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.
To,

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/Chairman ____________________________, of __________________________, am unable to come to execute Memorandum of Understanding to be signed with State Health 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/her 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.