

**APPLICATION FORM FOR EMPANELMENT OF PRIVATE
HOSPITALS BY UNIVERSITY OF DELHI**

1. Name of the hospital

2. Address of the hospital

3. Telephone No/Fax/E-mail / website address

4. Whether NABH Accredited

A)Pre-accredited entry level

B)Applied for NABH

5. Application for Empanelment as

General Purpose

Specialty Hospital (Max. Three Specialties)

Super-Specialty Hospital

Cancer Hospital

Private hospitals already on the panel of CGHS

(Please select the appropriate column)

6. Total Number of beds.

Specialty Hospitals

Hospitals having less than 200 beds can apply for specialty hospital -provided they have at least 50 beds earmarked for each specialty applied for (plus 30 additional beds)

- Specify specialty applied for (max.three)- specify

Cardiology, Cardiovascular and Cardiothoracic surgery /

Urology - including Dialysis and Lithotripsy

Orthopedic- Surgery - including arthroscopic surgery
and Joint Replacement

Endoscopic surgery

Neurosurgery

Super-Specialty Hospital

Super –Specialty Hospital having 300 or more beds 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

- Gastroenterology & GI –Surgery

- Oncology

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

Cancer Hospitals- having 100 beds or more and facilities for Surgery, Chemotherapy and Radiotherapy

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

Casualty/Emergency ward

ICCU/ICU

--	--

Private

--	--

Semi-Private (2-3 bedded)

--	--

General Ward bed (4-10)

--	--

8. Laboratory facility

Whether NABL Accredited

9. Blood Bank facility

10. Radiology facility

- X-Ray
- Ultrasound/ Colour Doppler
- Mammography
- CT Scan
- MRI

Mode of Payment

Please specify that you will be charging CGHS rates

Interested in Cash Less Facility

This is to certify that information furnished in the form is correct to the best of my knowledge and belief.

**Medical Superintendent/Head Administration
Seal**

• Observations/Remarks of Empanelment Committee

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

Names of Empanelment Committee Members

Signatures

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Visit

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital/Dental Care Centre/Eye Care Centre/Diagnostic Laboratory & Imaging Centres shall not charge higher than the CGHS notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre would be liable for de-recognition by University of Delhi. The institution will be liable to pay compensation for any financial loss caused to University of Delhi 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 /Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre has the capability to submit bills and medical records in digital format.
7. The Hospital/ Dental Care Centre/Eye Care Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
8. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre.
9. The hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre shall strictly adhere to the mode of payment at the time of empanelment.
10. University of Delhi shall be vested with powers of de-empanelment of Institution in case of violation of any clause agreed upon at the time of empanelment.

Signature

Head of Institution / Authorized Signatory / Agent

**APPLICATION FORM FOR EMPANELMENT OF PRIVATE EYE CARE
CENTRES BY UNIVERSITY OF DELHI**

(Technical and Infrastructure Specifications of the Eye Care Centres)

1. Name of the Eye Care Centre

[illegible]

2. Address of the Eye Care Centre

[illegible]

3. Telephone No/Fax/e-mail/website address

[illegible]

4. Applied for Empanelment as (Specify)

- | | |
|---|----------------------|
| a) Cataract/Glaucoma | <input type="text"/> |
| b) Retinal – Medical – Vitreo-retinal surgery | <input type="text"/> |
| c) Strabismus | <input type="text"/> |
| d) Oculoplasty & Adnexa & other specialized treatment | <input type="text"/> |

5. FOR IOL IMPLANT:

Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery

☐ Yes ☐ No

Name and Qualifications

[illegible]

(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

6. 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

7. 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. ☐

8. 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 ☐

9. GLAUCOMA:

- 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 ☐

Mode of Payment

Please specify that you will be charging CGHS rates

☐

Interested in Cash Less Facility

☐

This is to certify that information furnished in the form is correct to the best of my knowledge and belief.

**Medical Superintendent/Head Administration
Seal**

• **Observations/Remarks of Empanelment Committee**

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

Names of Empanelment Committee Members

Signatures

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Visit

CERTIFICATE OF UNDERTAKING

- 1 It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
- 2 That Hospital/Dental Care Centre/Eye Care Centre/Diagnostic Laboratory & Imaging Centres shall not charge higher than the CGHS notified rates.
- 3 That the rates have been provided against a facility/procedure actually available at the institution.
- 4 That if any information is found to be untrue, Hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre would be liable for de-recognition by University of Delhi. The institution will be liable to pay compensation for any financial loss caused to University of Delhi 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 /Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre has the capability to submit bills and medical records in digital format.
- 7 The Hospital/ Dental Care Centre/Eye Care Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
- 8 That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre.
- 9 The hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre shall strictly adhere to the mode of payment at the time of empanelment.
- 10 University of Delhi shall be vested with powers of de-empanelment of Institution in case of violation of any clause agreed upon at the time of empanelment.

Signature

Head of Institution / Authorized Signatory / Agent

**APPLICATION FORM FOR EMPANELMENT OF PRIVATE DENTAL
CLINICS BY UNIVERSITY OF DELHI**

(Technical and Infrastructure Specifications of the Dental Clinic)

1. Name of Dental Clinic

2. Address of the Dental Clinic

3. Tel / fax/e-mail/Telephone No/Fax/e-mail/website address

4. Applied for Empanelment as (Specify)

- a) General Dentistry ☐
- b) Special Dental procedures – speciality specified ☐
- c) Diagnostic procedures / investigations for Dental. ☐

5. 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) If, Yes Number

YES NO

B) Whether separate O.T available for aseptic/septic cases

--	--

(For specialized Dental clinics)

YES NO

C) Alternative Power supply ☐ YES ☐ NO
Give details

D) (i) Laboratory facilities for routine Clinical Pathology, ☐ YES ☐ NO
Bio-chemistry, Microbiology

(ii) Routine facilities for X-ray OPG Dental X-ray ☐ YES ☐ NO

E) 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

--	--

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.**

Mode of Payment

Please specify that you will be charging CGHS rates with reimbursement Facility

☐

Please specify that you will be charging CGHS rates with Direct Payment Facility

☐

Please specify that you wish to be empanelled but not willing to accept CGHS Rates

☐

This is to certify that information furnished in the form is correct to the best of my knowledge and belief.

**Medical Superintendent/Head Administration
Seal**

• **Observations/Remarks of Empanelment Committee**

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

Names of Empanelment Committee Members

Signatures

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Visit

CERTIFICATE OF UNDERTAKING

- 1 It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
- 2 That Hospital/Dental Care Centre/Eye Care Centre/Diagnostic Laboratory & Imaging Centres shall not charge higher than the CGHS notified rates.
- 3 That the rates have been provided against a facility/procedure actually available at the institution.
- 4 That if any information is found to be untrue, Hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre would be liable for de-recognition by University of Delhi. The institution will be liable to pay compensation for any financial loss caused to University of Delhi 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 /Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre has the capability to submit bills and medical records in digital format.
- 7 The Hospital/ Dental Care Centre/Eye Care Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
- 8 That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre.
- 9 The hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre shall strictly adhere to the mode of payment at the time of empanelment.
- 10 University of Delhi shall be vested with powers of de-empanelment of Institution in case of violation of any clause agreed upon at the time of empanelment.

Signature

Head of Institution / Authorized Signatory / Agent

Form4
APPLICATION FORM FOR EMPANELMENT OF DIAGNOSTIC
LABORATORIES / IMAGING CENTRES BY UNIVERSITY OF DELHI

I) CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

University of Delhi 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).

I) Imaging Centres

I) 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. It 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) (a) 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:

(b) 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.

(c) Scalable Broad Band internet connectivity with minimum assured speed of 512kbps.

Signature
Head of Institution / Authorized Signatory

Mode of Payment

Please specify that you will be charging CGHS rates with reimbursement Facility

Please specify that you will be charging CGHS rates with Direct Payment Facility

Please specify that you wish to be empanelled but not willing to accept CGHS Rates

This is to certify that information furnished in the form is correct to the best of my knowledge and belief.

**Medical Superintendent/Head Administration
Seal**

• **Observations/Remarks of Empanelment Committee**

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

Names of Empanelment Committee Members

Signatures

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Visit

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital/Dental Care Centre/Eye Care Centre/Diagnostic Laboratory & Imaging Centres shall not charge higher than the CGHS notified rates.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre would be liable for de-recognition by University of Delhi. The institution will be liable to pay compensation for any financial loss caused to University of Delhi 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 /Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre has the capability to submit bills and medical records in digital format.
7. The Hospital/ Dental Care Centre/Eye Care Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
8. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre.
9. The hospital/ Dental Care Centre/Eye Care Centre/Diagnostic Laboratory / Imaging Centre shall strictly adhere to the mode of payment at the time of empanelment.
10. University of Delhi shall be vested with powers of de-empanelment of Institution in case of violation of any clause agreed upon at the time of empanelment.

Signature

Head of Institution / Authorized Signatory / Agent