

APPLICATION FORM FOR EMPANELMENT OF LABORATORIES/ DIAGNOSTIC CENTRE/ IMAGING CENTRE

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

2. Name of LABORATORY/ DIAGNOSTIC CENTRE/ IMAGING CENTRE

3. Address of LABORATORY/ DIAGNOSTIC CENTRE/ IMAGING CENTRE

4. Contact Details

Landline Telephone/Mobile Number	
Email	
Website Address	

5. Whether NABL/NABH recommended? Yes ☐ No ☐

6. Whether QCI recommended? (Wherever applicable) Yes ☐ No ☐

7. If applying for Empanelment of Laboratories (availability of facilities to be mentioned)

- | | | |
|--|------------------------------|-----------------------------|
| • Space: | Yes ☐ | No ☐ |
| • Equipment: | Yes ☐ | No ☐ |
| • Manpower with designated qualification | Yes ☐ | No ☐ |

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- Quality control measures Yes ☐ No ☐
- General requirement for pathological diagnostic centres Yes ☐ No ☐

8. If applying for Diagnostic Centres (availability of facilities to be mentioned)

- Space: Yes ☐ No ☐
- Equipment: Yes ☐ No ☐
- Manpower with designated qualification Yes ☐ No ☐
- Quality control measures Yes ☐ No ☐
- General requirement for pathological diagnostic centres Yes ☐ No ☐

9. If applying for Imaging Centres (availability of facilities to be mentioned, if yes)

- Space: Yes ☐ No ☐
- Equipment: Yes ☐ No ☐
- Manpower with designated qualification Yes ☐ No ☐
- Quality control measures Yes ☐ No ☐
- General requirement for pathological diagnostic centres Yes ☐ No ☐

10. Total Turnover during last three financial years or loss as per Clause 4 (xvii) of the modalities.

(Certificate from Chartered Accountant to be enclosed)

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

K. Kalyana Parani





CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given are correct and eligibility criteria are satisfied.
2. That Laboratory/ Diagnostic & Imaging Centre shall not charge beneficiaries of Coal India Limited and its Subsidiaries higher than the CGHS notified rates.
3. That the facility/ procedure/ investigation for which rates have been mentioned are actually available in the Centre.
4. That if any information is found to be fake, Laboratory/ Diagnostic & Imaging Centre would be liable to be de-empaneled.
5. That the Laboratory/ Diagnostic & Imaging Centre has the capability to submit bills and medical records in digital/ electronic format.
6. That Laboratory/ Diagnostic & Imaging Centre has not been derecognized by CGHS or any State Government or other Organizations in past.
7. That no investigation by Central Government/ State Government or any statutory Investigating Agency is pending or contemplated against the Laboratory/ Diagnostic & Imaging Centre at present.
8. That I/ We agree with the terms and conditions prescribed in the EOI document.
9. That Laboratory/ Diagnostic & Imaging Centre agrees to maintain Electronic Medical records and EHR as per the standards approved by Ministry of Health & Family Welfare.
10. That I/We are not under suspension at present nor have been blacklisted by any PSU/Government Department/ Financial Organization/ Court.
11. I /We hereby certify that I/ We have read the entire terms and conditions of the Empanelment documents including Annexure(s), Schedules (s) etc. which is a part of the Contract Agreement and I/ We shall abide by the terms/ conditions/ clauses contained therein.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

K. Kalyana Prasad

Annexure III

Check list of documents to be submitted along with the Application (Wherever Applicable)

Sl. No.	List of Documents Enclosed (wherever applicable)	Please specify
1	Copy of legal status, place of registration, and principal place of business or partnership firm.	Yes/No
2	Copy of Partnership Deed, Memorandum and Articles of association (if applicable)	Yes/No
3	Name of Centre with address including Contact number, e-Mail address and address of Website	Yes/No
4	NABH/NABL Accreditation with supportive notarized document	Yes/No
5	Empanelment Details of at least 3 CPSEs (with supportive document)	Yes/No
6	Notarized Copy of valid registration Certificate of Centre	Yes/No
7	Notarized Copy of valid PNDT Certificate for USG	Yes/No
8	List of permanent/on-roll Doctors/Technicians of the Centre	Yes/No
9	Number and Details of machine/s	Yes/No
10	List of Laboratory tests available and list of Laboratory Equipment	Yes/No
11	AERB Certificate for Centres where related equipment is available	Yes/No
12	Biomedical Waste (BMW) certificate issued by State Govt. Pollution Control Board	Yes/No
13	Income Tax exemption certificate of the Centre	Yes/No
14	Fire safety certificate issued by concerned authority	Yes/No

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

K. Kalyana Parani



LETTER OF ACCEPTANCE OF OFFER

(To be issued on Letter head of the Subsidiary)

Date:

To,

Sub: Empanelment of Laboratory, Diagnostic & Imaging Centre

Dear Sir,

In reference to your offer on the above-mentioned subject, competent authority has been pleased to approve your offer for providing investigation facility to on-roll / retired employees of CIL & their eligible dependents who are duly referred from CIL/ Subsidiary Company with following terms and conditions:

- I. Empanelment will be applicable to, a Subsidiary of Coal India Limited with HQ in Kolkata, with immediate effect.
- II. Rates charged will be as applicable and approved from time to time by Central Government Health Scheme (CGHS) for specific cities or Laboratory, Diagnostic & Imaging Centre or less.
- III. **General Terms:**
 1. 100% credit/ cashless facility should be extended by your Centre on production of photo Medical Identity Card and referral from Authorized Medical Attendant/CMS/HoD of Medical Dept.
 2. The reimbursement for cashless/ full credit facility rendered by your Centre will be made to you after receipt of bills within 30 days, in triplicate.
 3. Payment will be made in form of A/c Payee cheque/ draft/ e-payment/ RTGS/NEFT in the account number provided to you.
 4. A separate Corporate Desk should be there for providing assistance to our employees.
 5. In the event of any revision of the applicable rates, the same should immediately be brought to our notice.

IV. **Special Instructions:**

The final bill submitted for patient covered under this agreement, must bear the following details:

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- i. The rates charged for the investigation
- ii. Rates charges for procedures/ investigation not covered under CGHS, if any, with detailed break-up of charges.

This contract has been finalized based on mutual agreement and understanding. Any false information submitted in your offer poor feedback from patients, deterioration in quality of services and charging of rates higher than applicable will amount to breach of mutual trust and make your Centre liable for de-empanelment.

You are requested to kindly acknowledge receipt of this empanelment letter.

Yours faithfully,

Chief Medical Officer/ HoD (Medical)

K. Kalyana Pavani



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