

Form for Empanelment of Hospitals/Nursing Homes etc., under “MATRUTVA YOJANA” Scheme for providing medical treatment for infertile ST couples by IVF (Invitro Fertilization) or IUI (Intra Uterine Insemination) Method.

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| 1 | Name of the Hospital/Nursing Home: | |
| 2 | Address of the Hospital/Nursing Home: | |
| 3 | Contact No. & Email ID / website of Hospital/Nursing Home: | |
| 4 | Registration No. & date with Directorate of Health Services: | |
| 5 | Hospital/Nursing Home deals with IVF – Embryologist used or IUI Method specify: | |
| 6 | Years of Experience in IVF or IUI Method separately : | |
| 7 | Data of last 3 years patients treated by IVF & IUI and No. of procedure done - results: (provide soft copy) | |
| 8 | Number of beds available in the Hospital/Nursing Home: | |
| 9 | Existing facilities/Equipment as per norms, Specify :- | |
| 10 | Details of doctors who will conduct this procedure: | |
| 11 | Approximate cost for IVF/IUI separately: | |
| 12 | Bank Details of the Hospital/ Nursing Home: a. Bank Name b. Branch Name- c. Account Number- d. IFSC Code- e. MICR Code- | (enclose Bank Pass Book Copy) |
| 13 | Any other information: | |

DECLARATION

The Hospital is recognized under IVF or IUI as per the existing rules.

I, the undersigned, hereby declare that the information given above is true and correct, and nothing stated is false. I shall be personally responsible for any false and incorrect information/documents, for which the authorities shall be at liberty to take penal action as deem fit against me including filling criminal case.

Dated:

Place:

(Name & Signature of the Head of the Hospital/ Nursing Home/Authorized Signatory
with Seal)