



OFFICE OF THE MEDICAL SUPERINTENDENT
RAO TULA RAM MEMORIAL HOSPITAL
JAFFARPUR, NEW DELHI-110073



Phone No-011-2531844/555 Fax No. 25318070

Email- msrtrmh@gmail.com

No. RTRMH/II/13/RCH/(41)/2022-23
To,

18390

Dated:

01/11/23

1. The National Imaging and Path Labs,
Plot No. 1 Vipin Garden Extension,
Opp. Metra Pillor No. 799, Uttam Nagar
Near Dwarka Mor
Najafgarh, New Delhi-110059
2. The Doctor Diagnostic Centre,
1441A, Ward no. 1 Opp. Rural Health Training Centre,
Najafgarh Road
New Delhi-110043
3. The Unistar Dianostic Centre
83/1, Old Roshan Pura,
Main Chhawal Stand, PNB Bank
Najafgarh, New Delhi-110043
4. The East India Imaging & Pathology Centre,
RZ_15, H-block, New Roshanpura
Gurgaon Road, Najafgarh
New Delhi-110043
5. The Star Imaging and Path Lab,
Shop no. 1234, Plot no. 1A
Rathi Ram Park, Lala Banwari Lal Super Market,
New Jyoti Memorial Hospital
New Delhi-110043
6. Shree Ji Pramod Distnestic Centre,
1645 Main thana road,
Opp. Vikas Hospital, Near Yes Bank
Najafgarh New Delhi-110043
7. Dr. Bipul Biswas,
Shop No. 4, 1441 Ward no. 1, Opp. PHC
Najafgarh New Delhi-1110043
8. City Imaging & Clinical Labs
Property No. 13,14 & 15, Raghubir Encl.
Nangloi Stand, Near Canara Bank,
Najafgarh New Delhi-110043
9. Dr. Bansal's Ultrasound & mothercare,
GF,18-B, Gopal Nagar, B-block
Najafgarh,
New Delhi-110043
10. NDNC Diagnostic
A-1/87, Sewak Park
Dwarka More New Delhi-110059

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Alpha MRI & Diagnostics
C-65-66 Nawada Housing Complex
Oppo - Pillar No - 795
New Delhi, Delhi 110059

12. Modern Diagnostic Lab & Eye Care Centre
Opposite Krishana Mandir,
Near Furniture Market,
Najafgarh, New Delhi-110043

13. Shree Diagnostic Centre
RZ-40, Plot no. 1, G/F Khasra No.-7
Khaira More, Gopal Nagar
Najafgarh New Delhi-110043

14. National Charitable Diagnostitc Centre
H.no 25, Thana Road
Najafgarh
New Delhi-110043

Sub: Regarding Ultrasonography for Pregnant Women under JSSK.

Sir/Madam,

This is to bring to your kind notice that the RTRM Hospital wants to resume ultrasonography for pregnant women under JSSK (Janani Shishu Suraksha Karyakarm) as the Government Order No. F-20(20.22)/RCH-II/DFW/2011-12-9368-80 dated 11.10.2017 (Copy attached).

All diagnostic centres, who are interested to do USG of the patients referred by this hospital under the terms and condition and rate mentioned in the Govt. order cited above, may kindly send their consent within seven working days by an acceptance letter.

Letter of acceptance will only be entertained within one week of the date of issue of the letter.

Yours Sincerely,

Copy Encl. Government order.



(Dr. Satyendra Kumar)
Head of Office
RTRM Hospital

Copy to:

1. PA to MS
2. In-charge IT (to upload on RTRM Website)
3. Notice Board.



(Dr. Satyendra Kumar)
Head of Office
RTRM Hospital

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163/C

Directorate of Family Welfare,
Govt. of NCT of Delhi,
Vikas Bhawan-2, 7th Level, 'B' Wing,
Civil Lines, New Delhi-110054

F.20 (20.22)/RCH-I/DFW/2011-12 / Tel: 011-23813218
9368-80

Dated 11/10/17

OFFICE ORDER

Sub: Partial Modification In Para-4 of Delhi Govt. Order on JSSK dated on 06/11/2012

Sir/Madam,

With reference to Delhi Govt. Order of JSSK dated on 06/11/12 as approved by competent authority on 06/10/17, partial modification had been carried out in Para no. 4. Diagnostic sub head of JSSK i.e. Revised as under: -

Public health establishments are to strengthen manpower, equipments, reagents etc. so that the JSSK stipulation of every diagnostic test that a pregnant woman or sick infants undergoes are made available free at all times of the day (24x7). It has been observed that the practice of referring pregnant women to other public hospitals merely for carrying out laboratory test ought to be stopped since these laboratories are not able to meet needs of their own patients.

Where ever any Govt. hospital fails to provide services due to any reason, the services of any PNDT registered Ultrasound centre/ laboratory in the vicinity of the hospital may be used by respective hospitals at a rate equal to DGEHS approved rates after receiving due acceptance letter by the Pvt. Facility through a transparent process. (Copy of SOP's enclosed).

Requisition for tests at these centres on behalf of the hospitals will be issued by a doctor not below the level of a Sr. Resident along with a certificate of non-availability of services at their own facility. A separate register will be maintained for recording all such cases with reason for advising Ultrasound.

Payments will be made by the hospitals in RTGS mode with the funds available under JSSK schema and reimbursement shall be done to the diagnostic centre on monthly basis.

Hospitals can use services of any registered PNDT Ultrasound center/ laboratory keeping distance/ convenience / timelines in services as the criteria.

The copy of Acceptance Letter and Referral Slip is enclosed.

This Issues with the prior approval of Director, Family Welfare.

11/10/17

(Dr. Bimlesh Yadav)
SPC (MH)

P.T.O.

F.20 (20.22)/RCH-II/DFW/2011-12/ 9368-80

162/C

Dated 11/11/17

Copy to:

1. PS to Secretary Health, 9th level, Delhi Secretariat, IP, Estate, Delhi.
2. Mission Director, SHM, 8th level, Vikas Bhawan II, Civil Lines, Delhi -110054
3. SPO(DSHM), 6th level, Vikas Bhawan II, Civil Lines, Delhi -110054
4. Deputy Commissioner (Maternal Health), MOHFW, GOI, Nirman Bhawan, Delhi.
5. PA to Director, DFW, 7th level, Vikas Bhawan II, Civil Lines, Delhi -110054.
6. PA to Director, DGHS, F-17, Karkardooma, Delhi-110032.
7. SPO (RCH), DFW, 7th level, Vikas Bhawan II, Civil Lines, Delhi -110054.
8. MS of All Hospitals (Delhi Govt., MCD, NDMC, CGHS, Delhi Cantonment).
9. All DC's (11 Districts)
10. All CDMOs & DPMUs (11 Districts)
11. All Maternity Homes
12. All MCD Nodal (EDMC,SDMC,NDMC)
13. Guard File

[Signature]
11/10/17

(Dr. Bimlesh Yadav)
SPO (MH)

Name, Address with contact details of the Institutions

ACCEPTANCE LETTER

16/1/20

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1. Name of Ultrasound Centre.
2. PNDT Address Registration No & Date of Registration.
3. Name of Doctor Registered:
4. Bank Details of Authorized Ultrasound Centre:

- (a) Name & Address of Bank & Branch:
- (b) Account Number:
- (c) IFSC Code:
- (d) MICR No:

5. I hereby accept/undertake to conduct ultrasound of pregnant women on the prescribed DGHS rates as per Govt. of India guidelines. I will not disclose the Sex of Foetus to anyone and adhere to the guidelines of PC & PNDT Act.

Name & Signature of authorized Person
(With Seal)

Name & Sign of MS / MCH of hospital
(With Seal)

