### **Important Instructions MoU registration**

#### STEP 1.

All MoU's shall be executed at SHA Bhopal office only. A Model MoU shall be available on the MP Ayushman Bharat website for reference only.

#### STEP 2.

Post approval of a Hospital under EC, a letter/email should be sent to the Hospital to schedule a visit to SHA for registration of MoU.

#### STEP 3.

All applicant Hospitals are advised to bring the following:-

- a) Authority letter for personnel signing/executing the MoU (Annexure 1)
- b) Seal of the organization
- c) Cancelled cheque
- d) Empanelment form
- e) Kiosk photo

#### STEP 4.

SHA shall provide a printed copy of the MoU to the applicant Hospital and post review, provider shall get the MoU signed and notarized on a STAMP paper of 500/- INR.

It may be noted that all expenses with regard to execution of this MoU shall be borne by the Hospital.

## (Annexure 1)

# (ON OFFICIAL LETTERHEAD OF THE INSTITUTION/HOSPITAL)

То,	
General Manager (Operations) Ayushman Bharat "Niramayam", State Health Agency, IEC Bureau, 1250 J. P. Hospital Campus, Bhopal, Madhya Pradesh	
Respected Sir/Madam,	
I,Director/Trustee	e/Chairman,
of, am unable	to come to execute Memorandum of
Understanding to be signed with State Healt	h Agency, Madhya Pradesh under Ayushman
Bharat Niramayam Scheme.	
I hereby authorise Mr/Mrs	, Designation
(photo identification number)	, to sign and execute
aforesaid Memorandum of Understanding.	
He/she shall be submitting a copy of his/h	er original passport/ Photo Identity Card or
document for verification.	
His/her signature is attested below.	
	Yours sincerely
	Name:
	Date:
Signature of authorized representative:	
Attested	
Signature & Seal of the applicant:	

Note: Bearer of Authority Letter is required to produce his/her Original Photo Identity Card or Document for verification at the SHA office.