



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
GANESH DIAGNOSTIC AND IMAGING CENTRE PVT. LTD., DELHI
(5 BRANCHES)

AGREEMENT BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND GANESH DIAGNOSTIC AND IMAGING CENTRE PVT. LTD., DELHI

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

This Agreement Made at NEW DELHI on this 17th JUNE day of 2025 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

GANESH DIAGNOSTIC AND IMAGING CENTRE PVT. LTD., DELHI (5 BRANCHES)
It Is presented By Director of the Centre.

Terms and Conditions:-

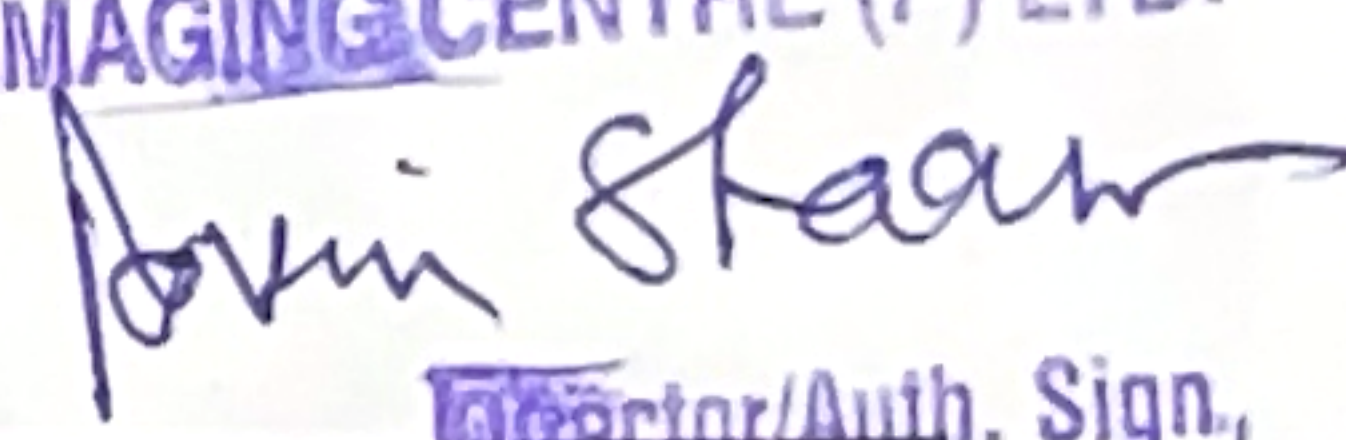
1. The medical diagnostic and imaging centre shall provide all medical services (diagnostic and imaging) at the CGHS rates prescribed by Ministry of Health and Family Welfare, GOI from time to time.
2. **The treatment will be offered at their following branches: Rohini, Mangolpuri, Derawal Nagar, Hari Nagar and Yamuna Vihar.**
3. The best possible services shall be extended to the regular employees and their dependents, pensioners at your centre according to all practice parameters and clinical protocols established by Ministry of Health and Family Welfare, GOI.
4. 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 the centre as and when dependent cards are made.
5. The payment for procedures shall be made by the employee or his dependent directly to the centre, without any financial liability on the part of the Institute.
6. All the final medical bills issued from the centre 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.

7. All the procedures, CT Scans, X-rays of all forms, Nuclear Medicine, MRI and other diagnostic/imaging procedures shall be conducted at your centre by receiving payments by cash from the Employee and his dependent directly to the centre without any financial liability on part of Institute.
8. All regular employees may claim medical reimbursement from the Institute within 06 months of medical services availed at CGHS rates only.
9. 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.
10. 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.
11. The MOU can be terminated by either party by giving one month's prior notice.
12. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
13. 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 17th day of JUNE 2025. And will remain in force until terminated by either party by giving one month written notice to this effect.


 कुलसचिव / Registrar
 राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
 National Institute of Technology Delhi
 जी.टी.कर्माल रोड, दिल्ली-36
 Plot No. FA7, Zone P1, GT Karnal Road, Delhi-36
PROF (DR) HITESH SHARMA
(REGISTRAR)
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036
Email Id: registrar@nitdelhi.ac.in
Contact No. 011-33861006

FOR GANESH DIAGNOSTIC & IMAGING CENTRE (P) LTD.

NAME : _____
DESIGNATION : Director
GANESH DIAGNOSTIC AND IMAGING
CENTRE PVT. LTD., DELHI
Email Id: Director@ganeshdiagnostic.com
Contact No. 9212125996

WITNESS (NIT DELHI)


1. CHAIRMAN, MAC:



2. MEDICAL OFFICER:



WITNESS (GANESH DIAGNOSTIC)

1. 

2. 