



File No. B-11011/4/2021-WL/134

Akashvani Bhawan, New Delhi
Dated: 14.05.2024

To

Muskan Dental Care Hospital,
West Patel Nagar,
New Delhi - 110008

Subject :- Agreement between Prasar Bharati and Muskan Dental Care Hospital for providing medical facility to the employees of Prasar Bharati recruited after 05.10.2007.

Sir,

I am directed to forward herewith a signed copy of MoU to be executed between Prasar Bharati and Muskan Dental Care Hospital. Accordingly, you are requested to continue/start providing medical treatment to the Prasar Bharati employees recruited after 05.10.2007 and their dependent family members in this centre.

2. It is pertinent to mention here that the process of issuing Prasar Bharati Health Scheme (PBHS) card is still under process. Therefore, till the issuance of individual plastic PBHS cards, you are requested to provide treatment on the basis of official ID card of the employee for self and dependency certificate provided by the concerned Head of Office of the employee for the treatment of their dependents.

3. Kindly acknowledge the receipt of the same.

Amita Gautam
(Amita Gautam) 14.05.24.

Deputy Director (Welfare)
Directorate General: Akashvani

Copy to –

1. Heads of all AIR Stations/Doordarshan Kendras/Offices including CCW, NABM located in New Delhi/Delhi, for information.
2. Prasar Bharati Secretariat, Prasar Bharati House, Copernicus Marg, New Delhi for information.
3. PRASARNET.

muskan Dental Care®



On Panel : CGHS, (Central Government Health Scheme) Govt of India.
DGEHS, (Delhi Government Employees Health Scheme) Govt of NCT of Delhi.

UID No. :

Dated :

06-05-2024

To
The Section Officer,
Welfare Section, Room No.243, Second Floor,
Directorate General: Akashvani Bhawan,
Parliament Street,
New Delhi-110001

SUB: Regarding empanelment of Muskan Dental Care with Directorate General: Akashvani New Delhi for all General Dental Treatments and Dental Diagnostics as per CGHS rate list.

Dear Sir,

Greetings from Muskan Dental Care

Muskan Dental Care is NABH Accredited Dental Clinic (Copy enclosed).

Received your mail dated 06-05-2024 for empanelment of MDC with Directorate General: Akashvani New Delhi. We here by give our consent that Muskan Dental Care will provide the Dental Treatments and Dental Diagnostics at CGHS approved rates on the same terms and conditions of CGHS.

We sincerely hope that our acceptance will be seriously considered by your office and we shall be provided an opportunity to serve your prestigious organization.

Yours Sincerely

For  Muskan Dental Care

CEO & Authorised Signatory

Dr. Manoj Bisla
CEO & Authorised Signatory
9818822991

Enclosure: - 1. Copy of NABH certificate of Muskan Dental Care

2. Agreement on Rs-100/- stamp paper between Directorate General: Akashvani New Delhi and Muskan Dental Care

11/26, West Patel Nagar, New Delhi-110008

☎ 011 25882653/25882994 ☎ +91 8447114848

🌐 www.muskandentalcare.com 📧 muskandentalcare333@gmail.com



10 am to 3 pm

4 pm to 7 pm

(Sunday Closed)

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATE OF ACCREDITATION

Muskan Dental Care
11/26 West Patel Nagar
Delhi - 110008

has been assessed and found to comply with NABH
Accreditation Standards for DHSP.

This certificate is valid for the locations and
Scope as specified in the annexure subject to
continued compliance with the accreditation requirements.

Valid from : December 01, 2022
Valid thru : November 30, 2025



Certificate No.
D-2022-0260

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 011616



NABH as an organisation is ISQua Accredited

For **muskan Dental Care**

CEO & Authorised Signatory



सत्यमेव जयते

INDIA NON JUDICIAL

Government of National Capital Territory of Delhi

₹100

e-Stamp

Certificate No. : IN-DL85482648043050W
 Certificate Issued Date : 06-May-2024 06:05 PM
 Account Reference : IMPACC (IV)/ dl966603/ DELHI/ DL-DLH
 Unique Doc. Reference : SUBIN-DL96660328709310511481W
 Purchased by : MUSKAN DENTAL CARE
 Description of Document : Article 5 General Agreement
 Property Description : Not Applicable
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : DIRECTORATE GENERAL AKASHVANI NEW DELHI
 Second Party : MUSKAN DENTAL CARE
 Stamp Duty Paid By : MUSKAN DENTAL CARE
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



₹100

Please write or type below this line

IN-DL85482648043050W

MEMORANDUM OF UNDERSTANDING

BETWEEN

DIRECTORATE GENERAL : AKASHVANI, NEW DELHI

AND

MUSKAN DENTAL CARE,

11/26, WEST PATEL NAGAR, NEW DELHI-110008

Jitendra Arora

जितेन्द्र अरोड़ा/JITENDRAARORA
उप महानिदेशक (प्रशा.)
Dy. Director General (Admn.)
आकाशवाणी महानिदेशालय/DG:AIR

For muskan Dental Care

CEO & Authorised Signatory

Statutory Alert:

नई दिल्ली/New Delhi

1. The authenticity of this Stamp certificate should be verified at 'www.shoilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

CERTIFICATE No. IN-DL85482648043050W

This Agreement is made on the 06th day of MAY, 2024 between the PRASAR BHARATI HEALTH SCHEME acting through DEPUTY DIRECTOR GENERAL, Directorate General: Akashvani, New Delhi having its office at Akashvani Bhawan, New Delhi (hereinafter called PBHS, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the First Part

AND

Muskan Dental Care, a registered entity having its principle place of business at 11/26, West Patel Nagar, New Delhi – 110008 of the Second Part.

WHEREAS, the Prasar Bharati Health Scheme (hereinafter referred to as PBHS) will be providing comprehensive medical care facilities to the Prasar Bharati Employees recruited after 5.10.2007, their family members and such other categories of beneficiaries as are decided from time to time.

AND WHEREAS, PBHS proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the Private empanelled Hospitals, in Hospitals in Delhi and NCR.

AND WHEREAS, **Muskan Dental Care** has agreed to give the following treatment / diagnostic facilities to the PBHS Beneficiaries in the Health Care Organization at the rates offered by Central Government Health Scheme: on the same terms and condition of CGHS for Dental Diagnostics and General Dental Treatments

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

1. DEFINITIONS & INTERPRETATIONS

1.1 The following terms and expressions shall have the following meanings for purposes of this Agreement:

1.1.1 "Agreement" shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement.

1.1.2 "Benefit" shall mean the extent or degree of service the beneficiaries are entitled to receive as per the rules on the subject.

1.1.3 "Bill Clearing Agency "(BCA) means the Drawing and Disbursing Officer (DDO) appointed by PBHS for processing of Data/ Bills of all PBHS beneficiaries (both serving and pensioner) attending the empanelled Private Hospitals and for making payment.

1.1.4 "Card" shall mean the PBHS Card, issued by any competent authority.

1.1.5 "Card Holder" shall mean a person having a PBHS Card.

1.1.6 "PBHS Beneficiary" shall mean a person who is eligible for coverage of PBHS and hold a valid PBHS card for the benefit.



जितेन्द्र अरोड़ा/JITENDRA ARORA
उप महानिदेशक (प्रशा.)
Dy. Director General (Admn.)
आकाशवाणी महानिदेशालय/DG: AIR
नई दिल्ली / New Delhi

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1.1.7 "Coverage" shall mean the types of persons to be eligible as the beneficiaries of the Scheme to health services provided under the Scheme, subject to the terms, conditions and limitations.

1.1.8 "Emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient.

1.1.9 "Empanelment" shall mean the hospitals, exclusive eye hospitals/centres, exclusive dental clinics, Diagnostic Laboratories/ Imaging centres authorized by the PBHS for treatment/ investigation purposes for a particular period.

1.1.10 "Hospital" shall mean the **MUSKAN DENTAL CARE** while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings.

1.1.11 "De-recognition of Hospital" shall mean debarring the hospital on account of adopting unethical practices or fraudulent means in providing medical treatment to or not following the good industry practices of the health care for the PBHS beneficiaries after following certain procedure of inquiry

1.1.12 "Party" shall mean either the PBHS or the Hospital and "Parties" shall mean both the PBHS and the Hospital.

1.1.13 "CGHS "Package Rate" shall mean all inclusive – including lump sum cost of inpatient treatment /day care/diagnostic procedure for which a PBHS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) –

- (i) Registration charges,
- (ii) Admission charges,
- (iii) Accommodation charges including patients diet,
- (iv) Operation charges,
- (v) Injection charges,
- (vi) Dressing charges,
- (vii) Doctor / consultant visit charges,
- (viii) ICU / ICCU charges,
- (ix) Monitoring charges,
- (x) Transfusion charges and Blood processing charges
- (xi) Pre Anesthetic checkup and Anesthesia charges,
- (xii) Operation theatre charges,
- (xiii) Procedural charges / surgeon's fee,
- (xiv) Cost of surgical disposables and all sundries used during hospitalization,
- (xv) Cost of medicines and consumables
- (xvi) Related routine and essential investigations
- (xvii) Physiotherapy charges etc.
- (xviii) Nursing care charges etc.

1.1.14. "BCA" shall mean a Third Party Administrator authorized by PBHS to process the medical reimbursement claims or to carry out medical audit. Annexures-I shall be deemed to be an integral part of this Agreement. The terms and conditions stipulated in the tender document shall be read as part of this agreement.



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उप महानिदेशक (प्रशा.)
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1.1.15 "Specialized Treatment" shall mean the treatment in a particular specialty

1.1.16 "TPA" shall mean a Third Party Administrator authorized by PBHS to process the medical reimbursement claims or to carry out medical audit.

1.1.17. "Rate" Charges for approved procedures/services as may be notified by CGHS from time to time.

2. DURATION OF AGREEMENT

The Agreement shall remain in force for a period of 2 years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for another year subject to fulfilment of all the terms and conditions of this Agreement and with mutual consent of both parties.

3. CONDITIONS FOR PROVIDING TREATMENT/SERVICES

A. GENERAL CONDITIONS

1. The Hospital/Diagnostic Centre shall provide treatment facilities to the employees of Prasar Bharati and members of their family in Delhi including Ghaziabad, Noida, Faridabad and Gurgaon.
2. It will charge the employee or his family members within the ceiling limits as described and contained in the Schedule of approved charges under CGHS.
3. If the hospital normally charges rates for various procedures such are lower than the rates fixed by the CGHS, the reimbursement would be at the actual rates charged by the hospital and not as per the CGHS rates.
4. It shall not discriminate in the provisions of facility and treatment in any manner whatsoever against the beneficiary receiving treatment in the hospital as compared to any other patient of equal status and coming for treatment in the hospital.
5. In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient on production of an identity card and the hospital shall submit the bill for reimbursement as per approved rates to the DG :Akashvani, Akashvani Bhawan. The refusal to provide treatment to bonafide Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment.
6. The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the conditions of the patient:
 - a. Acute Coronary Syndromes (Coronary Artery By- pass Graft/ Percutaneous Trans luminal Coronary Angioplasty) including Myocardial Infraction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure/ Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam attack, Acute Aortic Dissection.



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- b. Acute limb Ischemia, Rupture of Aneurysm unconsciousness, Head injury, Respiratory failure, decompensate lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
 - c. Cerebro-vascular attack-Stroke, sudden unconsciousness, Head injury, Respiratory failure, decompensate lung disease, Cerebro-Meningeal Infection, Convulsions, Acute Paralysis, Acute Visual loss.
 - d. Acute Abdomen pain.
 - e. Road Traffic Accidents/with injuries including fall.
 - f. Severe Haemorrhage due to any cause.
 - g. Acute poisoning.
 - h. Acute Renal Failure.
 - i. Acute abdomen pain in female including acute Obstetrical and Gynaecological emergencies.
 - j. Electric Shock, and
 - k. Any other life threatening condition.
7. During in-patient Department (IPD) treatment of the employees of Prasar Bharati and members of their family, the hospitals would not ask the employee of Prasar Bharati to purchase separately the medicines from outside but bear the cost of its own as the package deal rate fixed by the CGHS which includes the cost of drugs, surgical instruments and other medicines etc.
8. Any liability arising out due to any default or negligence in providing or performance of the medical service shall be borne exclusively by the hospital/diagnostic centre who shall alone be responsible for the defect in rendering such services.
9. In case of any complaint of overcharging, the Prasar Bharati may, after factual enquiry, derecognize **Muskan Dental Care** (whose decision shall be final), without any notice, and this shall be without any prejudice to any other action to be taken as per the terms herein contained including recovery of overcharged amount.

B. APPROVED RATES TO BE CHARGED

The empanelled health care organization shall charge from the PBHS beneficiary as per the rates for a particular procedure / package deal as prescribed by the CGHS and attached as Annexure (rate list), which shall be an integral part of this Agreement. The rates notified by CGHS shall also be available on web site of Ministry of Health & F.W. at <https://cghs.gov.in/CggsGovIn/faces/ViewPage.xhtml>. The package rate will be calculated as per the duration specified in the tender document. No additional charge on account of extended period of stay shall be allowed if, that extension is due to infection on the consequences of surgical



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procedure or due to any improper procedure and is not justified. The rate being charged will not be more than what is being charged for same procedure from other (non-CGHS) patients or Organizations.

An authenticated list of rates being charged from other non-CGHS Organizations will also be supplied to CGHS within 30 days of this Agreement. The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for CGHS beneficiary under this Agreement shall not be increased during the validity period of this Agreement. The empanelled health care organization agrees that during the In-patient treatment of the CGHS beneficiary, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the CGHS which includes the cost of all the items. Appropriate action, including removal from PBHS empanelment and / or termination of this Agreement, may be initiated on the basis of a complaint, medical audit or inspections carried out by PBHS teams / appointed BCA. The hospital/ diagnostic centres shall agree to charge CGHS rates to Prasar Bharati Employees on production of valid I-Card / Documentary proof, even though treatment is not sought as PBHS beneficiary.

C. MODE OF PAYMENT FOR TREATMENT OF BENEFICIARIES

For serving employees, the payment will be made by the patient and he/she will claim reimbursement from his/her office subject to the approved ceiling rates.


D. ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

PBHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their pay drawn in pay band. These entitlements are amended from time to time and the latest order in this regards needs to be followed. The entitlement is as follows:-

S. No.	Pay drawn in pay band/Basic Pension	Entitlement
1.	Up to Rs. 36,500/-	General Ward
2.	Rs. 36,501/- to 50,500/-	Semi-Private Ward
3.	Rs. 50,500/- and above	Private Ward

a. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.

b. Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.


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c. General ward is defined as a hall that accommodates four to ten patients. Treatment in higher Category of accommodation than the entitled category is not permissible.

E. TREATMENT IN EMERGENCY

The following ailments may be treated as emergency which is illustrative only and not exhaustive, depending on the condition of the patient:

- a. Acute Coronary Syndromes (Coronary Artery Bye-pass Graft Percutaneous
- b. Trans luminal Coronary Angioplasty including Myocardial Infarction, Unstable Angina, Ventricular Arrhythmias, Paroxysmal Supra Ventricular Tachycardia, Cardiac Temponade, Acute Left Ventricular Failure, Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stoke Adam attack, Acute Aortic Dissection
- c. Acute Limb Ischemia, Rupture of Aneurysm, Medical and Surgical shock and peripheral circulatory failure.
- d. Cerebro-Vascular attack-Stokes, Sudden unconsciousness, Head injury
- e. Respiratory failure, decompensated lung disease, Cerebro-Meningeal Infections, Convulsions, Acute Paralysis, Acute Visual loss.
- f. Acute Abdomen pain.
- g. Road Traffic Accidents / with injuries including fall.
- h. Severe Haemorrhage due to any cause.
- i. Acute poisoning.
- j. Acute Renal Failure.
- k. Acute abdomen pain in female including acute Obstetrical and Gynaecological emergencies.
- l. Electric shock.
- m. Any other life threatening condition.

In emergency the hospital will not refuse admission or demand an advance payment from the beneficiary or his family member and will provide credit facilities to the patient, on production of a valid PBHS card and the hospital shall submit the bill for reimbursement to the concerned Deptt. The refusal to provide the treatment to bonafide PBHS Beneficiaries in emergency cases and other eligible categories of beneficiaries on credit basis, without valid ground, would attract disqualification for continuation of empanelment. The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority on random basis at its own discretion. The Hospital will intimate all instances of patients admitted as emergencies without prior permission to the PBHS authorities / BCA appointed by PBHS within the prescribed time.

F. INSPECTIONS

During the visit by Deputy Director General of AIR, including BCA-DDO, the empanelled health care organization's authorities will cooperate in carrying out the inspection.

G. DUTIES AND RESPONSIBILITIES OF EMPANELLED HEALTH CARE ORGANIZATIONS


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It shall be the duty and responsibility of the empanelled Hospital at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.

H. NON ASSIGNMENT

The empanelled Hospital shall not assign, in whole or in part, its obligations to perform under the agreement, except with the Prasar Bharati's prior written consent at its sole discretions and on such terms and conditions as deemed fit by the PBHS. Any such assignment shall not relieve the Hospital from any liability or obligation under this agreement

I. EMPANELLED HEALTH CARE ORGANIZATION'S INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The empanelled hospital is responsible for and obliged to conduct all contracted activities in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the PBHS. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanours, negligence, misconduct or deficiency in services, if any.

J. TERMINATION FOR DEFAULT

The PBHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital terminate the Agreement in whole or part:

- a. If the empanelled Hospital fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension thereof if granted by the PBHS pursuant to Condition of Agreement or If the Health Care Organization fails to perform any other obligation(s) under the Agreement.
- b. If the Hospital in the judgment of the PBHS has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement. In case of any wrong doings as specified in Memorandum of Agreement by one hospital of a particular group, PBHS reserves the right to remove all empanelled hospitals of that particular groups from its empanelled list of hospitals.

K. INDEMNITY

The empanelled Hospital shall at all times, indemnify and keep indemnified PBHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Health Care Organization in execution of or in connection with the services under this Agreement and against any loss or damage to PBHS/Prasar Bharati in consequence to any



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आयुष्य सेवा विभाग, महानिदेशालय / DG: AIR

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action or suit being brought against the PBHS/Prasar Bharati, along with (or otherwise), Health Care Organization as a Party for anything done or purported to be done in the course of the execution of this Agreement. The Health Care Organization will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the PBHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct. The Health care Organization will pay all indemnities arising from such incidents without any extra cost to PBHS and will not hold the PBHS responsible or obligated. PBHS / PrasarBharati may at its discretion and shall always be entirely at the cost of the Health Care Organization defend such suit, either jointly with the Health Care Organization enter or singly in case the latter chooses not to defend the case

L. ARBITRATION

If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the PBHS and the Hospital, upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Director General, Akashvani, New Delhi, who will give written award of his decision to the Parties. The decision of the Director General, Akashvani, New Delhi, will be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Delhi / New Delhi.

M. MISCELLANEOUS

Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the PBHS and the Health Care Organization. The Health care Organization shall work or perform their duties under this Agreement or otherwise. The Health care Organization agrees that any liability arising due to any default or negligence in not represent or hold itself out as agent of the PBHS. The PBHS will not be responsible in any way for any negligence or misconduct of the Health Care Organization and its employees for any accident, injury or damage sustained or suffered by any PBHS beneficiary or any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services. The Hospital shall notify the Government of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement. This Agreement can be modified or altered only on written agreement signed by both the parties. Should the Hospital get wound up or partnership is dissolved, the PBHS shall have the right to terminate the Agreement. The



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termination of Agreement shall not relieve the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Health care Organization during the period when the Agreement was in force. The Hospital shall bear all expenses incidental to the preparation and stamping of this agreement.

N. EXIT FROM THE PANEL

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under CGHS, it can apply for exclusion from the panel by giving one month notice. Patients already admitted shall continue to be treated.

O. NOTICES

O.1. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

PBHS: Deputy Director General(A), DG: Akashvani, Akashvani Bhawan, New Delhi. **Muskan Dental Care**, a registered entity having its principle place of business at 11/26, West Patel Nagar, New Delhi - 110008.

O.2 A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with remarks like refused, left, premises locked, etc.


IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

Signed by Deputy Director General (A), Directorate General, Akashvani, Prasar Bharati Health Scheme, Akashvani, New Delhi

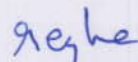

जितेन्द्र अरोड़ा/JITENDRAARORA
उप महानिदेशक (प्रशा.)
Dy. Director General (Admn.)

For and on behalf of The President of India In the Presence of
(Witnesses)

1.


10/5/24

2.


10/05/2024

Signed by For and on behalf of Muskan Dental Care. Duly authorized vide
Resolution No. datedMuskan Dental Care

For  muskan Dental Care
CEO & Authorised Signatory

In the presence of (Witnesses)

Naman Kumar

1. Naman Kumar
T-652/A Baljeet Nagar New Delhi - 110008

Annu Kumari
2. Annu Kumari
A/602, Gali no-3 Prem Nagar New Delhi - 110008