

**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME**



**APPLICATION FORM (ECHS-01)**  
**FOR EMPANELMENT OF**  
**HOSPITALS/NURSING HOMES/HOSPICES**

**Registration No** .....

**Date of Receipt** .....

**Regional Centre** .....

## **INTRODUCTION**

On behalf of the President of India, the Ex-servicemen Contributory Health Scheme (ECHS) invites applications for the purpose of Empanelment of Hospitals/Nursing Homes, Hospices/Rehabilitation Centres, Dental care facilities and Diagnostic Centres for specific treatment and diagnostic procedures of specialised nature, under the Ex-servicemen Contributory Health Scheme (ECHS).

Interested Hospitals/Nursing Homes, Hospices/Rehabilitation Centres, Dental care facilities and Diagnostic Centres may submit the completed application forms at the nearest Regional Centre, ECHS. The terms/conditions and requirements of empanelment for ECHS requirements are detailed in this application form.

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## SECTION I

### CHAPTER 1

#### GENERAL INFORMATION ON EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

##### Introduction

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was approved by the Government on 30 Dec 2002 and was launched on 01 April 2003, ECHS shall also be referred to as the "Scheme" in the text of this Brochure.

##### Aim

2. The aim of the Scheme is to provide **quality medical care** to Ex-Servicemen pensioners and their dependents for all known diseases.

##### ECHS Membership Cards

3. A 'Smart card' called "ECHS membership card" with inbuilt security features is issued to all members of the ECHS. The smart cards have the particulars of the pensioner in the front of the card and the particulars of the dependents on the reverse side. It contains a 32Kb chip which will carry the details of the Ex-servicemen and dependents including their medical history. Production of this card is a mandatory requirement when availing medicare either at the ECHS Polyclinic or at Empanelled Hospital/Nursing Homes and Diagnostic centres. A person NOT producing his card for identification cannot be provided treatment.

4. An integrated software has been developed as a Management Information System for running the Scheme. In the first phase the information system will be networked between the ECHS Polyclinics, Station Headquarters, Regional Centre ECHS and Central Organisation ECHS.

##### Procedure for Availing Treatment

5. An ESM or his dependants or a widow, who has enrolled into the ECHS scheme, can go to the nearest ECHS Polyclinic carrying his/her ECHS membership card. The doctors in the polyclinic will provide the required initial treatment and medicines. Should the disease require further/advanced treatment in a hospital, the patient will be referred to the nearest Service hospital/Empanelled facility.

6. At the Empanelled Hospital/Nursing Homes or Diagnostic Centre/Hospices, the ECHS member is mandatorily required to present his ECHS membership card or receipt of membership application and referral slip, before he/ she can avail treatment facilities. The ESM or his dependant does not have to clear any bills; this will be done by the ECHS.

7. Referrals except in Emergencies will always be made by ECHS Polyclinic. Empanelled Hospitals/Nursing Homes and Diagnostic centres/Hospices will forward their bills directly to the referring Polyclinic. The local/ Army/Navy/Air Force Station Commander in the town / city, under whose jurisdiction the ECHS Polyclinic is located will pay the Empanelled facility after approval of competent financial authority.

8. In Emergencies an ECHS member may be directly admitted to an Empanelled facility. However in all such cases the ECHS Polyclinic will be informed within a period of 48 hours and a formal referral done depending on the condition. Bills in such cases will be processed as above. The onus of providing the information shall be on the Empanelled Hospital/Nursing Home/Diagnostic Centre.

##### Organisation Structure

9. The scheme is executed through the existing command and control structure of the Armed Forces. Polyclinics are administered by concerned Armed Forces Station Headquarters in the city under supervision of respective Sub-Area/Area/Command HQs of the respective service/nearest city.

10. The Central Organisation ECHS is located at Delhi for laying down policy, planning, provisioning of funds and monitoring the scheme. There are 13 Regional Centres located across the country to ensure implementation of the scheme. The detailed addresses and location of the Central Organisation and Regional Centres located across the country is given below :-

(a) **Central Organisation ECHS**

- (i) Postal Address : Central Organisation ECHS  
Maude Lines  
Delhi Cantt - 10
- (ii) Web site : URL [www.indianarmy.gov.in/arechs/echs.htm](http://www.indianarmy.gov.in/arechs/echs.htm)
- (iii) Contact Telephone Number and E-mail :-
- (aa) Managing Director : 011-25684846 and [mdechs-mod@nic.in](mailto:mdechs-mod@nic.in).
- (ab) Director (Operation & Coordination) :011-25684946 and [dirops-mod@nic.in](mailto:dirops-mod@nic.in).
- (ac) Director (Medical): 011-25684945 and [dirmedechs-mod@nic.in](mailto:dirmedechs-mod@nic.in).
- (ad) Director (Procurement & Fund Control): 011-25682392 and [dirpfcechs-mod@nic.in](mailto:dirpfcechs-mod@nic.in).

(b) **Regional Centres**

S/No	Town/City	Name of Regional Centre	Telephone No
(i)	Jammu	Regional Centre ECHS Jammu Cantt <b>Jammu – 180 003</b>	0191-2433139
(ii)	Delhi	Regional Centre ECHS Delhi Cantt Maude Lines <b>New Delhi -110010</b>	011-25682657
(iii)	Chandimandir	Regional Centre ECHS C/O HQ Western Command <b>Chandimandir</b>	0172-2589757
(iv)	Jaipur	Regional Centre ECHS Chinkara Marg <b>Jaipur Cantt-302012</b>	0141-2249159
(v)	Lucknow	Regional Centre ECHS C/O HQ Central Command <b>Lucknow – 226002</b>	0522-22482745
(vi)	Kolkata	Regional Centre ECHS C/O HQ Eastern Command <b>Kolkata-700021</b>	033-22318988
(vii)	Patna	Regional Centre ECHS C/O HQ JOB Sub Area Danapur Cantt <b>Patna – 801503</b>	06115-225955
(viii)	Jabalpur	Regional Centre ECHS 132 Robert Lines Near Manas Mandir <b>Jabalpur-482001</b>	0761-2608177

<b>S/No</b>	<b>Town/City</b>	<b>Name of Regional Centre</b>	<b>Telephone No</b>
(ix)	Pune	Regional Centre ECHS C/O HQ Pune Sub Area <b>Pune-410001</b>	020-26331452
(x)	Chennai	Regional Centre ECHS Fort Saint George <b>Chennai-600009</b>	044-25673092
(xi)	Secunderabad	Regional Centre ECHS C/O 404 AF Station Begumpet <b>Secunderabad-500011</b>	040-27797932
(xii)	Kochi	Regional Centre ECHS C/O Fleet Mail Office Naval Base <b>Kochi-682004</b>	0484-2667285
(xiii)	Guwahati	Regional Centre ECHS <b>Guwahati</b> C/O HQ 51 Sub Area PIN 900328 c/o 99 APO	0361-2642727

## CHAPTER 2

### GENERAL INSTRUCTIONS AND ELIGIBILITY CRITERIA

#### General Instructions

1. **Collection of Application Forms.** Application form be downloaded from the website of Ex-Servicemen Contributory Health Scheme (ECHS). The form should be submitted along with an application form fee of Rs 1000/- (Rupees One Thousand only) in favor of Regional CDA through MRO (Military Receivable Order) at any SBI Branch conducting Treasury business or the RBI under the Code Head 405/03(Misc Receipt) towards application fee. Received copy of MRO after depositing Rs 1000.00 is to be attached along with the application.
2. **Categories of Cities.** ECHS for purpose of empanelment has catergorised the cities as follows :-
  - (a) **Type A.** CGHS cities of Delhi and NCR, Kolkata, Chennai, Bangalore, Hyderabad, and Mumbai.
  - (b) **Type B.** Balance CGHS cities.
  - (c) **Others.** All other cities/ towns.
3. **Categories of Health Care Facilities.** ECHS would consider the following categories of health care facilities for empanelment :-
  - (a) Super Speciality Hospitals.
  - (b) NABH Accredited Hospitals.
  - (c) Non-NABH Accredited Hospitals.
  - (d) Cancer Hospitals.
  - (e) Speciality Eye Centres.
  - (f) Dental Clinics.
  - (g) Physiotherapy Centres.
  - (h) Rehabilitative Centres and Hospices.
  - (j) Small Health Care Organisations (SHCOs), Nursing Homes, Single Speciality Hospitals, Allopathic Clinics, primarily for cities other than those covered by CGHS.

#### Eligibility Criteria

4. The Hospital/Nursing Home/Diagnostic Centre/Hospices should be registered with the respective State Health Authority as applicable. Diagnostic Centres/ Blood Banks should have the license of statutory authority.
5. Following minimum beds are required for multispeciality hospitals (for single speciality there is no restriction on bed strength) :-

<u>Ser</u>	<u>Type of City</u>	<u>Minimum Bed Strength</u>
(a)	Type A	100 Beds.
(b)	Type B	50 Beds.
(c)	Others	15 Beds.

6. The hospitals applying under **super-speciality category** must be accredited by **National Accreditation Board for Hospital and Health care providers (NABH)** or its equivalent such as **Joint Commission International(JCI)/AHCS(Australia)/International Society for Quality in Health Care (ISQua)**. The stipulation of minimum beds required will be as laid down by CGHS from time to time.

7. Hospitals must have the capacity to receive and respond to electronic referrals through internet and submit all claims / bills in electronic format to ECHS and must also have dedicated equipment, connectivity and staff for such equipment.

8. Diagnostic Laboratories should preferably be accredited by **National Accreditation Board for Testing and Calibration of Laboratories (NABL)**.

9. **Imaging Centres.**

- (a) **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.**
  - (i) X-Ray machine must have a minimum current rating of 500 MA with image intensifier TV system.
  - (ii) Portable X-ray machine must have a minimum current rating of 60 MA.
  - (iii) Dental X-ray machine must have a minimum current rating of 6 MA.
  - (iv) OPG X-ray machine must have a current rating of 4.5-10 MA.
  - (v) Must have been approved by AERB.
- (d) **Mammography Centre.** Standard quality mammography machine with low radiations and biopsy attachment.
- (e) **USG/ Colour 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. 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.

### **Instructions to Applicants**

10. Hospitals must agree to accept and abide by the terms and conditions spelt out in the Memorandum of Agreement.

11. Hospitals must certify that they shall charge as per ECHS rates/negotiated rates whichever is lower and which under no circumstances will be higher than the applicable CGHS rates notified by CGHS from time to time and that the rates charged by them are not higher than the rates being charged from their normal patients who are not ECHS beneficiaries.

12. Hospitals 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 etc.

### **Last Date for Applying**

13. There is no cut off date prescribed for filling of empanelment applications. The application can be submitted at ECHS Regional Centre any time on a working day.

### **Earnest Money Deposit**

14. All the hospitals applying for empanelment will deposit Rs 1,00,000/- (Rupees one lac only) as EMD in the form of EMD Bank Guarantee in favour of respective Regional Centre, ECHS. The EMD is surety to sign MoA and will be refunded at the time of signing of MoA

### **Earnest Money Refund**

15. In case the application is rejected on technical grounds, Earnest Money would be refunded in full.

16. In case, the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the Earnest Money would be forfeited and the balance would be refunded in due course.

17. In case, the applicant hospital refuses to sign the Memorandum of Agreement, 50 % of the Earnest Money would be forfeited. Authority to order for forfeiture of the EMD is MD, ECHS.

### **Submission of Application Forms**

18. The application must be submitted along with a scanned copy on a CD at the following places :-

(a) **NABH Accredited Hospitals**. At Central Organisation ECHS, Maude Lines, Delhi Cantonment, New Delhi – 110010.

(b) **Non NABH Accredited Hospitals**. Concerned Regional Centre.

19. Non-NABH accredited hospitals must submit their application alongwith fees for inspection and assessing suitability for empanelment by QCI (NABH) in a form of demand draft in favour of Quality Council of India payable at New Delhi as follows :-

Ser	Type of facility	Bed Strength	Inspection / Assessment Fee (Rs)
(a)	Hospitals	More than 100 beds	35,000/-
		Less than 100 beds	30,000/-
(b)	Diagnostic, Eye & Dental Centres	Not applicable	25,000/-



20. Application forms should be submitted in one sealed envelope superscribed as 'Application for empanelment of hospital'.
21. All the pages of Application and Annexures (each set) shall be serially numbered.
22. Every page of application form and Annexures need to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
23. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as '**not available**'; it should not be mentioned as '**not applicable**'.
24. The application is liable to be ignored if the information given on eligibility criteria is not complete.

### **Scrutiny of Applications**

25. Applications shall be opened at the Regional Centres on the last Thursday of every month. In case the last Thursday of the month happens to be a holiday then the applications would be opened on the next working day.
26. Every Applicant or his authorized agent can be present at the time of opening of the Application forms in respect of that city / zone.
27. The Director/Joint Director, Regional Centre will examine the application to determine whether :-
- (a) They are complete.
  - (b) Whether any computational errors have been made.
  - (c) Whether Earnest Money Deposit has been furnished.
  - (d) Whether Draft for inspection / assessment fee has been furnished (only non-NABH accredited).
  - (e) Whether the documents have been properly signed and serially numbered.
  - (f) Whether the application is generally in order.

28. Defects / shortcomings will be corrected/ authenticated on the spot and the application processed further. Specific advice would be rendered by the Director, Regional Centres for rectification of incomplete applications. If the hospital wishes to submit fresh application, the MRO of Rs 1000/- (Rupees one thousand only) can be reused.

29. Applications that are found to be complete in all respects shall be forwarded to Central Organisation ECHS for consideration of empanelment.

### **Acceptance of Rates**

30. Hospitals shall have to furnish an undertaking to ECHS accepting the rates notified by ECHS or the negotiated rates which under no circumstances will exceed the applicable CGHS rates or the rates being charged by the hospital from their normal patients who are not ECHS beneficiaries.

### **Inspection of Hospitals**

31. QCI (NABH) would inspect the hospitals as part of assessment of hospital on behalf of ECHS (only non-NABH accredited Hospitals).

### **Memorandum of Agreement**

32. The Private hospitals which are selected for empanelment will have to enter into an agreement with ECHS Regional Centre for providing services at rates notified by ECHS or lower negotiated rates. This MOA has to be executed on Rs.100/- (Rupees One hundred only) non judicial stamp paper.

### **Performance Bank Guarantee**

33. Hospitals that are recommended for empanelment after the assessment shall also have to furnish a Performance Bank Guarantee valid for a period of two years at the time of signing MOA with the Regional Centres to ensure efficient service and to safeguard against any default :-

(a)	Empanelled Hospitals	- Rs 10.00 Lakhs
(b)	Eye Centre	- Rs 2.00 Lakhs
(c)	Dental Clinics	- Rs 2.00 Lakhs
(d)	Physiotherapy Centres	- Rs 2.00 Lakhs
(e)	Rehabilitative Centres and Hospices	- Rs 2.00 Lakhs
(f)	Diagnostic Laboratories / Imaging Centres	- Rs 2.00 Lakhs

34. In case of hospitals already empanelled under ECHS, they shall submit a new Performance Bank Guarantee. The old performance bank guarantee will be discharged after its validity is over.

## CHAPTER 3

### TERMS AND CONDITIONS

#### Cashless Services

1. The Hospital/Nursing Homes/Diagnostic Centres/Hospices shall provide the agreed upon services to cases referred from ECHS Polyclinics on a Referral slip duly authenticated and stamped. Cashless services would be extended on credit system to referred cases for agreed upon period. The rates for tests and treatment would be charged as per approved list.
2. The Hospital will not be at liberty to revise the rate suo moto.

#### Treatment in Emergency

3. In grave emergency, patient shall be admitted and life saving treatment be given on production of ECHS card by the members, even in the absence of referral slip. All emergencies will be treated on cashless basis till stabilization even if the speciality concerned for management of the case is not empanelled. The hospital will inform the nearest Polyclinic about the admission within 48 hrs. Payments will NOT be recovered from ECHS patient in such cases. The following ailments may be treated as an emergency which is **illustrative only and not exhaustive**, depending on the condition of the patient :-

- (a) Acute Cardiac Conditions/Syndromes including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supraventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete dissection.
- (b) Vascular Catastrophies including Acute Limb ischaemia, Rupture of aneurysms, medical and surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including Strokes, Neurological Emergencies including Coma, Cerebro meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and decompensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening Injuries including Road traffic accidents, Head Injuries, Multiple Injuries, Crush Injuries and thermal injuries.
- (g) Acute Poisonings and Snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (j) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/miliary tuberculosis.

### **Corrupt and Fraudulent Practices**

4. "Corrupt Practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.
5. "Fraudulent Practice" means a misrepresentation of facts in order to influence empanelment process or a execution of a contract to the detriment of ECHS and includes collusive practice among hospitals/authorized representative/service providers.
6. ECHS will suspend referrals if it determines that the hospital recommended for empanelment has engaged in corrupt or fraudulent practices and initiate process for dis-empanelment.

### **Interpretation of the Clauses in the Application Document**

7. In case of any ambiguity in the interpretation of any of the clauses in Application Document, interpretation of Central Organisation ECHS of the clauses shall be final and binding on all parties.

### **Right to Accept any Application and to Reject any or All Applications**

8. ECHS reserves the right to accept or reject any application at any time without thereby incurring any liability to the affected hospital/authorized representative/ service provider or any obligation to inform the affected hospital/authorized representative/service provider of the grounds for his action.

### **Monitoring and Medical Audit**

9. ECHS reserves the right to inspect the hospitals at any time to ascertain their compliance with the requirements of ECHS.
10. Bills of hospitals shall be reviewed frequently for irregularities including declaration of planned procedures/ admissions as 'emergencies', unjustified investigations and prolonged stay etc., and if found involved in any wrong doings, the concerned hospital would be removed from panel and black listed for future empanelment. Bank guarantee shall also be forfeited.

### **Exit from the Panel**

11. The Rates fixed by the ECHS shall continue to hold good unless revised by ECHS. In case the notified rates are not acceptable to the empanelled Private Hospital, or for any other reason, the Private Hospital no longer wishes to continue on the list of empanelled Private Hospitals, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee of Rs 3000/- (Rupees Three thousand only) in the form of Demand Draft in favour of concerned Regional Centre ECHS.

### **Package Rates**

12. Package rate shall mean and include lump sum cost of inpatient treatment/ day care/diagnostic procedure for which a ECHS beneficiary has been referred by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) the following :-
  - (a) Registration charges.
  - (b) Admission charges.
  - (c) Accommodation charges including patients diet.
  - (d) Operation charges.

- (e) Injection charges.
- (f) Dressing charges.
- (g) Doctor/Consultant visit charges.
- (h) ICU/ICCU charges.
- (j) Monitoring charges.
- (k) Transfusion charges.
- (l) Anaesthesia charges.
- (m) Operation Theatre charges.
- (n) Procedure charges/Surgeon's fee.
- (o) Cost of surgical disposables and all sundries used during hospitalization.
- (p) Cost of medicines.
- (q) Related routine and essential investigations.
- (r) Physiotherapy charges etc.
- (s) Nursing Care and charges for its services.

13. Cost of implants/stents/grfts is reimbursable in addition to package rates as per ceiling rates of CGHS for Implants/stents/grft or as per actual, in case there is no CGHS prescribed ceiling rate.

14. Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

15. The hospitals empanelled under ECHS shall not charge more than the package rates/lower rates negotiated in MOA whichever is lower.

16. Package rates envisage upto a maximum duration of indoor treatment as follows :-

- (a) 12 days for Specialised (Super Specialities) treatment.
- (b) 7 days for other Major Surgeries.
- (c) 3 days for Laparoscopic surgeries/normal deliveries.
- (d) 1 day for day care/minor (OPD) surgeries.

17. However, if the beneficiary has to stay in the hospital for his/her recovery for a period more than the period covered in package rate, in exceptional cases, supported by relevant medical records and certified as such by hospital, the additional reimbursement shall be limited to accommodation charges as per entitlement, investigations charges at approved rates and doctors visit charges (not more than 2 visits per day by specialists/consultants) and cost of medicines for additional stay.

18. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection on the consequences of surgical procedure or due to any improper procedure and is not justified.

19. **The package rates are for semi-private ward.** If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per se does not require admission to hospital.

20. A hospital empanelled under ECHS whose normal rates for treatment procedure/test are lower than ECHS prescribed rates shall charge as per the rates charged by them for that procedure/treatment from a non ECHS beneficiary and will furnish a certificate to the effect that the rates charged from ECHS beneficiaries are not more than the rates charged by them from non ECHS beneficiaries.

21. During In-patient treatment of the ECHS beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package rate, fixed by the ECHS which includes the cost of all the items.

22. If one or more minor procedures form part of a major treatment procedure, then package charges would be permissible for major procedure and only at 50% of charges for minor procedure.

### **Entitlement of Wards**

23. ECHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their Rank at the time of retirement. The entitlement is as follows:-

Ser	Rank at the time of Retirement	Entitlement
(a)	NCOs & below of Army & equivalent in Navy & Air Force	General Ward
(b)	JCOs in Army & equivalent in Navy & Air Force	Semi Private Ward
(c)	Officers of Army, Navy and Air Force	Private Ward

### **Indemnity**

24. The hospital shall at all times, indemnify and keep indemnity ECHS/the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS/the Government, alongwith (otherwise), Hospital as a Party for anything done or purported to be done in the course of the execution of this Agreement. The hospital shall at all times abide by the job safety measures and other statutory requirements prevalent in Indian and shall keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the hospital negligence or misconduct.

25. The hospital shall pay all indemnities arising from such incidents without any extra cost of ECHS and shall not hold the ECHS responsible or obligated. ECHS/the Government may at its discretion and shall always be entirely at the cost of the hospital defend such suit, either jointly with the hospital or singly in case the latter chooses not to defend the case.

### **Documents to be Submitted**

26. Copies of the following documents are to be attached alongwith the application :-

- (a) Copy of certificate or memo of State Health authority, if any recognizing the Hospital.
- (b) Copy of audited balance sheet, profit and loss account for the last three years (Main documents only – summary sheet).

- (c) Copy of legal status, place of registration and principal place of business of the hospital or partnership firm, etc.
- (d) A copy of partnership deed/memorandum and articles of association, if any
- (e) Copy of Customs duty exemption certificate and the conditions on which exemption was accorded.
- (f) Photocopy of PAN Card.
- (g) Name and address of their bankers.
- (h) Copy of the existing list of rates approved by the Hospital for various services/procedures being provided by it.
- (j) Registration Certificate under PNDDT Act in case of Centres applying for Ultrasonography facility.
- (k) Copy of the license for running Blood bank.
- (l) Copy of certificate of NABH Accreditation/entry level Pre-accreditation of NABH/proof of applying for NABH Accreditation.
- (m) Copy of NABL Accreditation/proof of applying for NABL Accreditation.

**Note** : Applications not containing the above particulars shall not be considered for empanelment.

27. **Certificate of Undertaking**. In addition a certificate given below will be rendered by the Head of the Institution and attached with the application.

#### **CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That Hospital shall not charge higher than the CGHS notified rates or the rates charged from non-CGHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, Hospital be liable for de-recognition by CGHS. The institution will be liable to pay compensation for any financial loss caused to CGHS or physical and or mental injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospital has the capability to submit bills and medical records in digital format.
7. That Hospital will allow a discount of 10% on payment that are made within seven days from the date of submission of the bill to ECHS.
8. The Hospital will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.

9. That the centre has not been derecognized by CGHS or any state Government or other Organization, after being empanelled.

10. That no investigation by Central Government/State Government or any Statuary Investigating agency is pending or contemplated against the hospital.

Signature  
Head of Institution/Authorized Signatory

32. **Certificate for Acceptance of Rates.** A certificate given below will also be rendered by the Head of the Institution and attached with the application :-

**CERTIFICATE FOR ACCEPTANCE OF RATES**

1. It is certified that \_\_\_\_\_ (name of the institution / hospital) shall abide by ECHS rates promulgated from time to time and in no case shall the rates charged be in excess of those normally charged to non-ECHS members.

2. It is further certified that on approval for empanelment the hospital/institution shall negotiate and accept rates lower or equal to prevailing ECHS rates.

Signature  
Head of Institution/Authorized Signatory





**PART II: BACK GROUND INFORMATION**

<b><u>Ser No</u></b>	<b><u>Subject</u></b>	<b><u>Information given by Hospital</u></b>	<b><u>Remarks of QCI (NABH)</u></b>
1.	<b>Historical Background</b>		
	Date of Establishment		
	Registered/Not Registered* (with State Health Authorities)		
	Type-Govt/Private/Corporate		
	Management (Individual/Corporate/Trust or any other – please specify)		
	Recognition by other schemes – CGHS/Rlys/Public Schemes* - indicate which schemes are you linked with.  Already empanelled with ECHS – Yes/No		
2.	<b>Location</b>		
	Distance from nearest ECHS Polyclinic		
	Availability of public transport		
	Distance from Railway station/Bus stand/Airport to Hospital		
	Distance from nearest Military Hospital		
	Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area		

*(Note: Attach relevant documents/certificates for items marked \*)*

SIGNATURE OF THE AUTHORIZED APPLICANT

**PART III: HOSPITAL INFORMATION**

<b><u>Ser No</u></b>	<b><u>Subject</u></b>	<b><u>Information given by Hospital</u></b>	<b><u>Remarks of OCI (NABH)</u></b>
1.	<b>Hospital Information</b>		
	Building		
	Total Area		
	Floor Area		
	Total Number of Beds in Hospital		
	Macro environments-		
	External Ambience		
	Parking Area		
	Waiting Area		
	Reception and waiting for Relatives (Specify approx area)		
<i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may be included.</i>			
2.	<b>Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary.</b>		

SIGNATURE OF THE AUTHORIZED APPLICANT

**Remarks  
of QCI  
(NABH)**

3. Total number of beds

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

(a) Casualty/Emergency ward

(b) ICCU/ICU (4-12 beds)

(c) Private Ward

(d) Semi-Private ward (2-3 bedded)

(e) General ward bed (4-10 bedded)

(f) Total Area of the Hospital (1.5 Hectare or 4 Acres) :-  
(i) Area allotted to OPD

(ii) Area allotted to IPD

(iii) Area allotted to Wards

5. Specifications of beds with physical facilities/amenities :-

Dimension of ward length breadth category	Number of bed in each	Sq Mt Furnishing floor area per patient	Amenities

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

General Ward (4-8 beds)

Semi Private Ward (2-3 beds)

Private Ward (Single bed with attendant bed)

6. Nursing Care :-

(a) Total number of Nurses

(b) No of para-medical staff

<u>Category of Bed</u>	<u>Bed/Nurse Ratio (Acceptable Standard)</u>	<u>Actual Bed/Nurse Ratio</u>
❖ General	6 : 1	<input type="text"/> <input type="text"/>
❖ Semi-Private	4 : 1	<input type="text"/> <input type="text"/>
❖ Private	4 : 1	<input type="text"/> <input type="text"/>
❖ ICU/ICCU	1 : 1	<input type="text"/> <input type="text"/>
❖ High Dependency Unit	1 : 1	<input type="text"/> <input type="text"/>

SIGNATURE OF THE AUTHORIZED APPLICANT

7. Alternate power source Yes  No

8. **Bed occupancy rate (Norm 85%)** **Bed Turn Over rate**

- (a) General Bed
- (b) Semi-Private Bed
- (c) Private Bed

**Note :** Bed Occupancy rate =  $\frac{\text{Av daily census} * 100}{\text{Av No of bed available}}$   
(i.e No of authorized bed)

Turn over ratio =  $\frac{\text{Total discharge during a year}}{\text{Bed compliment}}$   
(No of authorized bed)

9. No of In house Doctors

10. No of In house Specialist/Consultant

11. No of visiting specialist/Consultant  
(Names and qualifications)  
Attach separate sheet if necessary

12. Laboratory facilities available :-

(a) Pathology

(b) Biochemistry

(c) Microbiology

(d) Any other   
(Statistics for the last three years)  
**(Essential facility required for services being provided should be available)**

13. Imaging facility available (Statistics for the last three years)  
**(Essential facility required for services being provided should be available)**

14. Supportive Services :-

(a) Boilers/Sterilizers

(b) Ambulance  (Basic Life Support System Ambulances)

(c) Laundry

**Remarks**  
**of QCI**  
**(NABH)**

1	(d)	Housekeeping	<input type="checkbox"/>	<b><u>Remarks of QCI (NABH)</u></b>
	(e)	Canteen	<input type="checkbox"/>	
	(f)	Gas plant	<input type="checkbox"/>	
	(g)	Waste disposal system as per prescribed rules	<input type="checkbox"/>	
	(h)	Dietary	<input type="checkbox"/>	
15.	Others (Preferably) :-			
	(a)	Blood Bank	<input type="checkbox"/>	
	(b)	Pharmacy	<input type="checkbox"/>	
	(c)	Physiotherapy	<input type="checkbox"/>	
	(d)	No of Operation Theatre	<input type="checkbox"/>	

**PART IV: FACILITIES APPLIED FOR**

1. Application for Empanelment as :-

- |  |                          |
|--|--------------------------|
| General Purpose Hospital                       | <input type="checkbox"/> |
| Speciality Hospital                            | <input type="checkbox"/> |
| Super-Speciality Hospital                      | <input type="checkbox"/> |
| Cancer Hospital                                | <input type="checkbox"/> |
| Physiotherapy Centres                          | <input type="checkbox"/> |
| Rehabilitative Centres and Hospices            | <input type="checkbox"/> |
| Private hospitals already on the panel of ECHS | <input type="checkbox"/> |
| SHCO/Nursing Home/Allopathic Clinic            | <input type="checkbox"/> |

(Please select the appropriate columns)

2. Total number of beds

--	--	--	--

3. **Facilities Applied.**(a) **General Purpose Hospital.**

- |   |                          |
|---|--------------------------|
| (i) General Medicine                          | <input type="checkbox"/> |
| (ii) General Surgery                          | <input type="checkbox"/> |
| (iii) Obstetrics and Gynecology               | <input type="checkbox"/> |
| (iv) Paediatrics                              | <input type="checkbox"/> |
| (v) Orthopedics (excluding Joint Replacement) | <input type="checkbox"/> |
| (vi) ICU and Critical Care units              | <input type="checkbox"/> |
| (vii) ENT                                     | <input type="checkbox"/> |
| (viii) Ophthalmology                          | <input type="checkbox"/> |
| (ix) Imaging facilities                       | <input type="checkbox"/> |
| (x) Blood Bank                                | <input type="checkbox"/> |
| (xi) Dermatology                              | <input type="checkbox"/> |
| (xii) Psychiatry                              | <input type="checkbox"/> |

<b><u>Remarks of QCI (NABH)</u></b>
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SIGNATURE OF THE AUTHORIZED APPLICANT

(b) **Specialty Hospitals.**

- |         |   |                          |
|---------|---|--------------------------|
| (i)     | Cardiology, Cardiovascular and Cardiothoracic surgery                     | <input type="checkbox"/> |
| (ii)    | Urology – including Dialysis and Lithotripsy                              | <input type="checkbox"/> |
| (iii)   | Orthopedic Surgery – including arthroscopic surgery and Joint Replacement | <input type="checkbox"/> |
| (iv)    | Endoscopic Surgery  | <input type="checkbox"/> |
| (v)     | Neuro Surgery   | <input type="checkbox"/> |
| (vi)    | Neuro Medicine  | <input type="checkbox"/> |
| (vii)   | Gastro-enterology   | <input type="checkbox"/> |
| (viii)  | Endocrinology   | <input type="checkbox"/> |
| (ix)    | Rheumatology  | <input type="checkbox"/> |
| (x)     | Clinical Haematology  | <input type="checkbox"/> |
| (xi)    | Medical Oncology  | <input type="checkbox"/> |
| (xii)   | Respiratory Diseases  | <input type="checkbox"/> |
| (xiii)  | Critical Care Medicine  | <input type="checkbox"/> |
| (xiv)   | Medical Genetics  | <input type="checkbox"/> |
| (xv)    | Radiotherapy  | <input type="checkbox"/> |
| (xvi)   | Nuclear Medicine  | <input type="checkbox"/> |
| (xvii)  | Plastic and Reconstructive Surgery  | <input type="checkbox"/> |
| (xviii) | Vascular surgery  | <input type="checkbox"/> |
| (xix)   | Paediatric surgery  | <input type="checkbox"/> |
| (xx)    | Onco Surgery  | <input type="checkbox"/> |
| (xxi)   | GI Surgery  | <input type="checkbox"/> |
| (xxii)  | Traumatology  | <input type="checkbox"/> |
| (xxiii) | Prosthetic Surgery  | <input type="checkbox"/> |
| (xxiv)  | Gynecological Oncology  | <input type="checkbox"/> |

**Remarks  
of QCI  
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT



- (xxv) Fertility and Assisted Reproduction
- (xxvi) Neonatology
- (xxvii) Paediatric Cardiology
- (xxviii) Haematology and Oncology
- (xxix) Onco-pathology
- (xxx) Transfusion Medicine
- (xxxi) Interventional and Vascular Radiology

  
  
  
  
  
  


**Remarks of QCI (NABH)**

(c) **Super Speciality Hospital.**

- (i) Cardiology
- (ii) Cardiothoracic Surgery
- (iii) Specialised Orthopedic Treatment facilities that include Joint Replacement surgery
- (iv) Nephrology and Urology
- (v) Endocrinology
- (vi) Neurosurgery
- (vii) Gastroenterology and GI surgery
- (viii) Oncology

  
  
  
  
  
  
  


**Remarks of QCI (NABH)**

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

(d) **Cancer Hospitals.**

**Remarks of QCI (NABH)**

**PART V: INFORMATION ON PROFESSIONAL SERVICES**

**1. EMERGENCY SERVICES:** (Mandatory for all General/Multi Speciality Hospitals)

**Remarks**  
**of QCI (NABH)**

(a) Emergency Services – Available/Not available

(If available average number of emergencies per month)

(b) Staffing

(i) Duty Doctors – Number on Duty

(ii) Nursing Staff – Nurses on Duty

(iii) Consultants – Present – If Present, then speciality

On call – If on call, time taken by  
Consultant

(c) Equipment available (indicate make, type & vintage of eqpt)

(i) Monitor defibrillators

(ii) Nebulisers

(iii) Infusion Pumps

(iv) Pulse Oximeter

(v) Oxygen supply (define arrangement)

(vi) Suction apparatus

(vii) Ventilator

(viii) Others specify

(d) Miscellaneous

SIGNATURE OF THE AUTHORIZED APPLICANT

2. **INTENSIVE CARE UNIT:** (Mandatory for all Multi Speciality Hospitals)

(a) Intensive Care Unit – Available/Not Available  
Specialised Intensive Care Units – Specify Availability

- (i) Cardiac
- (ii) Neurological
- (ii) Others – give details

(b) Staffing

- (i) Duty Doctors – Number on Duty
- (ii) Nursing Staff – Number and Specialised Nurses
- (iii) Consultants – Present – If present, then speciality

On call – if on call, time taken by  
Consultant

(c) Equipment available (Indicate make, type & vintage of eqpt)

- (i) Monitor defibrillators
- (ii) Nebulisers
- (iii) Infusion Pumps
- (iii) Pulse Oximeter
- (iv) Oxygen supply (piped and cylinders/concentrator etc)
- (v) Suction apparatus
- (vi) Ventilator
- (vii) Others specify

(d) Utilisation Indices

- (i) Bed occupancy
- (ii) Nurse Bed ratio

(e) ICU/ ICCU charges

- (i) Bed Charges of ICU (excluding consultation/treatment)
- (ii) Bed Charges for Specialised intensive care units

**Remarks  
of OCI  
(NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

3. **OPERATION THEATRES** (Mandatory for all hospital with Surgical facilities)

**Remarks of QCI (NABH)**

(a) Operation Theatre – Available/Not available  
Number of Operation Theatres-

- (i) General Surgery
- (ii) Specialised Procedures

(The specialized features for special OTs eg. Joint Replacement, Cardio thoracic & Neurosurgery Should be specified.

(b) Staffing

- (i) Number of Anaesthetists -Number present (attach list with Qualifications)
  - Number on Duty
  - Number on Call
  - Number on Permanent Roll
  - Number of Visiting Anaesthetists
- (ii) Operating Theatre Staff-OT Matrons and Nurses 
  - OT Technicians

(c) Equipment- Specify major Equipment (Indicate make, type & vintage of eqpt)

(d) OT Services

- (i) CSSD - Available/Not Available  
Type of sterilization techniques
- (ii) Sterlisation of OT
  - Frequency
  - Method
- (iii) Oxygen supply (piped/cylinders/concentrator etc)
- (iv) OT Environment
  - Air Conditioning - Type
  - Laminar Flow – Yes/No

(e) Utilisation Indices

- (i) Average Number of Surgeries under GA in last 4 months
- (ii) Type of Surgeries (Mention Speciality)

**PART VI - GENERAL SERVICES**

**(Note : For General Purpose Hospitals provide the following details. Please use separate sheets of paper for each General Speciality. Attach list of consultants, equipment and utilization indices pertaining to the specialised services alongwith the sheet). Emergency services, Intensive Care Unit and Operation Theatre details are mandatory to be filled in the same documents.**

(a) Name of Speciality - .....

(b) Utilisation Indices & Statistics

(i) Out Patient Services

- Days and timing of OPD .....
- Appointment facility – Available/Not Available
- Workload per month - .....

(ii) In Patient Services

- Availability of Beds for the Speciality - Yes/No  
(If Yes specify number of Beds)
- Nurse Patient ratio
- Resident Doctor Available - Yes/No
- Emergency Services for the Speciality - Available/Not Available

(iii) Surgeries/Procedures

- Number of Surgeries under GA per month
- Minor procedures/Surgery per month

(c) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

**(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)**

- (ii) Nursing Staff - Total number of staff nurses
- Specialty trained nurses

(iii) Others (Specify) – Special Technical Staff

(d) Equipment – Specify major equipment if present. (Indicate make, type & vintage of eqpt)

- (i) .....
- (ii) .....

(e) Package Rate – (Specify)

**Remarks of OCI (NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

**PART VII – SPECIALISED SERVICES**

*(Note : For every Specialised Services offered for empanelment provide the following details. Please use separate sheet of paper for each Specialised Service. Attach list of consultants, equipment and utilisation indices pertaining services alongwith the sheet.)*

(a) Type of Specialised Service - .....

(b) Utilisation Indices & Statistics

(i) Out Patient Services

- Days and timing of OPD - .....
- Appointment facility – Available / Not Available.
- Workload per month - .....

(ii) Inpatient Services

- Availability of Beds for the Speciality – Yes/No
- Nurse Patient ratio
- Resident Doctor available – Yes / No
- Emergency Services for the Speciality – Available/Not Available

(iii) Surgeries / Procedures

- Number of Surgeries under GA per month
- Minor procedures / Surgeries per month

(c) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility

**(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)**

- (ii) Nursing Staff - Total number of staff nurses.
- Speciality trained nurses.

(iii) Others (Specify) - Special Technical Staff

(e) Major Specialised Tests/Procedures Available (attach list)

(f) Package Rates – (Specify)

**Remarks of QCI (NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT

**PART VIII: ADDITIONAL INFORMATION**  
**SPECIALISED TESTS/TREATMENT**

(AS APPLICABLE)

1. <b><u>MRI</u></b>		To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of OCI (NABH)</u></b>
(a) Equipment particulars Model Name of Manufacturers Date of Installation Tesla			
(b) Utilisation Statistics  Number of MRI done in last year Total Billing on MRI during last one year			
(c) Qualification  (i) Qualified Radiologist with minimum 3 years post degree experience.			

(ii)Technicians – Full Time, holding degree/ diploma (2 years) from recognized institutions.

2. <b><u>CT SCAN</u></b>		To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of OCI (NABH)</u></b>
(a) Equipment Particulars :-  (i) Model  (ii) Name of manufactures  (iii) Date of Installation  (iv) Vintage of CT Scan Machine  (b) Slices per second Equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs to combat any allergic reactions due to contrast medium.			
(c) Utilisation Statistics  (i) No of CT scan done in last year  (ii) Total billing on CT Scan during last one year			

SIGNATURE OF THE AUTHORIZED APPLICANT

- (d) Qualification
  - (i) Qualified Radiologist with minimum 3 years post degree experience.
  - (ii) Qualified Radiographer –Holding diploma (2 years)/degree in Radiography from recognized institutions.
  - (iii) Provision of nursing staff/female attendant for lady patients.
- (e) Legal compliance  
(Housed in building as per **AERB** guidelines, Provision of **Radiation Protective Device** like Screen, Lead Apron, Thyroid and Gonads protective shield)

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>

3. **USG/COLOUR DOPPLER CENTRE FACILITY AVAILABLE** : Yes/No

- (a) Equipment particulars
  - Model
  - Name of Manufacturers
  - Date of Installation
  - High resolution USG Mchine
- (b) Qualification
  - (i) Qualified Radiologist with minimum 3 years post degree experience.
  - (ii) Full time nurse/female attendant for female patients
- (c) Legal compliance  
(Registration under the PNDT Act and its status of implementation)

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>

4. **OTHER SPECIALISED INVESTIGATIONS**

- (a) Number of Mammography in last one year
- (b) Number of Bone densitometry investigation in last one year.

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>



**5. CARDIOLOGY**

- (a) Number of angiogram done in last one year
- (b) Number of Angioplasty in last one year
- (c) Are qualified cardiologist with DM degree available on regular employment.
- (d) Whether the hospital has aseptic Operation Theatre for Cardiology Surgery
- (e) Whether, it has required instrumentation for Cardiology Surgery (Angiogram & Angioplasty)

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>

**6. CARDIO – THORACIC SURGERY**

- (a) Number of Open heart surgery done in last one Year (Minimum – 400/Year)
- (b) Number of CABG done in last one year (Minimum 200/year)
- (c) Qualified Cardiothoracic Surgeon available on regular employment
- (d) Whether the hospital has aseptic Operation Theatre for Cardio-Thoracic Surgery
- (e) Whether, it has required instrumentation for Cardio-Thoracic Surgery

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>

**7. NEURO SURGERY**

- (a) Number of major Neuro Surgeries does in the done in the last one year
- (b) Are qualified Neurosurgeon with minimum 5 years experience available on regular employment
- (c) Whether the hospital has aseptic Operation Theatre for Neuro Surgery
- (d) Whether it has required instrumentation for Neurosurgery
- (e) Whether EEG facilities available ?
- (f) Whether CT Scan available ?
- (g) Facility for Gamma Knife Surgery available ?
- (h) Facility for Trans-sphenoidal endoscopic available?
- (j) Facility for Steriotactic surgery available ?

To be filled by the Hosp/Diagnostic Centre	<u>Remarks of OCI (NABH)</u>

SIGNATURE OF THE AUTHORIZED APPLICANT

8. **JOINT REPLACEMENT SURGERY**

- (a) Number of major Joint Replacement surgeries done in last one year.
- (b) Are qualified Orthopaedic Surgeon with MCH/MSc (Liverpool/MSc London) or specialised training in recognised centres for joint replacement available on regular employment.
- (c) Aseptic Operation Theatre Present (Yes/No)
- (d) Required instrumentation for Knee/Hip Replacement
- (e) Nursing barrier for isolation of patient

To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>

9. **LAPAROSCOPIC SURGERY**

- (a) Number of Laparoscopic Surgery in last one year
- (b) Percentage of patients requiring conventional surgery due to failure of laparoscopic surgery
- (c) Are qualified Surgeon trained in Laparoscopic surgery with sufficient experience available
- (d) Aseptic Operation Theatre Present
- (e) The hospital has at least one complete set of Laparoscopic/Endoscopic equipment and instruments with accessories and should have facilities for open surgery i.e after conversion from Laparoscopic/Endoscopic surgery

To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>

10. **LITHOTRIPSY/TURP, OTHER NEPHROLOGY/UROLOGY PROCEDURES**

	To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>
(a) Number of major surgeries in last one year		
(b) Number of cases treated by Lithotripsy in last one year		
(c) Percentage of cases selected for lithotripsy which required conventional surgery		
(d) Qualified Uro Surgeon with MCH degree available		
(e) Aseptic Operation Theatre Present		

11. **RENAL TRANSPLANTATION, HEMODIALYSIS**

	To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>
(a) Renal Transplantation		
(i) Number of Renal Transplant in last one year		
(ii) Qualified Uro Surgeon with MCH degree available		
(iii) If the Hospital is recognised by Indian Society of Nephrology.		
(iv) Immunology lab present or not		
(v) Blood transfusion facilities Present or not		
(vi) Tissue typing unit DTPA/IMSA/DRCG present or not		
(vii) Scan facility available/not available		

(viii) Radiology facility available/not available

	To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>
(b) Haemodialysis unit		
(i) Number of Dialysis carried out per month		
(ii) Centre has trained Dialysis Technical and Sisters and full time Nephrologists and Resident Doctors available to combat the complications during the Dialysis.		
(iii) Number of Dialysis machine in unit		
(iv) Date of establishment of unit		

SIGNATURE OF THE AUTHORIZED APPLICANT

12. **LIVER TRANSPLANTATION**

- (a) Number of Liver Transplant done in last one year
- (b) Date and year when the Liver Transplant programme commenced
- (b) Success rate of Liver Transplant qualified Gastroenterologist or GI Surgeon available technical expertise in Liver Transplantation (atleast 50 liver transplants
- (d) Facilities for transplant immunology lab
- (e) Tissue typing facilities
- (f) Blood Bank
- (g) Radio Diagnosis
  
- (h) Rates:-

To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>

Sl No.	Procedure	Average length of stay in days	Package cost offered to General Public	Package cost offered to ECHS	<b><u>Remarks of QCI (NABH)</u></b>
	<b>Liver Transplantation</b>				
1	Liver Transplantation Recipient				
2	Liver Transplantation Donor				

13. **RADIOTHERAPY**

		To be filled by the Hosp/Diagnostic Centre	<b><u>Remarks of QCI (NABH)</u></b>
(a)	Number of Liver Transplant done in last one year		
(b)	Qualified Radiotherapist with MD degree in radiotherapy and 3 years experience.		
(c)	Medical Physician		
(d)	Cobalt Unit		
	Date of installation of unit		
	Patient load per day		
(e)	Linear Accelerator		
	Date of installation of unit		
	Patient load per day		
(f)	Brachytherapy		
	Date of installation of unit		
	Patient load per day		
(g)	IMRT		
	Date of installation of unit		
	Patient load per day		

**PART IX – LABORATORY SERVICES**

(For every Laboratory Service offered for empanelment provide the following details).

1. Type of Laboratory Service - .....  
 (Specify services for Hematology, Biochemistry, Microbiology, Immunology etc)

2. Services - Inhouse/Outsourced

3. Laboratory Statistics

(a) Timing of sample collection - .....

(b) Workload

- Clinical Path -
- Biochemistry -
- Micro biology -
- Others (specify) -


(c) Emergency Services - Available/Not Availabe

(d) Staffing

- (i) Consultants - Total number of Consultants
- Number of Consultants on Permanent Roll
- Number of Visiting Consultants to facility


**(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)**

- (ii) Lab Technicians - Total number
- Specialty trained nurses
- (iii) Others (specify) - Special Technical Staff


(e) Equipment- Specify major equipment if present (attach list) (**Indicate make, type & vintage of eqpt**)

- (i) .....
- (ii) .....

(f) Quality Audits

- (i) Internal Audit.
- (ii) External Audit.


(g) Package Rate- (Specify)

<p><b><u>Remarks of QCI (NABH)</u></b></p>   
--

**PART X – RADIO DIAGNOSIS & IMAGING SERVICES**

**(For every Radio Diagnosis and Imaging Services offered for empanelment provide the following details. Use separate sheets for each service viz X ray, CT scan, MRI etc)**

1. Type of Radio Diagnosis and Imaging Services-

.....  
(Specify services for X Ray, Contrast studies, Ultrasound, CT Scan and MRI etc)

2. Services - Inhouse/Outsourced

3. Statistics

(a) Working Hours - .....

(b) Workload per day

- X-ray -
- Ultrasound -
- Mammography -
- CT Scan -
- MRI -
- Others (specify) -


(c) Emergency Services - Available/ Not Available

(d) Staffing

- (i) Consultants - Total number of Consultants  
 - Number of Consultants on Permanent Roll  
 - Number of Visiting Consultants to facility


**(Attach list of the consultants and qualifications and experience detailing whether consultant is on permanent roll or visiting)**

- (ii) Lab Technicians - Total number  
 - Specialty trained nurses  
 (iii) Others (specify) - Special Technical Staff


(e) Equipment- Specify major equipment if present (attach list) **(Indicate make, type & vintage of eqpt) (For MRI- mention Tesla grading)**

- (i).....  
 (ii).....

(f) Misc Issues

- (i) Radiological safety measures.  
 (ii) Ultrasound registration (Attached copy of PNDT Certificate).


(g) Package Rate- (Specify)

<b><u>Remarks of QCI (NABH)</u></b>
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SIGNATURE OF THE AUTHORIZED APPLICANT

**PART XI – BLOOD BANK**

**(For Blood Bank Services offered for empanelment provided the following details)**

1. Services - In-house/Outsourced.

It outsourced, to whom outsourced - .....  
.....  
...  
(Columns below are to be filled for in house or outsourced facility)

2. Statistics

(a) Blood Testing facility - Available/ Not available

(b) Workload

Per day - .....  
Per month - .....

(c) Emergency Services – Available/Not Available

3. Staffing

(a) .....  
(b) .....  
(c) .....

4. Equipment – Specify major equipment if present (attach list) (Indicate make, type & vintage of eqpt)

(a) .....  
(b) .....

5. Misc Issues

(a) Registration number/License number (attach copy of authority)

6. Package Rate – (Specify)

.....  
.....

**Remarks of QCI (NABH)**

SIGNATURE OF THE AUTHORIZED APPLICANT



**PART XII – ANCLILLARY SERVICES****Remarks of  
QCI (NABH)**

1. House keeping services
- (a) General cleanliness of hospital OPD wards.
- (b) Cleanliness of rooms.
- (c) Cleanliness of toilets.
- (d) Number of Staff available.
- (e) Frequency of cleaning.
2. Hospital waste Management
- (a) Conformity of Rules
- (b) Availability of adequate collection and disposal system.
3. CSSD – Available/Not Available
- (a) Method of sterilisation
4. Pharmacy
- (a) In house/contract
- (b) Medicines available in hospital/procured from outside
- (c) Billing system – Computerised/Manual.
- (d) Responsibility for procuring medicines under package deal
- Hospital
  - Patient

SIGNATURE OF THE AUTHORIZED APPLICANT

## 5. Legal Issues

- (a) Conformity to various Acts/Rules & Regulations
- (b) Past history of cases (03 years) under COPRA/Medical Negligence/Criminal Law
- (i) Pending in courts
- (ii) Judgment in favour of Hospital
- (iii) Judgment against Hospital
- (c) Additional Acts/Rules where applicable
- (iv) MTP Act
- (v) Organ transplant Act
- (vi) Drug and Cosmetic Act
- (vii) Ultrasound registration
- (viii) Blood Bank Regn
- (ix) Others (Specify)

## 6. Hospital Utilisation Indices

- (a) Bed occupancy Rate
- (b) Average length of stay
- (c) Average daily OPD attendances
- (d) Gross death rate
- (e) Net death rate
- (f) Post operation Mortality rate
- (g) Caesarian rate

## 7. Does the facility accept HIV/AIDS patients – Yes / No

**SECTION III****INSPECTION REPORT AND RECOMMENDATIONS OF QCI (NABH)****Recommendations of the QCI (NABH)**

1. ....(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of ..... (Name of Hospital / Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

*(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)*

**(a) General Services**

Type of Speciality		Type of Speciality		Type of Speciality
General Medicine		General Surgery		Obstetrics and Gynaecology
ENT		Ophthalmology		Paediatrics
Dental		Psychiatry		Dermatology
Microbiology		Blood Bank (Blood transfusion)		Pathology
Orthopaedics				Radio Diagnosis

**(b) Specialised Services**

Specialised Services		Specialised Services		Specialised Services
<b><u>Surgery</u></b>		<b><u>Medicine</u></b>		<b><u>Obstetrics and Gynaecology</u></b>
Neuro Surgery		Neuro Medicine		Gynaecological Oncology
Plastic and Reconstructive Surgery		Cardiology (consultation and diagnostics)		Infertility and Assisted Reproduction
Cardio Thoracic Surgery		Interventional Cardiology		
Vascular Surgery		Gastro enterology		
Genito Urinary Surgery		Endocrinology		<b><u>Paediatrics</u></b>
Paediatric Surgery		Nephrology		Neonatology
Oncology (Surgery)		Rheumatology		Cardiology
Gastro Intestinal Surgery		Clinical Haematology		Haematology
Traumatology		Oncology (Medical)		Oncology
Joint Replacement Surgery		Critical Care Medicine		
Prosthetic Surgery		Respiratory Diseases		<b><u>Pathology</u></b>
Laparoscopic Surgery		Medical Genetics		Onco pathology
		Radiotherapy		Transfusion Medicine
		Nuclear Medicine		Transplant Pathology
<b><u>Radio Diagnosis &amp; Imaging</u></b>				<b><u>Others (Specify)</u></b>
CT Scan				
MRI				
Interventional and Vascular Radiology				

**Seal of NABH**SIGNATURE OF THE AUTHORIZED OFFICER  
OF NABH/QCI