



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
DR. CHAUHAN'S BALAJI DENTAL CLINIC

AGREEMENT BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND DR. CHAUHAN'S BALAJI DENTAL CLINIC, ALIPUR, NEW DELHI - 110036

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 MARCH 2026 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. CHAUHAN'S BALAJI DENTAL CLINIC, ALIPUR, NEW DELHI - 110036
It Is presented by Director of the Hospital.

Terms and Conditions: -

1. The clinic 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. The best possible treatment shall be extended to the employees and their dependents by the panel of the consultants at your clinic according to all practice parameters and clinical protocols established by Ministry of Health and Family Welfare, GOI.
3. All OPD services will be on cash basis as per prevailing CGHS rates.
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 clinic as and when dependent cards are made.
5. The payment for treatments shall be made by the Employee or his dependent directly to the clinic, without any financial liability on the part of the Institute.
6. All the final medical bills issued from the clinic 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 types of Radiological or other similar tests shall be conducted at your clinic at prescribed CGHS rates.
8. The employee shall not be bound to purchase medicines from the clinic of treatment.

9. The medical services will be extended to the students of the Institute as per CGHS rates as well.
10. All regular employees may claim medical reimbursement from the Institute within 06 months of treatment and medical services availed at CGHS rates only.
11. 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.
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 MARCH 2026 And will remain in force until terminated by either party by giving written notice to this effect.



प्रो. (डॉ.) हितेश शर्मा / Prof. (Dr.) Hitesh Sharma
कुलसचिव / Registrar
राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
National Institute of Technology Delhi
प्लॉट सं. एफ.ए.7 ज़ोन पी1, जी.टी. कर्नाल 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

WITNESS (NIT DELHI)

1. CHAIRMAN, MAC:

For

2. MEDICAL OFFICER:

DR. GEETA CHAUHAN (B.D.S.)
DIRECTOR
DR. CHAUHAN'S BALAJI DENTAL CLINIC
75/151, NEHRU ENCLAVE, MAIN NARELA ROAD,
ALIPUR, DELHI-110036
MOB.-9811567752

NAME Dr Geeta Chauhan
DESIGNATION Director
DR. CHAUHAN'S BALAJI DENTAL CLINIC,
ALIPUR, NEW DELHI - 110036
Email Id: gletakubir@gmail.com
Contact No. 7838295827

WITNESS (DENTAL CLINIC)

1. DR. Kulbir Singh

2.