ANNEXURE-I A

APPLICATION FORM

FOR

EMPANELMENT FOR HOSPITALS, CANCER HOSPTIALS/ UNITS IN DGEHS SCHEME IN DELHI & NCR

1. Name of the Hospital :

   ……

2. Address of the hospital :

   …….

3. Mobile No./ Office Tel No. :

   ……

4. Whether NABH Accredited :

   ……..

5. Whether QCI Accredited :

   ……..

   a. Details of Accreditation and Validity Period

   b. Total Turnover during last financial year :

      (Certificate of Chartered Accountant is to be enclosed)

6. Application for Empanelment for

   Hospital for all available facilities ☐

   Cancer Hospital/ Unit ☐

7. Total Number of Beds ☐

8. Categories of beds available with number of total beds in following type of wards :-

   Casualty/ Emergency Ward ☐
   ICCU/ ICU ☐
   Private ☐

   Semi Private (2-3 bedded) ☐
   General Ward Bed (4-10) ☐

9. Total Area of the Hospital ☐

Area allotted to OPD
Area allotted to IPD
Area allotted to wards

10. Specifications of beds with physical facilities/ amenities

Dimension of ward (Length & Breadth) :
Number of bed in each ward :

(Seven Square Meter Floor area per bed required) (IS: 12433-Part 2: 2001)

11. Furnishing specify as (a), (b), (c), (d) as per index below index

(a) Bedsides table
(b) Wardrobe
(c) Telephone
(d) Any other

12. Amenities specify as (a), (b), (c), (d) as per index below index

(a) Air Conditioner
(b) T.V.
(c) Room Service
(d) Any other

13. Nursing Care

Total No. of Nurses :

No. of Para- Medical Staff :

Category of bed: Bed/ Nurse Ratio (acceptable Actual Bed/ Nurse standard) ratio

(a) General	6:1
(b) Semi-Private	4:1
(c) ICU/ICCU	1:1
(d) High Dependency Unit	1:1

14. Alternate Power Source :

15. Bed Occupancy Rate : (Norm 85%) Bed Turnover Rate :

General Bed
Semi-Private Bed
Private Bed

Note : Bed Occupancy Rate = $\frac{\text{Av. Daily Census}}{\text{Av. No. of Bed Available (i.e. number of authorized bed)}}$

Turnover Ratio = $\frac{\text{Total Discharge during a year}}{\text{Bed Compliment}}$

1. No. of in house Doctors :
2. No. of in house specialists/ Consultants :

16. Laboratory Facilities available :

    1. Pathology :
    2. Biochemistry :
    3. Microbiology :
    4. Or any other :

17. Imaging Facliity Available :
18. No. of Operation Theaters :
19. Whether there is separate OT for septic cases :

20. Supportive services
    - Boilers/ Sterilizers
    - Ambulance
    - Laundry
    - Housekeeping
    - Canteen
    - Gas plant

21. Waste Disposal System as per Statutory requirements :

    - Dietary
    - Blood bank
    - Pharmacy
    - Physiotherapy
    - Others

22. Essential Information regarding Cardiology & CTVS

Number of coronary angiograms done in last one year :
Number of angioplasty done in last one year :
Number of open heart surgery done in last one year :
Number of CABG done in last year :

23. Renal Transplantation, Haemodialysis/ Urology-Urosurgery

Number of Renal Transplantations
Done in one year :
Number of years in duration of facilities :
Number of Hemodialysis unit :

24. Lithotripsy:-

No. of cases treated by lithotripsy
In last one year :

Average number of sitting required per case :

Percentage of cases selected for lithotripsy, which :
Required conventional surgery due to failure of
Lithotripsy.

25. **Liver Transplantation :-** Essential information regarding

Technical expert with experience in liver transplantation
who had assisted in at least fifty liver transplants :
(Name and qualifications)

Month and year since Liver Transplantation is being carried out :
No. of Liver transplantation done during the last one year :
Success rate of Liver Transplantation facilities of transplant
Immunology lab :

Tissue Typing Facilities :

Blood Bank :

26. Orthopaedic Joint Replacement

a. Whether there is Barrier Nursing for isolation for Patient :
b. Facilities for Arthroscopy :

27. Neurosurgery

Whether the hospital has aseptic operation theatre for Neuro Surgery :

Whether there is Barrier Nursing for Isolation for patient :

Whether it has required instrumentation for Neuro-Surgery :

Facility for Gamma Knife Surgery :
Facility for Trans-sphenoidal endoscopic Surgery :
Facility for Stereotactic Surgery :

28. Gastro-Enterology

Whether the hospital has aseptic operation theatre for Gastro-Enterology
& GI Surgery :

Whether it has required instrumentation for Gastro-Enterology – GI Surgery :
Facilities for Endoscopy – Specify details :

29. **E.N.T --** Essential Information Reg.

Whether the hospital has aseptic operation theatre for ENT :
Whether it has required instrumentation for ENT Surgery
Including diagnostic procedure :
Facilities for Endoscopy :
Facilities for reconstruction surgery :

30. Oncology

i. Whether the hospital has aseptic operation theatre for Oncology Surgery :
ii. Whether it has required instrumentation for oncology surgery :
iii. Facilities for Chemotherapy :
iv. Facilities for Radio-Therapy (specify) :
v. Radio-Therapy facility and manpower shall be as per guidelines of BARC :
vi. Details of facilities under Radiotherapy :

31. Endoscopic/ Laparoscopic Surgery :
Criteria for Laparoscopic/ Endoscopic Surgery:

i. Center should have facilities for casualty/ emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of resident doctor/ specialities.
ii. The surgeon should be post graduate with sufficient experience and qualification in the speciality concerned.
iii. He/she should be able to carry out the surgery with its variations and able to handle its complications.
iv. The hospital should have at least one complete set of Laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

Signature of Applicant or Authorized Signatory

ANNEXURE-I b(eye)

APPLICATION FORM

FOR

EMPANELMENT FOR EXCLUSIVE EYE HOSPTIALS/ CENTRES IN DGEHS SCHEME IN DELHI & NCR

1. Name of the Eye Hospital/ Centre : ……
2. Address of the Eye Hospital/ Centre : …….
3. Mobile No./ Office Tel No. : ……
4. Whether NABH Accredited : ……..
5. Whether QCI Accredited :……..
   a. Details of Accreditation and Validity Period :
   b. Total Turnover during last financial year :

      (Certificate of Chartered Accountant is to be enclosed)

   c. Total Number of beds available :

6. For IOL Implant :

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

Number of beds available :
(General, Semi-Private, Private or Deluxe Room)
(specify the number)

7. OCULOPLASTY & ADENEXA

Specific for Oculoplasty & Adenexa :
Specialized instruments and kits for :
(i) Dacryocystorhinostomy :
(ii) Eye lid surgery e.g. ptosis and lid reconstruction surgery :
(iii) Orbital Surgery :
(iv) Socket reconstruction :
(v) Enucleation/ evisceration :
(vi) Availability of Trained, proficient Oculoplasty Surgeon
Who is trained for Oculoplasty, Lacrimal and Orbital Surgery :

8. A) **Investigative Facilities:**

i) Syringing, Dacryocystography :

ii) Exophthalmometry :
iii) Ultrasonography -A& B Scan :
iv) Imaging Facilities – X-ray, CT & MRI Scan :
v) Ocular Pathology, Microbiology services :
vi) Blood Bank Services :
vii) Consultation facilities from related specialities
Such as ENT, Neurosurgery, Hematology, Oncology :

B) **Operative (O.T.) Facilities :**

Specialized instruments & kits for the following surgeries should be available

i) Dacryo Cystohinostomy :
ii) Lid Surgery Including eyelid reconstruction & ptosis correction :
iii) Orbital Surgery :
iv) Socket reconstruction :
v) Enucleation & Evisceration :
vi) Orbital & Adnexal Trauma including Orbital Fractures :

C) **Personnel :**

i) Resident Doctor Support :
ii) Nursing Care (24 hours) :
iii) Resuscitative facilities :

9. STRABISMUS SURGERY :

Functional OT with instruments needed for strabismus surgery :
Availablility of set up for pediatric strabismus – Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/ Hess. Chart :

10. GLAUCOMA :

(1) Specific : Facilities for Glaucoma investigation & management

a) Applanation tonometery :
b) Stereo Fundus photography/OCT/ Nerve fibre analyser :
c) YAG Laser for Iridectomy :
d) Automated/ Goldmann fields (Perimetry) :
e) Electrodiagnostic equipment (VER,ERG,EOG) :
f) Colour vision – Ishiahara charts :
g) Contrast sensitivity – Pelli Robson Charts :
h) Pediatric vision testing – HOTV cards :
i) Auto-refrectometers :
j) Synaptophore (basic type with antisuppresion) :
k) Prism Bars :
l) Stereo test (Randat/TNO) :
m) Red- Green Goggles :
n) Orthoptic room with distance fixation targets (Preferable child friendly) may have TV/VCR :
o) Lees/ Hess Chart :

Signature of Applicant or Authorized Agent

ANNEXURE-I c(dental)

APPLICATION FORM

FOR

EMPANELMENT FOR EXCLUSIVE DENTAL CLINICS IN DGEHS SCHEME IN DELHI & NCR

1. Name of the Exclusive Dental Clinic: ……
2. Address of the Exclusive Dental Clinic : …….
3. Mobile No./ Office Tel No. : ……
4. Whether NABH Accredited : ……..
5. Whether QCI Accredited : ……..

   d. Details of Accreditation and Validity Period :

   e. Total Turnover during last financial year :

   (Certificate of Chartered Accountant is to be enclosed)

6. Exclusive Dental Clinic : (Infrastructure and technical specifications)

1. Number of Dental Chairs:
(A) (i) for General Dental Clinic :

(Availability of recovery bed for dental clinic)
(if available, specify the number of beds)

(ii) **for Specialized Dental Clinic :**
(Whether beds are available for specialized dental clinic)
(if yes, number)

(B) Whether separate O.T. :
Available for aseptic/ septic cases
(For specialized Dental clinics)

(C) Alternate power supply :
(Give Details)

(D) (a) Laboratory facilities for routine Clinical pathology, Bio-chemistry, Microbiology :

(b) Routine facilities for X-Ray OPG Dental X-ray :

(E) Dental X-ray Machine :

Signature of Applicant or Authorized Agent

ANNEXURE-I d(Diagnostic)

APPLICATION FORM

FOR

EMPANELMENT FOR DIAGNOSTIC LABORATORIES/ IMAGING CENTRES IN DGEHS SCHEME IN DELHI & NCR

1. Name of the Exclusive Diagnostic Lab/ Imaging Centre :

   ……

2. Address of the Exclusive Diagnostic Lab/ Imaging Centre :

   …….

3. Mobile No./ Office Tel No. :

   ……

4. Whether NABH Accredited :

   ……..

5. Whether QCI Accredited (wherever applicable) :
   ……..

   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) :

6. Total Turnover during last financial year:
   (Certificate of Chartered Accountant is to be enclosed)

CRITERIA FOR LABORATORY DIAGNOSTIC CENTER :-

1) Laboratories (Clinical Pathology)

- Space : Minimum 10x12 ft. : YES/NO
  Adequate space for collection of samples and dispatch of Reports. Waiting space - minimum for 10 patients.

- **Equipment :**

- Microscope **:** YES/NO, fully automatic hematology cell counter : YES/NO
- Incubator : YES/NO, centrifuge machine : YES/NO, fridge (300L) : YES/NO
- Automated Electrophoresis apparatus : YES/NO
- Automated Coagulation apparatus : YES/NO
- Cytology and Histopathology related set up : YES/NO
- Needle destroyer : YES/NO, trolley for waste disposal with bags : YES/NO

■ **Manpower with qualification :**

- Technician : YES/NO
- Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology : YES/NO
- Facilities for waste management : provision for waste management as per the Biomedical waste Act, 1998 : YES/NO.

■ **Quality Control :**

- Arrangement for internal and external quality control : YES/NO
- The set up should be able to handle the workload with adequate staff and Equipment. Reports should be available at the earliest depending on the test : YES/NO

- Back up of Generator, UPS, Emergency Light : YES/NO

■ **General Requirement for pathology Diagnostic Centers:**

- Slides for Histopathology/ Cytology should be preserved a reasonable period : YES/NO
- Records of patients/ investigations should be well maintained and updated : YES/NO
- Charges should be displayed on the notice board : YES/NO
- Firefighting system should be in place wherever it is necessary : YES/NO.

2) Laboratory (Biochemistry):-

- Laboratory (Preferably air-conditioned) : YES/NO
- Washing area/ waste disposal : YES/NO

■ **Equipment :-**

Refrigerator : YES/NO, Water-Bath : YES/NO, Hot-air Oven : YES/NO,
Centrifuge Machine : YES/NO, Photo-electric calorie meter or spectrophotometer or semi-auto analyzer/ auto analyzer : YES/NO, Flame Photometer or ISE Analyzer : YES/NO, Micro-Pippette : YES/NO, All related Lab Glassware and reagents : YES/NO, Needle Destroyer : YES/NO, Standard Balance : YES/NO.

■ Manpower with Qualification:

- Technician with DMLT : YES/NO
- Provision for waste management as per Biomedical Waste Act, 1998 : YES/NO

■ **Quality Control :**

- Should be internal as well as external backup of generator, UPS, Emergency Light : YES/NO
- 24 hours supply of water, provision for toilet : YES/NO.

Additional requirements for Laboratory for Hospital/ Nursing homes :-

- **In addition to the criteria written above the following additional equipment will be required:**
  Blood Gas Analyzer: YES/NO, Elisa Reader : YES/NO, HPLC and Electrophoresis Apparatus : YES/NO

3) Laboratory (Microbiology) :-

- Media Room (autoclave, hot air oven, pouring hood) Area required minimum 6x4 ft : YES/NO
- Processing of samples – staining, cultures etc. : YES/NO

■ **Equipment :**

- **Non Expendable –** Autoclave : YES/NO, Hot Air Oven : YES/NO, Water Bath, Incubator Centrifuge : YES/NO, Microscopes : YES/NO, ELISA Reader : YES/NO
- **Expendable –** Chemicals, media, glassware, stationery etc. : YES/NO

■ **Manpower with qualification :**
  - Technician – DMLT : YES/NO
  - Provision for waste management as per Biomedical waste act, 1998: YES/NO
  - Quality Control :-
  - Internal : YES/NO
  - External Tie up with higher organizations : YES/NO
  - Backup generator, UPS, Emergency Light : YES/NO

Signature of Applicant or Authorized Agent

ANNEXURE-II

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre shall not charge DGEHS beneficiary higher than the DGEHS/ CGHS notified rates or the rates charged from other patients who are not DGEHS beneficiaries.
3. That the rates have been provided against a facility/ procedure/ investigation actually available at the Organization.
4. That if any information is found to be untrue, Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre would be liable for de-recognition by DGEHS. The Organization will be liable to pay compensation for any financial loss caused to DGEHS or physical and or mental injuries caused to its beneficiaries.
5. That the Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre has the capability to submit bills and medical record in hard copy and in soft copy as and when the digital system of DGEHS cashless bill processing becomes operational.
6. The Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre will pay damage to the beneficiaries, if any injury, loss of part or death occurs due to gross negligence.
7. That the Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre has not been derecognized by CGHS, DGEHS or any state Government or other organizations.
8. That no investigation by Central Government, State Government or any statuary investigating agency is pending or contemplated against the Hospital/ Eye Centre/ Exclusive Dental Clinic/ Diagnostic Laboratory/ Imaging Centre.
9. Agree for the terms and conditions prescribed in the tender documents.
10. Hospital agrees to implement Electronic Medical Records and EHR as per the standards approved by Directorate of Health and Family Welfare, GNCTD.
11. I/ We hereby certify that I/ We have read the entire terms and conditions of the Empanelment document (including all documents like Annexure(s) etc.) which form part of the contract agreement and I/ We shall abide hereby the terms/ conditions/ clauses contained therein.
12. Also I/we are not under suspension at the time of applying for empanelment/ blacklisted by any PSU/ Government Department/ Financial Organization/ Court.

Signature of Applicant or Authorized Signatory

ANNEXURE-III

Copies of the following documents (whenever applicable) are to be submitted along with Application

1. DD in favor of DGHS, Govt. of NCT of Delhi (for Multispecialty /Exclusive Cancer Hospital- Rs.10,000/-, Super Specialty Hospital- Rs.25,000/- and Eye/Dental/Laboratory & Diagnostic/Chemotherapy/Dialysis Centre- Rs.5,000/-)
2. Copy of legal status, place of registration and principal place of business of the health care organization or partnership firm, etc.
3. A copy of partnership deed,/ memorandum and articles of association, if any
4. Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
5. Copy of the license for running Blood Bank.
6. Copy of the documents full filling necessary statutory requirements.
7. 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).
8. Copy of office memorandum issued by CGHS (for HCOs which are already empanelled under CGHS).
9. Copy of valid NABH/NABL Accreditation in case of NABH/NABL Accredited health care Organizations.
10. List of treatment procedures /investigations/ facilities available in the applicant health care Organization.
11. State registration certificate / Registration with Local bodies, wherever applicable.
12. Compliance with all statutory requirements including that of Solid Waste Management & BMW.
13. Fire Clearance certificate and details of Fire safety mechanism as in place in the health care Organization. Exclusive Eye Centers, exclusive dental Clinics, have to enclose a certificate regarding fire safety of their premises.
14. Registration under PNDT Act, if Ultrasonography facility is available.
15. AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
16. Certificate of Undertaking in original as per the format annexed.
17. Certificate of Registration for Organ Transplant facilities, wherever applicable.
18. An Applicant health care Organization must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement (copy enclosed) which should be read as part of this application document.
19. Applicant Health Care Organizations must certify that they shall charge as per DGEHS/CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not DGEHS beneficiaries. They shall also certify that, In case lower

rates are charged to any Government / private organization in future, they shall also charge the reduced rates from DGEHS beneficiaries.

20. Photo copy of PAN Card.
21. Name and address of their bankers.
22. If several Branches of HCO of the same organization /Group have applied for /empanelled under CGHS in the Delhi & NCR the details shall be submitted.

23. HCOs may also be incorporated the registration of Healthcare Facility Registry (HFR) ID and Healthcare Professional Registry (HPR) ID within a period of six months from the date of their DGEHS empanelment.

Signature of Applicant or Authorized Signatory