



न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड

(भारत सरकार का उद्यम)

गोरखपुर हरियाणा अणु विद्युत परियोजना

गाँव व डाक: गोरखपुर, तहसील-भूना, जिला-फतेहाबाद, हरियाणा-125047

निगम पहचान सं. U40104MH1987GOI149458

फ़ोन नं. 01667-278049



वैश्व कुरुवकम्

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एन.पी.सी.आई.एल. / गोरखपुर हरियाणा अणु विद्युत परियोजना / मानव संसाधन /2023/EOI-02 अभिरुचि की अभिव्यक्ति का आमंत्रण

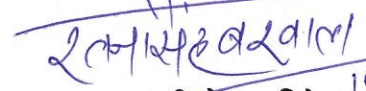
न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड की ओर से गोरखपुर हरियाणा अणु विद्युत परियोजना के कर्मचारियों एवं उनके आश्रितों (सी.एच.एस.एस. लाभार्थियों) को चिकित्सा सुविधाएँ प्रदान करने हेतु अग्रोहा, हिसार एवं चंडीगढ़ में संचालित हो रहे Hospitals/ Nursing Homes/ Laboratories एवं Diagnostic Centres से आवेदन आमंत्रित किये जाते हैं।

इच्छुक Hospitals/ Nursing Homes/ Laboratories एवं Diagnostic Centres जो कि अग्रोहा, हिसार एवं चंडीगढ़ में संचालित हो रहे हैं वे आवेदन फॉर्म गोरखपुर हरियाणा अणु विद्युत परियोजना की हिसार स्थित डिस्पेंसरी, पता:- टाइप-5, मकान संख्या-57, अर्बन स्टेट-II, सूर्यनगर रेलवे क्रासिंग के पास हिसार, हरियाणा-125005 से अथवा कारपोरेशन की वेबसाइट www.npcil.nic.in से डाउनलोड/प्राप्त कर सकते हैं।

आवेदन दस्तावेज कार्यालयीन समय (09:30 से 17:30 तक) के दौरान दिनांक 18.10.2023 से 25.10.2023 तक डाउनलोड/प्राप्त कर सकते हैं तथा पूर्ण रूप से भरे हुए आवेदन फॉर्म बंद लिफाफे में दिनांक 31.10.2023 को 14:00 बजे तक वरिष्ठ प्रबंधक (मानव संसाधन), गोरखपुर हरियाणा अणु विद्युत परियोजना, गाँव व डाक: गोरखपुर, तहसील-भूना, जिला-फतेहाबाद, हरियाणा-125047 के कार्यालय में डाक या व्यक्तिगत रूप से जमा किये जा सकते हैं तत्पश्चात आवेदन फॉर्म स्वीकार नहीं किये जायेंगे।

बंद लिफाफे के ऊपर उपर्युक्त ई.ओ.आई. संख्या तथा उपरोक्त सम्बंधित अधिकारी के कार्यालय का पता स्पष्ट रूप से अंकित होना चाहिए।


13.10.23


परियोजना निदेशक
गोरखपुर हरियाणा अणु विद्युत परियोजना
13.10.2023

APPLICATION FORMAT

FOR EMPANELMENT OF HOSPITALS (MULTI-SPECIALITY/SPECIALITY/SUPER SPECIALITY)/ DIAGNOSTIC CENTRES/DENTAL CLINICS/PATHOLOGICAL LABS.

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

2. **Name of the hospital**

3. **Address**

4. **Tel/fax/e-mail**

Telephone																				
Fax																				
e-mail/website address																				

5. **Empanelment Applied for:** (Please tick the appropriate box).

a)	Multispeciality (General Purpose) ^{1*}	
b)	Super Speciality (One or more Speciality)	
c)	Dental Clinic	
d)	Super Speciality Eye Care	
e)	Diagnostic Centre	

Note : ^{1*} Multispeciality (General Purpose) - shall include General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics,

Orthopaedics, ICU and Critical Care Units (ENT, Ophthalmology, Dental specialities desirable) and facilities for Radiology and in house laboratory and Blood Bank. These hospitals will not be considered for ONE Speciality/or selected specialities only. However, they can be considered for additional Specialities in addition to General Purpose treatment.

a) Multispecialty (General Purpose):

Should have minimum three specialities.

b) Super Speciality – Specify speciality: (Please tick the appropriate box).

Cardiology, Cardiovascular and Cardiothoracic surgery	
Neurology and Neurosurgery	
Urology – including Dialysis and Lithotripsy (Renal Transplant, if available)	
Orthopaedic Surgery – including arthroscopic surgery and Joint Replacement	
Gastroenterology and GI-Surgery (Liver Transplant, if available)	
Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)	
Paediatrics and Paediatrics surgery	
Endoscopic surgery	
E.N.T. including Specialised surgeries	
Any other (specify the name of the Speciality)	

Note: Facilities for Relevant Diagnostic procedures/investigations should be available.

c) Dental Clinic – specify service: (Please tick the appropriate box).

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

d) Super Speciality Eye Care – specify service: (Please tick the appropriate box).

Cataract/Glaucoma	
Retinal – Medical – Vitro retinal surgery	
Strabismus	
Oculoplasty & Adnexa & other specialized treatment	

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

S.N.	Authority	Yes	No
a)	Under CGHS/CS(MA)/CHSS of DAE, CHSS of DoS, GOI/any CPSU.		
b)	Under State Health Authority/Local Body		
c)	Under any Medical Health Insurance Organisation (If yes, specify)		
d)	Trust Hospital		

7. Whether CGHS rates acceptable

Yes		No	
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8. Whether NABH/NABL Accredited

Yes		No	
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8. Number of Bed

Total no. of beds	ICU beds	speciality wise beds	super-speciality wise beds

9. Hospitals/Laboratories having NABH/NABL certificate shall attach the copy of the same with the signature of Hospital Authority.

10. Any other relevant information.

11. Rate list for various treatment/investigation to be enclosed.

Signature of the Authorised Applicant

CHECKLIST FOR CATEGORY.II HOSPITALS

SECTION-A: (FOR MULTI SPECIALITY HOSPITALS)

CRITERIA FOR MULTI SPECIALITY HOSPITALS:

1. The hospital should have minimum 30 beds for Multi Speciality Hospitals and minimum 20 beds for Super Speciality Hospitals.
2. The hospital should have adequate doctors, nursing and para medical staff to meet the requirement of services and workload of the hospital.
3. It should be able to provide emergency services.
4. The bed occupancy rate should be 50% in last one year.
5. It should have standby power supply.
6. It should have pathology laboratory/X-Ray facilities.
7. It should have operation theatre with OT Table, shadowless light, autoclave facilities, Boyle's apparatus/Anesthesia machine/Pulse Oxymeter and ECG monitor.
8. It should have blood bank support.
9. It should have pharmacy/drugs store.
10. It should have ambulance facility.
11. It should have waste disposal system as per prescribed rules.

SECTION-B: (CARDIOLOGY HOSPITALS)

CRITERIA FOR CARDIOLOGY HOSPITALS:

1. The hospital should have full time qualified Cardiologists.
2. It should have qualified cardio-thoracic surgeon back up.
3. It should have separate Cardiac ICU.
4. It should have Cath. Lab. Facility.
5. It should be performing minimum 200 angiography per year.
6. It should be performing minimum 100 angioplasties per year.

SECTION-C: (HAEMODIALYSIS)

CRITERIA FOR DIALYSIS:

1. The hospital should have a good dialysis unit placed in neat, clean and hygienic room.
2. It should have at least two good haemodialysis machines with facility of giving bicarbonate hamodialysis.
3. It should have water-purifying unit equipped with reverse osmosis.
4. Unit should be regularly fumigated and they should perform regular antiseptic precautions.
5. It should have facility for providing dialysis in Seropositive cases.
6. It should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis.
7. It should conduct atleast 50 dialysis per month and each session of haemodialysis should be atleast 4 hours.
8. Facility should be available 24 hours a day.

SECTION-D: (ORTHOPAEDIC CENTRE)

CRITERIA FOR ORTHOPAEDIC CENTRE:

1. The hospital should have qualified Orthopaedic Surgeon.
2. It should have aseptic operation theatre.
3. It should have imaging facility.
4. It should be able to give emergency services.
5. It should have a Physiotherapy support.

SECTION-E: (NEUROLOGY CENTRE)

CRITERIA FOR NEUROLOGY CENTRE :

1. The hospital should have qualified Neurologist/Neuro Surgeon.
2. It should have EEG and imaging facility support.
3. It should have physiotherapy support.

SECTION-F: (E.N.T. CLINIC/HOSPITAL)

CRITERIA FOR E.N.T. CLINIC/HOSPITAL:

1. The hospital should have qualified E.N.T. Surgeon.
2. It should have audiometry) facility.
3. It should have facility for Endoscopy and require instrumentation facility.

SECTION-G : (ONCOLOGY)

CRITERIA FOR ONCOLOGY :

1. The hospital should have qualified Oncologists.
2. It should have aseptic operation theatre for Oncological Surgery.
3. It should have facilities for Chemotherapy.
4. It should have facilities for Radiotherapy and adequate manpower as per guidelines of AERB.

SECTION-H: (ENDOSCOPIC/LAPROSCOPIC SURGERY HOSPITAL)

CRITERIA FOR ENDOSCOPIC/LAPROSCOPIC SURGERY HOSPITAL :

1. The hospital should have adequate facilities for casualty/emergency ward, full-fledged ICU, proper wards, qualified nurses and paramedical staff and Resident doctors/specialists.
2. The surgeon should be Post Graduate with experience in the concerned field.
3. He/she should be able to carry out the surgery with its variations and able to handle its complications.
4. The hospital should have facilities to carry out laproscopic surgeries.
5. The hospital should have atleast one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery.

SECTION-I: (DENTAL HOSPITALS)

CRITERIA FOR DENTAL HOSPITALS:

1. The hospital should have qualified Dental Surgeon.
2. It should have facility for Dental X-ray.
3. It should have adequate nursing staff.
4. It should be able to provide emergency services.
5. It should have working Dental Chair, Electrically operated, hygienic/aseptic piping unit fitted with Halogen Light and other facilities like Air Rotor, Air Motor/Micro Motor, Oil free medical grade compressor, Ultrasonic Scaler, Light Cure Machine, Built in high suction apparatus etc.

SECTION-J: (EYE CARE HOSPITALS)

CRITERIA FOR EYE CARE HOSPITALS:

1. The hospital should have qualified Ophthalmic Surgeon with experience in PHACOEMULSIFICATION surgery.
2. It should have perform minimum 500 IOL implants in one year.
3. It should have Phacoemulsifier Unit.
4. It should have YAG laser for capsulotomy.
5. It should provide IOL of national/international standard.
6. It should have back up facilities of Vitro-retinal Surgeon.
7. It should have adequate OT facilities.
8. It should have adequate nursing staff.
9. It should have facilities for Glaucoma cases management.

CHECKLIST FOR CATEGORY.III HOSPITALS

**NURSING HOMES PROVIDING SINGLE OR MULTI SPECIALITY
SERVICES**

1. The hospital should have full time/round-the-clock qualified doctors, nursing and para medical staff.
2. It should have minimum 20 beds.
3. It should be able to provide emergency services.
4. It should have pathology laboratory facilities.
5. It should have power back up.
6. It should have OPD facilities with adequate sitting arrangements.

CHECKLIST FOR DIAGNOSTIC CENTRES

SECTION-A: (RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE)

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE :

1. The centre should have standard quality X-ray machine/MRI machine.
2. It should have adequate space & patient waiting area.
3. It should have qualified Radiologist.
4. It should have technicians – full time, holding degree/diploma (2 years) from recognized institutions.
5. It should be equipment for resuscitation of patient
6. It should have facilities for computer printer reports.
7. It should have backup of Generator, UPS, Emergency light.
8. There should be Automatic Film Processor Unit.
9. They should be performing minimum 30-50 MRI per month.

SECTION-B: (CT SCAN CENTRE)

CRITERIA FOR CT SCAN CENTRE:

1. The centre should have whole body CT Scan.
2. It should be housed in building as per AERB guidelines.
3. There should be sufficient work space.
4. There should be waiting area which should be separate from the radiation area.
5. There should be provision for changing room.
6. There should be provision of Radiation protective devices like Screen, Lead Apron, Thyroid & Gonads protective shield.
7. There should be equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
8. There should be provision for sterilized instrument, disposable syringes & needles, catheter etc.
9. There should be provision for washed clean linens.
10. There should be qualified Radiologist – having post graduate degree.
11. There should be qualified Radiographer – holding diploma (2 years)/degree in Radiography from recognized institution,
12. There should be nursing staff/female attendant for lady patient.
13. There should be provision for radiation monitoring of all technical staff & doctor through DRP/BARC.
14. There should be coverage by Anesthetist during procedures involving contrast media.

15. There should be disposal of waste.
16. There should be backup of Generator, UPS, emergency light.
17. Centre should be easily approachable.
18. Workload – 50 per month.
19. Installation should be approved by AERB.

SECTION-C: (MAMMOGRAPHY CENTRE)

CRITERIA FOR MAMMOGRAPHY CENTRE:

1. The centre should have standard quality mammography machine with low radiations and biopsy attachment.
2. It should have automatic/manual film processor.
3. It should have provision for hard copy & computer print out reports.
4. It should have adequate working space.
5. There should be provision for changing room, privacy for patients.
6. There should be female Radiographer/attendant.
7. There should be backup of Generator, UPS, Emergency light.
8. Centre should be easily approachable.
9. Workload minimum 25 per month.

SECTION-D: (USG/COLOUR DOPPLER CENTRE)

CRITERIA FOR USG/COLOUR DOPPLER CENTRE:

1. Centre should be registered under the PNDT Act and its status of implementation.
2. Machine should be permanently housed in the Diagnostic Centre. 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 and should also have provision/facilities of Trans Vaginal/Trans Rectal Probes.
3. It should have minimum three probes.
4. There should be facilities for print out of hard copies of the images and reports.
5. The centre should have qualified Radiologist.
6. There should have full time Nurse/Female attendant for female patients.
7. The size of the room should be adequate with proper ventilation.
8. There should be emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
9. There should be anesthetics coverage during such procedures.
10. Availability of clean linens & disposable consumable & sterilized instruments.
11. There should be backup of Generator, UPS, emergency light.
12. Centre should be easily approachable.
13. Workload 250 per month.

SECTION-E: (BONE DENSITOMETRY CENTRE)

CRITERIA FOR BONE DENSITOMETRY CENTRE :

1. The centre should have bone densitometry equipment (ultrasound/x-ray based) with colour printer.
2. There should be separate waiting room.
3. There should be qualified Radiologist.
4. There should be qualified Radiographer from recognized institution.
5. The centre should be radiation safety measures.
6. There should be backup of Generator, UPS, Emergency light.
7. Workload 50 per month.
8. Quotation should be separately given for DEXA Scan/Ultrasound.
9. Desirable : Capable of performing 1-3 sites and whole body.

No.....

AGREEMENT

BETWEEN

NPCIL (NAME OF THE UNIT)

AND

.....,

This Agreement is made and executed on this _____ day of _____, 20__
by and between NPCIL (Name of the Unit)..... having its office at
.....of the First Party AND

..... (*Name of the Hospital / Nursing Home/
Diagnostic Centre / Dental Clinic/ Pathological Lab. / Consultant / Visiting
Consultant with Address*) of the Second Party.

WHEREAS, the Contributory Health Services Scheme is providing
comprehensive medical care facilities to all CHSS beneficiaries of NPCIL and
other Units of DAE referred to as 'beneficiary'.

AND WHEREAS, NPCIL Empanelment of Referral Hospitals Scheme proposes
to provide treatment facilities and diagnostic facilities to the Beneficiaries in the
Hospitals / Nursing Homes/ Diagnostic Centres / Dental Clinics/ Pathological
Labs. /Consultants / Visiting Consultants all over India. AND WHEREAS, (*Name
of the Hospital/ Nursing Home/ Diagnostic Centre / Dental Clinic/ Pathological
Lab. /Consultant / Visiting Consultant*) agreed to give the following treatment /
diagnostic facilities to the Beneficiaries in the Hospitals / Nursing Homes/

Diagnostic Centres / Dental Clinics/ Pathological Labs/ Consultants / Visiting Consultants owned by the Second Party.

.....

.....

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

1.0 GENERAL CONDITIONS

- 1.1 The Second Party shall extend credit facility to the First Party for providing the services under the Scheme to the beneficiaries.
- 1.2 Both outpatient and inpatient treatment and any other procedures under the approved package rates shall be extended on credit basis to all the CHSS beneficiaries and no separate registration fees, file charges etc. will be charged. Cost of all required medicines, investigations, blood & blood components (service charges excluding blood donor charges etc.) will be incorporated in the final bill to be submitted by the referral Hospital / Nursing Home/ Diagnostic Centre / Dental Clinics/ Pathological Lab. /Consultant / Visiting Consultant. The schedule of the rates is indicated in **Annexure A.**
- 1.3 The charges for the treatment of all the categories of procedures under the Packages is to be charged according to the package rates wherever approved. The cost of the items like stent, valves, pace makers, implants, prosthesis etc. which is not included in the packages shall be used, if

required, only with prior concurrence of the Medical Superintendent/MOIC and charged accordingly.

1.4 All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure are the part of package. For any material / additional procedure / investigation other than the requirement for which the patient was initially permitted, would require the permission of the Medical Superintendent/MOIC.

1.5 The package rate, if any, under the treatment requirement will be calculated as per the rate specified in Annexure-A. No additional charge on account of extended period of stay shall be allowed if that extension is due to any infection as a consequence of surgical procedure or due to any improper procedure and is not justified.

1.6 The non-medical items not the part of package as detailed below, if issued to the patient should not be billed to NPCIL :

- a) Toilet / Tissue rolls/papers
- b) Face tissue
- c) Air freshner
- d) Eau-de-cologne
- e) Diapers
- f) Food served to patients relatives/attendants, if any.
- g) Toiletry items like tooth paste, tooth brush, mouth wash, soap including oil (olive/Olio), cream, Vaseline body lotion, sanitary items, etc.

- h) Telephone charges
- i) Drinking Glass
- j) Digital / Ordinary Thermometers
- k) Insulin Syringe/needle for outpatient
- l) Medical certificate charges, Admission Card/Registration charges.
- m) Barber charges/ Razor charges / Hair remover lotion
- n) Treatment purely on aesthetic reason
- o) Private Nurse/Attendant charges
- p) Mineral Water / Packaged Drinking water
- q) Medicine Box
- r) Any supplementary protein foods given to the patient
- s) Patient relative holding room charge
- t) All non-allopathic drugs and medicines.

1.7 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for beneficiary of First Party under this Agreement shall remain firm and not be increased during the validity period of this Agreement. However, the revised CGHS/CSMA/CHSS rates will be made effective on specific request of the Hospital/Nursing Home/ Laboratory/ Diagnostic Centre/ Dental Clinics/ Consultant/ Visiting Consultant from date of revision of notification by the respective authority and amendment can be issued accordingly.

1.8 The Second Party shall provide services only for which it has been empanelled by NPCIL Units at the rate fixed / agreed between the Parties and shall be binding. Due to any reason, if any other services are required to be provided by the hospital, the same shall be provided only with the approval of Medical

Superintendent/MOIC and the charges will be as per the charge fixed by NPCIL Units for the same treatment in the nearby locality.

- 1.9 The Hospital will admit the patients on the basis of the Authority letter issued by the Medical Superintendent/MOIC in the prescribed format.
- 1.10 The Second Party shall furnish reports on monthly basis by 10th day of the succeeding calendar month in the prescribed format to the First Party in respect of the beneficiaries treated / investigated.
- 1.11 The Second Party shall submit soft copy of medical records of beneficiaries along with the bills wherever computerized hospital management system exists to the First Party.
- 1.12 The Second Party agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the Second Party, which alone shall be responsible for the defect and / or deficiencies in rendering such services.
- 1.13 It is hereby agreed that during the In-patient treatment of the Beneficiaries, the Second Party will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate, as agreed by the Parties, which includes the cost of all the items. In case of any such complaint, the same shall be considered as a breach and appropriate action, including removing from the empanelment and / or termination of this Agreement, may be initiated against the Second Party on the basis of

any investigation or enquiry, as deemed fit, carried out by teams / appointed by the First Party.

- 1.14 The Second Party shall immediately communicate to Medical Superintendent/MOIC about any change in the infrastructure / strength of staff. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of the First Party. The new establishment of the Second Party shall attract a fresh inspection and empanelment will be continued subject to satisfaction of the inspection by the Hospital Empanelment Committee.
- 1.15 The Second Party will submit an annual report regarding number of referrals received, admitted, bills submitted to the First Party and payment received, details of monthly report submitted to the Medical Superintendent/MOIC.
- 1.16 In case of any natural disaster / epidemic, the Second Party shall fully cooperate with the authorities of the First Party and will convey / reveal all the required information, apart from providing treatment.
- 1.17 The Second Party will not make any commercial publicity projecting the name of the First Party. However, the fact of empanelment under NPCIL Empanelment of Referral Hospitals Scheme may be displayed at the premises of the empanelled center.
- 1.18 The Second Party will investigate / treat the beneficiary of the First Party only for the condition for which they are referred. In case of unforeseen

emergencies of these patients during admission for approved purpose / procedure, 'provisions of emergency' shall be applicable.

- 1.19 The Second Party will not refer the patient to other specialist / other hospital without prior permission of authorities of the First Party. Prior intimation shall be given to concerned Medical Superintendent/MOIC whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS /NURSING HOMES/DIAGNOSTIC CENTRES /DENTAL CLINICS PATHOLOGICAL LABS.

It shall be the duty and responsibility of the Second Party at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws”.

3.0 HOSPITALS / NURSING HOMES/DIAGNOSTIC CENTRES / DENTAL CLINICS/PATHOLOGICAL LABS. INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Second Party is responsible for and obliged to conduct all contractual obligations in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Second Party is responsible for

managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

4.0 TREATMENT IN EMERGENCY

- 4.1 Notwithstanding anything contained in this agreement, in case of emergency, the Second Party shall not refuse admission or demand advance from the CHSS beneficiary, but should provide the treatment as in the usual course for the concerned patient as per the approved rates including package rates, if any. The Second Party is required to inform the Medical superintendent/MOIC by FAX and obtain Referral Form from him/her within 24 hours. If any patient is taken up in emergency, charges applicable will be as per the approved rates including Package Rate only wherever applicable and no emergency charges or any additional charge on account of the emergency will be payable.

5.0 TERMINATION

- 5.1 This agreement can be terminated by either of the party by giving 30 days notice in writing to the other party.
- 5.2 However, the First Party may, without prejudice to any other remedy for breach of Agreement, by written notice to the Second Party may terminate the Agreement in whole or part:
- a. If the Second Party fails to perform any of its obligation(s) under the Agreement.

- b. If the Second Party in the judgment of the First Party has indulged in corrupt or fraudulent practices in competing for or in executing the Agreement.
 - c. In case of any violation of the provisions of the Agreement by the Second Party such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries and direct charging from the Beneficiaries of the First Party, deficient or defective service, over billing and negligence in treatment.
- 5.3 If the Second Party is found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended without any notice by the First Party and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

6.0 INDEMNITY

The Second Party shall at all times, indemnify and keep indemnified the First Party against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Second Party in execution of or in connection with the services under this Agreement will not hold the First Party responsible or obligated.

7.0 PAYMENT

The payment will be made to the Second Party within a period of 60 days from the date of submission of the bill accompanied with all necessary and supporting documents.

8.0 DURATION

The Agreement shall remain in force for a period of three (03) years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for further period with mutual consent of the Parties.

9.0 ARBITRATION

- 9.1 Any dispute/difference arising out of this Agreement shall be mutually resolved with the consent of both the parties. However, in case, the disputes/difference could not be resolved through mutual discussion, in that case the same shall be referred for resolution by the sole arbitrator to be appointed by CMD, NPCIL. The arbitration shall be governed by the Arbitration and Conciliation Act, 1996 as amended from time to time.

10.0 MISCELLANEOUS

- 10.1 Nothing under this Agreement shall be construed as establishing or creating any right or any relationship of Master and Servant or Principal and Agent between the First Party and the Second Party.

- 10.2 The Second Party shall notify the First Party of any change as to the status, change of name etc. as the case may be, if such change would have an impact on the performance of obligation of the Second Party under this Agreement.
- 10.3 This Agreement can be modified or altered only on written agreement signed by both the parties.
- 10.4 If the Second Party is wound up or dissolved or become insolvent, the First Party shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Second Party or their heirs, successors, assigns and legal representatives from the liability in respect of the services provided by the Second Party under the Agreement.
- 10.5 The Second Party shall not assign, in whole or in part, its obligations to perform under the agreement, except with the prior written consent of the First Party at its sole discretions and on such terms and conditions as deemed fit by the First Party. However, any such assignment shall not relieve the Second Party from its liability or obligation under this agreement.

11.0 NOTICES

- 11.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by Speed Post or by facsimile and confirmed by original copy by post to the other Party's address as below.

Medical Superintendent/MOIC.

Hospital / Nursing Home/ Diagnostic Centre / Pathological Lab/ Dental Clinic /
Consultant/ Visiting Consultant with address:

(.....)

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed
and executed on the day, month and the year first above mentioned.

Signed by

Authorized Representative of NPCIL Unit with Seal

(First Party)

In the Presence of

(Witnesses)

1.

2.

Signed by

For and on behalf of (Hospitals /Nursing Homes/ Diagnostic Centres / Dental
Clinics/ Pathological Labs./Consultants/Visiting Consultants)

Duly authorized vide Resolution No. dated

of (name of Hospitals / Nursing Homes/Diagnostic Centres / Dental Clinics/
Pathological Labs.)

(Second Party)



In the presence of
(Witnesses)

1.

2.

NOTE : The agreement format is common for Hospitals / Nursing Homes/
Diagnostic Centres / Pathological Labs/ Dental Clinics/ Consultants/Visiting
Consultants. [Strick off which is not applicable].