



दिल्ली विश्वविद्यालय
University of Delhi

Chhatra Marg, Delhi-110007. Telephone: (011) 27666257

EMPANALMENT OF HOSPITAL(S) WITH UNIVERSITY OF DELHI

Requirements :

Essential: CGHS empanelment of the Hospital with year of empanelment.

Desirable: NABH Accreditation of the Hospital.



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University of Delhi

WUS Health Centre

Chhatra Marg, Delhi-110007. Telephone: (011) 27666257

Proforma for empanelment of Hospital(s) in Delhi/NCR/Outside Delhi

(You are requested to complete all the columns of this proforma to help in maintaining proper records)

To

The Registrar

University of Delhi,
Delhi-110007.

1. **Name of the Hospital :** -----
2. **Mailing Address :** -----

3. **Nearest Landmark :** -----
4. **Medical Superintendent (MS) :** -----
5. **MS Details:-----**
Email : -----
Cell No : 1. -----2. -----
6. **Contact Person's Details:**
Name/Designation : -----
Email : -----
Cell No : 1. -----2. -----

7. **What are the medical facilities available at your Hospital ?:**

S.No.	Specialties/Super-Specialties	No. of Beds	Whether willing to offer the service at CGHS Rates to DU employees
i	Medicine		
ii	General Surgery		
iii	Obstetrics/Gynaecology		
iv	ENT		
v	Ophthalmology		
vi	Orthopaedics		
vii	Pediatrics		
viii	Dermatology		
ix	Psychiatry		
x	Medical Oncology		
xi	Surgical Oncology		
xii	Endocrinology		
xiii	Gastroenterology		
xiv	Neurology		
xv	Cardiology		
xvi	Nephrology		
xvii	Urology		
xviii	Gastrointestinal Surgery		
xix	Neurosurgery		
xx	Vascular Surgery		
xxi	Plastic & Reconstructive Surgery		
xxii	Pediatric Surgery		
xxiii	Urosurgery		
xxiv	Minor Operation Theatre		
xxv	Physiotherapy		
xxvi	Others (Please Specify)		

8. **Whether the following facilities/services are available at your Hospital ?:**

S.No.	Facilities	Yes/No	Whether willing to offer the service at CGHS Rates to DU employees
i	Blood Bank		
ii	24 Hour Emergency Services		
iii	Ambulance Services		
iv	Lab – Clinical Biochemistry		
v	Lab – Medical Microbiology		
vi	Lab – Clinical Pathology		
vii	Radiology & Imaging-X-ray		
viii	Radiology & Imaging-USG		
ix	Radiology & Imaging-CT Scan		
x	Radiology & Imaging-MRI		

9. **Whether your Hospital is CGHS empanelled ?:**

Yes No

10. **Whether your Hospital is empanelled with other Organization(s) ?:**

Yes No

If Yes, kindly, mention the names of the organization (s) :

1. ----- 2. -----

11. **Whether your Hospital is NABH/NABL certified ?:**

Yes No

12. **Facilities which are provided to the CGHS beneficiaries, if any ?:**

1.----- 2. -----

3. ----- 4. -----

13. **Whether Hospital intends to be included in List ‘A’ (Under Direct Payment Facility)/ List ‘B’ (Reimbursement facility under CGHS) / List ‘C’ (Reimbursement facility under Non-CGHS Category) :**

14. **Any other information you intend to furnish:**

This is to certify that all information provided above is true to the best of our knowledge and belief and if any information is found incorrect, the Hospital shall be liable for disqualification.

Place:
Dated:

Signature
Seal of the Competent Authority