

CORPORATE TIE-UP AGREEMENT

A. ORGANISATION DETAILS:

- | | |
|---|--|
| 1. Name of the Organisation: | <u>Noida Chapter of NIRC of ICSI</u> |
| 2. Address: | Registered Office Address: |
| <u>Noida Chapter of NIRC of ICSI</u> | <u>Noida Chapter of NIRC of ICSI</u> |
| <u>C-37, Sector 62, Noida, UP-201309</u> | <u>C-37, Sector 62, Noida, UP-201309</u> |
| Phone: <u>0120-4522058</u> | Phone: <u>0120-4522058</u> |
| Email ID: <u>Noida@icsi.edu</u> | |
| 3. Status (please tick the appropriate box) | |
| <ul style="list-style-type: none"> • Public Ltd. () • Pvt. Ltd. () • Proprietorship () • Partnership () • Central Govt. () • State Govt. () • PSU () • AoP (✓) | |
| 4. Nature of Business | <u>Service (Educational Institution)</u> |
| 5. Year of Establishment | <u>31.12.92</u> |
| 6. No. of Employees/Members/Students
(To be covered under this tie-up both for OP, IP & Health checkup) | <u>Any</u> |
| 7. Whether employees are covered under Group Mediclaim Insurance: Yes / No | |
| 8. If yes, please mention | Insurance company |
| | & TPA |

9. Vendor Code Generation

- Yes () documents required
- No ()

10. Identification (please tick the appropriate box)

- Authorization Letter ()
 - Soft Copy (via fax / email)
 - Hard copy (in original)
- Identity Card ()

11. Authorized Signatory:

Name	Designation	Specimen Signature
<u>CS Nand Lal Thakur</u>	<u>Chairman</u>	<i>Nand Lal Thakur</i>
<u>Mr. Sanjay Jakhmola</u>	<u>Office Incharge</u>	<i>Sanjay</i>

12. In case of emergency (Name and Designation of the officer to be contacted).

Name	Designation	Tel (O)	Mobile No.
<u>CS Nand Lal Thakur</u>	<u>Chairman</u>	<u>0120-4522058</u>	<u>9643548058</u>
<u>Mr. Sanjay Jakhmola</u>	<u>Office Incharge</u>	<u>0120-4522058</u>	<u>9877938334</u>

B. TIE – UP DETAILS

OP, IP & Health Check Discount

1. Specialized Discount in OPD

Services	Rate	Inclusions	Exclusions	Payment Mode
OUT PATIENT DEPARTMENT (OPD)	10 %	1. Investigations (Radiology and Laboratories)	1. Any tests which are outsourced by Apollo Hospitals 2. Discount on Emergency services and ambulance services	Cash/Credit Card/Debit Card

2. Specialized discount in IPD

Services	Discounts	Inclusion	Exclusion	Payment Mode
	10%	ROOM RENT	1. Drugs, consumables, implants, Devices, Blood components, Critical Care	Cash/Credit Card/Debit Card

			Beds	
IN-PATIENT DEPARTMENT (IPD)	10%	INVESTIGATIONS	1. No discounts on any component of any predefined treatment/ surgery packages 2. No discount will be applicable in the IP segment for insurance linked admission (even when part of the bill is covered under insurance). 3. Discount provision will not be applicable, if insurance is availed through reimbursement scheme later on. 4. Services/Tests which is outsourced by Apollo Hospitals	

3. Health Checkups

Services	Rate	Inclusions	Exclusions	Payment Mode
HEALTH CHECK PACKAGES	10 %	Apollo Standard Health Check ups	1. Apollo Personalized Check 2. Apollo Well Women Check	Cash/Credit Card/Debit Card

- **Tariff: Prevailing Tariff of Apollo Hospitals –Noida & Delhi**
- **The contract will be valid for a period of Two years.**

3 In case of Health Checkup / Out patient, report to be handed over to

- Employee (Yes)
- Company (NA)
- Members (Yes)
- Students (Yes)

C. TERMS AND CONDITIONS

1. Objective:

Indraprastha Apollo Hospitals, Delhi & Noida shall provide medical facilities and treatment to the Employees/Students/Members & their dependents, of the organisation on presentation of Id card/valid letter of authorization on Cash /Credit Card/Debit Card Basis

2. Coverage of the Facility:

The contract shall cover all the facilities mutually agreed upon at the time of agreement.

3. Period:

This agreement and the utilization of the facilities shall be valid till 31st March 2022

4. Termination:

Either party shall be entitled to terminate the agreement upon breach of any one of the terms contained herein or otherwise, after giving one month written notice of such termination.

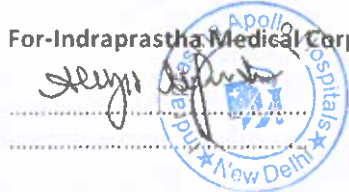
5. Payment:

- a. The Organisation is given the benefit of the corporate tariff as agreed upon mutually.
- b. Hospital tariff is subject to revision without prior notice to the organisation. However, the applicability of the tariff will be on mutually accepted terms and conditions. The bills will be raised based on the tariff prevailing at the time of utilization of hospital services.
- c. All the bills raised by Indraprastha Apollo Hospitals, New Delhi and Noida are to be duly authenticated and certified by the authorized personnel of the respective hospitals.
- d. The mode of payment will be **Cash /Credit Card/Debit Card** and shall be made by respective Employee/Member/Student & their dependents.
- e. Further, this Agreement only intends to benefit the Employees/Members/Students & their dependents of the Organisation and any expenses incurred on their treatment/test etc will be borne by the respective Employees/Members/ Students & their dependents. The Organisation will have no role to play in this regard.
- f. Delay beyond the stipulated time of payment of the bills shall make the Employee/Student/Member & their dependent liable for payment interest at 24% P.A until payment. This is without prejudice to the operation of the condition of 5 above.

6. Jurisdiction:

All Disputes arising out of this agreement shall be subject to jurisdiction of courts in Delhi Only.

For-Indraprastha Medical Corporation Limited



Place: Noida
Date: 23rd March, 2020

For Noida Chapter of NIRC of ICSI

A handwritten signature in black ink, appearing to read "Nand Lal Thakur".

CS Nand Lal Thakur
Chairman
Noida Chapter of NIRC
The Institute of Company Secretaries of India
C-37, Sector-62, Noida - 201309