

## **GUIDELINES FOR THE EMPANELMENT OF PRIVATE HOSPITALS FOR STATE GOVERNMENT EMPLOYEES UNDER RCS (MA) RULES, 2013**

### **A. Introduction:**

Empanelment of Private Hospitals would be a continuous process and interested Hospitals may apply for empanelment at any point of time provided that they fulfil the prescribed norms/parameters for empanelment and they agree to give medical facilities to State employees and pensioners on agreed terms and conditions.

The information provided by the Hospitals can be verified by the competent authority in just and equitable manner which may include verification of documents and/or physical verification.

### **B. Categories of Hospitals:**

Broadly, at present State Government is approving the following categories of Hospitals:

#### **1. Multi-specialty Hospital**

#### **2. Specialty Hospital:**

- i. Cardiac Surgery
- ii. Cardiology
- iii. Dentistry
- iv. ENT
- v. Gastroenterology
- vi. Nephrology
- vii. Neuro-Surgery
- viii. Oncology
- ix. Ophthalmology
- x. Orthopaedics
- xi. Urology

### **C. Last date for applying:**

As there is no cut-off date prescribed for filing of application for empanelment, the application can be submitted on any working day.

### **D. Application form:**

Application form can be downloaded from the website [www.medicaleducation.rajasthan.gov.in](http://www.medicaleducation.rajasthan.gov.in). The form should be submitted along with the documents to Principal & Controller, SMS Medical College, Jaipur.

### **E. Submission of application form:**

The application form (**Annexure-1**) along with all the documents and check list (**Annexure-2**) should be submitted in one envelope super scribed as "**Application for empanelment of Multi-Specialty/Specialty in .....(Category).**" All the pages of application and annexure (each set) shall be serially numbered. Every page and annexure needs to be signed by authorized person. The signatory must mention as to whether he is the sole proprietor or authorized agent and appropriate legal document should be furnished in this regard.

**F. Norms and Parameters for empanelment of Dentistry Specialty Hospitals****1. The running intake capacity of the Hospital in terms of bed strength on 1<sup>st</sup> April of the Financial Year:**

The Hospital with running capacity of minimum 20 numbers of beds only shall qualify.

**2. Yearly Turn over:**

Jaipur (Capital City)	Rs. 75.00 lacs
Other District Head quarters and towns	Rs.50.00 lacs

**3. Availability of qualified Consultants:**

1. At least two dental Surgeons with MDS or equivalent qualification on permanent pay rolls of which at least one is oral maxillofacial surgeon.
2. Pediatric dentist (Optional)
3. Orthodontist (Optional)
4. Endodontist (Optional)
5. Prosthodontist (Optional)
6. Periodontist (Optional)
7. Anesthetist (on Call)
8. Physician (on Call)
9. Oral diagnosis & oral radiologist
10. Two dental hygienist
11. Five dental Mechanic
12. Five chair side assistant

**4. Infrastructure: Equipments**

1. 5-fully equipped Dental Chair (With air rotor, air motor, 3 way syringe, suction unit, halogen light electronically operated etc.)
2. O.T. Facility for oral maxillofacial surgery. One O.T. Table, One Dental Chair, general surgical instruments, plating kit, implant kit, orthognathic surgery kit etc.
3. Autoclave & other sterilization equipments
4. All dental instruments for extarctions, filling, RCTs, dentures etc.
5. X-ray facilities, Intraoral X-rays, OPG
6. Dental lab for prosthesis work
7. Periodontist (Optional)
8. Anesthetist (on Call)
9. Physician (on Call)
10. Oral diagnosis & oral radiologist
11. Two dental hygienist
12. Five dental Mechanic
13. Five chair side assistant

**5. Casualty Medical Services:**

The Private Hospital shall mandatory operate round the clock Casualty Medical Services manned by consultants of critical care. CMC should be equipped with availability of Oxygen, Defibrillator and ventilator and other life saving equipments.

**6. OPD:**

The Private Hospital shall have adequate space for OPD.

**7. Hospital Waste Disposal System:**

The Private Hospital shall mandatory follow norms for disposal of biomedical waste laid down in Government of India Biomedical Waste Disposal (Management & Handling) Rules 1995, 1998 and Environment (Protection) Act.

**8. Dietary Services:**

The Private Hospital shall have the facility of nutritional dietary Services for indoor patients.

**9. Adoption of Ethical and Professional Medical Conduct & Etiquette Regulations, 2002 of MCI:**

The Private Hospital shall mandatory undertake the responsibility of discharging Medical Services in full consonance of Professional Conduct and Ethics and implementation of all Acts and Regulations of Government of India viz. PNDT Act and National and State Health Programmes during the period of agreement. The Private Hospital shall also undertake responsibility for its employees (Doctors and Paramedical personnel) for not committing any act of Professional Negligence or Violation of Acts (Parliamentary and State legislation) or Professional Conduct and Ethics.

**10.** Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants. The Hospital shall not refuse to the incumbent employee of Rajasthan Government to provide any Medical / Surgical treatment available in the Hospital on the agreed terms and conditions.

**11. Reference for higher / specialised treatment:**

The Private Hospital shall, in case of non- availability of any treatment/ specialised treatment in the hospital, refer the patient to an attached Hospital of Government Medical Colleges, and not to any other Private Hospital/ Institution.

**12. Fire Safety and Security Services:**

The Hospital shall have the fire safety certificate from municipal body and shall have adequate security services.

**G. Documents required during submission of proposal for empanelment as Multi-Specialty/Specialty Hospital:**

1. Application Form dully filled and signed by authorized person of legal entity.
2. Application Form fee Rs. 1000/- in the form of Demand Draft or in cash drawn in favour of "**Principal, SMS Medical College, Jaipur**".
3. Ownership of the hospital:- Individual/Partnership/Company/ Society/Trust/Others with supporting documents such as in case of consortium, letter of association/ memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company, trust etc. In case of partnership, a copy of partnership agreement duly attested by competent authority.
4. Profit & Loss Account of the hospital certified by C.A., indicating the annual turnover for relevant financial year (not annualized) and it should not include income from sources like Pharmacy income, student fees, Rental income like cycle/Scooter Stand, Canteen income etc.
5. Copy of the agreement executed with authorized agency of Rajasthan Pollution Control Board for determining the number of beds.
6. List of Specialist consultants employed at the Hospital with their qualifications, experience and registration with medical council. The list should be annexed in terms of name of specialists, specialty, PG qualification, Experience and Reg. No. of RMC with date and TDS deduction certificates.
7. Certificate from CA certifying that TDS has been deducted in the relevant assessment year from qualified consultant/paramedical staff and other staff shown in the list by the Hospital.
8. An affidavit as per Annexure-4 that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.
9. The availability of Emergency Medical services/Vaccination facility/Central Sterile Supply Department/Security services should be determined with an affidavit.
10. An affidavit that applicant has followed norms prescribed by BARC for prevention of Radiation along with AERB registration of the machine.
11. Fire safety certificate from Municipal Body.
12. Agreement of the authorized agency of Rajasthan Pollution Control Board for Hospital waste disposal system.
13. Availability of dietary services should be supported by an affidavit.
14. List of equipments and other accessories as per application form.
15. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme
16. Affidavit for No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations

#### **H. Scrutiny of the proposals:**

The procedure for scrutiny of the proposals will be as under:

- Principal SMS Medical College, Jaipur will receive all the proposals as nodal officer.
- He should then forward the proposals along with documents to the committee of concern Medical Colleges constituted by the Principal Secretary, Medical Education Department within Seven days.
- The Committee of concerned medical college shall evaluate the proposals on second and fourth Monday of each month.
- In case the Second and Fourth Monday of month happens to be a holiday then the proposals would be evaluate on the next working day.
- The concerned committee of medical college shall examine the proposals to determine whether application form is complete and properly signed by authorized person, supported by valid documents as required as per EOI and are generally in order.
- There after the concerned committee of medical college shall make a report for recommendation/rejection purpose on the basis of documents submitted by the applicants showing the clear cut position of the proposals through Principal, SMS Medical College, Jaipur.
- Principal, SMS Medical College, Jaipur will then forward their recommendations along with all the documents within 15 days from the date of receiving application form to Principal Secretary, Medical Education Department.
- Recommendations should be submitted with the proposals and every proposal should contain the required documents in order.
- While forwarding the recommendations Principal, SMS Medical College, Jaipur should also give a summary of total proposals received in that particular period and also the total proposals considered for recommendation by concerned committee of medical college.
- After that, the Medical Education Department should submit their observations to Finance (Rules Division) Department along with the report of committee of Medical Colleges and documents within three days of receiving report from Principal, SMS Medical College, Jaipur.
- An early meeting of HBEC will be convened by Finance (Rule Division) Department for considering the proposals received for empanelment.

#### **I. Approval of the proposals received from Private Hospitals for empanelment as approved hospital**

- The HBEC will consider and recommend the proposals of private hospital for empanelment as approved hospital on the basis of recommendation given by Medical Education Department.
- After competent approval, Finance (Rules Division) Department will issue letter to Medical Education Department for compliance of decision taken in HBEC who in turn will take necessary action for MOA.

#### **J. Duration of the Agreement:**

The agreement shall be effected for 5 years initially and extendable up to 10 years (if the STATE GOVERNMENT so decides). The STATE GOVERNMENT is free to terminate the

agreement if deemed appropriate at any point of time without giving any notice to the Private Hospital.

**K. Memorandum of Agreement:**

The format for agreement will be as per **Annexure-3** for multi Specialty Hospital and Specialty Hospitals. This agreement on Non-Judicial Stamp of Rs. 1000/- are to be executed between Medical Education Department (Through Deputy Secretary, Medical Education Department) and authorized person of Hospital concerned. The approved hospital will submit three copies of MOA in this regard.

**L. Treatment of BPL patients and Above Poverty Line Poor patients:**

The "Hospital" shall mandatorily follow the procedure laid down by State Government for treatment of BPL/APL patient as per **Annexure-5**. The procedure for reference of BPL/APL patients has been issued by State Government and it is also available on the website of Medical Education Department.

**M. Inspection by the Committee:**

Representatives appointed by the Chairperson of the Health Benefits Empowered Committee of Government of Rajasthan or Divisional Commissioners / Collectors can inspect the hospital during MOA period to ascertain that the parameters of approval are being maintained properly by the Hospital.

**N. Penalty in case of violation of conditions of Agreement:**

If at any stage, during the period of agreement, the private hospital violates any of the conditions of the agreement, especially the prescribed standards, the Medical Education Department shall be competent to take action against the approved hospital.

**O. Single Point Responsibility:**

The Private Hospital shall be solely responsible for acts and performance of the Medical personnel, ethical and professional code of conduct for Medical services to provide to the employees of Rajasthan Government, administration, cleanliness, control of infections and full and true implementation of the Terms and Conditions of this Agreement.

**P. Dispute Resolution:**

If any dispute or difference arises between the parties relating to any matter arising from or touching upon this agreement, the same shall be referred to the Health Benefits Empowered Committee, Govt. of Rajasthan for resolution.

**R. Clause of Rates:**

The Hospital will display properly at the reception, Laboratory and Web site the rates of various Diagnostic tests, Operation Charges, Cost of Implants, Dialysis and Blood Bank Charges and Accommodation Charges along with the total discounts on bill amount offered to State Government employees.

**S.** Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.

**T.** Hospital shall mandatorily communicate in advance if there is any change in ownership of hospital because of sale-purchase. Empanelment of hospital shall not be deemed transferred without the consent of the State Government.

**Annexure – 1-Application for Multi-Specialty/Super Specialty Hospital**  
(The documents should be submitted as per guidelines for empanelment of Hospitals)

**GOVERNMENT OF RAJASTHAN**

**Application Form for the Approval of a Private Hospital in the Scheme of providing Medical Services to Government employees in Rajasthan.**

1. Name of Hospital with Address

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

2. City of Location:

3. Name of Proprietor of the Firm:

4. Telephone number

- a) Office
- b) Residence of Proprietor
- c) Mobile of contact person

5. Audited receipts of last financial year.

.....

6. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme.

7. Running capacity (Number of Beds)

8. List of the specialist consultants employed at the Hospital with their qualifications, experience and registration with Medical Council and TDS deduction certificates. The list should be annexed in terms of name of specialists, specialty, PG qualification, experience and Reg. No. of RMC with date and TDS deduction certificates.

9. Casualty Medical Services: (Yes / No)

.....

10. OPD facilities

11. Infrastructure: Equipments

- i. 5-fully equipped Dental Chair (With air rotor, air motor, 3 way syringe, suction unit, halogen light electronically operated etc.)
- ii. 5 beded Indoor facility
- iii. O.T. Facility for oral maxillofacial surgery.
- iv. One O.T. Table
- v. One Dental Chair
- vi. General surgical instruments, plating kit, implant kit, orthognathic surgery kit etc.
- vii. Autoclave & other sterilization equipments
- viii. All dental instruments for extractions, filling, RCTs, dentures etc.
- ix. X.-ray facilities, Intraoral X-rays, OPG
- x. Dental lab for prosthesis work



- 12. Vaccination facility: (Yes /No).....
- 13. Central Sterile Supply Department: (Yes/ No).....
- 14. Hospital Waste Disposal System: (Yes / No).....
- 15. Dietary Services: .....
- 16. Fire Safety and Security Services: .....
- 17. Affidavit of ‘No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations’.
- 18. An affidavit that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.
- 19. An affidavit that the "Hospital" will mandatorily follow the procedure laid down by State Government for treatment of BPL/APL patient as per **Annexure-5**

**Date of Application**

**Signature of  
Authorized Person**

## Annexure- 2

**Check List for submission of proposal for empanelment as Multi-Specialty/Specialty Hospital:**

S.No.	Documents Required	Submitted: Yes/No/ Not applicable as per guideline	Annexure No.	Remarks, if any
1	Application Form dully filled and signed by authorized person of the legal entity.			
2	Ownership of the hospital:-  Individual/Partnership/Company/Society/Trust/Others with supporting documents such as in case of consortium, letter of association/memorandum of understanding signed by all members. Legal authorization where application is made on behalf of company, trust etc. In case of partnership, a copy of partnership agreement duly attested by competent authority.			
3	Profit & Loss Account of the hospital certified by C.A., indicating the annual turnover for relevant financial year (not annualized) and it should not include Pharmacy income, student fees, Rental income like cycle/Scooter Stand, Canteen income etc.			
4	Copy of the agreement executed with authorized agency of Rajasthan Pollution Control Board for determining the number of beds.			
5	Details of Specialist consultants employed at the Hospital with their qualifications, experience and registration with medical council. The list should be annexed in terms of name of specialists, specialty, PG qualification, Experience and Reg. No. of RMC with date, and TDS certificates.			
6	Certificate from CA certifying that TDS has been deducted in the relevant assessment year from qualified consultant/paramedical staff and other staff shown in the list by the Hospital.			
7	The availability of Emergency Medical services/Vaccination facility/Central Sterile Supply Department/Security services should be determined with an affidavit.			
8	An affidavit that applicant has followed norms prescribed by BARC for prevention of Radiation			

	along with AERB registration of the machine.			
<b>9</b>	Fire safety certificate from Municipal Body.			
<b>10</b>	Agreement of the authorized agency of Rajasthan Pollution Control Board for Hospital waste disposal system.			
<b>11</b>	Availability of dietary services should be supported by an affidavit.			
<b>12</b>	List of equipments and other accessories as per application form.			
<b>13</b>	Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the scheme.			
<b>14</b>	Affidavit for No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations			
<b>15</b>	An affidavit as per Annexure-4 that hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.			
<b>16</b>	An affidavit that the "Hospital" will mandatorily follow the procedure laid down by State Government for treatment of BPL/APL patient as per <b>Annexure-5</b>			

**Annexure-3**

**Dentistry-specialty Hospital**

**M.O.A**

This M.O.A. is hereby executed this..... day of ....., between Government of Rajasthan acting through the Deputy Secretary, Medical Education Department, hereinafter called in this M.O.A., the “**State Government**” and referred to as “the First Party” (which expression shall include its successors and permitted assigns) as party of the one part

**And**

(Owner/Trust)..... having its registered office at ....., acting through the..... (Name of the Hospital & location in the State) hereinafter called in this M.O.A., the “Private Hospital” hereinafter and referred to as “the Second Party” (which expression shall, unless the context requires otherwise, includes its legal heirs, representatives, administrators, successors and permitted assigns) of the Other Part.

**WHEREAS**

- a. THE FIRST PARTY has decided to reimburse the expenses incurred on medical treatment {medicines, investigation and other charges at the rates stated in Rule 7 of Rajasthan Civil Services (Medical Attendance) Rules, 2013} to the employees of the State Government of Rajasthan (recruited prior to 1.1.2004) provided by qualified Medical personnel employed by and in the Hospital run by THE SECOND PARTY.
- b. AND THE SECOND PARTY is one of the bidders, who has submitted its technical qualifications and agreed with Terms and conditions of EOI, which becomes part of this M.O.A., as agreed upon by the PARTIES.

**THEREFORE**

THE PARTIES have agreed to sign this M.O.A. on the following terms and conditions of providing Medical / Surgical Health Care services by way of prescription of diagnostic investigations and medicines which are to be reimbursed to the employees of Rajasthan Government under the Medical Attendance Rules of Rajasthan.

**1. DURATION**

- (i) The M.O.A. will be effective for 5 years initially and extendable up to 10 years (if the FIRST PARTY so decides. The HBEC will recommend extension after looking at the service rendered. Complaints of employees will also be placed before the committee.).
- (ii) The FIRST PARTY is free to terminate the M.O.A. if deemed appropriate at any point of after giving one month notice to the SECOND PARTY.

**2. Intake Capacity**

- (i) The intake capacity (bed strength) of .....(Name of Hospital) is ..... and shall not be reduced.

**3. Availability of qualified Consultants:**

1. At least two dental Surgeons with MDS or equivalent qualification on permanent pay rolls of which at least one is oral maxillofacial surgeon.
2. Pediatric dentist (Optional)
3. Orthodontist (Optional)
4. Endodontist (Optional)
5. Prosthodontist (Optional)
6. Periodontist (Optional)
7. Anesthetist (on Call)
8. Physician (on Call)
9. Oral diagnosis & oral radiologist
10. Two dental hygienist
11. Five dental Mechanic
12. Five chair side assistant

#### **4. Infrastructure: Equipments**

1. 5-fully equipped Dental Chair (With air rotor, air motor, 3 way syringe, suction unit, halogen light electronically operated etc.)
2. O.T. Facility for oral maxillofacial surgery. One O.T. Table, One Dental Chair, general surgical instruments, plating kit, implant kit, orthognathic surgery kit etc.
3. Autoclave & other sterilization equipments
4. All dental instruments for extarctions, filling, RCTs, dentures etc.
5. X-ray facilities, Intraoral X-rays, OPG
6. Dental lab for prosthesis work
7. Periodontist (Optional)
8. Anesthetist (on Call)
9. Physician (on Call)
10. Oral diagnosis & oral radiologist
11. Two dental hygienist
12. Five dental Mechanic
13. Five chair side assistant

#### **5. Casualty Medical Services:**

The Private Hospital (Second Party) shall mandatory operate round the clock Casualty Medical Services manned by consultants of critical care. CMC should be equipped with availability of Oxygen, Defibrillator and ventilator and other life saving equipments.

#### **6. OPD**

The Private Hospital (Second Party) shall have adequate space for OPD

#### **7. Hospital Waste Disposal System:**

The Private Hospital (Second Party) shall mandatory follow norms for disposal of biomedical waste laid down in Government of India Biomedical Waste Disposal (Management & Handling) Rules 1995, 1998 and Environment (Protection) Act.

#### **8. Dietary Services:**

The Private Hospital (Second Party) shall have the facility of nutritional dietary Services for indoor patients.

#### **9. Adoption of Ethical and Professional Medical Conduct & Etiquette Regulations, 2002 of MCI:**

The Private Hospital (Second Party) shall mandatory undertake the responsibility of discharging Medical Services in full consonance of Professional Conduct and Ethics and implementation of all Acts and Regulations of Government of India viz. PNDT Act and National and State Health Programmes during the period of agreement. The Private Hospital shall also undertake responsibility for its employees (Doctors and Paramedical personnel) for not committing any act of Professional Negligence or Violation of Acts (Parliamentary and State legislation) or Professional Conduct and Ethics.

10. (i) The Private Hospital shall not refuse to the incumbent employees and pensioners of Rajasthan Government to provide any Medical / Surgical treatment available in the Hospital.
- (ii) The identification of Government employees and pensioners shall be done by the private hospitals on the basis of the following:
- (a) The DDO's certificate on plain paper.
  - (b) Any identification issue by competent authority in the State Government. This includes Medical Diary/ PPO in case of pensioner.
  - (c) Declaration by the employee/ pensioner himself at the time of admission, to be followed by (a) or (b) in reasonable time.

11. The Private Hospital (Second Party) shall not refuse to the incumbent employee of Rajasthan Government to provide any Medical / Surgical treatment available in the Hospital on the agreed terms and condition.

**12. Reference for higher / specialised treatment:**

The Private Hospital (Second Party) shall, in case of non- availability of any treatment/ specialised treatment in the hospital, refer the patient to an attached Hospital of Government Medical Colleges, and not to any other Private Hospital/ Institution.

**13. Fire Safety and Security Services:**

The Private Hospital (Second Party) shall have the fire safety certificate from municipal body and shall have adequate security services.

**14. Treatment of BPL patients and Above Poverty Line Poor patients:**

The Private Hospital (Second Party) will mandatorily treat 5 BPL patients per month free of cost on reference from the State Government and 5 APL poor patients per month on the rates given in circular dated 16-12-2009, 1-6-2010 and subsequent orders as per guidelines of State Government (Annexure- 5).

**15. Inspection by the Committee:**

Representatives appointed by the Chairperson of the Health Benefits Empowered Committee of Government of Rajasthan or Divisional Commissioners / Collectors can inspect the hospital during M.O.A. period to ascertain that the parameters of approval are being maintained properly by the Hospital.

**16. Penalty in case of violation of conditions of MOA:**

If at any stage, during the period of M.O.A., the private hospital violates any of the conditions of the M.O.A., especially the prescribed standards, the defaulting hospital will be removed from the scheme, after giving 30 days Notice. The Civil and Criminal Liability lies with the SECOND PARTY, if any case is instituted against them.

**17. Single Point Responsibility:**

The SECOND PARTY shall be solely responsible for acts and performance of the Medical personnel, ethical and professional code of conduct for Medical services to provide to the employees of Rajasthan Government, administration, cleanliness, control of infections and full and true implementation of the Terms and Conditions of this M.O.A.

**18. Dispute Resolution:**

If any dispute or difference arises between the parties relating to any matter arising from or touching upon this agreement, the same shall be referred to the Health Benefits Empowered Committee, Government of Rajasthan for resolution.

**19. Clause of Rates:**

The second party will display properly at the reception, Laboratory and Web site the rates of various Diagnostic tests, Operation Charges, Cost of Implants, Dialysis and Blood Bank Charges and Accommodation Charges along with the discounts offered to State Government employees.

**20.** Hospital shall be bound not to charge, from the State Government Employees and Pensioners, more than the rates as may be fixed by the State Government from time to time, for various treatments, investigations and implants.

**21.** Hospital shall mandatorily communicate in advance if there is any change in ownership of hospital because of sale-purchase. Empanelment of hospital shall not be deemed transferred without the consent of the State Government.

In witness thereof, the parties hereto have caused this MOA to be executed on the day and year first above written.

**For and on behalf of**

**For and on behalf of**

**First Party**

**Second Party**

Authorized Signatory

Authorized Signatory

**Witness:**

**Witness:**

**UNDERTAKING  
(TO BE SUBMITTED AS AFFIDAVIT)**

“ \_\_\_\_\_ (Name of Hospital)  
will be bound not to charge from the State Government employees and pensioners more  
than the rates as may be fixed by the State Government from time to time for approved  
private hospitals for various treatments, investigations and implants.”

The Undersigned \_\_\_\_\_ (Name) has been authorized by the Board  
of Directors/Management of \_\_\_\_\_ (Name of Hospital) to sign this  
consent letter on behalf of the management of the hospital.

Date:  
Place:

Signature of Authorised  
Signatory with Seal



**Consent Letter**

(To be submitted on Letterhead of the Hospital on affidavit)

The \_\_\_\_\_(Name of Hospital) gives consent that the hospital will treat 5 BPL patients per month free of cost , as per the provisions of Mukyamantri BPL Jeevan Raksha Kosh, and 5 APL per month (i.e. patient having income of less than 40000/ per year)-poor patients on the rates as may be fixed by the State Government from time to time for approved private hospitals for various treatments, investigations and implants.” The cases referred by State Government/ Government Medical Colleges/ Government Hospital of BPL/APL will be accepted by the hospital as per procedure.

The Undersigned \_\_\_\_\_(Name) has been authorized by the Board of Directors/Management of \_\_\_\_\_(Name of Hospital) to sign this consent letter on behalf of the management of the hospital.

**Date:**

**Signature of the authorized person**