

\*\*Logon to [www.ehf.telangana.gov.in](http://www.ehf.telangana.gov.in) portal -> Click on "Online application form for the empanelment" -> Select "Normal Application" -> Fill the online basic application form -> after filling the basic online application -> click on button "Save" and "Submit", Hospital Reference No. and Secret code generates, write the No. & code and take the print of the below given declaration form and fill it up, CEO/MD/Superintendent of the hospital signature along with stamp is mandatory on the declaration form. Scan the declaration form and upload in online Additional attachments and also send through mail and one hard copy to Trust.,

Mail IDs: 1) [TG\\_c239@aarogyasri.gov.in](mailto:TG_c239@aarogyasri.gov.in), 2) [TG\\_c198@aarogyasri.gov.in](mailto:TG_c198@aarogyasri.gov.in) and 3) [C035@aarogyasri.gov.in](mailto:C035@aarogyasri.gov.in).

\*\*If already EHS ID & Pin generated Hospitals, kindly provide the same details on the declaration form and forward to the mail ids

## DECLARATION LETTER

### Hospital basic information for empanelment in the Employees' Health Scheme

Hospital Type:  Government  Corporate (√Tick on appropriate field)

Hospital Name :  
\*(Should be as per Aarogyasri online Application)

Hospital PAN : Street\* :

Mandal /Municipality Name : District\* :

Total Bed Strength\* :

HSINE No*	Secret Code*
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Specialties Empanelled under Aarogyasri:

<input type="checkbox"/> S1	<input type="checkbox"/> S6	<input type="checkbox"/> S11	<input type="checkbox"/> S16
<input type="checkbox"/> S2	<input type="checkbox"/> S7	<input type="checkbox"/> S12	<input type="checkbox"/> S17
<input type="checkbox"/> S3	<input type="checkbox"/> S8	<input type="checkbox"/> S13	
<input type="checkbox"/> S4	<input type="checkbox"/> S9	<input type="checkbox"/> S14	
<input type="checkbox"/> S5	<input type="checkbox"/> S10	<input type="checkbox"/> S15	
<input type="checkbox"/> M1	<input type="checkbox"/> M5	<input type="checkbox"/> M10	
<input type="checkbox"/> M2	<input type="checkbox"/> M6	<input type="checkbox"/> M11	
<input type="checkbox"/> M3	<input type="checkbox"/> M7	<input type="checkbox"/> M12	
<input type="checkbox"/> M4	<input type="checkbox"/> M8		
<input type="checkbox"/> M4.1	<input type="checkbox"/> M9		

**Note:** Specialties Empanelled under Aarogyasri only will be empanelled under EHS.

#### Rooms

Semi private rooms are available :  Yes  No

If yes number of rooms :

Private rooms are available :  Yes  No

If yes number of rooms :

#### NABH Accreditation:

Is NABH accreditation available :  Yes  No

Date:

Place:

**Hospital Stamp & MD/CEO/Superintendent Signature**

**Counter Sign of District Coordinator**

Kindly send this copy from your MEDCO Login ID or Hospital domain id to the AHCT.,  
Mail ids: 1) [TG\\_c239@aarogyasri.gov.in](mailto:TG_c239@aarogyasri.gov.in), 2) [TG\\_c198@aarogyasri.gov.in](mailto:TG_c198@aarogyasri.gov.in) and 3) [C035@aarogyasri.gov.in](mailto:C035@aarogyasri.gov.in) for empanelling under EHS scheme. Do not send from any external mail id's such as Gmail or Yahoo mail ID etc.