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This stamp paper forms an integral part of this Memorandum of Understanding executed between National Institute of Technology Delhi and Max Smart Super Speciality Hospital (a unit of Modi Hospital and Research Centre for Medical Sciences).



#### Statutory Alert:

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# 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](http://www.nitdelhi.ac.in)

### MEMORANDUM OF UNDERSTANDING ("MoU")

Between

NATIONAL INSTITUTE OF TECHNOLOGY DELHI ("NITD")

And

MAX SMART SUPER SPECIALITY HOSPITAL (A UNIT OF GUJARMAL  
MODI HOSPITAL AND RESEARCH CENTRE FOR MEDICAL SCIENCES)  
("HOSPITAL")

MEMORANDUM OF UNDERSTANDING BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI,  
PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND MAX SMART SUPER SPECIALITY  
HOSPITAL (A UNIT OF GUJARMAL MODI HOSPITAL AND RESEARCH CENTRE FOR MEDICAL SCIENCES)  
situated at Mandir Marg, Press Enclave Road, Saket, New Delhi - 110 017

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

This Memorandum of Understanding ("MoU") Made at New Delhi on 15th December 2025 between  
National Institute of Technology Delhi, Plot No. FA7, Zone P1, GT Karnal Road, Delhi-110036  
(hereinafter referred to as "Institute" or "NIT Delhi").  
It Is Presented by Registrar of the Institute.

And

MAX SMART SUPER SPECIALITY HOSPITAL (A UNIT OF GUJARMAL MODI HOSPITAL AND RESEARCH  
CENTRE FOR MEDICAL SCIENCES) (hereinafter referred to as "Hospital")  
It Is presented by Executive Vice-President of the Hospital.

*Institute/NIT Delhi and Hospital shall hereinafter collectively referred to as "Parties" and individually a "Party".*

Now this MoU witness and it is agreed by and between the Parties as follow:

#### Terms and Conditions:-



प्रो. (डॉ.) हितेश शर्मा/Prof.(Dr.) Hitesh Sharma  
कुलसंचिव/Registrar  
राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली  
National Institute of Technology Delhi  
प्लॉट सं. एफ.ए.7 जोन सी1, जी.टी. कर्नाल रोड, दिल्ली-36  
Plot No. FA7, Zone P1, GT Karnal Road, Delhi-36



1. The Hospital shall provide all types and forms of available medical services including emergency treatment(s) to Employees of NIT Delhi and their dependents at CGHS rates **for three specialties i.e. cardiology, oncology and orthopaedics** and for rest of the specialties and services at 10% discount from the prevailing Hospital tariff. No discounts shall be provided on drugs, implants consumables, NPPA medicines, outsourced investigations/tests, fixed cost packages, dental and physiotherapy services.
2. The best possible treatment shall be extended to the employees and their dependents by the panel of the consultants at Hospital according to clinical practice parameters and clinical protocols established by Ministry of Health and Family Welfare, GOI.
3. Both OPD and IPD services will be on cash basis only.
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 medical services/treatment shall be made by the Employee or his dependent directly to the Hospital, without any financial liability on the part of the Institute.
6. All the final medical bills issued from the Hospital shall be duly signed and stamped from authorized signatory.
7. All the surgical procedures, CT scans, X-rays of all forms, Nuclear Medicine, MRI and other operating procedures shall be conducted at Hospital by receiving payments from the Employee and his/her dependent directly to the Hospital without any financial liability on part of Institute.
8. 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.
9. The ambulance services shall also be provided on as and when required on chargeable basis.
10. The discount or CGHS rates for medical services as agreed under this MoU shall not be extended to the students at NIT Delhi.
11. In case of any verification required regarding employee and other things, the same can be emailed to [registrar@nitdelhi.ac.in](mailto:registrar@nitdelhi.ac.in). The contact number is as follows: 01133861006.
12. This MoU will remain in force for a period of two (2) years effective from 15/12/2025 till 15/12/2028 and may be extended by mutual consent of both the Parties, in writing.



13. This MoU can be terminated by either party by giving one month's prior written notice, without assigning any reason.

14. This MoU will be governed by the laws of India. Any disputes, claims arising out of this MoU are subject to arbitration in accordance with the Arbitration and Conciliation Act, 1996 and subject to the exclusive jurisdiction of Courts of Delhi only.

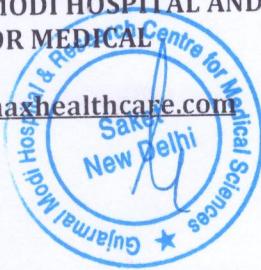
15. Any clause in the MoU can be affected as an addendum, after the written approval from both the Parties.

This MOU shall come into force with effect from 15/12 day of December 2025 And will remain in force until terminated by either party by giving written notice to this effect.

  
**PROF (DR) HITESH SHARMA**  
 (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

प्रो. (डॉ.) हितेश शर्मा) / Prof. (Dr.) Hitesh Sharma  
 कुलसचिव / Registrar  
 राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली  
 लाल स. एक्स. 7 जोन पी१, जी.टी. कर्नाल रोड, दिल्ली-३६  
 Plot No. FA7, Zone P1, GT Karnal Road, Delhi-36

**DR. GURPREET SINGH**  
 EXECUTIVE VICE-PRESIDENT  
**MAX SMART SUPER SPECIALITY HOSPITAL**  
 (a unit of GUJARMAL MODI HOSPITAL AND  
 RESEARCH CENTRE FOR MEDICAL  
 SCIENCES)  
 Email Id: [maxlegal@maxhealthcare.com](mailto:maxlegal@maxhealthcare.com)  
 Contact No.



WITNESS

1. CHAIRMAN, MAC:



2. MEDICAL OFFICER:



WITNESS

1. Vivek Dwivedi



2. Rakesh Singh  
at Rakesh