

**APPLICATION FORM FOR EMPANELMENT OF PRIVATE  
HOSPITALS BY UNIVERSITY OF DELHI**

**1. Name of the hospital**


**2. Address of the hospital**


**3. Telephone No/Fax/E-mail / website address**


**4. Whether NABH Accredited**

**A)Pre-accredited entry level**

**B)Applied for NABH**

**5. Application for Empanelment as**

**General Purpose**

**Specialty Hospital ( Max. Three Specialties)**

**Super-Specialty Hospital**

**Cancer Hospital**

**Private hospitals already on the panel of CGHS**

**(Please select the appropriate column)**

**6. Total Number of beds.**

**Specialty Hospitals**

Hospitals having less than 200 beds can apply for specialty hospital -provided they have at least 50 beds earmarked for each specialty applied for (plus 30 additional beds)

- Specify specialty applied for (max.three)- specify  
Cardiology, Cardiovascular and Cardiothoracic surgery /
- Urology - including Dialysis and Lithotripsy
- Orthopedic- Surgery - including arthroscopic surgery  
and Joint Replacement
- Endoscopic surgery
- Neurosurgery

**Super-Specialty Hospital**

Super –Specialty Hospital having 300 or more beds with treatment facilities in three of the following Super Specialties in addition to facilities for Multispecialty General Purpose treatment and facilities for treatment of Cardiology & Cardio-thoracic Surgery and Specialized Orthopedic Treatment facilities that include Joint Replacement surgery:

- Nephrology & Urology
- Endocrinology
- Neurosurgery
- Gastroenterology & GI –Surgery
- Oncology

These hospitals shall provide treatment /services in all disciplines available in the hospital.

**Cancer Hospitals-** having 100 beds or more and facilities for Surgery, Chemotherapy and Radiotherapy

**7. 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)

**8. Laboratory facility**

Whether NABL Accredited

**9. Blood Bank facility**

**10. Radiology facility**

- X-Ray
- Ultrasound/ Colour Doppler
- Mammography
- CT Scan
- MRI

**Mode of Payment**

Please specify that you will be charging CGHS rates

Interested in Cash Less Facility

This is to certify that information furnished in the form is correct to the best of my knowledge and belief.

**Medical Superintendent/Head Administration  
Seal**

**• Observations/Remarks of Empanelment Committee**

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.....

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Names of Empanelment Committee Members

Signatures

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Visit

## **CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital/Dental Care Centre/Eye Care Centre/Diagnostic Laboratory & Imaging Centres shall not charge higher than the CGHS notified rates.
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(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 camera**

(v) **Specular microscope**

- All Specialists employed on regular and visiting basis must possess M.C.I. recognized qualification YES  NO

- Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications. YES  NO

Whether beds available

(General, Semi Private, Private or Deluxe Room) YES  NO

(If yes, specify the number)

Gl. Ward  Semi-Pvt. Ward  Pvt. Ward

**6. OCULOPLASTY & ADENEXA:**

Specific for Oculoplasty & Adenexa:

Specialised 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 Oculoplastic, Lacrimal and Orbital Surgery

**7. A) INVESTIGATIVE FACILITIES:**

(i) Syringing, Dacryocystography

(ii) Exophthalmometry

(iii) Ultrasonography – A&B Scan

(iv) Imaging facilities - X-ray, CT Scan & MRI Scan

(v) Ocular pathology, Microbiology services

(vi) Blood bank services.

(vii) Consultation facilities from related Specialties

such as ENT, Neurosurgery, Haematology, Oncology

**(B) OPERATIVE (O.T.) FACILITIES:**

Specialized instruments & Kits for the following surgeries should be available.

- (i) Dacryo cystorhinostomy
- (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
- (iv) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery.

**8. Strabismus Surgery:**

Functional OT with Instruments needed for strabismus surgery

YES  NO

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart

YES  NO

**9. GLAUCOMA:**

- a) Applanation tonometry
- b) Stereo Fundus photography/OCT/ Nerve fibre Analyser
- c) YAG Laser for Iridectomy
- d) Automated/Goldmann fields (Perimetry)
- e) Electrodiagnostic equipments (VER, ERG, EOG)
- f) Colour Vision – Ishihara Charts
- g) Contrast sensitivity – Pelli Robson Charts
- h) Pediatric Vision testing – HOTV cards
- i) Autorefractometers
- j) Synaptophore (basic type with antisuppression)
- k) Prism Bars
- l) Stereo test (Randot/TNO)
- m) Red – Green Goggles
- n) Orthoptic room with distance fixation targets (Preferably child friendly) may have TV/VCR.
- o) Lees/Hess chart

**Mode of Payment**

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**Medical Superintendent/Head Administration  
Seal**

• **Observations/Remarks of Empanelment Committee**

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**APPLICATION FORM FOR EMPANELMENT OF PRIVATE DENTAL CLINICS BY UNIVERSITY OF DELHI**

*(Technical and Infrastructure Specifications of the Dental Clinic)*

**1. Name of Dental Clinic**


**2. Address of the Dental Clinic**


**3. Tel / fax/e-mail/Telephone No/Fax/e-mail/website address**


**4. Applied for Empanelment as (Specify)**

- a) General Dentistry
- b) Special Dental procedures – speciality specified
- c) Diagnostic procedures / investigations for Dental.

**5. DENTAL CARE CENTRE: (Infrastructure and technical specifications)**

- 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  YES  NO
- B) Whether separate O.T available for aseptic/septic cases**    
 (For specialized Dental clinics) YES NO

C) Alternative Power supply  YES  NO  
Give details

D) (i) Laboratory facilities for routine Clinical Pathology,  YES  NO  
Bio-chemistry, Microbiology

(ii) Routine facilities for X-ray OPG Dental X-ray  YES  NO

E) No. of visiting Specialists / Consultants   
(For Dental Care Center)  
(Names and Qualifications Specialty-wise).

(a) Oral & Maxillo facial Surgeon


(b) Periodontist


(c) Prosthodontist


(d) Endodontist


(e) Orthodontist


(f) Paedodontist


(k) Dental X-ray Machine

IOPA 60-70 Kv, 8 mA, Exposure YES  NO   
(with minimum radiation leakage) time selection 0.01 to 3 seconds

O.P.G. Machine 60-70 Kv, 8 MA YES  NO

**\* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each specialty.**

**Mode of Payment**

Please specify that you will be charging CGHS rates with reimbursement Facility

Please specify that you will be charging CGHS rates with Direct Payment Facility

Please specify that you wish to be empanelled but not willing to accept CGHS Rates

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**Medical Superintendent/Head Administration  
Seal**

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**Form4**  
**APPLICATION FORM FOR EMPANELMENT OF DIAGNOSTIC**  
**LABORATORIES / IMAGING CENTRES BY UNIVERSITY OF DELHI**

**I) CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES**

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

**I. Diagnostic Laboratories**

**II. Imaging Centres**

- a) MRI Centre
- b) CT Scan Centre
- c) X-ray Centre /Dental X-ray/OPG centre
- d) Mammography Centre
- e) USG / Colour Doppler Centre
- f) Bone Densitometry Centre
- g) Nuclear Medicine Centre

**B) ELIGIBILITY CRITERIA**

**I) Diagnostic Laboratories**

Diagnostic Laboratories that are not already empanelled with CGHS must be accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).

**I) Imaging Centres**

**I) MRI Centre**

Must have MRI machine with magnet strength of 1.0 Tesla and above

**b) CT Scan Centre**

Whole Body CT Scanner with scan cycle of less than one second (sub-second)

Must have been approved by AERB

**c) 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

**d) Mammography Centre**

Standard quality mammography machine with low radiations and biopsy attachment.

**e) USG / Color 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. It should have minimum three probes and provision/facilities of trans Vaginal/ Trans Rectal Probes.

Must have been registered under PNDT Act

**f) Bone Densitometry Centre**

Must be capable of scanning 3 sites(that includes Spine) and whole body

**g) Nuclear Medicine Centre**

Must be approved by AERB / BARC

**III)** (a) Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission as stipulated below:

(b) Dedicated Personal Computer with Dual Core /Core 2 DUO processor and minimum 2 GB RAM supported by UPS. OS should be Windows. Dedicated Colour scanner with a minimum resolution 200dpi.

(c) Scalable Broad Band internet connectivity with minimum assured speed of 512kbps.

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