





AB PMJAY Quality Certification

Processes









CERTIFICATION PROCESS (Bronze)

A digital certification process has been created to help the empanelled healthcare organisations to get the ABPM-JAY quality certification. The initiative will help the hospitals to get fast-track certification while enhancing healthcare services. The objective of this certification process is to put in place a simple, swift, transparent and paperless mechanism to encourage the hospitals to apply for certification and build a quality culture at all level and across all the function of the healthcare organisations. This certification process is applicable for the hospitals which don't have any certification and for the hospitals (Bronze Quality Certificate)







CERTIFICATION PROCESS (Silver & Gold)

Hospitals which are already certified by nationally or internationally recognized accreditation body can also avail the benefits of the scheme. NABH's Entry-Level/ NQAS certified hospitals can apply for AB PMJAY Silver quality certification and hospitals with NABH's Full Accreditation/JCI accreditation can apply for AB PMJAY Gold quality certification directly. These hospitals have to just answer a few questions related to Ayushman Bharat Pradhan Mantri Jan Aaroya Yojana (AB PMJAY) to get the Silver/ Gold Quality certification.







Registration **Steps**







Go to https://hospitals.pmjay.gov.in/ and login with your credential











🛞 РМ-ЈАУ 🗧	Pradhan Mantri Jan Arogya Yojana Hospital Empanelment Application Form	a - Ayushman 1	Bharat				*	۵ د	9/19/2019, 10:59:13 AM
	Hospital Basic Information							Hosp	ital Id : Martine Control 🗸
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	Hospital NIN Id :	Application Status			Application Created I	Date :			
🔋 Certification 🗸	NA	Hospital Approve	d for Empanelmen	t	Property and				
Apply for Certificate	Details Financial Licences and Certifications	Speciality Services	Civil Infrastructure	Medical Infrastructure	General Services	Man Power Details	Attachments	Print Preview	
	Hospital Address								
🚽 View Status of Certificate	Hospital Address :	- Insert	Hospital Pincode :			Sta	te :		
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📄 Upgrade Application 🗸	Latitude :		Longitude :						
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🚠 Enhancements Search	'Apply for Cer	ification	9240241						
	Hospital Profile	meanon							
🛐 Quality Audit(New*) 🗸	Hospital Specialty Type :		Establishment Year			PAN	Card Holder Nam	e:	
	Multi		NA			NA			
👩 De-Empanelment 🗸	Logal Casine Manual		Hereits! Ownership	Turner		1 au	al English Deglesserie	a blockbard	
	Legal Entry Name :		Hospital Ownership	Type :		Leg	al Entry Registration	on Number :	
	100		IND.			INA			
	Legal Entity Registration Date :		Hospital Sub Type :			Aut	hority registered w	ith :	
	NA		NA			NA			







😰 РМ-ЈАУ	Pradhan Mantri Jan Arogya Yoj Hospital Empanelment Application For	ana - Ayushman Bharat m		# B # L (
Niew Approved Application	Civil Infrastructure			^
	Upgraded Total Bed Strength			
📄 Update Application 🗸	Total Bed Strength NA	Inpatient Bed Strength NA		
🗋 Certification 🗸				
• 📕 Apply for Certificate		Contraction of the local division of the loc	Conception of the second second	in the second se
L View Status of Certificate		Road Division		
🔹 🛓 Download Certificate	Wards			
🔋 Upgrade Application 🗸	Total Bed Strength * NA HDU NA	Number of InPatient Beds * NA General Ward * NA	Fully Equiped Operation Theatre NA Existence of ICU with AC	OPD * NA Carualty *
🚠 Enhancements Search	Labour Room NA	101	14	200
📄 Quality Audit(New*) 🗸	Termine .			
👔 De-Empanelment 🗸	Reaches 10 10 10 10	ta Sa Salar Barri, Barrane * Sa	Record Distance Fundle Top Addresses - Towards - 1 Top	Deer of Conduct" Da Refer: Header Today 1 Da
	Program Service			

Confirm already filled Bed strength and Specialities offered on the HEM portal







🛞 РМ-ЈАУ	Pr: Ho	Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat Abspital Empanelment Application Form					•		
View Approved Application	Specia	alities Offe	red						
The date A well-relieve a st	S.No	Speciality Code	Speciality Name	Hospital Applied Specialities	Empanelled Specialities	Upgraded Specialities	De-Empanelled Specialities	Admissions done Previous Financial Year	Admissions done Before Last Year
Cpuate Application	1	\$1	General Surgery	5	5			NA	NA
n Certification 🗸	2	S2	ENT	83	12			NA	NA
-	3	S3	Opthalmology	13	12			NA	NA
• 📕 Apply for Certificate	4	S4	Obstetrics & Gynaecology	83	51			NA	NA
(E.C.X	5	85	Orthopaedics	53	12			NA	NA
View Status of Certificate	6	S 7	Cardio Thorasic Surgery	27	10			NA	NA
	7	S8	Paediatric surgery	122	5			NA	NA
Download Certificate	8	S9	Genitourinary Surgery	123	12			NA	NA
	9	S10	Neuro Surgery	122	53			NA	NA
👩 Upgrade Application 🗸	10	S11	Surgical Oncology	23	23			NA	NA
	11	\$12	Medical Oncology	82	5			NA	NA
🚠 Enhancements Search	12	S13	Radiation Oncology	23	15			NA	NA
	13	S14	Burns, Plastic & reconstructive Surgery	53	12			NA	NA
🔋 Quality Audit(New*) 🗸	14	S15	Polytrauma	83	12			NA	NA
Do Empanalment	15	S18	Dental Surgery	152	12			NA	NA
a secondaria e	16	S16	Paediatric Cancer	23	51			NA	NA
	17	M1	Cricital Care	13				NA	NA
	18	M2	General Medicine	82	12			NA	NA
	19	M4	Paediatrics	12	12	(Å	61	NA	NA

Confirm already filled Bed strength and Specialities offered on the HEM portal







🛞 РМ-ЈАУ 🗧	Pradhan Mantri Jan Arogya Hospital Empanelment Application	<mark>Yojana - Ayushman Bharat</mark> Form		# B Ø L 🚛
👩 View Approved Application		Appl	y for Certification	
	Hospital Empanelment Application	n Form		Hospital Id :
👖 Update Application 🗸				
👩 Certification 🗸		O Below Information is Correct O Upd	ate Hospital Basic Information	Details
			Submit	
 Apply for Certificate 	Applied for Certification Successfull	y. Please visit QCIN website for further details	Please Clic	k Here to resend QCI login credentials to SMS or Email
	Hospital Basic Information			
View Status of Certificate	Hospital Name :	Hospital Parent Type : Single	Hospital Type : Public	Hospital NIN Id : NA
Download Certificate	Hospital Address			
	Hospital Address *	State*	District *	
👩 Upgrade Application 🗸	State State (State State)			
	Village : NA	City/Town : NA	Hospital Pincode *	Geographic Code Latitude : NA
🛖, Financial Details	Geographic Code Longitude :			
	NA			
Specialities Offered	Hospital Profile			
	Hospital Specialty Type * Multi	Establishment Year NA	PAN Card Holder Name NA	Legal Entity Name NA
Licenses and Certifications	Hospital Ownership Type	Legal Entity Registration Number	Legal Entity Registration Date	Hospital Sub Type
	NA Hermitel COL Sub Type	NA Authority presistent with	NA	NA
💄 Add Man Power	NA	NA		

If the already filled information is not correct or the Hospital want to update any pre-filled information then the hospital can select 'Upgrade details' and click 'Submit'







🛞 РМ-ЈАУ	Pradhan Mantri Jan Arogya Hospital Empanelment Application	Yojana - Ayushman Bharat on Form		👫 🖹 🖉 📞 🎧 9/19/2019, 10:59:13 AM
View Approved Application		Apply	for Certification	
📄 Update Application 🗸	Hospital Empanelment Applic	ation Form		Hospital Id :
👩 Certification 🗸	L	Below Information is Correct Opda	te Hospital Basic Information OUpgra	ide Details
🛃 Apply for Certificate	Hospital Basic Information		Submit	2) Click on 'Submit'
 Liew Status of Certificate 	Hospital Name :	Hospital Parent Type Single	Hospital Type : Public	Hospital NIN Id : NA
Download Certificate	Hospital Address			
Upgrade Application	Hospital Address * Village :	City/Town: Choose from	District *	Geographic Code Latitude :
🚠 Enhancements Search	NA Geographic Code Longitude :	given 3 opt	ions	NA
🔋 Quality Audit(New*) 🗸	Hospital Profile			
🍺 De-Empanelment 🗸	Hospital Specialty Type * Multi Hospital Ownership Type * NA Authority registered with * NA	Establishment Year * NA Legal Entity Registration Number NA	PAN Card Holder Name * NA Legal Entity Registration Date NA	Legal Entity Name NA Hospital Sub Type * NA







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R View Approved Application		Apply	for Certification	2
📳 Update Application 🗸	Hospital Empanelment pplica	Are you sure you want to apply for ce	rtification with below mentioned inf	Grand
🔋 Certification 🐱	A message will pop asking if you really	L		
🖌 🚽 Apply for Certificate	want to submit		Submit	
 Liew Status of Certificate 	Hospital Name :	Hospital Parent Type : Single	Hospital Type : Public	Hospital NIN Id : NA
🛓 Download Certificate	Hospital Address Hospital Address *	State*	Districe Click 'OK' i	f vou want to
💼 Upgrade Application 🗸	Village :	City/Town :	submit OR Hospital Pincode* to go	Click 'Cancel' back Geographic Code Latitude :
🚓 Enhancements Search	NA Geographic Code Longitude : NA	NA	671326	NA
👩 Quality Audit(New*) 🐱	Hospital Profile			
👔 De-Empanelment 🐱	Hospital Specialty Type * Multi Hospital Ownership Type * NA Authority registered with * NA	Establishment Year * NA Legal Entity Registration Number NA	PAN Card Holder Name * NA Legal Entity Registration Date NA	Legal Entity Name NA Hospital Sub Type * NA







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📭 Update Application 🐱	Hospital Empanelment Appli a	Please login to redirected link using cr : 123456	redentials having username : 0 and pa	assword 🔪 Hospital Id : 🛛 🗸 🗸
🔋 Certification 🖌				ок
Apply for Certificate	L L	Applied for Certification Successfu	IIy. Please VIS OCIN website for further	details
View Status of Certificate	Hospital Basic Information			
🔹 🛓 Download Certificate	Hospital Name :	Hospital Parent Type : Single	A pop up messa have the Userna	ge will come and will
📘 Upgrade Application 🗸	Hospital Address *	State*	will be used o continue with the	on QCIN website to e certification process
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👔 Quality Audit(New*) 🐱	Geographic Code Longitude : NA			
🔋 De-Empanelment 🗸	Hospital Profile			
	Hospital Specialty Type * Multi Hospital Ownership Type * NA Authority registered with *	Establishment Year * NA Legal Entity Registration Number NA	PAN Card Holder Name * NA Legal Entity Registration Date NA	Legal Entity Name NA Hospital Sub Type * NA







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📄 Update Application 🗸	Hospital Empanelment Applicati	ion Form		Hospital Id : 🗸 🗸 🗸
📄 Certification 🗸	01	Below Information is Correct 💿 Upda	te Hospital Basic Information OUpgra	! Click on this link to
🖌 🚽 Apply for Certificate		Applied for Certification Successful	y. Please visit QCIN website for further	visit QCI website
🔹 🛓 View Status of Certificate	Hospital Basic Information			
Download Certificate	Hospital Name :	Hospital Parent Type : Single	Hospital Type : Public	Hospital NIN Id : NA
bownioad certificate	Hospital Address			
📋 Upgrade Application 🐱	Hospital Address *	State*	District *	
🐽 Enhancements Search	Village : NA	City/Town : NA	Hospital Pincode *	Geographic Code Latitude : NA
📋 Quality Audit(New*) 🗸	Geographic Code Longitude : NA			
👩 De-Empanelment 🗸	Hospital Profile			
	Hospital Specialty Type *	Establishment Year *	PAN Card Holder Name *	Legal Entity Name
	Multi	NA	NA	NA Hospital Sub Tuna
	NA	NA	NA	NA
https://testhem.abnhpm.gov.in/loginForm.htm	n# Authority registered with *			









https://pmjay.qcin.org















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	Enter Your Accreditation Details Do You have any accreditation ?				
Download M	Mobile App 1 From the dro option gle Play 1	op down, select an which is true e: Yes/No	2 After selecti click on 'Suk	Contact ion, omit' ^{7th &} 9th F Jeevan Bha Connaught Toll Free N Email: pm-	Us iloor, Tower-I, irati Building, . Place, News Delhi - 110001 umber: 14555/ 1800111565 nhpmission@gov.in
National Health	Agency Quality Council of India	© Copyright 2019. All Rights Reserve	ed by Quality Council of India	Terms of Service Priv	vacy Disclaimer







	AYUSHMAN BHARAT - P QUA	Toll Free Helpline Number: C 14555/1800111565 RADHAN MANTRI JAN AROGYA YOJANA LITY CERTIFICATION	Social Connect: () () () Site Map: () () () () () () () () () () () () ()
Basic Certificate Questions Enter Your Accreditation Detail Do You have any accreditation ?	Congratulations! You	u are eligible to apply for Bronze Certificate	Contact Us
Get IT ON Google Play A message will pop up statin Hospital is available for Bronz	ng that the se certificate	Click 'OK' to continue OR 'CANCEL' to go back Rights: Reserved by Quality Council of India	7th & 9th Floor, Tower-I, Jeevan Bharati Building, Connaught Place, News Delhi - 110001 Toll Free Number: 14555/ 1800111565 Email: pm-nhpmission@gov.in







If you have previous accreditation or certification please provide details

Enter Your Accreditation Details	Upon sele	ecting 'Yes'	12
Do You have any accreditation ?	* The hospital will n	eed to fill-up some	13
Capture Accrediation Details	basic details of the c	current accreditation	
Name of Accrediation Board	Select Type of certification/Accred	diation Level	-
File'	Select certification Type/Accred	diation Level	IT-
ad the Accrediation Number	Issued date	Valid Upto	
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	Click on 'Ac	dd' button	







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	Accrediation Number	5		Issued date	Valid Upto	
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	Enter Your Accred	ditation Details							6 57 A
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	select accred	ation board		5	Select certification 1	Type/Accrediation L	Level		I The I
	Accrediation N	umber		ls	sued date		Valid Upto		
			-				yyyy-mm-dd	<b> </b>	P II II
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Ho	spital is elig	jible				<b>1</b> C	lick 'OK' to conti	nue	A V
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	NABH	Full Accreditation	3123153116516	04/09/2019	04/09/2022	2019-0 813_156646576281	08-22-14-52-42- 13_XXXPK1126X_ITRV.PDF 🛓	×	3 6 W
	I have filled may lead to	the above data true and correct as pe rejection of the application.	r my knowledge an	d is aware about	that if data is found	false or incorrect		SUBMIT	UB.















	History		
	STATUS	DATE	
	Application Stage Basic Certificate Stage	14/11/2019	
	Pre-Registration Stage	14/11/2019	







DOCUMENTED PROCEDURES HEALTHCARE OUT	COMES	
General		
HospID	Hospital Name	Hospital Parent Type
		Single
Hospital Type	Hospital Ownership Type	Establishment Year
Public	NA	
Authority Registered with	Total Bed Strength	Number of Inpatient Beds
NA	0	0
Operational Beds 0	Click on the arrows and fill out all the r	to expand the section required information
Address and Contact Details		
Specialities Offered	you click on the "Save'	

For Silver & Gold application, only 'Information' and 'ABPMJAY' tab will be visible







	LINICAL SERVICES STATUTO		SUPPORT SERVICES	INFECTION CONTROL AN	ID STERILIZATION	HOSPITAL STAFFING
DOCUMENTED PROCEDURES HI	ALTHCARE OUTCOMES	Hospi	tal have to vis	iit each tab and	a	
1. Does the hospital has a dedicat	ed team for AB PMJAY?*	set of o	questions will mandatory t	appear which o to be filled	Select \$	0.
2. Does the hospital has at least o looking after the work of Ayushm	ne Pradhan Mantri Arogya I an Bharat Scheme? *	Mitra (PMAM)/ o	dedicated person per	shift appointed for	Yes No	down option from which t hospital will choose the
3. Does the nominated AB PMJAY	team has doctors engaged?	*			Select \$	required answer
4. Does the nominated AB PMJAY	team has a member from a	dministration d	lepartment?*		Select 🗢	
5. Does the hospitals maintain pr	oper medical records maint	ained for AB PN	/JAY patients?*		Select 🗢	
6. Is AB PMJAY claim process docu	mented in the hospital's po	licies?*			Select 💠	
7. Does the hospital charge any e	ctra money from AB PMJAY	beneficiaries? [*]			Select 🗢	
8. Does the hospital provide cash	ess treatment to AB PMJAY	Beneficaries?*			Select 💠	
9. Are the deployed staff member	s trained for HEM portal?*				Select 6	







INFORMATION ABPMJAY CLINICAL SERVICES STATUTORY COMPLIANCE DOCUMENTED PROCEDURES HEALTHCARE OUTCOMES	Upon successfull upload, a success message will pop up
1. Does the hospital has a dedicated team for AB PMJAY?*	Select ¢
2. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedi looking after the work of Ayushman Bharat Scheme? *	sated person per shift appointed for
3. Does the nominated AB PMJAY team has doctors engaged?*	
4. Does the nominated AB PMJAY team has a member from administration depa	tment?* 2 Upon successful upload, the view icon changes to 'Green' color.
5. Does the hospitals maintain proper medical records maintained for AB PMJAY	patients? Click on the view button to view th
Fre authorization form, diagnostic reports and clinical notes, etc. to be uploa	lick on upload icon to
Upload medical record for patient 1* u	pload file 🛛 🛶 🏎 🛨 👁 🥌
Upload medical record for patient 2*	1. 👁
Upload medical record for patient 3*	<b>1</b> (10)
6. Is AB PMJAY claim process documented in the hospital's policies? ⁺	No ¢







	Uploaded doc(s)	×
INFORMATION ABPMJAY CLINICAL	SERVICES	STERILIZATION HOSPITAL STAFFING
DOCUMENTED PROCEDURES HEALTHCA	RE OUTC report off	Action
1. Does the hospital has a dedicated team	n for AE	Select 🜩
2. Does the hospital has at least one Prac looking after the work of Ayushman Bhai	fhan Mantri Arogya Mitra (PMAM)/ dedicated person per rat Scheme? *	shift appointed for Select 🗢
3. Does the nominated AB PMJAY team h	as doctors engaged?*	on clicking the view button, a window will po
	h	ospital and see the uploaded documents an
4. Does the nominated AB PMJAY team h	h as a member from administration department? [*] mo	ospital and see the uploaded documents an ike changes from there only i.e: download or
4. Does the nominated AB PMJAY team h 5. Does the hospitals maintain proper me	h as a member from administration department?* mc edical records maintained for AB PMJAY patients?*	ospital and see the uploaded documents an ke changes from there only i.e: download or
4. Does the nominated AB PMJAY team h 5. Does the hospitals maintain proper me Pre authorization form, diagnost	h as a member from administration department? [*] mc edical records maintained for AB PMJAY patients? [*]	ospital and see the uploaded documents an ke changes from there only i.e: download or
4. Does the nominated AB PMJAY team h 5. Does the hospitals maintain proper me Pre-authorization form, aligned Upload medical record	h as a member from administration department? [*] mc edical records maintained for AB PMJAY patients? [*] <i>In reports and clinical notes, etc., to be uploaded.</i> for patient 1 [*]	ospital and see the uploaded documents an ike changes from there only i.e: download or
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<ul> <li>4. Does the nominated AB PMJAY team h</li> <li>5. Does the hospitals maintain proper me</li> <li>Pre-authorization form, diagnost</li> <li>Upload medical record i</li> <li>Upload medical record i</li> <li>Upload medical record i</li> <li>Upload medical record i</li> </ul>	h as a member from administration department?" mc edical records maintained for AB PMJAY patients?" engents and chical mores, etc. to be upleaded for patient 1" for patient 2" for patient 3" d in the hospital's policies?"	ospital and see the uploaded documents an ike changes from there only i.e: download or







19. Does the hospital provide cashless treatment to	pmjaytest.qcin.org says Please fill all required field OK	No	א er ע unfille	ror message will p up if there is any ed/wrong informati
20. Are the deployed staff members are trained for		No	in th	ne application form
21. Are the deployed staff members are trained for	rMS portal? [*]	No	•	
22. Are the deployed staff members are trained for	315 portal?* 2 Click 'OK' to continu	No No	÷	
23. Does the hospital maintains proper records for A	B PMJAY referred beneficiaries? [*]	No	÷	
24. Number of AB PMJAY benificaries referred to AB	PMJAY hospitals in last 6 month [*]	1233		
25. Number of AB PMJAY In-Patient Department (IPD	) census for last 6 months [*]	123		
26. Does the hospital collects feedback during disch	arge from AB PMJAY benificiaries?*	No	¢	
27. Does the hospital conducts AB PMJAY quality au	lit through checklist?	No	*	
SAVE	1 After filling the comp	lete form	n, click on	FINAL S







INFORMATION ABPMJAY CLINICAL SERVICES STATUTORY COMPLIANCE SUPP DOCUMENTED PROCEDURES HEALTHCARE OUTCOMES	PORT SERVICES INFECTION CONTROL AND STERILIZATION HOSPITAL STAFFING
Look out for these (!) symbols these shows that those particular sections have some unfilled/wrong filled present in it	Click on all the tabs having (!) and rectify the errors to proceed further
Base the summation	) #
Does the nominated AB PMJAY team has a member from administration department?*	Select 🗢
Does the hospitals maintain proper medical records maintained for AB PMJAY patients?	Yes €
Pre-authorization form, diagnostic reports and clinical notes, etc., to be uploaded	
Upload medical record for patient 1 [*]	<u>*</u> (0)
Upload medical record for patient 2*	1 💌
	Required
Upload medical record for patient 3	Required

























### Make Payment (only for bronze)









#### **STEPS FOR PAYMENT**

	Application Number - HOSP19B/P11/00102	
General		
HospID	Hospital Name	Hospital Parent Type
HOSP6P00560	Rama Superspeciality And Critical Care Hospital	Single
Hospital Type	Hospital Ownership Type	Establishment Year*
Private(for Profit)	Partnership	2016
Authority Registered with	Total Bed Strength	Number of Inpatient Beds
NA	35	35
Operational Beds *0		
35		
Address and Contact Details		
Specialities Offered	Click on this hutton to initiate Payment	







#### STEPS FOR PAYMENT

▲ Payment				0
	В	illing information		
Name: Hospital	Country: India		Email:	
State: HARYANA	District: KARNAL		Pincode:	
Mobile Number:	Address:			
PAN	GSTIN			
Enter PAN	Enter GST No.		🕕 Fill in your basic detail	S
Shipping Name	Shipping Country	g information (optional) Shipping State	Shipping District	
	India	HARYANA		
Shipping Zip	Shipping Tel:	Shipping Address		
		Address		
Thank you for registering with us. Your final amount wi	II be Rs + 18% GST = Rs		to go to Payment Gate	
Click on pay to proceed further				PAY







#### **STEPS FOR PAYMENT**

	Notes (Optional)		Checkout login for registered users only. Enter Username	동 모두
XQ.	My Billing and Shipp	ing address are different	Enter Password	$\mathbf{Q}$
distant of	Payment Informatio	n	Forgot Password? Login	String
	Credit Card	Card Number		There is a feature
25. 11	Debit Cards	RuPay> VISA		S MA
30.	Net Banking	Month Vear Vear S76		
Select     preferred	Paytm	Save your cards with CCAvenue Checkout for future payments ?		La Z
payment ontion and	Wallet	(Note: We do not store your CVV/CVC number.)		String .
fill in details	UPI	I agree with the Privacy Policy by proceeding with this payment. INR (Total Amount Payable)		
22. 1.	NEFT / RTGS	Make Payment Cancel		
Shale -				KA T
ini		2 Click on 'Make Payment'		
	t gan inches	P* 1 1 1 204 P14C 404 1 1 1 231	PUNCADACI I 1, 1, 2, 214 P	
	A starter		owered by CC-Avenue" Norton Acc.oss	
	Y in	and the second		in in.







## DESKTOP ASSESSMENT AND REVIEW









#### STEPS TO CHECK STATUS OF APPLICATION










AB PMJAY Quality Certificate	
INFORMATION	
1. Are 'scope of services' registered under AB PM-JAY clearly defined and displayed at prominent place?*	
2. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)?	If an NC is raised, it would be in the "Red' color asking the hospital
3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?*	to rectify the error(s)
4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital? [*]	10.0
5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hou	rs?* 2 Hospital will have to click on the Red NC box for
6. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification? *	the reply
7. Does the hospital has a dedicated team for AB PMJAY?*	10 A
8. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed f looking after the work of Ayushman Bharat Scheme? *	or Select 🗢
9. Does the nominated AB PMJAY team has doctors engaged? [*]	Select 🗢























AB PMJAY Quality C	artificato C		MEDICARE NURSING HOME 🛛 🖯
INFORMATION ABPMU	IC Remark NC Remark : Photograph not cle	ar	The selected file will be shown here.
2. Are 'scope of services' ri English)?	IC Reply NC Reply : Uploaded another of	one	selected file is correct
3. Is the hospital staff awa	Document : CHOOSE HILE.	certificate 1.png	
4. Is there a dedicated kio:	IC Logs		Click on 'Upload' to
5. Is the kiosk/ counter ma	Assessor	Hospital	successfully save
6. Are required equipment	Date :19/09/2019, 4:23 PM NC Remark :Photograph not clear	Date : NC Reply :	ine document
7. Does the hospital has a	NC Status :Open	Document :	
8. Does the hospital has at looking after the work of			SAVE
9. Does the nominated AB PMJ	AY team has doctors engaged?*	Select	•















	Nc reply successfully
1. 2. Are 'scope of services' registered under AB PMJAY displayed bilingually (one local language and another Hindi or English)? *	after replying to NC, the Red' color will change to 'Yellow' color
3. Is the hospital staff aware of 'scope of services' registered under AB PMJAY?*	
4. Is there a dedicated kiosk/ counter for AB PMJAY at prominent place in the hospital? st	Hospital will have to
5. Is the kiosk/ counter manned by Pradhan Mantri Arogya Mitra (PMAM)/ trained staff during the operational hours?*	reply to all open NC
6. Are required equipments provided to Arogya Mitra for AB PMJAY beneficiary identification? [*]	submitting the NC
7. Does the hospital has a dedicated team for AB PMJAY? [*]	
8. Does the hospital has at least one Pradhan Mantri Arogya Mitra (PMAM)/ dedicated person per shift appointed for looking after the work of Ayushman Bharat Scheme? *	
9. Does the nominated AP DMIAV team has destors engaged?*	Calum .









































🔳 AB PMJAY Quality (	ertificate IC		×	θ
INFORMATION ABPMIA	NC Remark			
1. Are 'scope of services' n	NC Remark :			NC
2. Are 'scope of services' re English)?	NC decision (Assessor)		Apop	up will appear
*	NC Status : Open 🔹	Close	shown	ing NC history
3. Is the hospital staff awa	Remarks * :			NC
4. Is there a dedicated kio:				
5. Is the klosk/ counter ma	NC Logs		E	
6. Are required equipment	Assessor Date :19/09/2019, 4:32 PM	Hospital Date :		
7. Does the hospital has a	NC Remark :h NC Status :Close	NC Reply : Document :		
8. Does the hospital has at looking after the work of	Assessor	Hospital		
9. Does the nominated AB PM	IJAY team has doctors engaged?*	Selec	. +	

Hospital will have to reply to the remaining NCs in the 2nd round like it did in the 1st round









Note 1: Red color depict that NC replied by hospital has been rejected and application cannot be processed Note 2: Green color depict that NC replied by hospital has been accepted for on-site assessment.









## **On-site NC Reply** (after on-site Assessment)





QCI









## STEPS TO LOGIN IN APP

Step 1: Open NHA Hospital App

Step 2: Login using portal credentials

Step 3: Tap on 'Login' button

On successful login, a popup will appear and you'll see all the sections in which NCs have been raised by the Assessor

1:14 N 🖬 \land 🔹	10 * • • 11 # 11 a
SECTIO	N LIST
Genera	l Area
3: Hospital Premises Outdo	or 🕥
NC Count - 1	0
4: Hospital Premises Indoor	0
NC Count - 1	•
9: AB PMJAY	0
NC Count - 3	U
Drinking	Water
15: Drinking Water	
NC Count - 1	0
19: OT	0
NC Count - 5	$\odot$

successfully login







# **Upload Evidence**









#### STEPS TO UPLOAD EVIDENCE

Step 1: Tap on the section to see the raised NCs
Step 2: Read 'Notes' & 'NC Remarks' carefully
Step 3: Tap the 'Camera' icon to take photo
Step 4: Use back camera of your device to click
required evidence then tap 'OK' button to upload else
tap 'Retry' to retake image.









**STEPS TO UPLOAD** 

**EVIDENCE** 





The 'Camera Icon' will turn 'Yellow' which shows that more evidences are required to be uploaded **Step 5:** Tap on camera icon **Step 6:** Popup will appear showing previously uploaded images. Click on 'Add Image' to upload more evidences.







**STEPS TO UPLOAD** 

**EVIDENCE** 





The 'Camera Icon' will turn 'Green' which shows that

no more evidences are required

Step 7: Tap on Remark Icon

Step 8: Popup with text field will appear, fill in the

required explanation and click 'OK'







**STEPS TO UPLOAD** 

**EVIDENCE** 

The 'Remark' will turn 'Orange' which shows that

Step 9: Tap on 'SYNC' button to sync the particular

remark has been captured

section



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	U	
lo - do to	12	
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	ncing data	ncing data







# ? Save and Sync



1:17 🖾 N 🗠 🔹	😰 🕸 🖓 🖓 🖓 🖓 🖬
SECTION LIS	т
General Area	a
3: Hospital Premises Outdoor	
NC Count - 1	
4: Hospital Premises Indoor	0
NC Count - 1	0
9: AB PMJAY	
NC Count - 3	0
Drinking Wat	er
15: Drinking Water	
NC Count - 1	U
19: OT	•
NC Count - 5	0





1:18 🖬 N 🗠 🔹	🖸 🕸 🗸 🖽 🖬 🖬 🖬
SECTION LIS	г
General Area	5
3: Hospital Premises Outdoor	
NC Count - 1	<b>V</b>
4: Hospital Premises Indoor	
NC Count - 1	
9: AB PMJAY	0
NC Count - 3	U
Drinking Wate	r (
15: Drinking Water	0
NC Count - 1	
19: OT	0
NC Count - 5	$\odot$

#### STEPS TO SAVE & SYNC

Note 1: The 'Green' coloured 'Tick mark' shows that the particular section has been successfully synced. Note 2: The 'Yellow' coloured 'Pen' mark shows that the particular section is yet to be synced Note 3: The 'Grey' coloured button shows that the particular section is yet to be answered





1:18 🖬 N 🔺 🔹	19 🕸 🕈 🕈 🚟 🚆 💼
SECTION LI	ST
General Are	28
3: Hospital Premises Outdoor	
NC Count - 1	
4: Hospital Premises Indoor	
NC Count - 1	· · · ·
9: AB PMJAY	
NC Count - 3	~
Drinking Wa	ter
15: Drinking Water	
NC Count - 1	•
19: OT	0
NC Count - 5	

#### STEPS TO SAVE & SYNC

Note 4: Once all the sections listed are synced, they

#### will turn 'Green'















## STEPS TO SUBMIT ONSITE NCs REPLY

Go to your 'Dashboard' in the portal and click on 'OA NC's' tab in progress bar

Hospital Dashboard			en de la company de la comp
Basic Application Desi Questions Form Assess	stop DA COC coc sment NC's for HCOS Asse	essment Hospital OA Final essment Satisfaction NCs Certificat	te
	Hospital Name:		
	Hospital ID:		
	Application No.:		
	State:	GUJARAT	
	Empanelment:	Empanelled	
		History	
	Status	Date	
	Oa Nc Reply-1	02-Sep-2020	
	Oa Satisfaction	27-Nov-2020	
	Oa And Qc Progres	s 25-Feb-2020	
	Oa And Qc Allocatio	n 25-Feb-2020	
	Da Nc Review-2	27-jan-2020	
	Da Nc Reply-2	13-Jan-2020	
	Da Nc Review-1	03-Jan-2020	







## STEPS TO SUBMIT ONSITE NCs REPLY

After successfully syncing NCs reply, the uploaded evidences will reflect on the portal



Click on 'Submit NC Reply' button







## STEPS TO SUBMIT ONSITE NCs REPLY

After clicking 'Submit NC Reply' button, Popup will appear. Click on 'OK' to submit









## HOW TO DOWNLOAD CERTIFICATE ?









# Non-Empanelled Bronze Quality Certificate









## CERTIFICATION PROCESS

- The Non- Empanelled hospitals which are not certified by any accreditation body can apply for bronze certificate if they meet the following eligibility
  - a) Have at least 25 operational beds (except for Dental and Eye Care centres),
  - b) Have no prior certification from any national or international hospital accreditation organization
  - c) Provide services as per the health benefit packages offered under AB PMJAY
- 100% compliance on the bronze quality standards will be required to get the certification







## Registration Steps (non-empanelled organization)







Go to https://pmjay.qcin.org and register yourself









national health authority		रहे जन मार्ग्स .	A HOME A LOGIN
The Registration form is div The current stage will be hi	vided into '3 stages'. ghlighted in 'Blue'	AB PMJAY Quality Certification	
	Registration	2 Registration	B Payment
	Are you already empanelled for Select	AB PMJAY?* Do you have any Accreditation?   Select	*
		Copyright 2020. All Rights Reserved by Quality Council of India	







$\sim$ $\sim$	Registration		
	1 Eligibility	2 Registration	3 Payment
ospital will have	Are you already empanelled for AB PMJ	AY?* Do you have any Accreditation:	-
answer some	No	▼ No	
	Hospital Type	Sanctioned Beds Category * 🔮	
	Select Hospital Type	- Select	•
	Number of Sanctioned Beds * 8		
		to know more	NEXT
1			

In this case hospital is not empanelled under AB PMJAY and does not have any accreditation















	AB	PMJAY Quality Certification	
	Registration           Image: Control of the second	2 Registration	3 Payment
<ul> <li>All the question of stage 2 are greyed out. It means that you cannot change it here.</li> <li>To make any changes, click on the 'BACK'</li> </ul>	Hospital Name*	Address*	This shows that the Hospital is
	ABCD Hospital	ABCD street	at the last stage of Registratio
	State*	District*	
	Delhi	North West Delhi	
	Pin code*	Organisation Head Name*	
	110052	ABCD	
button at the bottom of	Organisation Head Contact Number*	Organisation Head Email ID*	
the form	9898989898	abcd@gmail.com	
	PAN*	TAN	
	GST*		
	Select	•	
	Payable Amount (INR 2500 + GST)		
	2950		






national health authority		R EMIAY Quality Certification	HOME OF LOGIN
	Registration           Image: Stration         Image: Stration	2 Registration 3	Payment
	Hospital Name*	Address*	
	ABCD Hospital State* Delhi	ABCD street District* North West Delhi	
	Pin code* 110052	Organisation Head Name" ABCD	
	Organisation Head Contact Number*	Organisation Head Email ID* abcd@omail.com	
	PAN* DATPK2356F	TAN	
There are 3 categories within GST to choose from	GST* Select Registered Not-Registered Exempted		







ational ealth uthority			A HOME OF LOGIN
	Al Registration	8 PMJAY Quality Certification	
	1 Eligibility	Registration 3 Payme	nt
	Hospital Name*	Address"	
	ABCD Hospital	ABCD street	
	State*	District*	
	Delhi	North West Delhi	
	Pin code*	Organisation Head Name*	
$\checkmark$	110052	ABCD	
	Organisation Head Contact Number*	Organisation Head Email ID+	
	9698989898	abcd@gmail.com	
	PAN	TAN	
	DATPK2356F		
$\sim \sim$	GST*	GSTIN*	
1 If GST is 'Registered',	Registered	•	
GSTIN number and	Payable Amount (INR 2500 + GST)	Upload Certificate = 🚯	
Centricate are required	2950	COOR PLL	
		BACK	2 Click on 'PAY' to continue
	L		







loricy	A	B PMJAY Quality Certification	
	Registration Bligibility	2 Registration 3 Paym	nent
	Hospital Name*	Address*	
	ABCD Hospital	ABCD street	
	State*	District*	
	Delhi	North West Delhi	
	Pin code*	Organisation Head Name*	
	110052	ABCD	
	Organisation Head Contact Number*	Organisation Head Email ID*	
	8898989898	abcd@gmail.com	
	PAN*	TAN	
	DATPK2356F		
$\times$ $\sim$	GST*		
CST is 'Not-Begistered' or	Not-Registered		
Exempted' no additional	Payable Amount (INR 2500 + GST)		
nformation is required	2950		







Pealth       Registration         Names       Registration         After clicking on 'PAY', α       message will pop up asking if you want to make payment	You have selected to apply for AB PMJAY Quality Certification for Non- Empanelled hospitals. After clicking on Proceed, you will be redirected pay a Registration Fees and then to fill the application form. Please click on Proceed to continue or Cancel to go back. PROCEED CAN	
		2 Click 'PROCEED' to continue the payment









# Registration Fees







#### STEPS TO PAY REGISTRATION FEES

Check your Billing		
Information		Engish
Billing Information		ORDER DETAILS
ABCD Hospital		Order #: 00000000020
ABCD street		Order Amount 2950.00
110052	North West Delhi	Total Amount INR 2950.00
Delhi	India	CCAvenue
9898989898	abcd@gmail.com	CHECKOUI
Notes (Optional)		Checkout login for registered users only.

Step 1: Check your billing information and Total amount to be paid







### STEPS TO PAY REGISTRATION FEES

Kill.	Payment Information	on	Eorgot Password? Logn	1 the 2
alinin .	Credit Card	Card Number		- spints
	Debit Cards	C RuPays VISA		
25 10	Net Banking	Konth Year Year		
2 Select the desired poyment	Paytm	As per RBI's directive welf March 16, 2020, any Indian debit/credit card		
options from the	Wallet	not yet used for online e-commerce will be blocked for all online transactions. In case of such failure, please contact your card issuing	Fill in the detail	$\mathcal{O}$ . $\mathcal{O}$
list	UPI	bank to enable online usage.		Ser.
HALACADA I	NEFT / RTGS	Save your cards with CCAvenue Checkout for future payments ? (Note: We do not store your CVV/CVC number.)		
	EMI Options	I agree with the Privacy Policy by proceeding with this payment.		
skl.		INR 2950.00 (Total Amount Payable)		d. Y
Letter .		Make Payment Gancel		the 2
staria.	Train Long	Olick on 'Make Payment'		yester of
PERCEPT I	1000 10.00		Powered by CC-Avenue"	1.055
an m	YY			CALL YYY

Step 2: Choose your preferred mode of payment Step 3: Fill in the necessary information Step 4: Click on 'Make Payment' button to go to bank server and complete the transaction















### HOW TO CHANGE PROFILE NAME ?









## HOW TO CHECK STATUS?

Hospital Dashboard			θ
Basic Questions	Application Desktop DA COC Form Assessment NC's for HCOs A	Onsite Hospital OA ssessment Satisfaction NC's	Final Certificate
4	History		
	STATUS	DATE	
	Application Stage	17/12/2019	
	Basic Certificate Stage	14/11/2019	
	Pre-Registration Stage	14/11/2019	
/			
This is the progress bar, stage at which the hos	it shows the pital is on	This is	s the History table it
There are 3 colors on pr	ogess bar	sh	ows the status of
Green denotes 'Con	npleted	comple	ted activity along with
	arogogg'	1	
Blue denotes In-	orocess		date







## WHERE TO FIND RESOURCES?









## HOW TO CONTACT US?









### WHAT IF POP-UPS ARE NOT VISIBLE?

🗄 AYUSHMAN BHARAT - PMJAY × +	- ø ×
← → C ① ① Not secure   GS1 GS2 GS3 GS4 Essay PS R R Answer Writing R IGNOU R upsc R Books R MBA NAB	Image: Pann-uns blocked:     Image: Pann-uns blocked:     Image: Pann-uns blocked:     Image: Pann-uns blocked:
18. Does the hospital provid NC      20. Are the deployed staff m      NC Remark      NC Remark: nb	https://nha-anovat_3a4ce9bd/22bcb5dd378aa     Always allow pop-ups and redirects from http://     pmjaytest.qcin.org     Continue blocking     Manage     Done
22. Are the deployed staff on 23. Does the hospital mainta Document : DHOOSE FEE	UPLOAD
24. Number of AB PMJAY In ASSessor Hospital	
26. Does the hospital collect NC Remark :nb NC Status :Open Date :24/09/2019, 2:13 PM Date :24/09/2019, 2:15 PM NC Reply :ok Document :	
27. Does the hospital condu	

Allow Pop-ups for the website







## HOW TO MAKE PAYMENT THROUGH NEFT/RTGS ?

Step 1: Select NEFT/RTGS option on payment gateway









## HOW TO MAKE PAYMENT THROUGH NEFT/RTGS ?

Details of Beneficiary	
Order Id:	00000000078
Beneficiary Name	AVEP
Account No.	Unique Account number will generat
IFSC Code	
Bank	ICICI Bank Ltd. CMS HUB, Mumbai
Amount INR.	
Amount in words	
CONTRACTOR OF THE PROPERTY OF	
Additional Details I. is advised that all bidders make payment via RTGS/h same is not available for the bidder for validation on ac- service provider would not be held responsible in any n I. is bidders responsibility to ensure that RTGS/NEFT p	test1 Taleast one day in advance to the tender out off day. In the event bidder making payment on the last day nt of any neason whatsoower, then Beneficiary, its banker, or e-procurement service provider or payment ner. In such cases bidder may not be able to submit the tender. Tends are made exactly as per the details as mentioned in the challan. In the event of any disorepancy, p
Additional Details 1. It is advised that all bidders make payment via RTGS/N same is not available for the bidder for validation on ao service provider would not be held reaponable in any m vould not be considered and would not be available for would not be available for any considered and would not be available for generated in one tender for payment against another te b Under no circumstances, including whether the bidder 1 colligation to disclose the details of payment made by a	test1 T aleast one day in advance to the tender out off day. In the event bidder making payment on the last day it of any mascen whatspeever, then Beneficiary, its banker, or e-procurement service provider or payment ner. In such cases bidder may not be able to submit the tender. nents are made exactly as per the details as mentioned in the challan . In the event of any disorepancy, p lidation of EMD payment. se details in the challan are unique to the tender and bidder combination. Bidder is not supposed to use of the made duplicate/incorrect payments. Beneficiary Division or its Banker or its service providers are under bidder.
Additional Details Additional Details 1. It is advised that all bidders make payment via RTGS/N same is not available for the bidder for validation on ac service provider would not be held responsible in any m vould not be available for barver that RTGS/NEFT p would not be available 8. Bidder is required to generate challan for every tender: generated in one tender for payment against another te tobligation to disclose the details of payment made by a termit the amount as per above details, by debiting mylou <b>Customer's Signature</b>	Taileast one day in advance to the tender out off day. In the event bidder making payment on the last day in to f any reason whatspower, then Beneficiary, its banker, or exprovement service provider or payment ner, in such cases bidder may not be able to submit the tender. In such cases bidder may not be able to submit the tender. In the event of BND payment, explained evacity as per the details as mentioned in the challan . In the event of any disorepancy, si dation of BND payment, explained evacity as per the details as mentioned in the challan . In the event of any disorepancy, si dation of BND payment, explained evacity as per the details as mentioned in the challan . In the event of any disorepancy, si dation of BND payment, explained evacity as per the details as mentioned in the challan . In the event of any disorepancy, si dation of BND payment, explained evacity as per the details as mentioned in the challan . In the event of any disorepancy, si and eduplicate/incorrect payments. Beneficiary Division or its Banker or its service providers are under bidder. count for the amount of remittance plus bank charges. Contact Phone No:
Additional Details Additional Details i. Is advised that all bidders make payment via RTGS/h same is not available for the bidder for validation on ao service provider would not be held responsible in any n i. Is bidders responsibility to ensure that RTGS/NEFT p would not be considered and would not be available for generated in one tender for payment against another te 6. Under no circumstances, including whether the bidder for colligation to disclose the details of payment made by a kernit the amount as per above details, by debiting mylou Customer's Signature	Takest one day in advance to the tender out off day. In the event bidder making payment on the last day in t of any mascen whatspower, then Beneficiary, Its banker, or exprovement service provider or payment nerts are made exactly as per the details as mentioned in the challan . In the event of any discrepancy, s disation of EMD payment, expected in the challan are unique to the tender and bidder combination. Bidder is not supposed to use or made duplicatelincorrect payments. Beneficiary Division or its Banker or its service providers are under societ. Contact Phone No.:

the payment challan

Step 2: Download/Print challan

Step 3: Make payment

- by logging into your bank Net banking
   OR
- Visit the branch and make payment

Note: In Case of NEFT/RTGS challan will be generated which can be used to pay payment through your respective bank. (Application stage will change only when payment is received to us, in case of NEFT/RTGS it generally takes 2-3 business days to reflect status of payment post remittance )







## THANK YOU

