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. KHALSA DENTAL CLINIC, NARELA

AGREEMENT BETWEEN THE **NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND DR. KHALSA DENTAL CLINIC, 2354 T1, SHASTRI MARKET, SHIVAJI NAGAR, NARELA, DELHI – 110040**
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** 16th MAY **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. KHALSA DENTAL CLINIC, 2354 T1, SHASTRI MARKET, SHIVAJI NAGAR, NARELA, DELHI – 110040
It Is presented by CONSULTANT AND HEAD **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. 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 the 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 Vaccinations, Pathological, Bacteriological and Radiological or other similar tests shall be conducted at your hospital at prescribed CGHS rates.

8. The employee shall not be bound to purchase medicines from the hospital of treatment.
9. All the surgical procedures, CT Scans, X-rays of all forms, Nuclear Medicine, MRI and other operating procedures shall be conducted at your clinic by receiving payments based on CGHS rates from the Employee and his dependent directly to the clinic without any financial liability on part of Institute.
10. There will be priority appointments for NIT Delhi faculty, staff and students.
11. The medical services extended to the students of the Institute must be at reasonable and affordable costs.
12. All regular employees may claim medical reimbursement from the Institute within 06 months of treatment and medical services availed at CGHS rates only.
13. 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.
14. 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.
15. MOU can be terminated by either party by giving one month's prior notice.
16. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
17. 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 16th day of MAY 2025 And will remain in force until terminated by either party by giving written notice to this effect.

कुलसचिव / Registrar
राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
National Institute of Technology Delhi
जी.टी.करनाल 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

DR. BALWANT KAUR
Reg. No. 13615 A
Senior Consultant & Head
Dr. Khalsa Dental, Delhi-40

NAME DR. BALWANT KAUR
DESIGNATION CONSULTANT & HEAD
DR. KHALSA DENTAL CLINIC, 2354 T1,
SHASTRI MARKET, SHIVAJI NAGAR,
NARELA, DELHI – 110040
Email Id: m.s.mudher0@gmail.com
Contact No. 9999356928, 9643451231

WITNESS (NIT DELHI)

1.CHAIRMAN, MAC:

2.MEDICAL OFFICER:

WITNESS (DR. KHALSA DENTAL CLINIC)

1.

2.