

CHECKLIST FOR EMPANELMENT WITH CGHS MUMBAI

1. Name of the Hospital and Address: _____

2. Applied for (specify):
 - a) General Purpose Hospital: _____
 - b) Speciality hospital: _____
 - c) Super Specialty hospital: _____
 - d) Eye Centres: _____
 - e) Dental Clinics: _____

3. Application form fee of Rs 1000/- through Bharatkosh/Demand Draft

Bharatkosh transaction Receipt No.: _____

DD No. _____ Bank Details: _____

4. Earnest Money Deposit Rs. 1,00,000/- through Bharatkosh/Demand Draft

Bharatkosh transaction Receipt No.: _____

DD No. _____ Bank Details: _____

5. No. of hard copies of the application: _____

6. CD: _____