

AGREEMENT BETWEEN THE NATIONAL INSTITUTE OF TECHNOLOGY DELHI, PLOT NO. FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036 AND TULIP MULTISPECIALITY HOSPITAL PVT. LTD., NEAR VIVEKANAND CHOWK, DELHI ROAD, SONIPAT-131001, HARYANA FOR PROVIDING MEDICAL SERVICES TO AN INDIVIDUAL EMPLOYEE AND THEIR DEPENDENT WORKING AT NATIONAL INSTITUTE OF TECHNOLOGY DELHI.

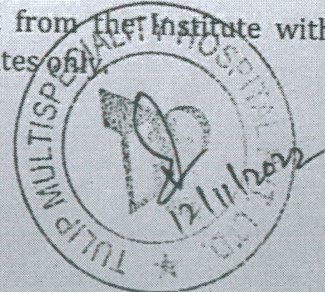
This Agreement Made at _____ on this _____ day of 2022 between National Institute of Technology Delhi, Plot No. Fa7, Zone P1, GT Karnal Road, Delhi-110036.
It Is Presented By Registrar of the Institute.

And

Tulip Multispeciality Hospital Pvt. Ltd., Near Vivekanand Chowk, Delhi Road, Sonipat-131001, Haryana Tulip Multispecialty Hospital Pvt. Ltd. TP Scheme 15, Near Vivekanand Chowk, Delhi Road, Sonipat-131001, Haryana
It Is presented By _____ of the Hospital.

Terms and Conditions:-

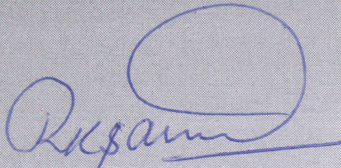
1. The hospital shall provide all types and forms of medical services including emergency treatment (s) to Employees of NIT Delhi and their dependents at the CGHS rates prescribed by Ministry of Health and Family Welfare, GOI from time to time.
2. The best possible treatment shall be extended to the employees and their dependents by the panel of the consultants at your hospital according to all practice parameters and clinical protocols established by Ministry of Health and Family Welfare, GOI.
3. The services shall only be provided to the employees and their dependents based on the list provided by the Institute to the Hospital (the same may vary from time to time and shall be provided to the Hospital).
4. The payment for treatments shall be made by the Employee and his dependent directly to the Hospital, without any financial liability on the part of the Institute.
5. All the final medical bills issued from the Hospital 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.
6. No cashless facility for any medical services shall be provided including medicines to the employees and their dependents.
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 hospital 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.
10. The room rent, consultation charges, doctor's visit, bed charges etc. shall only be provided as per the entitlement of the employee (Pay matrix level to be seen in the list of employees provided by the Institute) and be charged as per the prescribed CGHS rates.
11. The ambulance services shall also be provided on as and when required basis.
12. The medical services shall not be extended to the students of the Institute.
13. All regular employees may claim medical reimbursement from the Institute within 06 months of treatment and medical services availed at CGHS rates only.



14. 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.
15. In case of any verification required regarding employee and other things, the same can be emailed to registrar@nitdelhi.ac.in or be faxed 011-27787503. The contact number is as follow: 01133861006.
16. MOU can be terminated by either party by giving one month's prior notice.
17. Any disputes, claims arising out of this agreement are subject to arbitration and subject to the jurisdiction of District Court of Rohini, Delhi only.
18. 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 fromday of And will remain in force until terminated by either party by giving written notice to this effect.



SH. RAVINDER KUMAR
(REGISTRAR)
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
FA7, ZONE P1, GT KARNAL ROAD, DELHI-110036
Email Id: registrar@nitdelhi.ac.in
Contact No. 011-33861006



कुलसचिव / Registrar
राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
National Institute of Technology Delhi
प्लॉट सं. एफ.ए. 7, जोन पी 1, जी.टी. कर्नाल रोड, दिल्ली - 36
Plot No. FA7, Zone P1, GT Karnal Road, Delhi-36

NAME AMIT GUPTA
DESIGNATION ADMINISTRATOR
TULIP MULTISPECIALTY HOSPITAL
SONIPAT (HARYANA)
Email Id: HOSPITALTULIP@GMAIL.COM
Contact No. 9017575650, 7404321021

