

No.....
GOVERNMENT OF INDIA .
Central Government Health Scheme
Nirman Bhavan, New Delhi

GUIDELINES FOR THE CONTINUOUS EMPANELMENT OF PRIVATE HOSPITALS (including dental clinics and eye centres) , DIAGNOSTIC LABORATORIES AND IMAGING CENTRES WITH THE CGHS

Background

With a view to ensuring comprehensive health care to CGHS beneficiaries, CGHS has been, apart from the Government Hospitals, empanelling private hospitals and diagnostic centres by floating tenders periodically. The latest tender process in this context commenced in the second half of 2009. Even the already empanelled hospitals (including dental clinics and eye centres) / diagnostic centres under CGHS were required to submit the bids under this tender process. Through this process, package rates for different treatment procedures and investigations were notified in 2010. As a part of this process, certain hospitals and diagnostic centres which accepted these rates and also signed MOAs with CGHS were notified in CGHS covered cities. Subsequently, with a view to empanel more hospitals and diagnostic centers , continuous empanelment scheme was initiated in December 2010 and was in operation till July 2011 in some cities & till 26th December 2011 in some other different cities.

However, it has been noticed that the number of hospitals and diagnostic centres notified as empanelled under CGHS is not adequate to provide a satisfactory level of healthcare to CGHS beneficiaries in all areas of CGHS covered cities.

Accordingly, it has become necessary to revive 'Continuous Empanelment Scheme', to empanel more hospitals and diagnostic centres to take care of existing inadequacy. In this background, it has been decided to invite private

hospitals and diagnostic centers to come forward and apply for empanelment under CGHS if, they are willing to accept the rates notified by CGHS in 2010 & as per OM No. Misc.1002/2006/CGHS(R&H)/ CGHS(P) dated 6/2/2013 and fulfill the same terms and conditions as notified earlier under 'Continuous Empanelment Scheme' except for the following modifications:-

- a) Hospitals / Diagnostic centres shall be empanelled for all facilities in all specialties available in the hospitals/diagnostic centres including those listed under super specialties. Existing hospitals already on panel of CGHS shall not be allowed to add selective specialties /super specialties and will have to offer all available facilities (Undertaking shall be submitted on Rs 100/- non-Judicial Stamp paper attested by Notary Public by hospitals already on panel of CGHS that such hospital shall abide by the terms and conditions of empanelment for the additional facilities and would provide facilities to CGHS beneficiaries in all available specialties/Super specialties (list all the facilities available) in addition to the agreement signed earlier by such hospitals). The empanelled hospitals/diagnostic centres will not be permitted to add new facilities or discontinue some facilities subsequently without the approval of the Government.
- b) Application under Super Specialty category or change of category to Super Specialty from already empanelled and other eligible hospitals will be considered only if all facilities available in the hospital are offered as per applicable CGHS rates.
- c) The scrutiny of the applications and finalization of the lists of eligible hospitals and diagnostic centres of a particular city shall be done by a committee under the chairmanship of AD/JD, CGHS of concerned city with two senior most CMOs of that city as members.
- d) Addl. Director / Joint Director of concerned CGHS city would inform the eligible hospitals/ diagnostic centres to submit the letters of acceptance of the terms and conditions of the empanelment process.

ADs/JDs shall send the details of eligible hospitals / diagnostic centres to Director, CGHS after signing MOA with eligible hospitals/ diagnostic centres and obtaining Performance Bank Guarantee so that the eligible hospitals / diagnostic centres shall be notified by Ministry of Health & Family Welfare as empanelled hospitals / diagnostic centres under CGHS.

Empanelment shall be for a period of one year from the date of notification or till new empanelment process, whichever is earlier. All the empanelled hospitals / diagnostic centres shall however, have to participate in the new empanelment process, as and when initiated in order to continue their empanelment under CGHS.

The continuous empanelment scheme would be in force initially till notification.

The application form for the continuous empanelment scheme can be downloaded from the website of CGHS, www.mohfw.nic.in/cghsnew/index.asp.

APPLICATION FORM

The application form and the terms and conditions are given below

APPLICATION FORM FEE

Application form can be downloaded from the web site of Min. of Health & Family Welfare at www.mohfw.nic.in/cghsnew/index.asp The form should be submitted along with an application form fee of Rs1000/- (One thousand only) in the form of **Demand Draft** drawn from any Scheduled or commercial or Nationalized Bank in the name of 'Pay & Accounts Officer, CGHS, Delhi' in case of Delhi & NCR and to 'AD/JD of concerned CGHS city' in case of other cities ,.

Quality Assurance:

CGHS aspires to provide to all its beneficiaries high quality medical care services that are affordable. With this objective, CGHS has prescribed **National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation** as minimum eligibility criteria for empanelment of private hospitals and **National Accreditation Board for Testing and Calibration Laboratories (NABL)** as minimum eligibility criteria for empanelment of Diagnostic Laboratories. Likewise Imaging Centres are to be approved by AERB.

Payment Assurance

CGHS would ensure that subject to fulfillment of prescribed conditions, **payment of hospital claims (admissible amount)** would be done in time bound manner- **within a period of ten days from the date of submission of the hard copy of the bills** to the designated bill clearing agency (BCA) by the BCA itself. This submission would be preceded by an electronic submission of the claim/bill to the BCA. CGHS has identified UTI-TSL as its bill clearing agency. CGHS would however, continue to audit the physical bills as per existing practice. In case, any excess or unauthorized payment is noted during audit, the same would be recovered by the BCA from the subsequent bills of the hospital or the Performance Bank Guarantee as the case may be.

PART - A – EMPANELMENT OF HOSPITALS(including dental clinics and eye centres)

PART - B - EMPANELMENT OF DIAGNOSTIC LABORATORIES & IMAGING CENTRES

PART A

A. CATEGORIES OF HOSPITALS

CGHS would consider the following categories of hospitals for empanelment:

- i. **General purpose/Specialty hospital** having 80 or more beds in, Delhi and NCR, Kolkata, Chennai Hyderabad and Bengaluru and 40 or more beds in other CGHS covered cities. The hospital shall provide treatment facilities /services in all disciplines available in the hospital
- ii. **Super-specialty Hospitals-** with 300 or more beds in Delhi& NCR, Kolkata ,Chennai Hyderabad and Bengaluru and 150 or more beds in other CGHS covered cities with treatment facilities in at least three of following Super Specialties in addition to Cardiology& Cardio-thoracic Surgery and Specialized Orthopedics Treatment facilities that include Joint Replacement surgery:
 - Nephrology & Urology incl. Renal Transplantation
 - Endocrinology
 - Neurosurgery
 - Gastro-enterology & GI –Surgery incl. Liver Transplantation
 - Oncology – (Surgery, Chemotherapy & Radiotherapy)

In addition these hospitals shall provide treatment facilities /services in all disciplines available in the hospital.
- iii. **Exclusive Cancer hospitals/units having** 100 or more beds in Delhi& NCR, Kolkata, Chennai Hyderabad and Bengaluru and 50 or more beds in other CGHS covered cities and all treatment facilities for cancer including radio-therapy (approved by BARC / AERB).
- iv. **Eye Centres**
- v. **Dental Clinics**

B. ELIGIBILITY CRITERIA

- i. The Hospitals must fulfill the requirements of one of the categories of hospitals indicated at (A) above.

- ii. The hospitals applying under super specialty category must be accredited by National Accreditation Board for Hospitals and Health Care providers (**NABH**) or its equivalent such as Joint Commission International(**JCI**) ,**ACHS**(Australia) or by any other accreditation body approved by International Society for Quality in Health Care(**ISQua**).
- iii. The other hospitals applying for empanelment under CGHS may be accredited by National Accreditation Board for Hospitals and Health Care providers (**NABH**) or its equivalent such as Joint Commission International (**JCI**), ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Health Care (**ISQua**).

or

Must have obtained **entry level pre-accreditation from NABH** at the time of submission of application. Such hospitals would however have to obtain final accreditation from NABH within twelve (12) months, failing which they shall be removed from CGHS panel.

or

must have applied for NABH accreditation

or

(in case of MUMBAI, TRIVANDRUM, GUWAHATI, DEHRADUN AND SHILLONG)

Must apply for NABH Accreditation within six months of empanelment and give an undertaking that they shall submit proof of applying for NABH Accreditation within six months of empanelment and that they agree for removal from the list of approved hospital under CGHS if they fail to do so.

- iv. Diagnostic laboratory of the hospital if in house, may preferably be accredited by National Accreditation Board for Testing & Calibration Laboratories (**NABL**) or must have applied for NABL accreditation. Lab work if outsourced must be to a NABL accredited lab.
- v. For Eye Care hospitals & Dental clinics there is no requirement under NABH / NABL accreditation at present.
- vi. Hospitals must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission as stipulated below::
 - a) Dedicated Personal Computer with Dual Core /Core 2 DUO processor and minimum 2 GB RAM supported by UPS. OS should be Windows. Dedicated Colour scanner with a minimum resolution 200dpi.
 - b) Scalable Broad Band internet connectivity with minimum assured speed of 512kbps.

C. INSTRUCTIONS TO APPLICANTS

1. Hospitals/ Diagnostic centres must submit the rates for all procedures / services available with the hospital and charged by the hospital.
2. Hospitals must agree to accept and application by the terms and conditions spelt out in the Memorandum of Agreement (Draft at Annexure V) which should be read as part of the application document.
3. Hospitals must certify that they shall charge as per CGHS 2010 rates and that the rates charged by them are not higher than the rates being charged from their normal patients who are not CGHS beneficiaries.
4. Hospitals must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

C. APPLICATION FORM

1. **Application Form** comprises of EMD and Annexure I,II and III & IV
Annexure –I is the application format to be filled up and submitted by the Hospital

**General Purpose Hospitals,
Specialty Hospitals and
Super specialty Hospitals ... shall fill up Annexure-I
Eye Care Centres .. shall fill up Annexure-I-Eye
Dental Clinics shall fill up Annexure-I –Dental**

Copies of Documents are to be annexed wherever specified

Annexure –II is Certificate of Undertaking.

Annexure –III is list of documents (wherever applicable) whose copies are to be annexed to the application form

Annexure – IV – Rate list of Hospital

2. LAST DATE FOR APPLYING

There is no cut off date prescribed for filing of empanelment applications. The application can be submitted on any working day and time. Continuous empanelment scheme shall be in force till next new empanelment process.

3. EARNEST MONEY DEPOSIT

The application shall be submitted with Earnest Money Deposit of Rs. 100,000/- (One lakh) in the form of Demand Draft from any Scheduled or commercial or Nationalized Bank, payable to 'Pay & Accounts Officer, CGHS, Delhi' in case of Delhi & NCR and to 'AD/JD of concerned CGHS city' in case of other cities..The details of the draft are to be indicated in the application form at the prescribed space.

4. EARNEST MONEY REFUND

- In case the application is rejected on technical grounds Earnest Money would be refunded.
- In case, the application is rejected after inspection on the grounds of submitting incorrect information then 50% of the Earnest Money would be forfeited and the balance would be refunded in due course.
- In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50% of the Earnest Money would be forfeited.

5. SUBMISSION OF APPLICATION FORMS

- a. The Application must be submitted in duplicate along with a soft copy on a CD.
- b. Application forms should be submitted in one sealed envelope super scribed as 'Application for empanelment of hospital'.
- c. All the pages of Application and annexure (each set) shall be serially numbered.
- d. Every page of application form and annexures I,II,III.& IV need to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- e. Applications for empanelment must be submitted only at the office of the respective Addl. Directors / Joint Directors of CGHS City concerned in which the hospital/diagnostic center is located.
- f. Hospitals/Diagnostic Centres that are not located in cities where CGHS coverage has coverage has not been provided would not be eligible to apply.
- g. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as 'not available'; it should not be mentioned as 'not applicable'.
- h. The application is liable to be ignored if the information given on eligibility criteria is not complete.

6. SCRUTINY OF APPLICATIONS

- a) The scrutiny of the applications and finalization of the lists of eligible hospitals and diagnostic centres of a particular city shall be done by a

committee under the chairmanship of AD/JD ,CGHS of concerned city with two senior most CMOs of that city as members.

- b) The application under the continuous empanelment scheme would be submitted to Addl. Director / Joint Director of concerned CGHS city. ADs/JDs shall send the details of eligible hospitals / diagnostic centres to Director, CGHS after signing MOA with eligible hospitals/ diagnostic centres and obtaining Performance Bank Guarantee so that the eligible hospitals / diagnostic centres shall be notified by Ministry of Health & Family Welfare as empanelled hospitals / diagnostic centres under CGHS.

7. ACCEPTANCE OF RATES

Hospitals shall have to furnish an undertaking to CGHS accepting the rates notified by CGHS on its web site.

8. INSPECTION OF HOSPITALS

Inspection of hospitals/diagnostic centres would be done by NABH/NABL/ QCI as the case may be.

9. MEMORANDUM OF AGREEMENT

The Private Hospitals which are selected for empanelment will have to enter into an agreement with CGHS for providing services at rates notified by Director CGHS as per the copy provided at annexure V. This MOA has to be executed on Rs.100/- non-judicial Stamp paper. MOA should be read as part of application document.

10. VALIDITY OF CGHS RATES

The rates shall be valid till next empanelment.
The empanelled institutions shall not charge more than CGHS rates.

11. PERFORMANCE BANK GUARANTEE

Hospitals that are recommended for empanelment after the assessment shall also have to furnish a performance Bank Guarantee valid for a period of two years to ensure efficient service and to safeguard against any default:

Hospitals	Rs. 10.00 lac
Eye Centre	Rs.2.00 lac
Dental Clinics	Rs.2.00 lac

Hospitals already empanelled under CGHS shall submit new Performance Bank Guarantee 15 days before expiry of present bank guarantee.

12. BILLING TO BE IN ELECTRONIC FORMAT

All Billing is to be done in electronic format and medical records need to be submitted in digital format to the Bill Clearing agency (BCA) for necessary action. In addition to this the physical record will also have to be submitted to the BCA. This is required for switching over to on-line submission of bills/claims. Private hospitals that do not have the capacity or ability to comply with this condition will not be empanelled.

13. FEE FOR PROCESSING OF BILLS/CLAIMS

Director, CGHS would charge a processing fee and service tax thereon for electronic processing of claims/bills. The details are given in the copy of MOA at annexure V.

14. PAYMENT OF CLAIMS WITHIN AN ASSURED PERIOD

CGHS has appointed a Bill Clearing Agency (BCA), for processing of Data/ Bills of all CGHS beneficiaries (both serving and pensioner) attending these Private Hospitals and for making payment of the admissible amount to the claimant hospital on behalf of the CGHS within a period of ten days from the date of submission of the hard copy of the bill/claim and other supporting documents. Details are given in the MOA annexed.

15. CORRUPT AND FRAUDULENT PRACTICES

“Corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official

“fraudulent practice” means a misrepresentation of facts in order to influence E-Tender process or a execution of a contract to the detriment of CGHS, and includes collusive practice among applicant hospitals /authorized representative/service providers (prior to or after application submission) designed to establish applicant prices at artificial non-competitive levels and to deprive CGHS of the benefits of the free and open competition;

CGHS will reject a proposal for award if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices

CGHS will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the

applicant hospital has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

16. INTERPRETATION OF THE CLAUSES IN THE APPLICATION DOCUMENT

In case of any ambiguity in the interpretation of any of the clauses in Application document, interpretation of Director, CGHS of the clauses shall be final and binding on all parties.

17. RIGHT TO ACCEPT ANY APPLICATION AND TO REJECT ANY OR ALL APPLICATIONS

Addl. Director / Joint Director , CGHS of concerned CGHS city 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.

18. LIST OF DOCUMENTS AT ANNEXURE III

Every application must be accompanied by copies of documents as listed at Annexure III.

19. MONITORING AND MEDICAL AUDIT

CGHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of CGHS.

Bills of hospitals shall be reviewed every quarterly for irregularities including declaration of planned procedures / admissions as 'emergencies', unjustified investigations and prolonged stay, etc., and if found involved any wrong doings, the concerned hospitals would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

20. 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 empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospital , it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs Ten thousand.

21. INTERPRETATION OF THE CLAUSES IN THE APPLICATION DOCUMENT

In case of any ambiguity in the interpretation of any of the clauses in application Document, interpretation of Director CGHS shall be final and binding on all parties.

APPLICATION FORMAT

**APPLICATION FORMAT FOR EMPANELMENT OF PRIVATE HOSPITALS
BY CGHS UNDER CONTINUOUS EMPANELMENT SCHEME**

(Technical and Infrastructure Specifications of the Hospitals)

Whether NABH Accredited

Pre-accredited entry level

Applied for NABH

Not Applied for NABH

**Details of Accreditation and Validity period
(Enclose a scanned copy of relevant Certificate)**

1. Name of the CGHS city where hospital is located.

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2. Name of the hospital

3. Address of the hospital

3 Tel / fax/e-mail

Telephone No																				
Fax																				
e-mail / website address																				

4. Application for Empanelment as

General Purpose/Specialty Hospital

Super-Specialty Hospital

Exclusive Cancer Hospital

(Please select the appropriate column)

5. Total Number of beds

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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General Purpose /Specialty Hospitals:

Hospitals having 80 or more beds (40 or more in Mumbai and non-Metro cities) need to apply for all available specialties

(list of specialties enclosed)

Super-Specialty Hospital - having 300 or more beds in CGHS covered metro cities except Mumbai and 150 or more beds in Mumbai and other non- metro CGHS covered cities with treatment facilities in three of the following Super Specialties in addition to facilities for Multispecialty General Purpose treatment and facilities for treatment of Cardiology& Cardio-thoracic Surgery and Specialized Orthopedic Treatment facilities that include Joint Replacement surgery:

- Nephrology & Urology
- Endocrinology
- Neurosurgery
- Gastro-enterology & GI –Surgery
- Oncology

These hospitals shall provide treatment facilities /services in all disciplines available in the hospital.

Cancer Hospitals/Units - having 100 beds or more (50 or more in Mumbai and non-Metro cities) and facilities for Surgery, Chemotherapy and Radiotherapy

6. Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward	<input type="text"/>	<input type="text"/>
ICCU/ICU	<input type="text"/>	<input type="text"/>
Private	<input type="text"/>	<input type="text"/>
Semi-Private (2-3 bedded)	<input type="text"/>	<input type="text"/>
General Ward bed (4-10)	<input type="text"/>	<input type="text"/>

APPLICATION FORMAT

APPLICATION FORMAT FOR EMPANELMENT OF PRIVATE EYE CARE CENTRES BY CGHS UNDER CONTINUOUS EMPANELMENT SCHEME

(Technical and Infrastructure Specifications of the Eye Care Centres)

1.Name of the CGHS city where Eye Care Centre is located.

2.Name of the Eye Care Centre

3.Address of the Eye Care Centre

4 Tel / fax/e-mail

Telephone No																			
Fax																			
e-mail / website address																			

5. **Applied for Empanelment as (Specify)**
- a) Cataract/Glaucoma
- b) Retinal – Medical – Vitreo-retinal surgery
- c) Strabismus
- d) Occuloplasty & Adnexa & other specialized treatment

6. **FOR IOL IMPLANT:**
 Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery
 Yes No

Name and Qualifications

- (i) Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces**
- (ii) Flash/rapid sterilizer – one per OT**
- (iii) YAG laser for capsulotomy**
- (iv) Digital anterior segment camera**
- (v) Specular microscope**

- All Specialists employed on regular and visiting basis must possess M.C.I. recognized qualification YES NO
- Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications. Yes No

Whether beds available
 (**General, Semi Private, Private or Deluxe Room** Yes No
 (If yes, specify the number)
 Gl. ward Semi-Pvt. ward Pvt. Ward

7) OCULOPLASTY & ADENEXA:

- Specific for Oculoplasty & Adenexa:
- Specialised Instruments and kits for:
- (i) Dacryocystorhinostomy
 - (ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
 - (iii) Orbital surgery
 - (iv) Socket reconstruction
 - (v) Enucleation/evisceration

(Vi) Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery

8). A) INVESTIGATIVE FACILITIES:

- (i) Syringing, Dacryocystography
- (ii) Exophthalmometry
- (iii) Ultrasonography – A&B Scan
- (iv) Imaging facilities - X-ray, CT Scan & MRI Scan
- (v) Ocular pathology, Microbiology services
- (vi) & Blood bank services.
- (vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Haematology, Oncology

(B) OPERATIVE (O.T.) FACILITIES:

Specialized instruments & Kits for the following surgeries should be available.

- (i) Dacryo cystorhinostomy
- (ii) Lid surgery including eyelid reconstruction & Ptosis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

(C) PERSONNEL:

- (i) Resident Doctor Support
- (ii) Nursing care (24 hours)
- (iii) Resuscitative facilities
- (iv) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery.

9) **Strabismus Surgery:**

Functional OT with Instruments needed for strabismus surgery

YES NO

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart

YES NO

10) **GLAUCOMA:**

(1) Specific: Facilities for Glaucoma investigation & management.

- a) Applanation tonometry
- b) Stereo Fundus photography/OCT/ Nerve fibre Analyser
- c) YAG Laser for Iridectomy
- d) Automated/Goldmann fields (Perimetry)
- e) Electrodiagnostic equipments (VER, ERG, EOG)
- f) Colour Vision – Ishihara Charts
- g) Contrast sensitivity – Pelli Robson Charts
- h) Pediatric Vision testing – HOTV cards
- i) Autorefractometers
- j) Synaptophore (basic type with antisuppression)
- k) Prism Bars
- l) Stereo test (Randot/TNO)
- m) Red – Green Goggles
- n) Orthoptic room with distance fixation targets
(Preferably child friendly) may have TV/VCR.
- o) Lees/Hess chart

APPLICATION FORMAT

APPLICATION FORMAT FOR EMPANELMENT OF PRIVATE DENTAL CLINICS BY CGHS UNDER CONTINUOUS EMPANELMENT SCHEME

(Technical and Infrastructure Specifications of the Dental Clinic)

1.Name of the CGHS city where Dental Clinic is located.

2.Name of the Dental Clinic

3. Address of the Dental Clinic

4 Tel / fax/e-mail

Telephone No																				
Fax																				
e-mail / website address																				

5. Applied for Empanelment as

General Dentistry
 Special Dental procedures – speciality specified
 Diagnostic procedures / investigations for Dental.

6. **Dental Care Centre : (Infrastructure and technical specifications)**

(A) (i) **For General Dental Clinic**
 (Availability of recovery bed for Dental Clinic)
 (if available, specify the number of beds)

(ii) **For Specialized Dental Clinic**
 (Whether beds are available for
 Specialized Dental Clinic)... Yes No
 If, Yes Number

(D) Whether separate O.T available for aseptic / septic cases
 (For specialized Dental clinics) Yes No

(E) Alternative Power supply Yes No
 Give details

(F) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry, Microbiology Yes No

(b) Routine facilities for X-ray OPG Dental X-ray Yes No

(G) No. of visiting Specialists / Consultants -
 (For Dental Care Center)
 (Names and Qualifications Specialty-wise).

(a) Oral & Maxillo facial Surgeon

(b) Periodontist

(c) Prosthodontist

(d)Endodontist

(e Orthodontist

(f)Paedodontist

(K) Dental X-ray Machine

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IOPA 60-70 Kv, 8 mA, Exposure Yes No
(with minimum radiation leakage) time selection 0.01 to 3 seconds

O.P.G. Machine 60-70 Kv, 8 MA Yes No

* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each specialty.

ANNEXURE-II

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 notified rates or the rates charged from non-CGHS 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 would be liable for de-recognition by CGHS. The institution will be liable to pay compensation for any financial loss caused to CGHS 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 notified rates when payment is made by cash and a discount of 10% on payments that are made within seven days from the date of submission of the bill to CGHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
9. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the hospital

Signature
Head of Institution / Authorized Signatory / Agent

Scanned Copies of the following documents are to be uploaded along with E-Tender

- (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) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (f) Photo copy of PAN Card.
- (g) Name and address of their bankers.
- (h) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (i) Registration Certificate under PNDT Act in case of Centres applying for Ultrasonography facility.
- (j) Copy of the license for running Blood Bank
- (k) Copy of certificate of NABH Accreditation/ entry level Pre-accreditation of NABH / proof of applying for NABH Accreditation.
- (l) Copy of NABL Accreditation / proof of applying for NABL Accreditation

Note: Applications not containing the above particulars shall not be considered for empanelment.

Rate List of Hospital applying for empanelment

DRAFT MOA

Annexure-V

May be downloaded from the CGHS Website

PART –B

(For Diagnostic Laboratories and Imaging Centres seeking empanelment under CGHS-)

N.B.: Hospitals seeking empanelment of their Diagnostic Laboratories and Imaging Centres for OPD patients also need to apply)

A. CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

CGHS would consider the following categories of diagnostic laboratories and imaging centres for empanelment :

I) Diagnostic Laboratories

II) Imaging Centres

- a) MRI Centre
- b) CT Scan Centre
- c) X-ray Centre /Dental X-ray/OPG centre
- d) Mammography Centre
- e) USG / Colour Doppler Centre
- f) Bone Densitometry Centre
- g) Nuclear Medicine Centre

B. ELIGIBILITY CRITERIA

I) Diagnostic Laboratories

Diagnostic Laboratories that are not already empanelled with CGHS must be accredited by National Accreditation Board for Testing and Calibration Laboratories (**NABL**).

II) Imaging Centres

a) MRI Centre

Must have MRI machine with magnet strength of 1.0 Tesla and above

b) CT Scan Centre

Whole Body CT Scanner with scan cycle of less than one second (sub-second)
Must have been approved by AERB

c) X-ray Centre /Dental X-ray/OPG centre

X- Ray machine must have a minimum current rating of 500 MA with image intensifier TV system
Portable X-ray machine must have a minimum current rating of 60 MA
Dental X-ray machine must have a minimum current rating of 6 MA

OPG X-ray machine must have a current rating of 4.5 -10 MA

Must have been approved by AERB

d) Mammography Centre

Standard quality mammography machine with low radiations and biopsy attachment.

e) USG / Color Doppler Centre

It should be of high-resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz. Should have minimum three probes and provision/facilities of trans Vaginal/ Trans Rectal Probes.

Must have been registered under PNDT Act

f) Bone Densitometry Centre

Must be capable of scanning 3 sites(that includes Spine) and whole body

g) Nuclear Medicine Centre

Must be approved by AERB / BARC

III) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission as stipulated below::

- c) Dedicated Personal Computer with Dual Core /Core 2 DUO processor and minimum 2 GB RAM supported by UPS. OS should be Windows. Dedicated Colour scanner with a minimum resolution 200dpi.
- d) Scalable Broad Band internet connectivity with minimum assured speed of 512kbps.

C. INSTRUCTIONS TO APPLICANTS

- I. Diagnostic laboratories and imaging centres shall submit the rates for all investigations / services available with the Centres and charged by them
- II. Diagnostic laboratories and imaging centres must agree to accept the terms and conditions spelt out in the Memorandum of

Agreement (Draft at Annexure V) which should be read as part of the application document.

- III. Diagnostic laboratories and imaging centres must certify that they shall charge as per CGHS rates 2010 and that the rates charged by them are not higher than the rates being charged from their normal patients who are not CGHS beneficiaries.
- IV. Diagnostic laboratories and imaging centres must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.

D. APPLICATION FORM

- 1.. **Application form** comprises EMD and Annexures I , II , III & IV

Annexure –I is the application format to be filled up and submitted by the applicant

Copies of Documents to be enclosed wherever specified.

Annexure –II is Certificate of Undertaking.

Annexure –III is list of documents (wherever applicable) whose copies are to be attached to the application form.

Annexure IV Rates List of Diagnostic laboratory/ imaging centre

2. LAST DATE FOR APPLYING

There is no cut off date prescribed for filing of empanelment applications. The application can be submitted in any working day and time.

3. EARNEST MONEY DEPOSIT

The application shall be submitted with Earnest Money Deposit of Rs. 100,000/-(One lakh) in the form of Demand Draft from any Scheduled or commercial or Nationalized Bank, payable to 'Pay & Accounts Officer, CGHS, Delhi' and to 'AD/JD of concerned CGHS city' in case of other cities..The details of the draft are to be indicated in the application form at the prescribed space

4. EARNEST MONEY REFUND

- In case the application is rejected on technical grounds Earnest Money would be refunded.
- In case, the application is rejected after inspection on the grounds of submitting incorrect information then 50% of the Earnest Money would be forfeited and the balance would be refunded in due course.
- In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50% of the Earnest Money would be forfeited.

5. SUBMISSION OF APPLICATION FORMS

- i. The Application must be submitted along with a soft copy on a CD.
- ii. Application forms should be submitted in one sealed envelope super scribed as 'Application for empanelment of Diagnostic laboratory/ imaging centre.
- iii. All the pages of Application and annexure (each set) shall be serially numbered.
- iv. Every page of application form and annexures I,II,III.& IV need to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- v. Applications for empanelment must be submitted only at the office of the respective Addl. Directors / Joint Directors of CGHS City concerned in which the Diagnostic laboratory/ imaging centre is located.
- vi. Diagnostic laboratory/ imaging Centre that are not located in cities/areas where CGHS coverage has coverage has not been provided would not be eligible to apply.
- vii. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as 'not available'; it should not be mentioned as 'not applicable'.
- viii. The application is liable to be ignored if the information given on eligibility criteria is not complete.

6. SCRUTINY OF APPLICATIONS

- a) The scrutiny of the applications and finalization of the lists of eligible hospitals and diagnostic centres of a particular city shall be done by a committee under the chairmanship of AD/JD ,CGHS of concerned city with two senior most CMOs of that city as members.
- b) Addl. Director / Joint Director of concerned CGHS city shall send the details of eligible diagnostic centres to Director, CGHS after signing MOA with eligible diagnostic centres and obtaining Performance Bank Guarantee so that the eligible diagnostic centres shall be notified by Ministry of Health & Family Welfare as empanelled diagnostic centres under CGHS.
- c) Empanelment shall be for a period of one year from the date of notification or till new empanelment process , whichever is earlier. All the empanelled

diagnostic centres shall however, have to participate in the new empanelment process, as and when initiated in order to continue their empanelment under CGHS.

7. ACCEPTANCE OF RATES

Diagnostic Laboratories and Imaging Centres shall have to furnish an undertaking to CGHS accepting the rates notified by CGHS on its web site.

8. INSPECTION OF HOSPITALS

All eligible Diagnostic Laboratories would be inspected as part of NABL Accreditation.

9. MEMORANDUM OF AGREEMENT

The Diagnostic Laboratories and Imaging Centres , which are selected for empanelment will have to enter into an agreement with CGHS for providing services at rates notified by Director CGHS as per the copy provided at annexure V. This MOA has to be executed on Rs.100/- non-judicial Stamp paper. MOA should be read as part of application document.

10. VALIDITY OF CGHS RATES

The rates shall be valid till next new empanelment.
The empanelled institutions shall not charge more than CGHS rates.

11. PERFORMANCE BANK GUARANTEE

Diagnostic Laboratories and Imaging Centres that are recommended for empanelment after the assessment shall also have to furnish a performance Bank Guarantee valid for a period of two years to ensure efficient service and to safeguard against any default:

Empanelled Diagnostic laboratories and imaging centres Rs. 2 lacs

In case of diagnostic laboratories and imaging centres already empanelled under CGHS they shall submit a new Performance Bank Guarantee the old performance guarantee will be discharged after its validity is over.

17. BILLING TO BE IN ELECTRONIC FORMAT

All Billing is to be done in electronic format and medical records need to be submitted in digital format to the Bill Clearing agency (BCA) for necessary action. In addition to this the physical record will also have to be submitted to the BCA. This is required for switching over to on-line submission of bills/claims. Private diagnostic laboratories and imaging centres that do not have the capacity or ability to comply with this condition will not be empanelled.

18. FEE FOR PROCESSING OF BILLS/CLAIMS

Director, CGHS would charge a processing fee and service tax thereon for electronic processing of claims/bills. The details are given in the copy of MOA at annexure V.

19. PAYMENT OF CLAIMS WITHIN AN ASSURED PERIOD

CGHS shall be appointing a Bill Clearing Agency (BCA), for processing of Data/ Bills of all CGHS beneficiaries (both serving and pensioner) attending these Private Diagnostic laboratories and imaging centres and for making payment of the admissible amount to the claimant Diagnostic laboratory/ imaging centre on behalf of the CGHS within a period of ten days from the date of submission of the hard copy of the bill/claim and other supporting documents. Details are given in the MOA annexed.

20. CORRUPT AND FRAUDULENT PRACTICES

“Corrupt practice” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official

“fraudulent practice” means a misrepresentation of facts in order to influence selection process or a execution of a contract to the detriment of CGHS, and includes collusive practice among applicant diagnostic laboratories and imaging centres /authorized representative/service providers (prior to or after submission of application) designed to establish selection prices at artificial non-competitive levels and to deprive CGHS of the benefits of the free and open competition;

CGHS will reject a proposal for award if it determines that the Diagnostic laboratory/ imaging centre recommended for empanelment has engaged in corrupt or fraudulent practices

CGHS will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the applicant Diagnostic laboratory/ imaging centre has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

21. INTERPRETATION OF THE CLAUSES IN THE APPLICATION DOCUMENT

In case of any ambiguity in the interpretation of any of the clauses in application form, interpretation of Director, CGHS of the clauses shall be final and binding on all parties.

22. RIGHT TO ACCEPT ANY APPLICATION AND TO REJECT ANY OR ALL APPLICATIONS

Addl. Director/Joint Director, CGHS of concerned reserves the right to accept or reject any application and to annul the selection process and to reject all the applications at any time without thereby incurring any liability to the affected Diagnostic laboratory/ imaging centre / authorized representative/ service provider or any obligation to inform the affected Diagnostic laboratory/ imaging centre / authorized representative/ service provider of the grounds for his action.

23. LIST OF DOCUMENTS AT ANNEXURE III

Every Application form must be accompanied by Scanned documents as listed at Annexure III.

24. MONITORING AND MEDICAL AUDIT

CGHS reserves the right to inspect the diagnostic laboratories and imaging centres at any time to ascertain their compliance with the requirements of CGHS.

Bills of diagnostic laboratories and imaging centres shall be reviewed every quarterly for irregularities and if found involved any wrong doings, the concerned diagnostic laboratories and imaging centres would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

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 empanelled Private diagnostic laboratory / imaging centre, or for any other reason, the Private diagnostic laboratory / imaging centre no longer wishes to continue on the list of empanelled diagnostic laboratories / imaging centres, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of ₹ 3000/ (Rupees Three thousand only).

TENDER FORMAT FOR EMPANELMENT OF DIAGNOSTIC LABORATORIES AND / IMAGING CENTRES BY CGHS

(Technical and Infrastructure Specifications of the Diagnostic Laboratories and/ Imaging Centres)

7. Name of the CGHS city where Diagnostic Laboratory/Imaging Centre is located.

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8. Name of the Diagnostic Laboratory/Imaging Centre

9. Address of the Diagnostic Laboratory/Imaging Centre

3 Tel / fax/e-mail

Telephone No																			
Fax																			
e-mail / website address																			

10. Applied for Empanelment as

- **Laboratory Services**
 - **Radiology & Other Imaging Services**
- (Please tick the appropriate column)

SECTION-I

CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -

1) Whether NABL Accredited

2) Details of NABL Certification and Validity Period

.....

(enclose a scanned copy of Certificate)

3) Services applied for _____

SECTION-II

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER:

a. Criteria for MRI Center:

- MRI machine minimum 1.0 TESLA
(enclose a scanned copy of Supporting Document)
- Qualified Radiologist - with minimum 3 years post degree experience
- Technicians - full time, holding degree/diploma (2 years) from recognized institutions.
- Equipment for resuscitation of patient should be MRI compatible.
- Facilities for computer printer reports.
- Backup of Generator, UPS, Emergency light
- Automatic Film Processor Unit.
- Adequate workload – minimum 100 MRI per month.

B. Criteria for of CT Scan Center

- Whole body CT Scan with scan cycle of less than 1 second (sub second).
(enclose a scanned copy of Supporting Document)
- Installation shall as per **AERB** guidelines.
(enclose a scanned copy of Supporting Document)
- **Waiting area** separate from the radiation area.
- Provision for changing room.
- Provision of **Radiation protective devices** like Screen, Lead Apron, Thyroid & Gonads protective shield.
- **Equipment for resuscitation of patients** like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
- Provision for sterilized instrument, disposable syringes & needles, catheter etc.
- Provision for washed clean linens.
- **Qualified Radiologist** - having post degree experience of 3 years.
- **Qualified Radiographer** - holding diploma (2 years) /degree in Radiography from recognized Institution.
- Provision of nursing staff/female attendant for lady patient.
- Provision for **radiation monitoring** of all technical staff & doctor through DRP/BARC
Coverage by **Anesthetist** during procedures involving contrast media.
- Disposal of waste.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.

C. Criteria for Mammography Center : -

- Standard quality mammography machine with low radiations and biopsy attachment.
- (enclose a scanned copy of Supporting Document)
- Automatic/Manual film processor.
- Provision for hard copy & computer print out reports.
- Adequate working space.
- Provision for changing room. Privacy for patients.
- Female Radiographer/attendant.
- Backup of Generator, UPS, Emergency light.

D. Criteria for USG/Colour Doppler Center: -

- Registration under the PNDDT Act and its status of implementation.
- (enclose a scanned copy of Supporting Document)
- Machine should be permanently housed in the Diagnostic Center.

- It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz.

- Should have minimum three probes. and provision/facilities of trans Vaginal/ Trans Rectal Probes.

-
- Facilities for print out & hard copies of the image.
- Qualified Radiologist, having experience of three year after Post Graduate qualification,
- Full time Nurse/Female attendant for female patients.
- Size of the room should be adequate 12'X10',
- Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
- Anesthetics coverage during such procedures.
- Availability of clean linens & disposable consumable & sterilized instruments.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.

E. Criteria for Diagnostic X-ray Center/Dental X-Ray/OPG Centre:

- X-ray machine should be of minimum 500 MA with the Image intensifier TV system.
- The Portable X-ray machine should be minimum of 60 MA.
- The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA.

(enclose a scanned copy of Supporting Document in respect of above three wherever applicable)

- Automatic film processor.

- **Installation should be approved by AERB**

Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board.

(enclose a scanned copy of Supporting Document)

- Separate room for portable X-ray machine, equipment, dark room.
- Patient trolley should be able to go to equipment room.
- Boyles trolley should be in X-ray room.
- Room size approximately 14X14 feet for housing the X-ray machine & dark room size 8X8 feet waiting area, separate from the radiation area.
- X-ray tube should not be facing the inhabited area.
- Provision for changing room.
- Provision of Radiation Protective devices like screen, lead apron. Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions.
- Manpower: - **Radiologist** -Post Graduate qualification of Radiology from Recognized University,
- Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients.
- Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC.
- Anesthetics Coverage during procedures involving IV contrast media use.

- Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc.
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Centers should to be easily approachable.

F.Criteria for Bone Densitometry Center :

- Bone densitometry equipment ultrasound/x-ray based with color printer.

(enclose a scanned copy of Supporting Document)

-
- Room size 14'X14 feet.
- Separate waiting area.
- **Qualified Radiologist** with at least 3 years experience after postgraduate qualification.
- Qualified Radiographer** from recognized institution.
- Radiation safety measures.
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Workload 50 per month.
- Quotation should be separately given for Dexa Scan/ Ultrasound.
- Desirable: Capable of performing 1-3 sites and whole body.

G. Criteria for Bone Densitometry Center :

Bone densitometry equipment ultrasound/x-ray based with color printer.

(enclose a scanned copy of Supporting Document)

Room size 14'X14 feet.

Separate waiting area.

Qualified Radiologist with at least 3 years experience after postgraduate qualification.

Qualified Radiographer from recognized institution.

Radiation safety measures.

Disposal of waste.

Backup of Generator, UPS, Emergency light.

Center should be easily approachable.

Quotation should be separately given for Dexa Scan/ Ultrasound.

Capable of performing 3 sites(that includes Spine) and whole body

CERTIFICATE OF UNDERTAKING

1. It is Certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Diagnostic Laboratory / Imaging Centre shall not charge higher than the CGHS notified rates or the rates charged from non-CGHS 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, Diagnostic Laboratory / Imaging Centre be liable for de-recognition by Govt. The institution will be liable to pay compensation for any financial loss caused to CGHS or physical 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 Diagnostic Laboratory / Imaging Centre has the capability to submit bills and medical records in digital format.
7. That Diagnostic Laboratory / Imaging Centre will allow a discount of 10% on notified rates when payment is made by cash and a discount of 10% on payments that are made within ten days from the date of submission of the physical bill to CGHS.
8. The / Diagnostic Laboratory will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence .
9. That the center has not been derecognized by CGHS or any state Government or other Organizations, after being empanelled.
10. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against Diagnostic Laboratory / Imaging Centre .

Signature
Head of Institution / Authorized Signatory / Agent

Snanned Copies of the following documents that are to be uploaded along with E-Tender

- (m) Copy of certificate or memo of State Health authority, if any, recognizing the Diagnostic Laboratory / Imaging centre .
- (n) Copy of audited balance sheet, profit and loss account for the last three years- (Main documents only- summary sheet).
- (o) Copy of legal status , place of registration and principal place of business of the hospital or partnership firm, etc.,
- (p) A copy of partnership deed ,/ memorandum and articles of association, if any
- (q) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (r) Photo copy of PAN Card.
- (s) Name and address of their bankers.
- (t) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (u) Registration Certificate under PNDT Act in case of Centres applying for Ultrasonography facility.
- (v) Copy of NABL Accreditation / proof of applying for NABL Accreditation
- (w) Copy of AERB / BARC Approval

Note: Applications not containing the above particulars shall not be considered for empanelment.

Rate List of Investigation procedures of the institution

Draft MOA

May be downloaded from CGHS Website