

**\*\*Before Filling this application submit the basic information in [www.ehf.gov.in](http://www.ehf.gov.in) portal, take the print of the below given format fill it up, after the CEO/MD/Superintendent of the hospital along with stamp scan and send through mail to Empanelment Dept., [d047@aarogyasri.gov.in](mailto:d047@aarogyasri.gov.in) & [m018@aarogyasri.gov.in](mailto:m018@aarogyasri.gov.in)**

## **DECLARATION LETTER**

### **Hospital Basic information for Empanelling in the Employees' Health Scheme.**

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

Hospital Name :

\*(As per Aarogyasri online Application)

Hospital PAN :

Street \* :

Mandal/Municipality Name :

District \* :

Total Bed Strength \* :

HSINE No\*

Secret Code\*

(After Submission of basic Application in EHS portal, generated Reference No and Secret code)

### **Submission of Specialities for Employees Health Scheme \*(√ Tick on appropriate field)**

Speciality	Empanelled Under Aarogyasri	Employees Health Scheme	Speciality	Empanelled Under Aarogyasri	Employees Health Scheme
S1-General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	M1-Critical Care	<input type="checkbox"/>	<input type="checkbox"/>
S2-ENT	<input type="checkbox"/>	<input type="checkbox"/>	M2-General Medicine	<input type="checkbox"/>	<input type="checkbox"/>
S3-Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	M3-Infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>
S4-Obstetrics & Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	M4-Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>
S5-Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	M4.3-Neonatology	<input type="checkbox"/>	<input type="checkbox"/>
S6-Surgical Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	M5-Cardiology	<input type="checkbox"/>	<input type="checkbox"/>
S7-Cardio Thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	M6-Nephrology	<input type="checkbox"/>	<input type="checkbox"/>
S8-Paediatric surgery	<input type="checkbox"/>	<input type="checkbox"/>	M7-Neurology	<input type="checkbox"/>	<input type="checkbox"/>
S9-Genitourinary Surgery	<input type="checkbox"/>	<input type="checkbox"/>	M8-Chest diseases and respiratory medicine (Pulmonology)	<input type="checkbox"/>	<input type="checkbox"/>
S10-Neuro Surgery	<input type="checkbox"/>	<input type="checkbox"/>	M9-Skin (Dermatology)	<input type="checkbox"/>	<input type="checkbox"/>
S11-Surgical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	M10-Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>
S12-Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	M11-Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>
S13-Radiation Oncology	<input type="checkbox"/>	<input type="checkbox"/>	M12-Medical Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>
S14-Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
S15-Polytrauma	<input type="checkbox"/>	<input type="checkbox"/>			
S16-Cochlear Implant Surgery	<input type="checkbox"/>	<input type="checkbox"/>			

**Date:**

**Place:**

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

- ✓ Kindly send this copy from your RAMCO Login ID or Hospital domain id to the Empanelment Dept., mail id [d047@aarogyasri.gov.in](mailto:d047@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.,