

**APPLICATION FOR EMPANELMENT OF DIAGNOSTIC / PAHTOLOGY CENTRES WITH
OFFICE OF THE REGIONAL EXECUTIVE DIRECTOR,
AIRPORTS AUTHORITY OF INDIA, NORTH EASTERN REGION, GUWAHATI, ASSAM.**

1. Name of the Diagnostic/Pathological Centre:

2. Address with e – mail & Tel. No.:

3. Ownership:

4. Established on:

5. Contact person(s):

Chief Executive Officer: (or equivalent)

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

Empanelment Coordinator (if different from:5 above)

Mr./Ms./Dr. _____

Designation: _____

Tel: _____ Mobile: _____

Fax: _____

E-mail: _____

6. Is the Diagnostic/Pathological Centre having current licence under CE Act?

7. List of doctors with qualification:

Scope of Empanelment (Diagnostic Services being provided by your centre)

Diagnostic Service Provided (Yes/ No)

Diagnostic Imaging:

CT Scanning:

DSA Lab:

Gamma Camera:

MRI:

PET:

Ultrasound:

X-Ray- conventional:

X-Ray- digital:

Laboratory Services:

Clinical Bio-chemistry:

Clinical Immunology:

Clinical Microbiology:

Clinical Pathology:

Molecular Diagnostics:

Blood Transfusion services:

If your centre provides other services apart from above list, please mention separately:

Other Information:

1. Income Tax returns for the last three financial years:
2. Service tax number / Certificate and PAN/TIN number:
3. Details of Registration / Membership:

4. Distance from Guwahati Airport
5. Fee for different Tests may please attached :
6. Details of the organization who have empanelled with your diagnostic/pathological centre. Please enclose copy of agreement with full particulars? Also whether empanelled for CGHS.

Note:

1. **Airport Authority of India has rights to empanel / de panel the diagnostic / pathological centre.**
2. **Diagnostic/pathological centre should be located in and around Guwahati Only.**
3. **If required, separate sheet may be used to give details of the diagnostic/pathological centre.**

Undertaking

I hereby certify that all the information's furnished above are true to my knowledge. I have no objection to Airports Authority of India verifying any or all the information furnished in this document with concerned authorities, if necessary.

Date & Place:

Signature of the authorized signatory of the organization
Office Seal