



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

Operational Guidelines
Charitable Hospitals under PPP

Financial Year 2021-22

OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM

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PREFACE

The Charitable Hospitals are a contributory part in providing primary health care services to large number of urban poor population. In this PPP mode, the selected hospitals will go under PPP mode with NHM, Assam by executing a MoU at district level. The hospitals have to follow the fixed sets of terms of reference as per MoU to cover the poor slum dwellers and BPL families of municipal wards, slums and outreach areas of respective districts. Primary objective of the programme is-

- *Encouragement on institutional birth for women of slum dwellers*
- *Quality Antenatal Care to all women of slum dwellers*
- *Awareness to taken care of communicable and non-communicable diseases of urban poor population.*
- *Covering the outreach area*
- *Referral services should be encouraged as usual in outreach camps and ensuring follow-up under the activity.*

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1. District RoP approval- for Charitable Hospitals under PPP for the year 2021-22

| Assam RoP 2021-22 | | RoP Approvals, 2021-22 | | | Owner of the activity | | | State allocation on Fresh RoP approvals | District allocation on Fresh RoP approvals |
|-------------------|-------------------------------|------------------------------|---------------------|-------------------------------|-------------------------|-------------------|----------------|---|--|
| FMR Code | Particulars | Committed Unspent Amount (A) | Approved Budget (B) | Total Approval, 2021-22 (A+B) | At State HQ | At District level | At Block Level | | |
| 15.2.6 | PPP with Charitable hospitals | 0 | 90.00 | 90.00 | SPM/P.E. (Bidyut Prava) | DPM | BPM | 0 | 90.00 lakh |

2. District wise financial allocation for Charitable hospitals under PPP for the year 2021-22

| Sl. No | Name of District | No of Charitable Hospital | Amount approved @ Rs.15 lakh/Charitable hospital |
|--------|------------------|---------------------------|--|
| 1 | Cachar | 2 | 30.00 |
| 2 | Biswanath | 1 | 15.00 |
| 3 | Karimganj | 1 | 15.00 |
| 4 | Tinsukia | 1 | 15.00 |
| 5 | Dibrugarh | 1 | 15.00 |
| | Total | 6 | 90.00 |

3. List of approved Charitable Hospitals under PPP with NHM, Assam for the financial year 2021-22

| Name of the District | Sl. No. | Name of the Charitable Hospital |
|----------------------|---------|--|
| Cachar | 1 | Burrows Memorial Christian Hospital |
| | 2 | Siva Sundari Nari Sikshasram Hospital |
| Biswanath | 3 | Borgang Catholic Hospital |
| Karimganj | 4 | Makunda Christian Leprosy and General Hospital |
| Tinsukia | 5 | St. Lukes Hospital |
| Dibrugarh | 6 | St. Lukes Hospital, Dibrugarh |

Operational Guideline for utilization of fund by the Charitable Hospitals under PPP with NHM, Assam for the Year 2021-22

Objectives:

- Providing health care services to the large number of urban poor population in collaboration with National Urban Health Mission (NUHM).
- Improvement of maternal and child health in municipal wards, Slums and outreach areas of the district by resource mapping through volunteer workers from NGO, Community club, Mahila Samities etc.
- Services to be provided as follows-
 - i. Routine Ante-Natal care to all women
 - ii. Institutional Births
 - iii. **Service delivery to all pregnant women should be absolutely free including Caesarean section under Janani Shishu Suraksha Karyakram (JSSK) implemented by Govt. of India. The cost free entitlements under JSSK are- :**
 - Free Drugs and consumables**
 - Free Diagnostics**
 - Free C-section**
 - Free treatment and delivery**
 - Free Blood Transfusion**
 - Free Transportation**
 - Free Diet initiative**
 - Free transport from home to institution, Between facilities and In case of a referral and drop back home.**

Similar entitlements should be followed for all sick new-borns accessing public health institutions for treatment up to 1 year after birth.

- iv. Identification of High risk pregnancy and its management
- v. Immunization
- vi. Diagnosis and management of anaemia & vitamin A deficiency in the children
- vii. Family Planning guidance and services
- viii. Basic laboratory services like Blood, Urine & Stool examination for expected mothers
- ix. Family Planning services
- x. Safe abortion services (MTP)
- xi. Creating awareness on population stabilization by using family planning methods.
- xii. Regular visit of slum area by ANM/Nursing Staff for mobilization of slum dwellers for participation in promoting health

Coverage:

- Urban poor population residing in urban areas
- Municipal wards,
- Outreach areas and
- BPL families

Operational Aspect:

- An MoU (agreement) is to be executed between the respective District Health Society and Charitable/Trust Hospital Management Authority which will establish the terms and conditions of both the parties work to achieve the objectives.
- Duration of the MoU to be fixed for 1 year only.

- Financial year should be followed for execution of MoU
- The agreement would be in force from the date of signing of MoU
- The PPP hospital should have brand identity of NHM Assam with NHM logo and should be prominently displayed.
- Services to be delivered as per NHM norms and guidelines mentioned in MoU.
- A coordination committee is to be formed with the following members -
 - Deputy Commissioner – Chairman
 - Additional Deputy Commissioner (Health) – Vice Chairman
 - Joint Director of Health Services of the district – Member Secretary
 - District Programme Manager, respective district, NHM – Member
 - Four nominees from the Charitable Hospital.

The committee shall meet quarterly whose recommendation is mandatory to implement the activity.

- The hospital will have to take prior permission of District Health Society before utilizing the fund against the MoU.
- In case guidelines given are found to be violated, the MoU will be terminated.

Scope of work :

- A monthly action plan is to be prepared for implementing the activity that has to be approved by the DHS
- Emphasis on institutional delivery (normal/Caesarean)
- Delivery of the pregnant women (normal / Caesarean) in the hospital should be at pre fixed rates decided by Hospital Management Authority and District Health Society.
- Blood bank or blood storage unit to be ensured if caesarean service is available
- Provision of facility on Janani Suraksha Yojna (JSY).
- Facility for New Born Care such as neonatal resuscitation & management of neonatal hypothermal / Jaundice etc.
- JSSK benefits for free Diagnostics, Drugs, Blood Transfusion, transportation as per the operational Guidelines of JSSK to be ensured
- Covering outreach areas.
- Regular visit of allotted slum area by ANM/Nursing Staff to mobilise the slum dwellers to avail all health related services specially in Obstetrics & Gynaecological health.
- Laboratory should be functional and services to be ensured other than PMSMA(Pradhan Mantri Surakshit Matritva Abhiyan) day also.
- Implementation of Bio-Medical Waste (BMW) management system
- Proper implementation of Intensified Diarrhoea Control Fortnight/National Deworming Day/WIFS/ Vitamin-A supplementation programme/Intensified Pulse Polio Immunization etc.
- Nutrition & health counseling
- 24 hrs emergency services
- Referral services.
- Urban health camps/ medical camps should be conducted specially in Urban slum areas.
- Resource mapping through Community club, SHG, Mahila Arogya Samities etc.
- IEC activity of all National and State health programmes in collaboration with District Programme Management Unit (DPMU), NHM.

After getting necessary approval from DHS the hospital authority can utilize the fund as per following criteria-

1. Infrastructure:

If the hospital needs minor renovation and repairing, which couldn't have been completed during the previous year PPP fund, then it can utilize the fund for minor repairing and renovation of existing labour room/maternity ward/ new born corner with an upper limit of Rs.50, 000/- per annum as per the IPHS norms.

For proper management of Bio-Medical Waste (BMW) the hospital can procure color coded bins, bags and other consumables along with construction of deep burial pit as per the NHM guideline.

2. Equipment:

The hospital can procure equipments related to Labour room/New Born Care Corner (NBCC) as per Govt. approved rate along with prior approval of DHS with an upper limit of Rs.1.00 Lakh as per IPHS norms if not procured in the initial years

3. Health Camp:

- The camp should be organised twice in a week.
- Slum area should be preferred.
- Urban Health Coordinator, DME and DCM will be responsible arranging health camps.
- ANM, Urban ASHA, Mahila Arogya Samity, , SHG, Community clubs etc. should be involved for conducting camps.
- Orientation meeting in Slums should be conducted before the camp day

4. Activities to be carried out at Health Camps-

- Registration
- All routine health check-up including antenatal check-up is to be done.
- High risk pregnancy should be identified in camps and referred to the baseline hospital.
- Family planning services-
 - Guidance and motivation for Sterilization
 - Asked to visit Hospital for Copper T insertion
- Screening of common problems of hypertension, anaemia, diabetes etc.
- Consultation, medications and immunizations should be provided at the camp site
- Awareness generation on
 - Hygiene and sanitation
 - Diet
 - ANC
 - PNC etc.
- Issuance of health cards to the beneficiary for follow up treatment at base hospital by producing the same in the camp.
- Patient should be encouraged to visit base hospital to avail follow-up treatment, by producing the health card.

5. Financial Guidelines:

The cost break up of one camp will be as follows-

| Budget Head | Max. amount to be expended per camp (in Rs.) |
|-------------------------|---|
| Doctors DA | 1000/- |
| Paramedical Staff | 500/- |
| Transportation costs | 500/- |
| Publicity/Advertisement | 500/- |
| Misc.Exp. | 500/- |
| Total | 3,000/- |

Grand total budget for 1 year=24*3000=72000/-

The hospital will give prior indent to DHS/NHM district office for supply of drugs and logistics at camp site on fixed day.

6. Training/Orientation/workshop:

- Quarterly orientation for Medical Officer and other Staff on programme guidelines to be done at District as well Block level in collaboration with District Programme Management Unit (DPMU), NHM. HMC should ensure the attendance of participants.
- Participation of service providers including in handholding trainings organized by DHS on ANC, conducting safe delivery, handling warmers, umbrella programmes etc.
- The DPMU should conduct training/workshop for PPP officials deputed for following area.
 - Record keeping/Documentation
 - HMIS and analysis of reports
 - Mother and Child tracking system (MCTS)
 - Reporting formats and registers
 - Financial management.
 - Any other (as and when necessary)
- The HMC of Charitable hospital should ensure the participation of designated person in the aforesaid Training/Orientation/workshops. The attendance of same to be maintained and submitted to the Joint Director Health Services as and when required.

7. Record Maintenance:

- Facts and records of services along with expenditure are to be kept as per NHM norms.
- Stock of the assets to be maintained purchased from the PPP fund.
- Copies of all guidelines and communication to be kept in file and make handy to all should be provided as and when required for verification.
- All Charitable hospital under PPP should use the NHM prescribed registers for record keeping. The list of registers to be used at facility is as follows-

- OPD Register for registration
 - IPD register,
 - RCH register, (For ANC/Immunization/Eligible Couple records)
 - Family Planning Register
 - Delivery Register
 - Referral Register
 - Laboratory registers for laboratory record,
 - Drug stock dispensing register
 - Fixed Asset Register (The hospital will maintain fixed asset register of all the items acquired out of the NHM fund and accordingly submit a report to the Jt. Director of Health Services for his/her record. All the assets acquired and created out of NHM fund will be the property of Government of Assam.)
 - Maternal Death Register
 - Infant Death Register
 - High Risk Pregnancy Identification Register
 - Health Camp Register
 - House Hold Survey Register.
 - Any other register as per requirement
- For financial transactions record to be maintained in the form of Fund Receipts register, Cheque Issue Register, Petty Cash Book, Payment Vouchers Index File (Month wise) and Double Column Cash Book in respect of fund from NHM under PPP.

8. Reporting System:

- The In-charge of the respective Charitable Hospital will be responsible to send the monthly performance report
- NHM reporting format should be used for HMIS reporting
- Monthly progress reports on all key deliverables along with financial achievements is to be send to the Block Programme Management Unit along with a copy to District Programme Management Unit of NHM, Respective districts by 2nd day of next month.
- The yearly evaluation/ assessment of the hospital will be done on following parameters which will be considered as Key Performance Indicator (KPI)

The expected KPI for deliverables will be as follows-

- **OPD Patients**
- **IPD Patients**
- **Normal Deliveries**
- **Cesarean delivery**
- **Night delivery (Both CS and night)**
- **No of PW registered and ANC/PNC Check up**
- **Women receiving post-partum checkup within 48 hours after**

delivery

- **Total no of Laboratory Test conducted**
- **Conducting Outreach camp**

It will be quantified with an increase of 10% than previous year performance.

9. Performance Review:

- a) The BPM will regular monitor the programme of concerned Block PHC
- b) Both physical and financial performance will be reviewed every month at block level (BPMU) and quarterly at District level.
- c) Joint DHS will depute one representative from DPMU to visit the hospital once in a month. On return, the official will submit a report to the Joint DHS and DPMU, NHM.

10. Financial Guidelines:

- d) Allotted fund Rs.15.00 lakh to each Charitable hospital from GoI under PPP with the following break-up-

| Operational Cost- for Service Delivery | Upper limit of fund |
|--|---|
| a) Normal Delivery | Rs.5000/- per case (maximum) |
| b) Caesarean Section | Rs.7550/- per case (maximum) |
| c) Health Camps-(twice in a month) | Rs. 72000/- per year |
| d) Medicines & consumables | NHM supply |
| e) The hospital can procure equipments related to Labour room/New Born Care Corner (NBCC) as per Govt approved rate along with prior approval of DHS | Rs.1.00 Lakh as per IPHS norms (if not procured in the initial years) |
| Operational Cost- for Service Delivery | Upper limit of fund |
| f) For minor repairing and renovation of existing labour room/maternity ward/ new born corner | Rs.50,000/- per annum as per the IPHS norms. |
| f) For proper implementation of BMW | Rs.10,000/- per year |

- The fund will be released in two instalments.
 - First advance shall be released against specific activities as per approved Plan
 - The second and subsequent advances shall be released on submission of utilization of 75% of the outstanding advance and after verification report of achievement of activities by the First Party.

- **Fund should be budgeted under the head FMR Code: 15.2.6**

- Release of advance shall be made within two weeks after submission of report of achievement and fund requirement request.
- Fund for JSY scheme will be released based on the institutional deliveries of the patients which are BPL.
- JSSK benefits provided by the PPP hospital will be reimbursed by the District Health Society.
- The user fee to be charged to the BPL families will be equivalent to the Charges of District Hospital. (A BPL family will be defined by BPL card or receiving treatment in a general ward of the hospital, if BPL card is not available with them.)
- Separate bank account should be maintained to administer the funds by the hospital management authority under the scheme.
- The Hospital Management Committee will maintain Books of Accounts (i. e. Cash Book, Ledger, Cheque issue register, Stock register, Fixed Assets Register and Bill vouchers file etc.) for the fund received from NHM under PPP.
- Up to date JSY record should be kept by HMC.
- Cash transactions should not be done.
- The bank account must be a joint a/c. in the name of followings-
 - i. Chairman, Hospital Management Committee and
 - ii. Medical Officer in charge cum Member Secretary, Hospital Management Committee of the hospital.
- The monthly account statement obtained from bank should be placed before the Hospital Management Committee.
- The fund given will be utilized for fulfilling the aforesaid objectives and monthly health camps
- The user fee of BPL families would be collected by the hospital should be deposited in the bank account of Hospital Management Committee and shall be utilized for providing services to the patients.
- Submission of monthly utilization certificate is to be ensured to the Joint DHS/DPMU of respective district.
- The in-charge of the Charitable hospital will have to submit a monthly fund utilization certificate and Statement of Expenditure (SoE) to the DHS, within 5th day of following month.
- The audited UC and SOE should be submitted for a financial year by 30th April of the following year.
- The accounts should be audited by C.A. at the end of the financial year end and settle the advance by submission of audit report including audited Utilization Certificate within 30th April of the following year.
- The audit fees will be borne by interest fund incurred or own Charitable hospital management fund.

11. Drugs:

JSSK drugs & kit used for delivery purpose will be provided by NHM to all Charitable Hospitals as per case load. Indent should be given to DDSM of respective district as per NHM format as and when required. However the utilization of drugs should be sent to concerned DDSM and NHM HQ on monthly basis and as and when required.

12. Equipment:

The hospital can procure equipments related to Labour room/New Born Care Corner (NBCC) as per Govt approved rate along with prior approval of DHS with an upper limit of Rs.1.00 Lakh as per IPHS norms if not procured in the initial years

13. Activities not to be done from the fund of PPP:

1. Construction of quarters, Kitchen, Roads, extension of existing hospital building, office set-up, and house hold toilets etc. The fund should not be used for any kind of new construction except Labour room, NBCC, ANC, PNC ward (if not taken in the initial years)
2. Procurement of any vehicles, Computers, office furniture, Halogen light/lamp, Refrigerator etc.
3. Payments towards inserting advertisements in any Newspaper/Journal/ Magazine.
4. Organizing Swathya Mela or giving stalls in any Mela for ostensible to purpose of awareness generation of health schemes/programmes.
5. Payments towards giving TA/DA to Medical Officers or other staff.
6. Meeting any recurring non-plan expenditure and taking up any individual based activity.

NB: An annual action plan of activities should be prepared and approval should be taken from DHS. The Charitable Hospital Management Committee should prepare the yearly budget based on the above guidelines and it should be approved by Chairman, District Health Society. Approval of Mission Director, NHM, Assam must be taken for any other specific requirement other than the above guidelines.

Sample copy of MoU for Charitable Hospitals under PPP

Stamp Duty

Memorandum of Understanding
District Health Society,.....
National Health Mission, Assam

This is a document of Memorandum of understanding herein after referred to as M.O.U on....., between District Health Society and, herein after called the First Party of the one part and the Secretary / Chairman of the Charitable Hospitals herein after called the Second Party of the other part .

AND WHERE AS the said FIRST PARTY is willing to approve Private Medical Hospital/ Trust as a agent for the implementation of the Health and Family Welfare Activities for the improvement of the maternal and child health within district specialty of municipal ward and BPL families, and the SECOND PARTY the said Charitable Hospital desires to undertake and perform such medical programme under the First Party on the term and conditions as agreed hereunder.

ARTICLE 1: PERIOD OF PARTNERSHIP

1.1 The agreement shall be in force for a period of one year from April to Marchand will be Extendable for a further period of one year subject to the concurrence of both the Parties. The agreement shall be reviewed after the end of the first year and may be Extended further with or without modification on approval of the District Health Society.

1.2 It is also agreed that the management and functioning of all the facilities and Services here within provided shall be the responsibility of Charitable hospital.

ARTICLE 2: RESPONSIBILITIES OF CHARITABLE HOSPITAL AND DISTRICT HEALTH SOCIETY

* Duties and Responsibilities of the Second party

1. The maternal and child health services shall be provided in the selected ward and outreach areas of the district.
2. The survey of the selected areas for identifying the beneficiaries for various Components of RCH services shall be done quarterly.
3. The user fee to be charged to the BPL families will be equivalent to the Charges of District Hospital. A BPL family will be defined as a family with BPL card or receiving treatment in a general ward of the hospital, if BPL card is not available with them.
4. The following services will be provided by the hospital. It will consist of both Out Patient Department and in – Patient Department services.

Outpatient Department services-

- Mother & Child Care
- Immunization of the children
- Routine Ante- Natal & Post – Natal care to all women.
- Diagnosis and management of anemia & vitamin A deficiency in the children
- Nutrition & health Counseling
- Counseling and appropriate referral for safe abortion services (MTP) for those in need or MTP using Manual Vacuum Aspiration (MVA) technique.
- A monthly urban health camps/ medical camps to be conducted in the wards/villages to provide Mother and Child Health Care services, action plan of the same need to be submitted to the Joint Director Health Services.
- Family Planning services e.g. OC Pill, Condom, IUD insertion and permanent methods like Vasectomy/ NSV / organizing L.S. camp, Emergency Contraceptive E – Pill.

In-Patient Department Services

- Provision of normal delivery / Caesarian delivery. In hospitals where caesarian service is available in those facilities there should be a blood bank\ blood storage unit.
- Provision of facility on Janani Suraksha Yojna (JSY).
- The Charitable Hospital will facilitate JSSK benefits for free Diagnostics, Drugs, Blood Transfusion, transportation as per the operational Guidelines of JSSK.

- Facility for New Born Care such as neonatal resuscitation & management of neonatal hypothermal / Jaundice etc.
- 24 hrs emergency services: appropriate management of injuries and accident, First Aid, Stabilization of the patient before referral and other emergency conditions.
- Referral Services.

Investigative Facilities

- Minimum laboratory investigations like hemoglobin, urine albumin, stool and sugar, RPR test for syphilis etc. for pregnant women.
 - Prevention & Control of diseases like Malaria, Tuberculosis, and Japanese Encephalitis etc.
5. The aforesaid services mentioned in clause 4 will be provided in the ward areas if the selected wards as Camp/ Clinics every fortnight and regularly in the Hospital premises.
 6. The cases needing Hospital care related to the RCH shall be treated in the Charitable Hospital of the area concern.
 7. The hospital authority shall keep separate information for each service for these wards and keep records of the hospital care from these areas for RCH services mentioned in clause 4.
 8. Monthly reporting of both physical and financial performance for RCH services of the selected areas to the District Health Authority. Report collection and submission should be as per government prescribe format.
 9. Submission of expenditure statement with utilization certificate on month – to – month basis utilizing the advance and the yearly Audited accounts for March ending with utilizing certificate to be submitted by 30th June each year.
 10. The first party can utilize the hospital premise of second party as a training centre as well as the doctors and nurses.
 11. To follow all Govt. norm/ rules as applicable in each Health Programme.
 12. Production of records of services and statement of Expenditure for verification by officials of Govt. of Assam, Health Deptt/ Govt. of India from time to time or as necessary.
 13. Any other duties as may be mutually agreed upon.

* DUTIES AND RESPONSIBILITIES OF THE FIRST PARTY

Account for this purpose shall be maintained separately and funds be released to the Second Party with the following conditions.

1. The first party will give a fund of Rs. Fifteen Lakhs per annum to the second party for rendering the services mentioned in clause 4.
2. The expenditure for the activities performed for rendering services as mentioned in clause 4 shall be borne as per Action Plan submitted by the hospital and approved by District Health

Society.

3. First advance shall be released against specific activities as mentioned in the Action Plan approved by the District Health Society.
4. The second and subsequent advances shall be released on submission of utilization of 75% of the outstanding advance and after verification report of achievement of activities by the First Party.
5. Release of advance shall be made within two weeks after submission of report of achievement and fund requirement request.
6. Fund for JSY scheme will be released based on the institutional deliveries of the patients which are BPL. JSSK benefits provided by the PPP hospital will be reimbursed by the District Health Society.
7. Vaccines, contraceptives and other RCH drugs shall be supplied as per requirement of the hospital.
8. A coordination committee will be formed under the chairmanship of Deputy Commissioner. The committee shall meet quarterly whose recommendation shall be mandatory. It will consist of the following :
 - a. Deputy Commissioner – Chairman
 - b. Additional Deputy Commissioner (Health) – Vice Chairman
 - c. Joint Director of the district – Member Secretary
 - d. District Programme Manager – Member
 - e. Four nominees from the Charitable Hospital.

ROLES AND RESPONSIBILITIES OF THE PARTNERS

| Activities | Provision of Services | | Remarks |
|-----------------------------|-----------------------|---------------------|---|
| | NHM | Charitable Hospital | |
| Infrastructure facilities | | ✓ | |
| Hospital Building | | ✓ | |
| Ambulance | | ✓ | |
| Medicine | ✓ | ✓ | Only JSSK drugs & delivery kit provided by DHS. |
| Equipment/ Instruments | | ✓ | |
| Water / Electricity Charges | | ✓ | Will be borne by Charitable Hospital |
| Manpower | | ✓ | |

ARTICLE 3: EXAMINATION OF RECORDS

- 3.1 The second party will provide documents relating to the hospital records/ services as and when required.
- 3.2 Monthly reporting of the services to be submitted by the second party to the Joint Director Health Services as per the prescribed format developed by the first party.
- 3.3 The officials of the Health & Family Welfare Department /DPMU/ shall monitor the services as required under this agreement to be provided by the second party and other agencies deputed for the purpose from time to time.

ARTICLE 4 : TERMINATION

- 4.1 The District Health Society will look into any deficiency in service by the hospital under Public Private Partnership and the hospital will be de – listed and the decision will be final.
- 4.2 In case of any dispute between interpretation of any clause / clauses of this agreement the decision of the Health & F.W. Department, Govt. of Assam will be binding on both parties.

IN WITNESS WHEREOF both the parties of the FIRST AND SECOND PARTY have signed this agreement on the date , month and year mentioned above.

Date:

Date:

Name:

Name:

Designation:

Designation:

Mailing Address

Mailing Address

Witnesses: First party

Witnesses: Second Party

1.....

1.....

2.....

2.....

3.....