

## MEMORANDUM OF UNDERSTANDING

BETWEEN

Asia Pacific Association for Dental and Oral Health (APADENTO)

AND

Surendera Dental College & Research Institute, Sri Ganganagar

### Preamble

This Memorandum of Understanding (hereinafter referred to as "MoU") is made and entered into by and between the Asia Pacific Association for Dental and Oral Health (APADENTO), BioLEAGUES Worldwide, Chennai, India (herein referred to as "First Party") and Surendera Dental College & Research Institute, Sri Ganganagar, India (herein referred to as "Second Party").

This memorandum sets out the initial relationship between the parties as well as the respective rights and responsibilities of each party. Each Party respectively is expected to act in good faith in accordance with this memorandum.

### Purpose

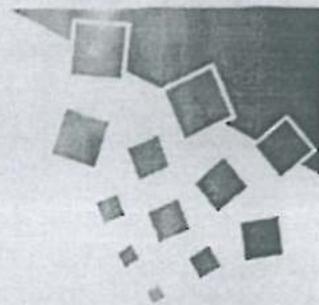
The purpose of this MoU is to establish a framework for the "5th International Conference on Dentistry & Oral Health", Academic Partner between Asia Pacific Association for Dental and Oral Health and Surendera Dental College & Research Institute, Sri Ganganagar as an Academic Partner for organizing the "5th International conference on Dentistry & Oral Health" on "7<sup>th</sup> & 8<sup>th</sup> December 2022". And to set forth the understandings and intentions of the partners about collaboration in areas of mutual concern mentioned herein.

  
Director Princip-  
Surendera Dental College  
Research Institute, SGNR

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www.apadento.org 

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### Background

The partnership is important between Asia Pacific Association for Dental and Oral Health (APADENTO) and Surendra Dental College & Research Institute, Sri Ganganagar since, APADENTO is one of the world's largest non-profitable, professional association meant for research, development and promotion in the field of Dentistry & committed to improving dental & oral health by promoting advanced science-based evidence through our initiatives in education and research. APADENTO is a paramount body that has brought technical revolution and sustainable development in the field of Dentistry & Oral Health.

Asia Pacific Association for Dental and Oral Health (APADENTO) is a forum where innovations and research interests could be supported and developed prioritizing our mutual interest. Our forums and associates constitute professional leaders, universities, organizations and associations connecting each other with a mission to work as wizards of science for defending the earth.

Asia Pacific Association for Dental and Oral (APADENTO) Health forms partnerships with colleges, articles in its high-quality peer reviewed journals, proceedings and research magazines. APADENTO is a platform to promote the advancement and dissemination of the knowledge of Various Dental Specialities. APADENTO fulfil the need of professionals even for their end-to-end research and development. APADENTO is a leading publisher of scientific research works in highly cited, high indexed and high standard International Journals such as SCOPUS, SCI/ESCI, Web of Science, UGC, Springer, Inderscience publishers etc.

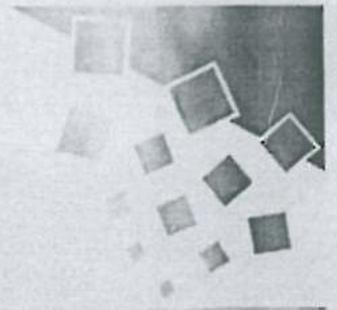
Asia Pacific Association for Dental and Oral Health (APADENTO) was established with the vision of 'imparting quality education and instil high levels of discipline and attitude that can make students technologically and ethically strong who in turn shall contribute to the advancement of society and mankind. The Institution believes in 'fuelling the quest for knowledge' which ensures individual professional success, which culminates in benefiting the Society.

  
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notification and Verbal recognition at the Inaugural Ceremony of the conference.

- Exposure of the Academic Partner in the International Conference.
- Promotion of Surendera Dental College and Research Institute logo in our association website as our associates.

#### Academic Opportunities

- Concession for all the presenters from the Academic Partner.
- Opportunity to review the papers and get certificate (For Faculties of the Academic Partner).
- Opportunity to be as one of the Scientific Committee Member.

#### Professional Opportunities

- Benefits of being an Organizing Committee Member, Session Chair, Scientific Committee Member, Reviewer (Based on the Profile).
- Benefits of selecting a Moderator from the Academic Partner (Certification of recognition as Academic Partner).
- Felicitations and Certification to the delegates from the Academic Partner.

#### Complimentary Opportunities

One Complimentary registration will be given to the Speakers

#### Involvement and Participation of the Academic Partner:

##### Branding or Promotional Responsibility

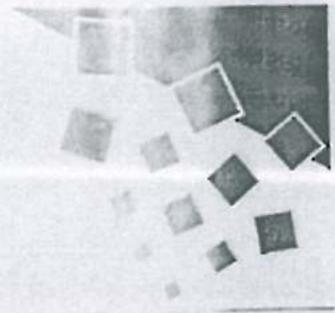
- Promote the event in Academic Partner Institution website and forums.
- Promote the conference in the partner Institution website and their community.
- Welcome message video / Message from any higher authority of the Surendera Dental College and Research Institute for the Promotion of the conference on the conference website.

  
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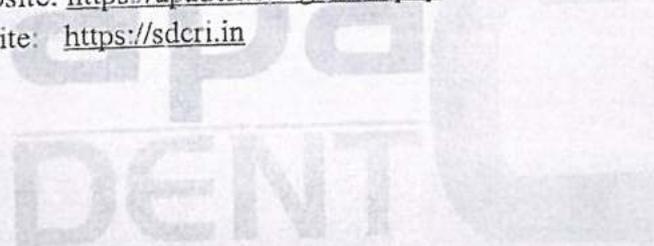
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- Publicity of the conference in the Institution venue country.
- Encouraging the participation of all the students along with the faculties of the Institution.
- Conference awareness in PR / Media of Institution (Pre-Conference and Post Conference)
- Marketing in various Dental Colleges Surendera Dental College and Research Institute and notifying them about the prestige event.
- Sharing Sponsorship/ Exhibitor information with APADENTO for the conference.

**For Further Details:**

Conference Website: <https://www.bioleagues.com/dental-congress/index.php>  
Association Website: <https://apadento.org/index.php>  
Institution Website: <https://sdcri.in>

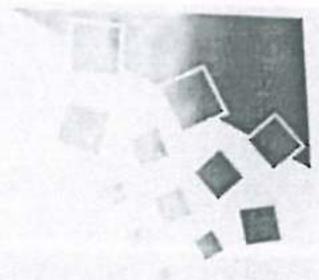


  
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**Contact Information**

Name of University/Institute: Surendera Dental College and Research Institute, Gang...

Partner Name: Dr. Sandeep Kumar

Position: Principal

Address: H.H.Gardens, Powerhouse Road, Sri Ganganagar Rajasthan,

Sri Ganganagar -335001

Telephone: 9660978000

E-mail: [skg@sgi.or.in](mailto:skg@sgi.or.in)

Dr. Sandeep Kumar

**Director Principal**

Principal, Surendera Dental College & Research Institute, SGNR

Name of Professional Association: Asia Pacific Association for Dental and Oral Health  
(APADENTO)

Partner Name: Mr. Rudra Bhanu Satpathy

Position: Chief Executive Officer (CEO)

Address: Asia Pacific Association for Dental and Oral Health (APADENTO), BioLEAGUES  
Worldwide, Chennai, India

Telephone: 044-4958 9038

E-mail: [info@apadento.org](mailto:info@apadento.org)

Mr. Rudra Bhanu Satpathy



Chief Executive Officer (CEO), BioLEAGUES Worldwide

Chief Executive Officer (CEO)

BioLEAGUES Worldwide

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**Director Principal**  
Surendera Dental College &  
Research Institute, SGNR





हरियाणा HARYANA

MEMORANDUM OF AGREEMENT

V 270676

An agreement made and entered into on this 30 day of Sep 2020 (month & year) between the President of India, acting through Director, Regional Centre ECHS, Hisar (Station), for Ex Servicemen Contributory Health Scheme, (hereinafter called "ECHS" which expression, unless excluded by or repugnant to the subject or context, shall include its successors-in-office and assigns) of the First Part

AND

Dr/Mr/Mrs Gorav Gupta S/o, D/o Late Shri Surender Kumar Aggarwal owner or the authorized signatory of Dr Gorav Gupta (hereinafter called ("Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing Home, Hospices, Rehab Centre, Physiotherapy Centre, etc) which expression unless excluded by or repugnant to the subject or context, shall mean to include its legal representative, successors and permitted assigns) of the Second Part.

WHEREAS Surendera Dental College & Research Institute, Power House Road, Sri Ganganagar, PIN-335001 (Rajasthan) (name of corporate body/firm/trust/owner of medical facility) had applied for Empanelment under ECHS for treatment of the members of ECHS and their dependent beneficiaries, and ECHS proposes to extend empanelment to Surendera Dental College & Research Institute, Power House Road, Sri Ganganagar, PIN-335001 (Rajasthan) (name of Hospital, Diagnostic Centre, Dental Centre/Lab, imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc) for treatment of ECHS members and their dependent beneficiaries for the treatment / diagnostic facilities as given in the Annexure II of Appendix A to Government Sanction Letter No 22B(01)/09/45(WE)/D(Res) dated 15 Mar 2010.

The said MoA shall be effective/ in operation with effect from 30 Sep 2020 (date with year) (i.e Day of signing of MoA).

Director  
Regional Centre (ECHS)  
Hisar Military Station

Director Principal  
Surendera Dental College &  
Research Institute, SGNR

For Surendera Dental College and Research Institute

Authorised Signatory



GOVERNMENT OF RAJASTHAN

OFFICE OF THE PRINCIPAL & CONTROLLER,  
SARDAR PATEL MEDICAL COLLEGE & ASSOCIATED  
GROUP OF P. B. M. HOSPITALS, BIKANER (RAJASTHAN) INDIA

No. P. M. C. Acad/SPMC/2011/3823

Date: 21/12/2011

The Managing Director,  
Sardar Patel Medical College & Research Institute  
111, Gaudara, Sri Ganganagar-335001

Sub: Permission for short term clinical training of MDS Oral Surgeon, Student's  
Ref: Govt letter No.SPW/114/MDS-2011-7214 dated 07.12.2011

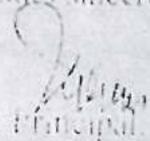
Sir,

It is to inform that this Institute has no objection if your student of Oral S.  
Specialty for MDS Course undergo short term clinical training at Oncology and P.  
Department of this college. The training will carry out as per Government letter No.1  
114/11/11 dated 13.08.2011 wherein fee of 2000/- has been prescribed for soft-  
desk and book. In this regard various meetings.

In accordance above that the permission is granted on the following terms and con-

1. Prior permission will be obtained from this college before relieving the student.
2. Prior permission will be obtained for duration of training.
3. Permission will subject to cancellation at any time receipt any complaint from student.
4. This training will only be for Academic purpose not to use for Professional purpose.

Yours sincerely,

  
Principal

S. Prakash Chandra  
Principal

  
**Director Principal**  
Surendera Dental College  
Research Institute, SC....

# SWASTIK BLOOD BANK

2-A-17-18 BASEMENT, JAWAHAR NAGAR, SRI GANGANAGAR-335001 (RAJ.)

Ph. 0154-2463764, (M) 87693-55000

President  
Dr. S.L. Sihag

Secretary  
Ravinder Jain

Date...11.7.2020.....

To,

The Director  
Surendera General. Hospital  
H.H. Gardens,  
Sri Ganganagar (Raj.)

**Sub- Regarding services for Deptt.of blood & its component**

Sir,

Blood Bank Samiti hereby render services in its capacity for whole blood & its component to **SURENDERA GENERAL HOSPITAL** inclusive of transplant programme.

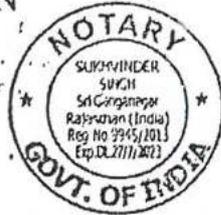
  
**Director Principal  
Surendera Dental College &  
Research Institute, SGNR**

  
सचिव  
स्वास्तिक ब्लड बैंक



राजस्थान RAJASTHAN

P 110879



Agreement

For Implementation of  
Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthya Bima  
Yojana/  
Mukhya Mantri Chiranjeevi Swasthya Bima Yojana 2021-2023  
(AB-MGRSBY/MMCSBY)

Identified by Sit  
Manmeet Singh  
Ch Surendra Dental College  
Sri NPL

Between

[Surendera General Hospital]

and

[Rajasthan State Health Assurance Agency]

And

[The New India Assurance Company Limited]

ATTESTED

7/6/22  
SUKHWINDER SINGH  
NOTARY  
SRI GANGANAGAR  
RAJASTHAN (INDIA)

Director Principal  
Surendera Dental College &  
Research Institute, SGNR

MOU  
uploaded  
by  
CMHO  
office  
20/6/22





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This Agreement (Hereinafter referred to as "Agreement") made at Sriganganagar on this 7<sup>th</sup> day of June 2022.

#### BETWEEN

Surendra General Hospital an institution located in Sriganganagar, having their registered office at H. H. Gardens, Power House Road, Sriganganagar – 335001 (Raj.) (here in after referred to as "EHCP", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) through its Managing Director Sh. Gorav Gupta as party of the FIRST PART

#### AND

Rajasthan State Health Assurance Agency is a Society registered under the provisions of Rajasthan Societies Registration Act, 1958 (Act No.28 of 1958) by the Government of Rajasthan and having its registered office at Jaipur (hereinafter referred to as "RSHAA" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

#### AND

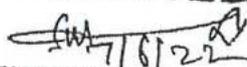
The New India Assurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office 87, MG Road, Fort Mumbai (hereinafter referred to as "Insurer" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the THIRD PART.

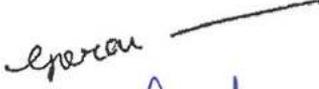
The EHCP, RSHAA and Insurer are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

#### WHEREAS

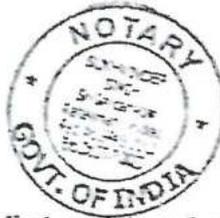
1. EHCP is a health care provider duly recognized and authorized by RSHAA to impart health care services to the public at large under the Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthaya Bima Yojana/Mukhya Mantri Chiranjeevi Swasthya Bima Yojana (AB-MGRSBY/MMCSBY).
2. RSHAA i.e. Rajasthan State Health Assurance Agency has been set-up under the provisions of Rajasthan Societies Registration Act, 1958 (Act No.28 of 1958)/ by the Department of Health & Family welfare, Government of Rajasthan.
3. Insurer is the successful bidder, registered with Insurance Regulatory and Development Authority. Insurer has entered into an agreement with the RSHAA wherein it has agreed to provide the health insurance/ implementation support services to identified Beneficiary families covered under Ayushman Bharat – Mahatma Gandhi Rajasthan Swasthya Bima Yojana (AB-MGRSBY) and subsequently entered into an addendum-II to the above insurance agreement for addition of beneficiaries (additional sponsored categories which were added as per clause 2.2 of RFP dated 10/06/2020) and the nomenclature of the Scheme has been changed from Ayushman Bharat –Mahatma Gandhi Rajasthan Swasthaya Bima Yojana (AB-MGRSBY) to Mukhya Mantri Chiranjeevi Swasthya Bima Yojana (MMCSBY) w.e.f. 01/05/2021 but the previous RFP & norms of AB-MGRSBY remained unchanged.
4. EHCP has expressed its desire to join AB-MGRSBY/MMCSBY's network of EHCPs and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under AB-MGRSBY/MMCSBY on terms and conditions herein agreed.

ATTESTED

  
SUKHVINDER SINGH  
NOTARY  
SRI GANGANAGAR  
RAJASTHAN (INDIA)

  
Director Principal  
Surendra Dental College &  
Research Institute, SGNR

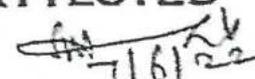




care surgeries for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers for the risk covers defined in Section 4 of Volume II of this Tender Document dated 10-06-2020.

6. **AB-PMJAY** shall refer to Aayushman Bharat -Pradhan Mantri Jan Arogya Yojana managed and administered by the National Health Agency (NHA) on behalf of Ministry of Health and Family Welfare, Government of India with the objective of reducing out of pocket healthcare expenses and improving access of Beneficiary Family Units to quality inpatient care and day care treatment of diseases and medical conditions through a network of Empanelled Health Care Providers.
7. **Appellate Authority** shall mean the authority designated by the Rajasthan State Health Assurance Agency which has the powers to accept and adjudicate on appeals by the aggrieved party against the decisions of any Grievance Redressal Committee set up pursuant to the Insurance Contract between the Rajasthan State Health Assurance Agency and the Insurer.
8. **Benefit Disease Package** shall refer to the packages of secondary and tertiary illnesses that the beneficiary families would receive treatment for under the AB-MGRSBY/MMCSBY.
9. **Cashless** means that no payment shall need to be made by the AB-MGRSBY/MMCSBY beneficiary or any of its family members for the required treatment interventions till the balance amount is left in sum insured.
10. **Claim** shall mean a claim that is received by the Insurer from an Empanelled Health Care Provider online.
11. **Claim Payment** shall mean the payment of eligible claim received by an Empanelled Health Care Provider from the Insurer in respect of benefits under the Risk Cover made available to a Beneficiary.
12. **Days** shall be interpreted as calendar days unless otherwise specified.
13. **Hospitalization** shall mean any medical treatment or surgical procedure which requires the beneficiary to stay at the premises of an empanelled health care provider for 24 hours or more, excluding day care treatment as defined in package list.
14. **Day care treatment** means any medical treatment and / or surgical procedure which is undertaken under general anesthesia or local anesthesia at empanelled health care provider or day care centre in less than 24 hours due to technological advancement, which would otherwise have required hospitalization.
15. **ICU or Intensive Care Unit** shall mean an identified section, ward or wing of an Empanelled Health Care Provider which is under the constant supervision of dedicated Medical Practitioners and which is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the general ward.
16. **HDU** shall mean an identified section, ward or wing of EHCP which is under the constant supervision of dedicated Medical Practitioners and which is specially equipped for the continuous monitoring and treatment of patients who are in critical condition, require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the general ward but less than ICU.
17. **Insurer** shall mean Insurance Company registered with IRDA which has been selected pursuant to bidding process and has signed the Insurance Contract with the RSHAA for implementation of AB-MGRSBY in insurance mode and subsequently an addendum-II

ATTESTED

  
7/6/22  
**SUKHINDER SINGH**  
NOTARY  
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RAJASTHAN (INDIA)

  
**Director Principal**  
Surendera Dental College &  
Research Institute, SGNR



was executed between insurer and RSHAA and accordingly the scheme is known as Mukhyamantri Chiranjeevi Swasthya Bima Yojana(MMCSBY) with effect from 01.05.2021.

18. **Medical Treatment** shall mean any medical treatment of an illness, disease or injury, including diagnosis and treatment of symptoms thereof, relief of suffering and prolongation of life, provided by a Medical Practitioner, but that is not a Surgical Procedure. Medical Treatments include but not limited to: bacterial meningitis, bronchitis-bacterial/viral, chicken pox, dengue fever, diphtheria, dysentery, epilepsy, filariasis, food poisoning, hepatitis, malaria, measles, meningitis, plague, pneumonia, septicaemia, tuberculosis (extra pulmonary, pulmonary etc.), tetanus, typhoid, viral fever, urinary tract infection, lower respiratory tract infection and other such diseases requiring Hospitalization.
19. **MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.
20. **MDP – MINIMUM DOCUMENT PROTOCOL-** are the necessary documents issued by RSHAA to be submitted by the network hospital to the insurer for processing pre-auth/claims.
21. **NHA** shall mean the National Health Agency set up by the Ministry of Health and Family Welfare, Government of India with the primary objective of coordinating the implementation, operation and management of AB-PMJAY. It will also foster co-ordination and convergence with other similar schemes being implemented by the Government of India and State Governments.
22. **Package List and Package Rate** shall mean the fixed maximum charges for a Medical Treatment or Surgical Procedure or for any Follow-up Care that will be paid by the Insurer under Cover, which shall be determined in accordance with the rates provided in the RFP/Scheme Guidelines available on website of AB-MGRSBY/MMCSBY Scheme.
23. **Policy Cover Period** shall mean the standard period of 12 calendar months from the date of start of the Policy Cover or lesser period as stipulated by RSHAA from time to time.
24. **Risk Cover** an annual risk cover of Rs. 5.00 lakhs per family per year. This cover shall be segmented into Rs. 50, 000 for secondary illnesses and Rs. 4,50,000 for tertiary illness per family per annum on family floater basis covering in-patient care (IPD) and day care treatment of diseases and medical conditions pertaining to secondary and / or tertiary treatment through a network of Empanelled Health Care Providers (EHCP) for the AB-MGRSBY/MMCSBY Beneficiary Family Units validated by the Government of Rajasthan or Rajasthan State Health Assurance Agency (RSHAA).
25. **Rajasthan State Health Assurance Agency (RSHAA)** refers to the society set up under the provisions of Rajasthan Societies Registration Act, 1958 (Act No.28 of 1958) by the Department of Health & Family Welfare, Government of Rajasthan for the purpose of providing medical facility/treatment to general public in all areas of State through empanelled private and Government hospitals.
26. **RFP-Request For Proposal:** Tender Document for Selection of Insurance Company for the implementation of Ayushman Bharat – Mahatma Gandhi Rajasthan Swasthaya Bima Yojana (AB-MGRSBY) in Rajasthan issued vide no. 671 dated 10-06-2021 and its Corrigendum/addendums/any clarification/explanations issued from time to time.
27. **Service Area** shall refer to the entire State of Rajasthan and all State (s)/ UT (s) in case of portability cases for the implementation of MMCSBY.
28. **Scheme** shall mean the Ayushman Bharat –Mahatma Gandhi Rajasthan Swasthaya Bima Yojana / Mukhya Mantri Chiranjeevi Swasthya Bima Yojana managed and administered by the Department of Medical, Health and Family Welfare, Government of Rajasthan. The nomenclature of the Scheme has been changed from Ayushman Bharat –Mahatma Gandhi Rajasthan Swasthaya Bima Yojana (AB-MGRSBY) to Mukhya Mantri

ATTESTED

*Sukhvinder Singh*  
7/6/22  
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*Surendera*  
Director Principal  
Surendera Dental College &  
Research Institute, SGNR



Chiranjeevi Swasthya Bima Yojana (MMCSBY) w.e.f. 01/05/2021 vide addendum II executed between insurance Company and RSHAA.

29. **Sum Insured** shall mean sum of Rs.5.00 lakhs per family per year. This cover shall be segmented into Rs. 50, 000 for secondary illnesses and Rs. 4,50,000 for tertiary illness per family per annum on family floater basis. This shall be called the basic Sum Insured, which shall be fixed irrespective of the size of the MMCSBY Beneficiary Family Unit, against which the beneficiary family unit may seek benefits as per the benefit package proposed under the MMCSBY.
30. **Secondary and Tertiary Illness:** Secondary and Tertiary illness means the condition covered in Volume II (Annex 2.3) and Volume III (Schedule 3) and guidelines issued by RSHAA.
31. **Turn-around Time** shall mean the time taken by the Insurer in processing a Claim received from an Empanelled Health Care Provider and RSHAA/Insurer making a Claim Payment includes investigating such Claim or rejection of such Claim.

**NOW IT IS HEREBY AGREED AS FOLLOWS:**

**Section 1: Term**

- 1.1 The Agreement of an EHCP shall continue for a period of 2 years or the agreement period of Insurance Contract executed between RSHAA and Insurer, unless the EHCP is de-empanelled in accordance with the AB- MGRSBY/MMCSBY RFP & guidelines and its agreement terminated in accordance with its terms. In any case the agreement shall not be increased beyond the date of completion/termination of insurance contract between RSHAA and Insurance Company from the date of execution of provider service agreement.

**Section 2: Scope of services**

- 2.1 The EHCP undertakes to provide the services to beneficiaries in a precise, reliable and professional manner to the satisfaction of RSHAA/Insurer and in accordance with additional instructions issued by RSHAA in writing from time to time.
- 2.2 The EHCP will treat the beneficiaries according to good business practice.
- 2.3 The EHCP will extend priority admission facilities to the beneficiaries, whenever required.
- 2.4 The EHCP shall provide treatment/interventions to beneficiary as per specified packages as per the rates mentioned in package list mentioned in RFP/scheme guidelines & uploaded on website <https://chiranjeevi.rajasthan.gov.in>. The following is agreed among the parties regarding the packages :-
  - 2.4.1 The treatment/interventions to MMCSBY beneficiaries shall be provided in a complete cashless manner. Cashless means that for the required

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Research Institute, SGNR



treatment/interventions no payment shall need to be made by the MMCSBY beneficiary undergoing treatment/intervention or any of its family members till balance amount is left in sum insured.

- 2.4.2 The various benefits under MMCSBY which EHCP will provide include,
- Hospitalization expense benefits
  - Day care treatment benefits (as applicable)
  - Follow-up care benefits
  - Pre and post hospitalization expense benefits
  - New born/children care benefit (as applicable)

An EHCP will be able to provide these benefits subject to exclusions mentioned in RFP/Scheme guidelines and subject to availability of sum insured/remaining available cover balance and subject to pre-authorization for specified procedures.

The details of benefit package including list of exclusions are furnished in RFP/Annex 2.2: 'Exclusions to the Policy' and Annex 2.3 'Packages and Rates' and guidelines issued by RSHAA.

- 2.4.3 However, the EHCP (include the name of the hospital) is eligible to provide treatment/interventions to beneficiaries only for those clinical specialties for which it has been empanelled by RSHAA.

The EHCP agrees that in future if it adds or foregoes any clinical specialty to its services, the information regarding the same shall be provided to the RSHAA in written, who then shall update the empanelment status of the EHCP after due process.

- 2.4.4 The charges payable to EHCP for medical/ day care/surgical procedures/ interventions under the Benefit package will not be more than the package rate agreed by the Parties, for that particular period of agreement between RSHAA and Insurance Company. The EHCP shall be paid for the treatment/intervention provided to the beneficiary based on package rates determined in Clause 6 of volume II of RFP.
- Surgical and Medical packages will not be allowed to be availed at the same time.
  - 56 packages as mentioned in package list will only be reserved for Public EHCPs as decided or modified by the RSHAA from time to time.
  - The Package Rates will include:**
    - Registration charges.
    - Bed charges (General Ward).
    - Nursing and boarding charges.
    - Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
    - Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
    - Medicines and drugs.
    - Cost of prosthetic devices, implants etc except those specifically included in implant master.
    - Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT scan, etc.
    - Diagnosis and Tests, etc.
    - Necessary protective equipments/measures required for safety of hospital staff and patients in case of infectious diseases like COVID or any other epidemic/endemic/pandemic etc.

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- Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital upto 5 days and up to 15 days of the discharge from the hospital for the same ailment/ surgery. After expiry of 15 days period patient will have to bear the cost of follow up related to that package. However if due to negligence of EHCP any complications or failure occurs even after expiry of 15 days post discharge and patient is treated in the same hospital then hospital shall bear the expenses related to treatment.
  - However, follow up packages mentioned in scheme guidelines are apart from the provisions of post hospitalization period of 15 days. EHCP can book follow up package as per the requirement in the post hospitalization period.
- 2.5 If the treatment cost is more than the benefit coverage amount available with the beneficiary families then the remaining treatment cost will be borne by the MMCSBY beneficiary family as per the package rates defined in the package list of scheme guideline. Beneficiary will need to be clearly communicated in advance about the additional payment. In such cases a consent form will have to be filled by the beneficiary for paying the balance amount and uploaded by EHCP with claim documents at the time of claim submission.
- 2.6 The follow up care prescription for identified packages are set out in package list.
- 2.7 The EHCP shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.
- 2.8 EHCP agrees to provide treatment to all eligible beneficiaries subject to sum insured available and as per agreed Package Rate. In portability cases the EHCP shall be paid at the Package Rates applicable in the EHCP State and not as per the package rates applicable in the beneficiary State. The EHCP agrees not to discriminate between the beneficiaries on any basis.
- 2.9 The EHCP shall allow RSHAA/NHA or Insurance Company or Insurance company's authorized TPA to visit the beneficiary while s/he is admitted in the EHCP. RSHAA/NHA or Insurance Company Insurance or company's authorized TPA shall not interfere with the medical team of the EHCP, however RSHAA/NHA or Insurance Company Insurance company's authorised TPA reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the EHCP will be allowed to RSHAA/NHA or Insurance Company or Insurance company's authorized TPA on a case to case basis.
- 2.10 The EHCP shall endeavor to comply with requirements of RSHAA and Insurer to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding or implementation of Standard Clinical and Treatment Protocols and if mandatory by statutory requirement, both parties agree to review the same.
- 2.11 The EHCP agrees to have bills audited on a case to case basis as and when necessary through RSHAA/Insurer audit team. This will be done on a pre-intimated date and time and on a regular basis.

### Section 3: Identification of Beneficiaries

The beneficiaries presenting themselves to the EHCP will be identified by the EHCP on the basis of a Beneficiary Identification System (BIS). Identification of MMCSBY Beneficiary Family Units will be done as per Clause 7 and Annex 2.4 of Volume II of

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RFP and scheme guidelines.

Further the EHCP agrees to conform to the following for effective implementation of BIS.

- 3.1 The EHCP will set up a help-desk for beneficiaries within 7 days of signing of this agreement. The help-desk must be situated in the facility of the EHCP in such a way that it is easily visible, easily accessible to the beneficiaries.
- 3.2 The help desk will be equipped with all the necessary hardware and software as well as internet connectivity as required by BIS to establish the identity of the MMCSBY beneficiary.
- 3.3 The help desk shall be manned by Swasthya Margdarshak (SM) for facilitating the beneficiary in accessing the benefits. SM will need to be hired by the private EHCP at their own cost and EHCP should get the SM trained before starting the operations. The guidelines for engagement of SMs are as below-  
Swasthya Margdarshak (SM) will need to be hired by Private EHCP for managing the help desk. Public EHCP to follow the guidelines issued by RSHAA for Swasthya Margdarshak. This help desk will need to be set up exclusively for MMCSBY. Indicative role of SM is as follows:-
  - Guide beneficiary regarding MMCSBY and process to be followed in the EHCP for taking the treatment
  - Carry out the process of Beneficiary Identification for such persons who are beneficiaries of MMCSBY
  - Take the pre-authorization as and when required as per the RFP/Scheme guidelines
  - In time submission of claims to Insurance Company.
  - Timely reply to the queries raised by Insurance Company.

#### Section 4: EHCP Services- Admission Procedure

- 4.1 The EHCP shall be required to follow the process of Admission of patient and selection of package(s) as described in Scheme RFP & Guidelines. MMCSBY operation manual for EHCP for detailed verification, pre-authorization, and claims procedures is available for download from <https://chiranjeevi.rajasthan.gov.in>. The RSHAA may revise these guidelines from time to time with consultation of insurer. The EHCP agrees to make itself constantly updated on these guidelines and follow the same

#### 4.2 Pre-authorization

- 4.2.1. Procedures mentioned in Volume II of RFP and Annex. 2.3 and scheme guidelines, that are earmarked for pre-authorization in package list shall be subject to mandatory pre-authorization. In addition, in case of Inter-State portability, all procedures shall be subject to mandatory pre-authorization irrespective of the pre-authorization status in package list.
- 4.2.2 No EHCP shall, under any circumstances whatsoever, undertake any such earmarked procedure without pre-authorization unless under emergency. Process for emergency approval will be followed as per RFP dated 10/06/2020/scheme guidelines laid down under AB-MGRSBY/ MMCSBY.
- 4.2.3 The EHCP agrees to provide a minimum set of MDP documents for pre-authorization to Insurer online so as to enable the Insurer to decide the merit of the case. MDP documents shall be as advised by RSHAA.

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### Section 5: The Discharge and Claim Processing

- 5.1 Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must be kept with the EHCP for records. These are to be forwarded to billing department of the EHCP who will compile and keep the same with the EHCP. A copy of relevant documents shall be given to the patient.  
EHCP should provide live photo of the patient at the time of admission and discharge as per RFP/scheme guidelines.
- 5.2 EHCPs shall be obliged to submit their claims online within 24 hours of discharge in the format prescribed. EHCP is also required to constantly monitor the progress on claim generation, submission and claim payments.
- 5.3 The Insurer shall be responsible for settling all claims within 15 days from the date of claim submission. However, it is the primary responsibility of the EHCP to furnish all the details online on portal at the time of claim submission and thereafter as may be necessary online only on portal so as to enable the claim processing on time.
- 5.4 Insurer shall raise a query within 07 days from the date of claim submission in case of any missing information/clarification rather than rejecting the claim. Query should be raised in ONE GO. EHCP must reply the query online on portal within a maximum period of 15 days from the date of query raised. The response can be: NO COMMENT where no changes are desired to be made to query raised or clarification where response/additional information/additional document is submitted as a response to the query. In case EHCP does not respond to the query within the prescribed time limit, a penalty of 5% of package cost will be imposed on EHCP and the claim will be reverted back to the Insurer. Insurer can then settle the case on merit basis. In case the claim is approved and paid, 5% penalty will be deducted. But if the case is rejected, no penalty will be applicable.
- 5.5 The details of raising a claim, claims processing, handling of claim query, stipulated time, documentation requirements and related details shall be provided to the EHCP in an MMCSBY scheme guidelines for EHCP that is available for download from <https://chiranjeevi.rajasthan.gov.in> The EHCP agrees to follow these guidelines. The RSHAA may issue revised guidelines from time to time. The EHCP agrees to make itself constantly updated on these guidelines and follow the same.

### Section 6: Payment terms

- 6.1 EHCP will generate and submit claims online in accordance with the process described in RFP/Scheme guidelines.
- 6.2 The Insurer will settle the Claim within 15 days from the date of claim submission.
- 6.3 In case of inter-operability claim arising from patient visiting from other States the decision on claim settlement and actual payment has to be done within 30 days by the RSHAA (on recommendation of ISA) / Insurer from the State to which beneficiary belongs.
- 6.4 The EHCP must ensure that the required documents are in place.
- 6.5 Payment will be done by Electronic Fund Transfer or any other mechanism as decided by the competent authority/RSHAA.

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### Section 7: Declarations and Undertakings of a EHCP

- 7.1 The EHCP undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.
- 7.2 The EHCP undertakes to uphold all requirements of laws in so far as these apply to them and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the Central or the State govt. The EHCP declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

### Section 8: General responsibilities & obligations of the EHCP

- 8.1 The EHCP shall invariably follow the scheme guidelines issued or modied by RSHAA time to time.
- 8.2 Ensure that no confidential information related to scheme/ scheme beneficiaries is shared or made available by the EHCP or any person associated with it to any person or entity not related to the EHCP without prior written consent of RSHAA.
- 8.3 The EHCP shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.
- 8.4 The EHCP may have their facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the Agreement. The cost/ premium of such policy shall be borne solely by the EHCP.
- 8.5 The EHCP shall provide the best of the available medical facilities to the beneficiary.
- 8.6 The EHCP will hire a dedicated person called Swasthya Margdarshak (SM) to manage the help desk and facilitate the beneficiary in accessing the benefits under MMCSBY. The cost of the Swasthya Margdarshak will need to be entirely borne by the Private EHCP.
- 8.7 The EHCP shall also have two contact persons nominated for all matters related to MMCSBY; one person from clinical team (a doctor who is actively engaged in the treatment of the patients) and one officer in the administration department assigned for MMCSBY. These officers will eventually be required to make themselves trained with the processes described in MMCSBY.
- 8.8 The EHCP shall endeavor to make their team including SMs and contact persons actively participate in all MMCSBY trainings and workshops to be organized by RSHAA /Insurer from time to time. RSHAA and/or Insurer will organize trainings for Swasthya Margdarshak and other contact persons of EHCP. The cost of attending such trainings shall be borne by the EHCP unless otherwise agreed with RSHAA.

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8.9 Disease Packages will have differential pricing as below:-

Category	Price % of package rate
Hospitals qualifying for full NABH accreditation	100% of package cost
Hospitals, located in the backward districts where number of private hospitals are less than 10 in existing scheme (Baran, Banswara, Bundi, Chittorgarh, Dholpur, Dungarpur, Jaisalmer, Pratapgarh and Rajasamand) including three aspirational districts (i.e. Baran, Dholpur and Jaisalmer). Hospitals qualifying for NABH entry-level accreditation. Teaching Government Hospitals running PG/DNB courses.	95% of package cost
Remaining hospitals	85% of the package cost

- 8.10 The EHCP agrees that if any change takes place in the status of NABH accreditation, it shall be reported within 30 days of such change to RSHAA and Insurer. Differential pricing percentage of change will be effective from the date of change in the status of EHCP.
- 8.11 The EHCP agrees that it shall display their status of preferred service provider of Mukhyamantri Chiranjeevi Swasthya Bima Yojana (MMCSBY) at their main gate, reception/ admission desks along with the display and other materials supplied by RSHAA/Insurer whenever possible for the ease of the beneficiaries. Format, design and other details related to these signages as provided by RSHAA shall be used.

#### Section 9: General responsibilities of RSHAA and Insurer

- 9.1 The Insurer agree that neither it nor its outsourced agency will enter into any understanding with the EHCP that are in contradiction to or that deviates from or breaches the terms of the Insurance Contract between the RSHAA and the Insurer or tripartite Provider Service Agreement with the EHCP.
- 9.2 If the Insurer or their outsource agency or any if its representatives violates the provisions of 9.1 above, it shall be deemed as a material breach of contract between the parties and the aggrieved party shall have the right to initiate appropriate action against the Insurer or the EHCP or both.
- 9.3 RSHAA has a right to avail similar services as contemplated herein from other institution for the Health services covered under this agreement.
- 9.4 TPA/insurer will send a letter to all beneficiaries regarding treatment availed by them within 30 days of discharge from hospital, as per the draft shared by RSHAA.

#### Section 10: Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agrees not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

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**Section 11: Reporting**

After the commencement of this Agreement, the EHCP and RSHAA/ Insurer shall exchange information on their experiences and review the functioning of the process and make suitable changes whenever required. However, all such changes will be informed to all concerned through appropriate means like email/letter etc.

All official correspondence, reporting, etc. pertaining to this Agreement shall be conducted with RSHAA/ Insurer at its registered office at Jaipur at the address (to be given later). Insurer will share MIS on progress of claim settlement with the RSHAA and EHCP as per RFP clause.

**Section 12: Termination and De-empanelment**

- 12.1 RSHAA reserves the right to terminate this agreement in case of material breach. RSHAA reserves the right to de-empanel the EHCP as per the scheme guidelines issued or modified by RSHAA time to time.
- 12.2 De-empanelment process can be initiated by RSHAA/Insurer after conducting proper disciplinary proceedings against empanelled hospitals. The RSHAA reserves the right to suspend or de-empanel an EHCP from the MMCSBY scheme as per the RFP dated 10/06/2020 and subsequent guidelines related to MMCSBY.
- 12.3 The RSHAA reserves the right to terminate the services of the EHCP (with immediate effect if the later is found to be involved in:-
  - Malpractices/ fraud/misrepresentation
  - If at any point of time during agreement it is found that hospital does not fulfill the criteria of agreement and empanelment guidelines
  - Charging money from the beneficiaries
  - Equipment deficiencies
  - Man-power deficiencies
  - Violation of MOU
  - Resorting to Unwanted / Unwarranted Medical/Surgical Procedures
  - Hospital does not comply with the order of DGRC/SGRC/ Appellate authority /scheme guidelines
  - Any such activity against the spirit and benefit of the scheme
  - Any other as decided by RSHAA as per RFP dated 10/06/2020.
- 12.4 Actions to be taken post Suspension/De-empanelment: Once an EHCP has been de-empanelled from the scheme, further proceedings will be followed as per RFP/scheme guidelines.
- 12.5 Penalties- If private EHCP is found guilty on detailed investigation then penalties will be imposed as per the RFP/scheme guidelines.
- 12.6 Aggrieved party may appeal against the suspension/dc-empanelment as per the procedure laid down in scheme guidelines.

**Section 13: Confidentiality**

This clause shall survive the termination/expiry of this Agreement.

- 13.1 Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The EHCP shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating

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 SUKHVINDER SINGH  
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to insured, and other unpublished information except as maybe authorized in writing by RSHAA/ Insurer. RSHAA/ Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the EHCP including without limitation to the EHCP's proprietary information, process flows, and other required details.

13.2 In Particular the EHCP agrees to

- 1321 Maintain confidentiality and endeavor to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the EHCP or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports Whether created/ handled/ delivered by the EHCP. Any personal information relating to a Insured received by the EHCP shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.
- 1322 Keep confidential and endeavor to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.
- 1323 Keep confidential and endeavor to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

**Section 14: Indemnities and other Provisions**

- 14.1 RSHAA/Insurer will not interfere in the treatment and medical care provided to its beneficiaries. RSHAA and/ or Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the EHCP.
- 14.2 RSHAA and/ or Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the EHCP and the EHCP shall obtain professional indemnity policy on its own cost for this purpose. The EHCP agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service.
- 14.3 Notwithstanding anything to the contrary in this agreement no Parties shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.
- 14.4 The EHCP will indemnify, defend and hold harmless the RSHAA and Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the EHCP or any of its employees or doctors or medical staff.
- 14.5 RSHAA will not have legal obligations towards claim settlement amount as insurance company has been hired by RSHAA to implement MMCSBY.

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**Section 15: Notices**

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

- a. By registered mail,
- b. By courier,
- c. By FAX,

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

If sent by registered mail, seven working days after posting it, and

- If sent by courier, seven working days after posting it, and
- If sent by FAX, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the below addresses or to the addresses which may be provided by way of notices made in the above said paragraph:

If to the IITD:

Attn: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

If to Insurance company:

Insurance Company Limited  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If to the IITD's:

\_\_\_\_\_

**Section 16: Miscellaneous**

- 16.1 This Agreement together with the SCHEDULED SUPPLEMENTARY DOCUMENTS AND THE IITD (IITD) FORMS (IITD FORMS) (Annexure 1, Annexure 2 and Annexure 3) issued on or by the IITD and additional Form 5 IN 2021 issued from time to time for activation of Insurance Company and Schedule Documents together be constituted by the Government/Ministry from time to time constitutes the entire Agreement between the parties and supersede all contracts, the contract regulated hereby, and all other kind of correspondence, notes and agreements whatsoever of this kind between the parties.
- 16.2 Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.
- 16.3 Except specifically provided in this Agreement to which is partially not legally effective in unenforceable or have been held legally unenforceable or otherwise, the validity of the remaining provisions of this Agreement shall not be affected thereby.
- 16.4 The IITD may use design, marks, emblems or other like signs of the Government or any other body without the prior written consent of IITD's, except provided

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**SURENDER SINGH**  
**NOTARY**  
**100 GANGANAGAR**  
**KALKAJI (INDIA)**

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**Director Principal**  
**Surendera Dental College -**  
**Research Institute, SGNR**



- whereas that the RSHAA/Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the EHCP.
- 165 The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.
- 166 EHCP/Insurer shall lodge FIR against their medical/non medical staff/field staff/office staff if found indulged in fraud and/or malafide practices while rendering services under the scheme and shall be responsible for their acts leading to financial loss caused to RSHAA/insurer.
- 167 The nomenclature of the Scheme has been changed from Ayushman Bharat - Mahatma Gandhi Rajasthan Swasthya Bima Yojana (AB-MGRSBY) to Mukhya Mantri Chiranjeevi Swasthya Bima Yojana (MMCSBY) w.e.f. 01/05/2021 but the previous RFP & norms of AB-MGRSBY remained unchanged.

#### NON - EXCLUSIVITY

A. RSHAA reserves the right to appoint any other health care provider (EHCP) for implementing the packages envisaged herein and the EHCP shall have no objection for the same.

#### 17. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

#### 18. Grievance Redressal Mechanism

Under the Grievance Redressal Mechanism of MMCSBY, following set of three tier Grievance Redressal Committees at state level (District Grievance Redressal Committee, State Grievance Redressal Committee and Appellate Authority) and NGRC at the national level, have been set up to attend to the grievances of various stakeholders at different levels.

Each grievance shall be addressed by the relevant Grievance Redressal Committee as per the Grievance Redressal guidelines issued by RSHAA.

#### 19. Governing Law and Jurisdiction

- a. This Insurance Contract and the rights and obligations of the Parties under this Insurance Contract shall be governed by and construed in accordance with the Laws of the Republic of India.
- b. The courts in Jaipur, Rajasthan shall have the exclusive jurisdiction over any disputes arising under, out of or in connection with this Insurance Contract.

#### 20. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

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NOTARY  
SRI GANGANAGAR  
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Director Principal  
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Research Institute, SG...



1. SIGNED AND DELIVERED BY

*[Signature]* \_\_\_\_\_

the EHCP, - the within named Gorav Gupta, by the Hand of Managing Director its Authorized Signatory

In the presence of:

1. SIGNED AND DELIVERED BY \_\_\_\_\_, Government of \_\_\_\_\_ the within named \_\_\_\_\_, by the hand of \_\_\_\_\_ its Authorised Signatory

In the presence of:

In the presence of:

2. SIGNED AND DELIVERED BY \_\_\_\_\_, The New India Assurance Company Limited the within named \_\_\_\_\_, by the hand of \_\_\_\_\_ its Authorised Signatory

In the presence of:

**ATTESTED**  
*[Signature]*  
7/1/22  
**SUKHVINDER SINGH**  
**NOTARY**  
**SRI GANGANAGAR**  
**RAJASTHAN (INDIA)**

*[Signature]*  
**Director Principa'**  
**Surendera Dental Collegc**  
**Research Institute, SGNF.**