



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
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वेबसाइट/Website: www.nitdelhi.ac.in

MEMORANDUM OF UNDERSTANDING (MoU)
Between
NATIONAL INSTITUTE OF TECHNOLOGY DELHI (NITD)
And
KHANNA MEDICARE CENTRE (EYE HOSPITAL)

AGREEMENT BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND KHANNA MEDICARE CENTRE (EYE HOSPITAL), W-6, MAIN PATEL ROAD, WEST PATEL NAGAR, SHADIPUR METRO STATION, PILLAR NO. 234, NEW DELHI - 110008

FOR PROVIDING MEDICAL SERVICES TO AN INDIVIDUAL EMPLOYEE AND THEIR DEPENDENT WORKING AT NATIONAL INSTITUTE OF TECHNOLOGY DELHI.

This Agreement Made at DELHI on this OCTOBER 9th day of 2024 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

KHANNA MEDICARE CENTRE (EYE HOSPITAL), W-6, MAIN PATEL ROAD, WEST PATEL NAGAR, SHADIPUR METRO STATION, PILLAR NO. 234, NEW DELHI - 110008
It Is presented By 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 dependents at the CGHS rates prescribed by Ministry of Health and Family Welfare, GOI from time to time.
2. IPD services will be on credit basis as per prevailing CGHS rates and OPD services will be on cash basis only.
3. Hospital will raise the bill to the institute with supporting medical documents indicating medical condition and treatment done which shall be settled within 30 days from the date of bill submission (in case of any specific timeline requested by the hospital, the same will be mentioned here).
4. Institute will give a credit note in the name of patient (staff/employee) in case required by the hospital.
5. The best possible treatment shall be extended to the employees and their dependents 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.

6. The services shall only be provided to the employees and their dependents based on the institute identity card. For dependents services shall be provided after validating relationship proof. Institute will inform hospital as and when dependent cards are made.
7. The payment for OPD treatments shall be made by the Employee or his dependent directly to the Hospital, without any financial liability on the part of the Institute.
8. 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.
9. All types of Vaccinations, Pathological, Bacteriological and Radiological or other similar tests shall be conducted at your hospital at prescribed CGHS rates.
10. The employee shall not be bound to purchase medicines from the hospital of treatment.
11. All the surgical procedures, CT Scans, X-rays of all forms, Nuclear Medicine, MRI and other operating procedures shall be conducted at your hospital by receiving payments based on CGHS rates from the Employee and his dependent directly to the Hospital without any financial liability on part of Institute.
12. 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 such patients shall be provided on case to case basis by the Institute and patient will be charged as per the prescribed CGHS rates.
13. The ambulance services shall also be provided on as and when required basis.
14. The medical services shall not be extended to the students of the Institute.
15. All regular employees may claim medical reimbursement from the Institute within 06 months of treatment and medical services availed at CGHS rates only.
16. All other terms and conditions shall be abide by CGHS norms, issued from Ministry of Health and Family welfare from time to time, by intimating to each party.
17. 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: 01133861006.
18. MOU can be terminated by either party by giving one month's prior notice.
19. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
20. 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^{9th} day of October 2024 And will remain in force until terminated by either party by giving written notice to this effect.


PROF (DR) JYOTEESH MALHOTRA
(REGISTRAR)
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036
Email Id: registrar@nitdelhi.ac.in
Contact No. 011-33861006


NAME _____
DESIGNATION _____
KHANNA MEDICARE CENTRE (EYE
HOSPITAL), W-6, MAIN PATEL ROAD, WEST
PATEL NAGAR, NEW DELHI - 110008
Email Id: _____
Contact No. _____