CENTRAL UNIVERSITY OF KARNATAKA
(Established by an Act of the Parliament in 2009)

Administrative Building, Aland Road,
Dist Kalaburagi – 585 367
Phone (08477) – 226714 Telefax : 226702
Website: www.cuk.ac.in
E: registrar@cuk.ac.in

No.CUK/Admin-III/F-982/2023-24/ 653 26 Sept 2023

अधिसूचना / NOTIFICATION

GUIDELINES FOR CONTINUOUS EMPANELMENT SCHEME FOR EMPANELMENT OF PRIVATE HOSPITALS, DIAGNOSTIC LABORATORIES, EXCLUSIVE EYE CENTRES AND DENTAL CLINICS WITH CUK AS PER CGHS RATES.

Dear Healthcare Providers,

We are pleased to announce the opportunity for hospitals and diagnostic centres to be empanelled with Central University of Karnataka (CUK) in Gulbarga and other CGHS and non-CGHS cities. As part of this empanelment process, we invite interested private hospitals, diagnostic laboratories, exclusive eye centres, and dental clinics to apply for empanelment, including those already empanelled with CGHS, to submit their applications for consideration. It is a continuous empanelment process to enhance healthcare access for beneficiaries..

Minimum Criteria for Empanelment of hospitals and diagnostics centres not empanelled with CGHS:

To ensure the quality of healthcare services provided to our beneficiaries, we have established the following minimum criteria for empanelment:

a) Hospital Infrastructure:
Hospitals must have a minimum of 10 inpatient beds with adequate spacing and supporting staff, as per the specified norms. Exemptions may be considered for dental and day-care procedure hospitals (e.g., Eye, ENT, Standalone Dialysis Centers). General ward facilities should adhere to specified norms for space per bed and amenities. Both non-AC and AC rooms are acceptable, with fan/cooler and heater for non-AC rooms.

b) Qualified Medical and Nursing Staff:
Hospitals should have qualified medical and nursing staff available round the clock. Necessary certificates of medical and nursing staff should be produced during empanelment.

c) Medical and Surgical Services:
Hospitals must offer medical and surgical services that match their scope of available specialties and bed capacity. Surgical services require round-the-clock availability of a Surgeon and Anaesthetist. Maternity services require round-the-clock availability of an Obstetrician, Paediatrician, and Anaesthetist.

d) Support Systems:
Adequate support systems like pharmacy, blood bank, laboratory, dialysis unit, endoscopy investigation support, post-op ICU care with ventilator support, X-ray facility, etc., must be available either in-house or through appropriate outsourcing agreements.

e) Ward Facilities:
Hospitals should have separate male and female wards with basic amenities, including toilets.

f) Emergency Services:
Hospitals should offer 24-hour emergency services managed by qualified staff. Casualty units must be well-equipped with essential emergency equipment and medicines. Round-the-clock ambulance services (own or tie-up) are mandatory.

g) Operation Theatre and ICU:
Hospitals offering surgical procedures should have fully equipped operation theaters and post-op wards with ventilator facilities.

h) Intensive Care Unit (ICU/HDU):
ICUs should be equipped with the necessary medical devices, monitoring equipment, manpower, and emergency support. High Dependency Units (HDU) should meet specified equipment and manpower requirements.

i) Records and Compliance:
Maintain comprehensive records and adhere to automated systems complying with MoHFW/NHA EHR guidelines. Share data with designated authorities and provide patient-level cost data when needed.

j) Legal and Regulatory Compliance:
Adhere to legal requirements set by local/state health authorities. Adherence to Standard Treatment Guidelines/Clinical Pathways as mandated by NHA.

k) Administrative Requirements:
Registration with the Income Tax department. NEFT-enabled bank account. Telephone, fax, and internet facilities. Uninterrupted electricity supply and backup generator facilities. Waste management support services in compliance with bio-medical waste management act. Appropriate fire-safety measures. IT hardware requirements as mandated by NHA.

We invite hospitals and diagnostic centers meeting these criteria to express their interest by submitting a letter of willingness to sign an MoU with CUK. Your commitment to providing quality healthcare services aligns with our mission to ensure the well-being of our beneficiaries.

Errors and omissions are subject to corrections and legal dispute if any will be subject to Kalaburagi Jurisdiction only.

For further details and application submission, please contact [Dr. Jyothi S Tegnoor Mob 9900402444].

कुलसचिव / REGISTRAR
कर्नाटक केंद्रीय विश्वविद्यालय
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TERMS AND CONDITIONS FOR DIAGNOSTIC LABORATORIES / IMAGING CENTRES

PART II
(Diagnostic Laboratories & Imaging Centres)

CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

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

a. NABL / NABH accredited Diagnostic Laboratories/ Imaging Centres

b. Non- NABL / Non- NABH accredited Diagnostic Laboratories/ Imaging Centres

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The Non-NABL/ Non-NABH diagnostic laboratories/Imaging Centres may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance bank guarantee and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from QCI/NABL/NABH as the case may be, preferably within a period of six months but not later than one year of its empanelment, the diagnostic laboratory/ imaging centre shall forego 50% of the PBG and its name would be removed from the panel of ~~CGHS~~ CUK. Similarly, already empanelled Non-NABL/Non-NABH diagnostic labs/ imaging centre may also be permitted to continue provisionally and their empanelment shall be confirmed only after recommendation by QCI/NABL/NABH as the case may be which must preferably be obtained within a period of 6 months but not later than one year from the date of issue of notification for empanelment.

ELIGIBILITY CRITERIA FOR DIAGNOSTIC LABORATORIES/ IMAGING CENTRES

1. The diagnostic laboratory/imaging centres must fulfil the Criteria as specified above and must attach the copies of the required documents.
2. The Diagnostic laboratory/imaging centre must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only- summary sheet-) is to be attached.
3. Copy of NABL / NABH Accreditation in case of NABL / NABH Accredited Diagnostic Laboratory/ imaging centre.
4. Copy of NABL/NABH/ QCI application in case of Non-NABH/Non-NABL accredited laboratories/imaging centres.
5. List of investigation facilities available with diagnostic lab/imaging centre is to be attached.
6. A Demand Draft / NEFT / RTGS for Rs.1000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) as Application document fee (non-refundable) drawn in the name 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.
7. A Demand Draft / NEFT / RGTS for Rs. 10,000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) ad E.M.D. drawn in the name of 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.
8. Diagnostic lab / Imaging Centre must have been registered with State Government / Local bodies, wherever applicable.

9. Compliance with statutory requirements including that of Waste Management.
10. Documents to establish that fire safety mechanism is in place.
11. Registration under PNDT Act, if Ultrasonography facility is available.
12. AERB approval for imaging facilities, wherever applicable.
13. Certificate of Undertaking as per the format annexed.
14. **Diagnostic lab / Imaging Centre must submit the rates for all investigations services available with it and as charged by it from other patients.**
15. Diagnostic lab / Imaging Center must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement **(Draft at Annexure V)** which should be read as part of this application document.
16. Diagnostic lab / Imaging Center must certify that they shall charge CUK beneficiaries as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their patients who are not CUK beneficiaries
17. Diagnostic lab / Imaging Center 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.
18. The Diagnostic lab / Imaging center must fulfil the above criteria, wherever applicable and annex copies of relevant documents.
19. Minimum annual turnover of diagnostic lab / imaging centre must be 10 lacs for Metro cities and Rs. 3 lacs for Non-Metro cities. A certificate to this effect from the Chartered Accountant is to be given by the applicant diagnostic lab/ imaging centre.
20. In addition, the imaging centres shall meet the following criteria:

i. MRI Centre

Must have MRI machine with magnet strength of 1.0 Tesla or more.

ii. CT Scan Centre :

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

iii. 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

iv. Mammography Centre

Standard quality mammography machine with low radiations and biopsy attachment.

v. USG / Colour 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

vi. Bone Densitometry Centre

Must be capable of scanning whole body

vii. Nuclear Medicine Centre

Must have been approved by AERB / BARC

A. 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/Cancer 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. DEPOSITION OF FEE FOR APPLICATION DOCUMENT AND EMD

1. A Demand Draft / NEFT / RTGS for Rs.1000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) as Application document fee (non-refundable) drawn in the name 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.
2. A Demand Draft / NEFT / RGTS for Rs. 10,000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) ad E.M.D. drawn in the name of 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.

3. EARNEST MONEY REFUND

- In case the Application is rejected on technical grounds Earnest Money would be refunded in full.
- In case, the Application is rejected after inspection of documents on the grounds of submitting incorrect information than 50% of the Earnest Money would be forfeited and the balance amount would be refunded in due course.

4. PRELIMINARY EXAMINATION OF APPLICATIONS

CUK will examine the applications to determine whether they are complete, whether Earnest Money Deposit has been furnished, and whether the applications are generally in order.

CUK may waive any minor formality or non-Applications without full technical details and/or EMD, and/or incomplete Annexures will be rejected.

5. ACCEPTANCE OF RATES

All the eligible Hospitals, exclusive eye hospitals / centres, exclusive dental clinics, cancer hospitals/units and diagnostic centres whose applications have been opened shall have to furnish to CUK a letter accepting the rates notified by CGHS on its web site. No individual communication would be sent to any health Care Organization. If the letter of acceptance is not received within the stipulated period, the names of such health Care Organization would be excluded from the list of health Care Organizations under consideration for empanelment.

6. OFFER OF EMPANELMENT and SIGNING OF MEMORANDUM OF AGREEMENT.

i. All eligible health Care Organizations have to submit the letter of acceptance of rates to CGHS.

ii. All eligible NABH / NABL accredited health Care Organizations shall be asked to sign a Memorandum of Agreement with Addl. Additional Director, CGHS of concerned city and submit PBG.

iii. All eligible Non – NABH / Non- NABL health Care Organization shall be offered provisional empanelment for signing MOA and submission of PBG. They will be inspected by Quality Council of India. Such health Care Organizations shall also submit a copy of application and receipt of fee for inspection received from QCI before they are provisionally empanelled. If a particular health Care Organization is not recommended by NABH/NABL/QCI as the case may be for all available facilities in it, preferably within six months but not later than one year of its empanelment then its name shall be removed from CUK panel and 50% of PBG shall be forfeited.

The health Care Organizations, which are selected for empanelment, will have to enter into an agreement with CUK for providing services at rates notified by 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.

7. VALIDITY OF CGHS RATES

The rates shall be valid for two years and is extendable by another year with mutual agreement.
The empanelled Organizations shall not charge more than CGHS rates.

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

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

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

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

During In-patient treatment of the CUK beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed by the CGHS which includes the cost of all the items.

However, the following items are not admissible for reimbursement:

Toiletries
Sanitary napkins
Talcum powder
Mouth fresheners

In cases of conservative treatment / where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS rates or as per AIIMS rates, if there is no CGHS rate for a particular item.

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

Upto 12 days for Specialized (Super Specialties) treatment
Upto 7 days for other Major Surgeries
Upto 3 days for / Laparoscopic surgeries / elective Angioplasty / normal deliveries and 1 day for day care / Minor (OPD) surgeries.

However, if the beneficiary has to stay in the hospital for his / her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement may be allowed, which shall be limited to accommodation charges as per entitlement, investigations charges at approved rates, doctors visit charges (not more than 2 visits per day) and cost of medicines for additional stay).

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

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

If any empanelled health care Organization charges from CGHS beneficiary for any expenses incurred over and above the package rates vis-à-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor / staff of the concerned hospital and if they are not falling under the list of non-admissible items, reimbursement shall be made to the beneficiary and the amount shall be recovered from the pending bills of hospitals.

8. EMR / EHR

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

9. EMPANELMENT WITH AUTONOMOUS BODIES-

All empanelled hospitals/ diagnostic centres/ exclusive eye centres/ exclusive dental clinics shall also agree for empanelment with any autonomous body/ public sector undertaking at CGHS Rates, on the recommendation of Ministry of Health & Family Welfare.

10. 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 Registrar, Central University of Karnataka shall be final and binding on all parties.

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

CUK reserves the right to accept or reject any application and to annul the process and to reject all the applications 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.

12. LIST OF DOCUMENTS AT ANNEXURE III

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

18. MONITORING AND MEDICAL AUDIT

CUK reserves the right to inspect the health care Organization at any time to ascertain their compliance with the requirements of CGHS.

19. EXIT FROM THE PANEL

The Rates shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under CGHS, it can apply for exclusion from the panel by giving one-month notice. Patients already admitted shall continue to be treated.

20. NODAL OFFICERS

Empanelled health care organizations shall notify two Nodal officers for CUK beneficiaries, one of them being of the rank of Deputy MS/ Addl. MS, who can be contacted by CUK beneficiary in case of any eventuality.

Errors and omissions are subject to corrections and legal dispute if any will be subject to Kalaburagi Jurisdiction only.

कुलसचिव / REGISTRAR
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TERMS AND CONDITIONS FOR EMPLANED HOSPITALS

A. MINIMUM NUMBER OF BEDS REQUIRED
(Not for exclusive Eye hospitals/centres & Exclusive Dental clinics)

I) **METRO CITIES 50**
II) **OTHER CITIES 10**

NB: The number of beds as certified in the Registration Certificate of State Government / Local Bodies/ NABH/ Fire Authorities shall be taken as the valid bed strength of the hospital.

B. CATEGORIES OF HEALTH CARE ORGANIZATIONS:

CUK would consider the following categories of health care Organizations for empanelment:

(a) NABH Accredited Hospitals-

The hospitals applying under this 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**).

The hospital shall be empanelled for all the facilities available in the hospital (except IVF and other assisted reproductive treatment procedures).

(b) NON NABH Accredited Hospitals-

Non NABH accredited hospitals may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance bank guarantee and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from QCI/NABH preferably within a period of six months but not later than one year of its empanelment and for all facilities, the hospital shall forego 50% of the PBG and its name would be removed from the panel of CGHS.
The hospital shall be empanelled for all the facilities available in the hospital (except IVF and other assisted reproductive treatment procedures).

C. CANCER HOSPITALS/UNITS

(a) NABH Accredited Cancer Hospitals/ Units : NABH accredited cancer hospitals/units having all treatment facilities for cancer - surgery, Chemotherapy and radio-therapy (approved by BARC / AERB).
(b) Non-NABH Accredited Cancer Hospitals/ Units : Non NABH accredited Cancer hospitals/units having all treatment facilities for cancer - surgery, Chemotherapy and radio-therapy (approved by BARC / AERB) may be provisionally empanelled on the basis of fulfilling the criteria and submission of performance bank guarantee and submission of an affidavit that the information provided has

been correct and in the event of failure to get recommendation from QCI/NABH for all cancer facilities preferably within six months but not later than one year of its empanelment, the hospital/unit shall forego 50% of the PBG and its name would be removed from the panel of CGHS.

D. EXCLUSIVE EYE HOSPITALS/ CENTERS:

No minimum bed strength is prescribed for empanelment of exclusive Eye hospitals/centres

(a) NABH Accredited- Exclusive Eye Hospitals/Centres

(b) Non-NABH Accredited Exclusive Eye Hospitals/ Centres

The exclusive Eye hospital/centre may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance bank guarantee and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from QCI/NABH preferably within six months but not later than one year of its empanelment, the exclusive eye hospital/centre shall forego 50% of the PBG and its name would be removed from the panel of CGHS.

E. EXCLUSIVE DENTAL CLINICS

No minimum bed strength is prescribed for empanelment of exclusive Dental Clinics

However, there shall be a minimum of '2' Dental chairs for all Dental clinics applying for empanelment under CGHS.

(a) NABH accredited - Exclusive Dental Clinics

(b) Non- NABH accredited - Exclusive Dental Clinics

The Dental clinic may be empanelled provisionally on the basis of fulfilling the criteria and submission of performance bank guarantee and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from QCI/NABH preferably within six months but not later than one year of its empanelment, the exclusive dental clinic shall forego 50% of the PBG and its name would be removed from the panel of CGHS.

ELIGIBILITY CRITERIA FOR HOSPITALS/ CANCER HOSPITALS/ EXCLUSIVE EYE CENTRES/ EXCLUSIVE DENTAL CLINICS

1. The health care Organizations must fulfil the requirements as detailed above depending on the category under which the applicant hospital / exclusive eye hospital / centre, exclusive dental clinic, and cancer hospital/unit is seeking empanelment and must attach the copies of the required documents.
2. The health care Organization must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only- summary sheet-) is to be attached.
3. Copy of NABH Accreditation in case of NABH Accredited health care Organizations.
4. Copy of NABH/ QCI application in case of Non-NABH accredited health care Organizations.
5. List of treatment procedures /investigations/ facilities available in the applicant health care Organization.
6. A Demand Draft / NEFT / RTGS for Rs.1,000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) as Application document fee (non-refundable) drawn in the name 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.

7. A Demand Draft / NEFT / RGTS for Rs. 25,000/- (Account Number: 5109101000001 Bank: Canara Bank IFSC: CNRB0005109 Bank Address: Canara Bank, Central University of Karnataka, Kadaganchi – 585 367) ad E.M.D. drawn in the name of 'Central University of Karnataka' payable at Gulbarga from any Scheduled or commercial or Nationalized Bank.
8. State registration certificate / Registration with Local bodies, wherever applicable.
9. Compliance with statutory requirements including that of Waste Management.
10. Fire Clearance certificate and details of Fire safety mechanism as in place in the health care Organization. Exclusive Eye centres, exclusive dental Clinics have to enclose a certificate regarding fire safety of their premises.
11. Registration under PNDT Act, if Ultrasonography facility is available.
12. AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
13. Certificate of Undertaking as per the format annexed.
14. Certificate of Registration for Organ Transplant facilities, wherever applicable.
15. **An Applicant Health Care Organization must submit the rates for all treatment procedures / investigations/ facilities available with them and as charged by them.**
16. An Applicant health care Organization must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement **(Draft at Annexure V**) which should be read as part of this application document.
17. Applicant Health Care Organizations must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not CGHS beneficiaries.
18. Applicant Health Care Organizations 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.
19. **Applicant Hospitals, cancer hospital/units must have minimal annual turnover of Rs. 50 lakhs for Metro cities and Rs.25 lakhs for Non- Metro cities. Exclusive Eye hospitals/Centres, Exclusive Dental Clinics must have a minimal annual turnover of Rs. 10 Lacs in Metro Cities and Rs.3 Lacs in Non- Metro Cities. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.**
20. Photo copy of PAN Card.
21. Name and address of their bankers.
22. Errors and omissions are subject to corrections and legal dispute if any will be subject to Kalaburagi Jurisdiction only.

कुलसचिव / ~~REGISTRAR~~
कर्नाटक केन्द्रीय विश्वविद्यालय

26/9/23
कुलसचिव / REGISTRAR
कर्नाटक केन्द्रीय विश्वविद्यालय
Central University of Karnataka
कलबुरगि / KALABURAGI

APPLICATION DOCUMENT

FOR

EMPANELMENT OF DIAGNOSTIC LABORATORIES/ IMAGING CENTRES

1. Name of the city where DIAGNOSTIC LAB / IMAGING CENTRE is located.

2. Name of the Diagnostic Lab / Imaging Centre

3. Address of the Diagnostic Lab / Imaging Centre

4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail / website address	

Whether NABH Accredited

Whether NABH applied for

Whether QCI recommended/ applied for
Details of Accreditation and Validity period
Details of QCI/NABH application

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Applied for ---------- Diagnostic Lab (Facilities to be mentioned)

Applied for .....Imaging Centre (Facilities to be mentioned)
Nuclear Medicines Lab
X-Ray
Ultra Sonography
CT Scan
MRI
ECG / EEG/ Nerve Conduction velocity
Others (for listed procedures)

Details of application fee of Rs. 1000/-

Name of bank	Address of bank	DD no.	Validity

Details of EMD amount of Rs. 25000/-

Name of bank	Address of bank	DD no.	Validity

5. Total turnover during last financial year
(Certificate from Chartered Accountant is to be enclosed).

6. Turnover from CGHS during last financial year
(Certificate from Chartered Accountant is to be enclosed.)

APPLICATION DOCUMENT

FOR

FOR EMPANELMENT OF EXCLUSIVE CANCER/EYE/DENTAL CLINICS

Name of the CGHS city where Exclusive Dental clinic is located.

1. Name of the Exclusive Dental Clinic

2. Address of the Exclusive Dental Clinic

3. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

Whether NABH applied for

Whether QCI recommended/ applied for
Details of Accreditation and Validity period
Details of QCI/NABH application

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

4. Details of the application fee draft of Rs. 1000/-

Name & Address of the Bank DD No. Date of Issue

Details of the draft of EMD of Rs. 25000/-

Name & Address of the Bank DD No. Date of Issue

5. Total turnover during last financial year
(Certificate from Chartered Accountant is to be enclosed).

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT