



दिल्ली विश्वविद्यालय
University of Delhi

Chhatra Marg, Delhi-110007. Telephone: (011) 27666257

EMPANELMENT OF DIAGNOSTIC CENTRE WITH UNIVERSITY OF DELHI

REQUIREMENTS :

Essential: CGHS empanelment of the Diagnostic Centre with year of empanelment.

Desirable: NABL Accreditation of the Diagnostic Centre.



WUS Health Centre

Chhatra Marg, Delhi-110007. Telephone: (011) 27666257

**Proforma for empanelment of Diagnostic Centre in Delhi/NCR/Outside Delhi with
University of Delhi**

(You are requested to complete all the columns of this proforma to help in maintaining proper records)

To

The Registrar

University of Delhi,
Delhi-110007.

1. **Name of the Diagnostic Centre** : -----

2. **Mailing Address** : -----

3. **Nearest Landmark** : -----

4. **Medical Superintendent (MS)** : -----

5. **MS Details:** -----

Email : -----

Cell No : 1. -----2. -----

6. **Contact Person's Details:**

Name/Designation : -----

Email : -----

Cell No : 1. -----2. -----

7. **What are the facilities available at your Diagnostic Centre ?:**

S.No.	Facilities	Yes/No	Whether willing to offer service at CGHS Rates to DU employees
i	Blood Bank		
ii	24 Hr Emergency Lab Services		
iii	Ambulance Service		
iv	Lab - Biochemistry		
v	Lab - Microbiology		
vi	Lab - Pathology		
vii	Radiology & Imaging-X-ray		
viii	Radiology & Imaging-USG		
ix	Radiology & Imaging-CT		
x	Radiology & Imaging-MRI		

8. **Attach list of Clinico- Pathological lab tests carried out :**

9. **Whether your Diagnostic Centre is CGHS empanelled ?:**

Yes No

10. **Whether your Centre is empanelled with any other Organization(s) ?:**

Yes No

If Yes, Kindly, mention the names of the Organizations:

1. ----- 2. -----

11. **Whether your Diagnostic Centre is NABL certified ?:**

Yes No

12. **Facilities provided to the CGHS beneficiaries, if any:**

1.----- 2. -----

3. ----- 4. -----

13. Any other information that you intend to furnish:

This is to certify that all information provided above is true to the best of our knowledge and belief and if any information is found incorrect, the Diagnostic Centre shall be liable for disqualification.

Place:	----- Signature
Dated:	Seal of the Competent Authority