

**AFFIDAVIT**

That \_\_\_\_\_  
\_\_\_\_\_ (Name & address of the owner/authorized person) working as  
\_\_\_\_\_ in \_\_\_\_\_  
\_\_\_\_\_ (Name of the Hospital with full  
address), has been duly authorized to sign the affidavit vide resolution number  
\_\_\_\_\_ dated \_\_\_\_\_ (copy enclosed) on behalf of  
\_\_\_\_\_ (Name of Hospital).

That the hospital is seeking entering into agreement with the Government of Himachal Pradesh for medical treatment of HP Govt. employees, their dependents and pensioners.

That the hospital is empanelled under Central Government Health Scheme (CGHS)/CS (MA) Rules, 1944 vide order No. \_\_\_\_\_ dated \_\_\_\_\_ (copy enclosed).

That the MOU has also been signed between the said hospital and CGHS/GOI (photocopy enclosed).

That the hospital will charge CGHS approved rates (with discount offered, if any) and in no case the higher rates other than those approved by CGHS shall be charged from the HP Govt. employees, their dependents and pensioners.

That the hospital concerned is still in empanelment with CGHS/CS (MA) Rules, 1944 as on date and the empanelment has not been cancelled.

That the empanelment of said hospital will treat as cancelled automatically if the hospital is de-empanelled by CGHS/CS (MA) Rules, 1944.

That if the hospital is de-empanelled by CGHS/CS (MA) Rules, 1944 after empanelling the hospital by HP Govt., on the basis of CGHS/CS (MA) empanelment, the hospital through its authorized representative shall immediately inform about the same to the Director Health Safety & Regulation, Red Cross Bhawan, Near Governor House, Chhota Shimla, HP-171002 immediately and bring it into notice without fail.

That in case HP Govt. employees, their dependents and pensioners taking/taken treatment in the said hospital and thereafter, in any stage it is found that the hospital is de-empanelled by CGHS/CS (MA) Rules, 1944, the authority of the hospital will be responsible for any litigation and the State Government will in no way be responsible for this.

**Deponent**

I, the above named deponent do hereby verify that the contents of above affidavit are true and correct to the best of my knowledge and belief no part of it is false and nothing has been concealed therein.

**Deponent**