KUMAR THAKUR

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TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 19.08.2020 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

19/08/2020

Sharda University
New Delhi
Signature and Date

11/8/2020

SUSHIL KUMAR THAKUR

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RAS BIHARI BOSE SUBHARTI UNIVERSITY
Dehradun
Where Education is a Passion ...

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Ras Bihari Bose Subharti University

Effective Date: 17th July 2018

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Exchange Programs, Collaboration, and Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

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7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

SUSHIL KUMAR THAKUR

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CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 17.07.2018 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

17/07/2018

Ras Bihari Bose
Subharti University
Dehradun
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Patanjali Research Institute

Effective Date: 12th June 2021

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Research Data Analysis**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, Research enrichment.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

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7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

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CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.06.2021 and executed by the authorized representatives of both Parties.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date 12/06/2021

Patanjali Research Haridwar

Signature and Date 12/06/2021

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RAS BIHARI BOSE SUBHARTI UNIVERSITY Dehradun
Where Education is a Passion ...

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Narayan Swami College of Nursing

Ras Bihari Bose Subharti University

Effective Date: 21th September 2018

Objective of MoU

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

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5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 21.09.2018 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.

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- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

21/09/2018

Narayan Swami College of Nursing
Ras Bihari Bose Subharti University
Signature and Date

21/9/2018

SUSHIL KUMAR THAKUR

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MAAC
MAYA ACADEMY OF ADVANCED CREATIVITY

BAREILLY INTERNATIONAL UNIVERSITY

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
MAAC, Ghaziabad

Effective Date: 13th July 2020

This Memorandum of Understanding (MoU) is entered into on 13.07.2020 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **MAAC**, located at Ghaziabad, Uttar Pradesh. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

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Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 13.07.2020 and executed by the authorized representatives of both Parties.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date 13-07-2020

Bareilly International University
Bareilly
Pin-243006

MAAC

13/07/2020

Ghaziabad, UP

Signature and Date

SUSHIL KUMAR THAKUR

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INTERNATIONAL BUDDHIST CONFEDERATION
Collective Wisdom United Voice

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
International Buddhist Confederation

Effective Date: 18th April 2021

This Memorandum of Understanding (MoU) is entered into on 18.04.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **International Buddhist Confederation**, located at 330, 330A, 331, 331A, Vigyan Bhawan Annexe, New Delhi – 110011. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

This MoU aims to combine the strengths of Bareilly International University's medical expertise with the spiritual and ethical wisdom of the International Buddhist Confederation, creating a unique partnership for the advancement of compassionate healthcare education and practice.

1. Promotion of Holistic Health Practices:

To integrate Buddhist principles of mindfulness, compassion, and holistic well-being into medical, dental, pharmaceutical, nursing, and allied health science programs at Bareilly International University (BIU).

2. Collaborative Research Initiatives:

To foster joint research efforts in areas like mental health, mindfulness in medicine, traditional and alternative healing practices, and their applications in modern healthcare, combining scientific research with Buddhist teachings.

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3. Development of Educational Programs:

To design and implement educational modules that incorporate Buddhist values into healthcare curricula, focusing on ethical healthcare delivery, compassionate caregiving, and patient-centric approaches.

4. Interdisciplinary Conferences and Workshops:

To organize interdisciplinary seminars, workshops, and conferences that bring together healthcare professionals and Buddhist scholars, aiming to explore the role of mindfulness and spirituality in improving patient outcomes.

5. Cultural Exchange and International Collaboration:

To promote cultural and academic exchange between students and faculty members of BIU and Buddhist scholars from around the world, enhancing cross-cultural understanding and interdisciplinary collaboration.

6. Community Health Outreach:

To jointly initiate community health programs that draw upon both scientific healthcare knowledge and Buddhist approaches to well-being, with a focus on underserved and rural populations.

7. Global Peace and Healthcare Advocacy:

To advocate for the integration of peace-building and non-violence principles in healthcare settings, promoting harmony and ethical practices within the medical and health sciences fields.

8. Humanitarian Projects and Social Work:

To collaborate on humanitarian and social work projects, particularly in health outreach, disaster relief, and mental health support, in line with Buddhist humanitarian values.

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9. Student and Faculty Development:

To enhance professional development opportunities for students and faculty members through exposure to Buddhist approaches to ethical healthcare, including spiritual care, patient empathy, and compassionate leadership.

10.Sustainability and Ethical Research:

To promote sustainable practices in healthcare and medicine, and to support ethical research that aligns with the principles of compassion, non-harm, and human dignity central to Buddhist philosophy.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

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TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 18.04.2021 and executed by the authorized representatives of both Parties.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date 18/04/2021

Bareilly International University
Bareilly
Pin-243006

International Buddhist Confederation

Ranchi

Signature and Date 18/04/2021

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Dufferin Women Hospital, Meerut, UP

Preamble

This Memorandum of Understanding (MoU) is established on 27.12.2018 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Dufferin Women Hospital** located at Meerut, UP jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

4. **Curriculum and Teaching Process Exchange**

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Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 27.12.2018 and will remain valid for a period of One Year unless extended or terminated by either Party.

SUSHIL KUMAR THAKUR

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- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date

27-12-18

Bareilly International University
Bareilly
Pin-243006

Dufferin Women Hospital

Meerut UP

Signature and Date

27/12/18

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
District Health Society, Meerut

Preamble

This Memorandum of Understanding (MoU) is established on 24.11.2019 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **District Health Society**, located Meerut Uttar Pradesh jointly referred to as "the Parties." The purpose of this MoU is to formalize a collaborative framework intended to promote academic, research, and industry interaction for mutual benefit, with no financial obligations attached to either Party.

Objective of Collaboration

The primary objective of this MoU is to promote a cooperative relationship that enhances the development of students, faculty, and research by encouraging:

1. **Clinical Research Projects and Study Trial Management**

   Both Parties will cooperate in the design, implementation, and management of clinical research projects and trials, ensuring adherence to industry standards and regulatory frameworks, fostering innovation in healthcare and clinical studies

2. **Academic Enhancement and Research Collaboration**

   Promote cooperation in improving the qualifications of academic teachers and enable the exchange of research staff, including engagement with industry professionals to advance research and teaching methodologies.

3. **Alignment with Industry Demands**

   Ensure that students are well-equipped with up-to-date industry knowledge and skills by establishing cooperative efforts between the academic institutions and industry professionals.

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4. **Curriculum and Teaching Process Exchange**

   Share experiences related to the structure, content, and teaching organization of curricula to promote academic innovation and improved teaching methodologies across both institutions.

5. **Collaborative Research Initiatives**

   Foster joint research activities and encourage the exchange of research results, creating a platform for innovation and discovery.

6. **Exchange of Knowledge Resources**

   Enable the exchange of data, academic materials, periodicals, and scientific literature to enhance the educational and research resources available to both Parties.

7. **Experience Sharing in Management**

   Collaborate in the sharing of administrative and management expertise to improve the functioning and efficiency of both institutions.

8. **Support for Teaching and Research**

   Provide mutual assistance in initiatives related to teaching and research, supporting both institutions in achieving their academic goals.

9. **Internships, Guest Lectures, and Cultural Exchange**

   Facilitate opportunities for student internships, guest lectures, and social and cultural exchanges, fostering a holistic educational experience.

10. **Collaboration in Academic Events**

    Collaborate in the organization and execution of national and international conferences, workshops, and seminars, promoting knowledge sharing on a broader platform.

11. **Voluntary Participation**

    Both institutions agree that all activities undertaken as part of this MoU will be on a voluntary basis. This MoU is purely honorary and aims to promote positive interaction between the institutions and industry without any financial implications.

SUSHIL KUMAR THAKUR

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Terms and Conditions

- Effective Date & Duration: This MoU comes into effect on 24.11.2019 and will remain valid for a period of One Year unless extended or terminated by either Party.
- Modification & Renewal: Amendments to this MoU may be made by mutual consent, in writing. Upon mutual agreement, the MoU can be renewed for an extended period.
- Termination: Either Party may terminate this MoU by providing Three Months written notice. Termination will not affect any ongoing activities initiated prior to termination.
- Confidentiality: Both Parties agree to respect the confidentiality of any proprietary or sensitive information shared during the course of this collaboration.

Roles & Responsibilities

Each institution will designate a coordinator responsible for the implementation of this MoU. The coordinators will ensure smooth communication between the Parties, monitor activities, and oversee the fulfilment of the agreed-upon objectives.

Dispute Resolution

Any dispute arising from this MoU shall be resolved through dialogue and negotiation between the Parties. If necessary, a mutually acceptable mediator may be appointed to facilitate the resolution.

Bareilly International University

Bareilly, Uttar Pradesh
Signature and Date 24-11-19

Bareilly International University
Bareilly
Pin-243006

24/11/19

District Health Society, Meerut
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
IWP Academy

Effective Date: 12th January 2021

This Memorandum of Understanding (MoU) is entered into on 12.01.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **IWP Academy**, located at A-1/28, Janakpuri,Opposite Metro Pillar No.626, New Delhi -110058. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

SUSHIL KUMAR THAKUR

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Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.

SUSHIL KUMAR THAKUR

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 12.01.2021 and executed by the authorized representatives of both Parties.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date 12.01.2021

Bareilly International University
Bareilly
Pin-243006

12/01/2021

IWP Academy

Delhi

Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Dronacharya Academy and Engineers

Effective Date: 10th January 2020

This Memorandum of Understanding (MoU) is entered into on 10.01.2020 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Dronacharya Academy and Engineers**, located at 205,206 White House, Sector 11, Gandhinagar – 382010. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

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Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.

SUSHIL KUMAR THAKUR

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 10.01.2020 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date 10/01/2020

Bareilly International University
Bareilly
Pin-243006

10/01/2020

Dronacharya Academy and Engineers
Gandhinagar
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Dabur Research Foundation

Effective Date: 21st May 2021

This Memorandum of Understanding (MoU) is entered into on 21.05.2021 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Dabur Research Foundation**, located at Site IV, Sahibabad Ghaziabad - 201010, Uttar Pradesh. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

SUSHIL KUMAR THAKUR

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 21.05.2021 and executed by the authorized representatives of both Parties.

Bareilly International University

Bareilly, Uttar Pradesh

Signature and Date 21-05-2021

Bareilly International University
Bareilly
Pin-243006

21/05/2021

Dabur Research Foundation

Gaziabad, UP

Signature and Date

SUSHIL KUMAR THAKUR

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APEX
ASSESSMENT
LABS PVT. LTD

BARELLY INTERNATIONAL UNIVERSITY

MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Apex Assessment Lab

Effective Date: 18th August 2019

This Memorandum of Understanding (MoU) is entered into on 18.08.2019 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Apex Assessment Lab**, located 7, Mohan Nagar Ghaziabad 201007 (U.P). Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

SUSHIL KUMAR THAKUR

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5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.
- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

SUSHIL KUMAR THAKUR

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RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 18.08.2019 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

Bareilly International University
Bareilly
Pin-243006

18/08/2019

Apex Assessment Lab

18/08/2019

Ghaziabad
Signature and Date

SUSHIL KUMAR THAKUR

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MEMORANDUM OF UNDERSTANDING (MoU)
BETWEEN
Bareilly International University
AND
Metallurgical Testing Centre A Unit of Joneja Bright Steel Private Limited

Effective Date: 10th August 2019

This Memorandum of Understanding (MoU) is entered into on 10.08.2019 by and between **Bareilly International University**, located at Campus, Rohilkhand Medical College, Pilibhit Bypass Rd, Chandpur Bichpuri, Bareilly, Uttar Pradesh 243006, and **Metallurgical Testing Centre A Unit of Joneja Bright Steel Private Limited**, located 239 & 244, Sector - 24 Faridabad - 121005. Hereinafter collectively referred to as "Parties."

PURPOSE OF THE MOU

The purpose of this MoU is to establish a framework of cooperation between the Parties to promote academic, research, and industrial collaboration in the following areas:

1. **Faculty and Student Training Programs**

To encourage the exchange of faculty members and students between the Parties for academic collaboration, training, and capacity building.

2. **Cooperation for Improving Academic Standards**

Enhancing the professional development of academic staff, research collaboration, and facilitating teacher mobility with participation from industry professionals and delegates.

3. **Industry-Relevant Curriculum Development**

Collaboration in updating students with current industry demands to ensure their skills align with market needs.

4. **Exchange of Academic Structure and Teaching Methods**

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Sharing experiences and information related to the structure, content, and organization of curricula and teaching processes.

5. **Joint Research and Exchange of Research Results**

Organization and execution of joint research projects and exchange of research findings for the benefit of both Parties.

6. **Exchange of Academic and Research Resources**

Sharing of data, materials, books, periodicals, and scientific literature to enhance academic collaboration and research output.

7. **Experience in Administration and Management**

Exchange of best practices and experiences in the administration and management of educational and research institutions.

8. **Mutual Support for Academic and Research Activities**

Offering mutual assistance and support for the activities undertaken by both institutions in the field of teaching and research programs.

9. **Internships, Guest Lectures, and Cultural Exchange**

Promoting exchange programs for internships, guest lectures, and fostering social and cultural exchanges among students.

10. **Support for Conferences and Workshops**

Providing mutual assistance for organizing national and international conferences, workshops, and related academic events.

11. **Voluntary and Honorary Participation**

Both Parties agree that participation in the initiatives under this MoU is voluntary, with no financial obligations or profits. The purpose of this MoU is to strengthen institute-industry interaction and collaboration on a goodwill basis.

TERMS OF THE AGREEMENT

- This MoU shall be effective from the date of signing and will remain in force for a period of One Year unless terminated by either Party with Three Months.
- The MoU may be extended or amended by mutual written agreement between the Parties.

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- Any disputes arising from this MoU will be resolved through mutual consultation and negotiation between the Parties.

RESPONSIBILITIES OF THE PARTIES

Each Party agrees to appoint a coordinator who will be responsible for the implementation of the activities outlined in this MoU and for ensuring open communication between the Parties.

CONFIDENTIALITY

Both Parties agree to respect and maintain the confidentiality of any information exchanged under this MoU, unless written consent is given for its disclosure.

TERMINATION

This MoU may be terminated by either Party at any time by giving [Notice Period] notice in writing to the other Party. Upon termination, both Parties agree to complete any outstanding commitments.

SIGNATORIES

This MoU is signed on 10.08.2019 and executed by the authorized representatives of both Parties.

Bareilly International University
Bareilly, Uttar Pradesh
Signature and Date

10/08/2019

Bareilly International University
Bareilly
Pin-243006

Metallurgical Testing Centre
Faridabad
Signature and Date

10/08/2019

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