



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली  
NATIONAL INSTITUTE OF TECHNOLOGY DELHI  
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

(An autonomous Institute under the aegis of Ministry of Education, Govt. of India)

Plot No. FA7, Zone P1, GT Karnal Road, Delhi-110036, INDIA  
दूरभाष/Tele: +9111-33861000, 1001, 1005 फैक्स/Fax: +9111-27787503

वेबसाइट/Website: www.nitdelhi.ac.in

MEMORANDUM OF UNDERSTANDING (MoU)  
Between  
NATIONAL INSTITUTE OF TECHNOLOGY DELHI (NITD)  
And  
SARDANA EYE INSTITUTE

AGREEMENT BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND SARDANA EYE INSTITUTE, A-2/19, RAJOURI GARDEN, NEW DELHI 110027, FOR PROVIDING MEDICAL SERVICES TO AN INDIVIDUAL EMPLOYEE AND THEIR DEPENDENT(S) WORKING AT NATIONAL INSTITUTE OF TECHNOLOGY DELHI.

This Agreement Made at Sardana Eye Institute, Rajouri Garden, Delhi on this 31<sup>st</sup> July day of 2023 between National Institute of Technology Delhi, Plot No. FA7, Zone P1, GT Karnal Road, Delhi-110036.

It is presented By Registrar of the Institute.

And

Sardana Eye Institute, A-2/19, Rajouri Garden, New Delhi 110027

It is presented by DR. TUSHAR SARDANA (DIRECTOR) of the Hospital.

Terms and Conditions:-

1. The hospital shall provide all types and forms of medical services including emergency treatment(s) to Employees of NIT Delhi and their dependent(s) at the CGHS rates prescribed by Ministry of Health and Family Welfare, GOI from time to time.
2. The best possible treatment shall be extended to the employees and their dependent(s) by the panel of the consultants at your hospital according to all practice parameters and clinical protocols established by Ministry of Health and Family Welfare, GOI.
3. The services shall only be provided to the employees and their dependent(s) based on the institute identity card. For dependent(s) services shall be provided after validating relationship proof. Institute will inform hospital as and when dependent(s) cards are made.
4. The payment for treatments shall be made by the Employee or his dependent(s) directly to the Hospital, without any financial liability on the part of the Institute.
5. All the final medical bills issued from the Hospital shall be duly signed and stamped from authorized signatory. The charges for various services and about any revision in the charges which may take place from time to time shall be stated and intimated to the Institute.

DR. TUSHAR SARDANA  
DIRECTOR  
SARDANA EYE INSTITUTE  
A-2/19, RAJOURI GARDEN  
NEW DELHI-110027  
HOSPITAL REGD. NO. 900

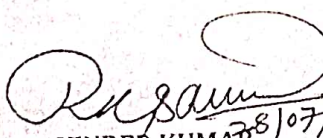
*[Signature]*  
12/07/2023

Sardana Eye Institute  
A2/19, Rajouri Garden,  
New Delhi-110027  
Hospital Regd. No. 900

6. All types of Vaccinations, Pathological, Bacteriological and Radiological or other similar tests shall be conducted at your hospital at prescribed CGHS rates.
7. The employee shall not be bound to purchase medicines from the hospital of treatment.
8. All the procedures / surgeries, investigation etc. for cataract, Lasik Laser, Retina and other operating procedures shall be conducted at your hospital by receiving payments based on CGHS rates from the Employee and his dependent(s) directly to the Hospital without any financial liability on part of Institute.
9. For inpatient cases, the entitlement for the room rent, consultation charges, doctor's visit, bed charges etc. shall only be as per the entitlement of the employee. The details of the entitlement shall be provided by the Institute on case-to-case basis and patient will be charged as per the prescribed CGHS rates.
10. The ambulance services shall also be provided on as and when required basis.
11. The medical services shall not be extended to the students of the Institute.
12. All regular employees may claim medical reimbursement from the Institute within 06 months of treatment and medical services availed at CGHS rates only.
13. All other terms and conditions shall be abided by CGHS norms, issued from Ministry of Health and Family welfare from time to time, by intimating to each party.
14. In case of any verification required regarding employee and other things, the same can be emailed to registrar@nitdelhi.ac.in. The contact number is as follows: 011-33861006.
15. MOU can be terminated by either party by giving one month's prior notice.
16. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
17. Any clause in the MOU can be affected as an addendum, after the written approval from both the parties.

Now this MOU witness and it is agreed by and between the parties as follow:

This MOU shall come into force with effect from 31st day of July 2023. And will remain in force until terminated by either party by giving written notice to this effect.

  
 RAVINDER KUMAR 28/07/2023  
 (REGISTRAR)

NATIONAL INSTITUTE OF TECHNOLOGY DELHI  
 FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036  
 Email Id: [registrar@nitdelhi.ac.in](mailto:registrar@nitdelhi.ac.in)  
 Contact No. 011-33861006

NAME DR. TUSHAR SARDANA  
 DESIGNATION DIRECTOR


SARDANA EYE INSTITUTE  
 A-2/19, RAJOURI GARDEN, NEW DELHI  
 110027

Email Id: [info@sardanaeyeinstitute.com](mailto:info@sardanaeyeinstitute.com)  
 Contact No. 9716101030



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 National Institute of Technology Delhi

एन.आई.टी. दिल्ली, एन.आई.टी. दिल्ली  
 पता: FA7, Zone P1, GT Karnal Road, Delhi-110036

  
 Sardana Eye-Institute  
 A2/19, Rajouri Garden,  
 New Delhi-110027  
 Hospital Regd. No.-900

DR. TUSHAR SARDANA  
 DNB, FICO, FIVPEI  
 VITREO RETINA & LVEA  
 Consultant  
 SARDANA EYE INSTITUTE  
 Reg. No. 83372/DMC