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

DR. AGARWALS EYE HOSPITAL, DELHI

AGREEMENT BETWEEN THE **NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND DR. AGARWALS EYE HOSPITAL, D-16, South Extension II, Block D, New Delhi-110049** 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** 30th September **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

DR. AGARWALS EYE HOSPITAL, DELHI
It is presented by Jagathveer Sharma Jt. Manager **of the Hospital.**

Terms and Conditions: -

1. The centre shall provide all types and forms of medical services (both OPD and IPD) including emergency treatment (s) to Employees of NIT Delhi and their dependents at the CGHS rates (on upfront cash payment basis) prescribed by Ministry of Health and Family Welfare, GOI from time to time. They will also offer 10% discount on prevailing hospital tariff which are not listed in CGHS.
2. The hospital shall provide value added services like complementary health check-up camps/Health Talks on mutually agreeable dates, 15% discount on Optical and 10% discount on Lasik.
3. The best possible treatment shall be extended to the employees and their dependents by the panel of the consultants 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 hospital as and when dependent cards are made.
5. The payment for treatments 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. The employee shall not be bound to purchase medicines from the hospital of treatment.
8. All the diagnostic/imaging procedures, CT Scans, X-rays of all forms, Nuclear Medicine, MRI and other operating procedures shall be conducted at your centre 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.
9. For employees of NIT Delhi and their dependents to whom treatment shall be provided on inpatient basis at CGHS rates under this MoU, the entitlement for the room rent, consultation charges, doctor's visit, bed charges etc. shall only be as per the entitlement of the respective employee of NIT Delhi. The aforesaid entitlement details shall be informed/confirmed by NIT Delhi for each of its employee and/or dependent on case-to-case basis in writing to the Hospital before admission of each patient and the same shall be communicated to the patient by the Hospital. For patient voluntarily opting for higher room category beyond their entitlement, written consent/undertaking shall be taken from patient stating that differential bill amount shall be borne by the patient and shall not be claimed by the patient for reimbursement.
10. The medical services shall not be extended to the students of the Institute.
11. 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.
12. 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.
13. MOU can be terminated by either party by giving one month's prior notice.
14. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
15. 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 30th day of SEPTEMBER 2025 And will remain in force until terminated by either party by giving written notice to this effect.

30/09/25

कुलसचिव / Registrar
राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
National Institute of Technology Delhi
प्लॉट सं. एफ ए 7, जोन पी1, जी.टी.करनाल रोड,दिल्ली-36
Plot No. FA7, Zone P1,GT Karnal Road,Delhi-36

PROF (DR) IIITESH 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

Dr. Agarwals Healthcare Limited

NAME JAGESHWAR SHARMA
DESIGNATION Sr. Manager
DR. AGARWALS EYE HOSPITAL, DELHI
Email Id: jageshwar.sh@dragrwal.com
Contact No. 8148338205 / 9910732160

WITNESS (NIT DELHI)

1.CHAIRMAN, MAC:

2.MEDICAL OFFICER:

WITNESS (DR. AGARWALS EYE HOSPITAL)

1.

2.