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CORPORATE TIE – UP AGREEMENT

A. COMPANY DETAILS

1. Name of the Company: **Gujarat National Law University**

2. Regd. Office Address: **Koba, Gandhinagar, 382436**

3. Contact Person Details: **Rahul Pandya**

4. Contact number: **8511188720**

5. Email ID: **registrar@gnlu.ac.in**

6. Nature of Business: **Educational Institute**

7. No. of Employees :

8. Identification (Tick the appropriate): Authorization Letter/mail: ☐ Identity Card: ☐

Concerned employee /beneficiaries of representative of the Company shall carry the relevant identity card. The Company will provide the authorization through email wherever required by Apollo hospital.

Authorization from the following officials of the Company may be sought by Apollo:

9. Authorized Signatory:

Name	Designation
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1.

10. IN CASE OF EMERGENCY (Name and Designation of the officer to be contacted).

Name	Mobile
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1.	Rahul Pandya	8511188720
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B. TIE – UP DETAILS

1. Services:

	Discount offered
a) Radiology & Pathology diagnostic services (In house only)	20%
b) IPD services (Excluding Medicines, Consumables, Packages & Blood Products)	10%
c) Health check services (Excluding Pro health packages & well women packages)	15%

- On request of Authorized person from your company, a credit facility can be provided for any Indoor case only



Signature



Apollo Hospitals International Ltd, Plot No. - 1A, Bhat GIDC Estate, Gandhinagar, Gujarat - 382428, India.

Phone : 91 - 79 - 66701800/01/03

Telefax : 91 - 79 - 66701843

E-mail : info@apolloahd.com

Admin Office : III Floor, Ali Tower, 55, Greaves Road, Chennai - 600 006.

Phone : 044 - 28291696, 28292357

Regd. Office : 19, Bishop Gardens, R. A. Puram, Chennai - 600 028.

CIN No.: U85110TN1997PLC039016

**3. Report to be handed over to:**Employee: ☐ Company XEmployee: X Company ☐ (In case Credit Billing)**4. Bills to be settled by:**Employee: ☐ Company XEmployee: X Company ☐ (In case Credit Billing)**Mailing Address: Gujarat National Law University, Koba, Gandhinagar, 382436**

These services will be provided for the location of Ahmedabad, Gujarat.

TERMS AND CONDITIONS:**1. Objective:**

Apollo Hospitals International Limited ("Apollo" or "AHIL") shall provide medical facilities, health checkup and treatment to the authorized employees/consultants/contract employees / members of the Company (including their dependents)/Students. These members will be authorized by the Company. Apollo shall provide the services to the members of the Company in accordance with applicable law.

2. Coverage of the Facility:

The Agreement shall cover only the facilities mutually agreed upon at the time of Agreement and as set forth in this Agreement.

3. Period:

This Agreement and the utilization of the facilities shall be valid from 1th July, 2024 to 14th July, 2026 and on such terms as parties may mutually agree upon under this Agreement.

4. Termination:

Either party shall be entitled to terminate the Agreement upon breach of any one of the terms contained herein or otherwise, after giving one month written notice of such termination.

Company shall have the right to terminate this agreement without any reason by serving Apollo with a prior written notice of 15 days.

5. Payment:

- a. The payment will be made to the hospital within a period not more than 30 days from the date of submission of bill. In case there is any deficiency in documentation / any supporting requirement , the company shall revert to the hospital within 15 days of submission of the above bill so as to adhere to the credit period of maximum 30 days.
- b. Hospital reserves the right to charge interest @15% on overdue bills beyond agreed credit period – which shall be raised by the hospital at the end of each fiscal year for the completed year. Additionally, in the event that the overall receivables over 45 days increases over 10% of the total outstanding due from the company, hospital reserves the right to refuse admission on cashless basis until overdue payments are settled.



Signature of Company Representative





- c. The mode of payment agreed upon is Credit basis (For authorized cases only, others can avail services on Cash basis on agreed terms) .
- d. The Company is given the benefit of the discount on Apollo prevailing tariff as agreed upon mutually.
- e. AHIL reserves the right to amend the tariff of the hospital. The bills will be raised based on the tariff prevailing at the time of utilization of hospital services.
- f. This discount is applicable only on those tests which done in Apollo hospitals.
- g. Please note that this discounts will be applicable for cash patient not for mediclaim holder.
- h. Any Two schemes cannot be clubbed together to avail benefits.
- i. The Company has nominated below representative for escalation of overdue payment by the hospital as and when required:
- | | |
|--|--|
| From company | Hospital has nominated |
| Name: <i>Rahul Pandya</i> | Name: <i>Hiren Sonara</i> |
| Designation: | Designation: <i>Assistant Manager</i> |
| Contact (Email / Phone): <i>8511188720</i> | Contact (Email / Phone): <i>7698815011</i> |

6. Arbitration /Jurisdiction:

- a) All disputes, differences, Claims and / or any other matter related to the provisions of the Agreement which may arise, are subject to arbitration only.
- b) Each party shall have to give to other party notice in writing of the existence of such disputes /claims specifying its nature and the point of issue. If the parties cannot resolve the matter by a mutually acceptable solution within 30 working days, the said disputes, claims or differences shall be referred to arbitration under the provisions of the Arbitration and Conciliation Act, 1996 or any re-enactments or modifications thereof.
- c) The arbitration shall be at Ahmedabad and the arbitration shall be carried out in English only.
- d) Each party shall have the right to appoint one arbitrator each.

For, Gujarat National Law University	For, Apollo Hospitals International Limited
Sign: <i>[Signature]</i>	Sign: <i>[Signature]</i>
Name: <i>Dr. Jagadeesh Chandra T.S.</i>	Name: <i>[Signature]</i>
Designation: <i>Registrar (TL)</i>	Designation: <i>[Signature]</i>
Date:	Date:

