

**For Empanelment of Hospitals, exclusive Eye hospitals / Centres,  
exclusive Dental clinics, Cancer Hospitals/units  
(Central Government Health Scheme)**

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

I) METRO CITIES (EXCEPT MUMBAI) ..... 50

II) OTHER CITIES ..... 30

**ELIGIBILITY CRITERIA FOR HOSPITALS/ CANCER HOSPITALS/ EXCLUSIVE  
EYE CENTRES/ EXCLUSIVE DENTAL CLINICS/STAND ALONE DIALYSIS  
CENTRE**

1. Applicant Hospitals, cancer hospital/units must have minimal annual turnover of Rs.2.00 Crores for Metro cities and Rs.1.00 Crore for Non- Metro cities. Exclusive Eye hospitals/Centres, Exclusive Dental Clinics, must have a minimal annual turnover of Rs. 20 Lacs in Metro Cities and Rs.10 Lacs in Non- Metro Cities. Further, the business from CGHS in the last financial year should not exceed more than 50% of the total business. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization
2. The health care Organizations must fulfill the requirements as detailed above depending on the category under which the hospital / exclusive eye hospital / centre, exclusive dental clinic, cancer hospital/unit/ is seeking empanelment and submit copies of the required documents
3. Copy of NABH Accreditation in case of NABH Accredited health care Organizations.
4. Copy of QCI recommendation in case of Non-NABH accredited health care Organizations.
5. List of treatment procedures /investigations/ facilities available in the applicant health care Organization.
6. State registration certificate / Registration with Local bodies, wherever applicable.
7. Compliance with all statutory requirements including that of Waste Management.
8. 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.

9. Registration under PNDT Act, if Ultrasonography facility is available.
10. AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
11. Certificate of Undertaking in original as per the format annexed.
12. Certificate of Registration for Organ Transplant facilities, wherever applicable.
13. An Applicant Health care Organization 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.
14. An Applicant Health care Organization must submit the rates for all treatment procedures / investigations/ facilities available with them and as charged by them.
15. 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.
16. 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. 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 CGHS beneficiaries.
17. 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.
18. Applicant Health care Organizations (except exclusive eye hospitals/centres, exclusive dental clinics/standalone dialysis centre) must agree for implementation of EMR/ EHR as per the standards notified by Ministry of Health & Family Welfare within one year of their empanelment.
19. 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)
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 same city or another city the details shall be submitted.

**23. Copies of the following documents (wherever applicable) are to be submitted along with Application**

- a. Copy of legal status , place of registration and principal place of business of the health care Organization or partnership firm, etc.,
- b. A copy of partnership deed ,/ memorandum and articles of association, if any
- c. Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- d. Copy of the license for running Blood Bank.
- e. Copy of the documents full filling necessary statutory requirements.

**24.PERFORMANCE BANK GUARANTEE (PBG):**

Private Hospitals, Exclusive Eye Hospitals / Centres, Exclusive Dental Clinics, Cancer Hospitals/Units, Diagnostic Laboratories & Imaging Centres that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee valid for a period of 30 months i.e. six months beyond the empanelment period, to ensure efficient services and to safeguard against any default:

Hospitals/ Cancer hospitals/units Rs. 10.00 lac

Eye Hospital/Centre Rs.2.00 lac

Dental Clinics Rs.2.00 lac

Diagnostic Centre Rs.2.00 lac

**FEE**

1. A Demand Draft for Rs.1000/- as application fee (non-refundable) drawn in the name of 'Pay & Accounts Officer, CGHS in case of Delhi/NCR or in favour of concerned Additional Director in case of CGHS cities outside Delhi, from any Scheduled or commercial or Nationalized Bank.
2. A Demand Draft for Rs.1,00,000/- as E.M.D.drawn in the name of 'Pay & Accounts Officer, CGHS, Delhi/NCR or in favour of concerned Additional Director in case of CGHS cities outside Delhi from any Scheduled or commercial or Nationalized Bank.
3. In case of NON-NABH Hospital DD of Rs. 30,000 in favor of Quality Council of India.