

Ministry of AYUSH
Government of India
(Ayush Development Section)

Central Sector Scheme for the Establishment of AYUSH Super Specialty Hospitals/ Day Care Centres for Medical Tourism under Champion Services Sector Scheme for Medical Value Travel.

Background: The Champion **Services** Sector Scheme for Medical Value Travel has been framed by Govt. of India to enhance Medical Tourism in the country especially in the field of Traditional System of Medicine, since the documentation/ record and focus on traditional system of medicine has been marginal or minimal till now. The initiative would not only promote and propagate Ayurveda, Yoga & other Traditional systems of medicine in India but also expected to increase foot fall of International patients/tourists/visitors in the country which in turn is likely to generate revenue in terms of foreign exchange for the country. The proposed scheme also intends for creating more opportunities for capacity building and skill development in Ayurveda, Yoga & other Traditional systems of medicine sector creating more AYUSH job opportunities and also nationwide authentic data generation in Ayurveda, Yoga & other Traditional systems of medicine sector.

1.1 It has, therefore, been decided to implement the scheme for the establishment of World Class, State of the Art Super Speciality Hospitals/ Day Care Centres of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973 in green field mode. These Health Care Centres could be opened across the country. These Hospitals/ Day Care Centres would be offering quality healthcare services through AYUSH systems of medicine to all visitors including International patients/tourists.

2. Objective of the Scheme:

To encourage private investors to invest in AYUSH sector through Establishment of World Class, State of the Art Super Specialty Hospitals/ Day Care Centres of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homeopathic Central Council (HCC) Act, 1973 for promoting export of medical value travel services including services supplied to foreign consumers in India by providing interest subsidy.

3. Salient features of the Scheme:

- i.** After the initial support from the Ministry in the interest subsidy component, not exceeding 5 years, such AYUSH Hospitals/ Centres will become

independent to function and raise their own resources for meeting the establishment expenses.

- ii. **The Scheme is currently valid up to 31.03.2022 and would be extended after approval of the competent authority.** The stakeholders establishing their units in the later or last stage i.e. **2nd and 3rd year**, the financial assistance (interest subsidy component only) as stated above would be provided as committed liability as may be admissible through the total kitty allocated to the Ministry under the Champion Services Sector Scheme.
- iii. The scheme is operational for Hospitals and Day Care Centres recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973 to be established in Green Field Mode on Pan India basis.
- iv. SIDBI will be roped in for the facilitation of easy loans through identified Public Sector Banks to the investors.

4. Component of Scheme:

4.1 The Scheme would be broadly operational for establishment of World Class, State of the Art Super Speciality Hospitals/ Day Care Centres of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973; having good connectivity by Road, Railways, Air and Waterways, in the following three categories:

- i. 50 bedded hospitals;
- ii. 10 bedded hospitals; &
- iii. Day-care Centres.

N.B. The investors are free to construct Hospital/Day Care Centre beyond the upper cap as mentioned above of their own will and at their own cost. However, the Government will consider the payment of interest subsidy on actual loan raised by the investor subject to the above-mentioned limit only.

ii. Interest subsidy will be provided for construction of the hospital building and purchasing of equipments and machinery only.

5. Eligibility Criteria:

- i. Any Private Institution(s)/Hospital(s)/Investor(s)/Small and Medium Enterprises / organization (s) willing to Establish World Class, State of the Art, Super Speciality Hospitals/ Day Care Centres of the systems **recognized** under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973.
- ii. The applicant Institution(s)/Hospital(s)/Investor(s) organization (s) should be registered under Societies Registration Act/ Trust/ Companies Act.
- iii. Preference would be given to ASU&H practitioners registered under IMCC Act, 1970 or HCC Act, 1973.
- iv. **The scheme is applicable for the construction of new hospitals only.**
- v. **Desirable:** Experience in running healthcare facilities.

6. Duration of the scheme:

The Scheme is currently valid up to 31.03.2022 and would be extended further after approval of the competent authority. However, Scheme may be continued for the support for 05 years read with Sr. No. 3 (ii) above.

7. Implementation Zone:

The scheme will be implemented in Green Field Mode on Pan India basis.

8. Funding Mechanism:

- i. Small Industries Development Bank of India (SIDBI), would be roped in for facilitation of easy loans through identified Public Sector Banks (PSBs) to the applicant organization (s)/investor (s)/SMEs for a period not exceeding five years for availing interest subsidy component from M/o AYUSH for the establishment of AYUSH Super Specialty Hospitals/ Day Care Centers as requested by the applicants.
- ii. The quantum of financial support to be provided under this Scheme shall be in the form of Interest subsidy component in descending order i.e. 100% (1stYear), 70% (2ndYear), 50% (3rdYear), 40% (4thYear), and 20% (5thYear). Projects which are sanctioned and takes off in the 1st Year, 2nd year and 3rd year respectively of operation of the Scheme will avail Interest subsidy component as per details given below:

1st Year: 100% (1stYear), 70% (2ndYear), 50% (3rdYear), 40% (4thYear), and 20% (5thYear).
2nd year: 100% (1stYear), 70% (2ndYear), 50% (3rdYear), 40% (4thYear).
3rd year: 100% (1stYear), 70% (2ndYear), 50% (3rdYear).
- iii. Admissibility of interest subsidy vs. investment made by the Investor as given below:

(Rs. In Cr.)

S. No.	Activity	Total No. of Hospitals/ Day care centre to be supported	Total estimated upper cap construction (including equipments and Machinery) cost as per scheme guidelines	Contribution to be made by the investor	Actual loan to be considered for interest subsidy	Maximum interest subsidy admissible as per scheme guidelines
1	2	3	4	5	6	7
1	50 bedded hospitals	20	Rs.50.00	Rs.16.66	Rs.33.33	Rs. 08.15
2	10 bedded hospitals	61	Rs.15.00	Rs.05.00	Rs.10.00	Rs. 02.45
3	Day Care Centres	74	Rs.06.00	Rs.02.00	Rs.04.00	Rs. 00.98

N.B. Investors are free to invest beyond the upper cap limit as mentioned in col. 3. However, Government will consider the payment of interest subsidy on actual loan to be considered as per col. 5, further subject to payment of interest subsidy as per actual loan raised by the investor, whichever is less. In any case, maximum interest subsidy admissible as per scheme guidelines shall not exceed the limit as mentioned in col. 7 of the table above. The maximum Rate of Interest admissible to get Interest subsidy shall be capped at 9% per annum or as per actual whichever is less.

- iv. Interest subsidy will be provided by the Ministry of AYUSH directly to financial institution/ bank through SIDBI after confirmation by the bank to M/o AYUSH about the successful progress/ completion of the project as per Construction Linked Plan CLP) / submission of requisite documents and payment of EMI by the applicant on pre-defined Terms of Reference (ToR).
- v. Ministry of AYUSH would sign an Agreement/ Memorandum of Understanding (MoU) with SIDBI for proper execution of the scheme.

9. Invitation of Proposals and Procedure for Application:

- (i) The proposals would be invited through advertisement in the leading National Newspapers (Hindi & English) as well as on the official website of the Ministry of AYUSH. The list of points to be covered in the Proposal is given at (**Annex- A**).
- (ii) The applicant institution shall submit complete application (Three sets duly spiral bound) in prescribed format (**Annex- B**) along with all supportive documents/ information as per checklist given at (**Annex-C**) to judge the eligibility through post as well as E-mail (**develop-ayush@gov.in**) (**in PDF format only**) as indicated in the advertisement. Incomplete applications will be summarily rejected.

10. Release of funds:

All the installments on account of interest subsidy payable under the Scheme will be released by the Ministry of AYUSH subject to the following condition:

- i. Payment of EMI by the applicant organization/investor to the bank is regularly made in time;
- ii. Submission of the clearance certificate/document from the Bank;
- iii. Release of 1st Payment of interest subsidy will be made **directly** by the Ministry of AYUSH to the SIDBI after approval of the PSC,
- iv. Subsequent release of payment/tranche of interest subsidy to the applicant/investor through SIDBI will be made on the recommendations of the Monitoring Committee constituted by the M/o AYUSH.
- v. Observance/ compliance of provisions of General Financial Rules, 2017, as amended from time to time, shall be observed.
- vi. Observance of provisions of Agreement/ MoU with SIDBI.

11. Role and Responsibility of Investor:

- i. To ensure establishment, proper functioning, operation and maintenance of AYUSH Hospital (s) and Day Care Centre (s);
- ii. To co-operate with the monitoring team and submit necessary documents whenever asked;
- iii. To ensure Registration of Hospital (s)/Day Care Centre (s) with the Local authorities;
- iv. To ensure Bio-medical Waste Management System;
- v. To ensure display of minimum wages.
- vi. To maintain record of international patients/tourists , inter alia, by country, indicating status of citizenship (NRI/OCI/foreigner), type of visa, type of health and wellness service rendered, duration of stay, type of insurance, value of exports/fee receipts etc;
- vii. To implement a focused strategy to attract international patients/ tourists/visitors including end to end facilitation like assistance in transportation & lodging, signage in foreign languages, facility of interpretation, publicity material in foreign languages etc.
- viii. To maintain World Class standard as laid down in Indian Public Health Standards Guidelines.
- ix. To promote AYUSH Systems in an ethical way.
- x. To obtain financial assistance from the Financial Institutions like Public Sector Banks for Establishment of World Class, State of the Art Super Speciality Hospital (s)/ Day Care Centre (s) of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973.
- xi. To obtain NABH **accreditation** within in one year of establishment.
- xii. To provide a certificate regarding any assistance, if ever taken, from the Government of India, along with the details of the project, details of sanction (s) and date (s) etc. amount of assistance received and Utilization Certificate (s) (UCs), or any assistance/grant obtained from any foreign country and present status of thereof;
- xiii. To provide a certificate on non –judicial Rs.100/- stamp paper duly Notarized to the effect that no criminal proceedings or otherwise by any legal or other Regulatory authority are pending or contemplated against the applicant on the date of submission of application.

12. Roles and Responsibility of SIDBI:

- i. SIDBI shall act as a Single National level Nodal Implementing Agency only for channelizing of interest subvention to the various lending institutions through their Nodal office.
- ii. SIDBI will operate the scheme according to guidelines laid down and directions given by Ministry of AYUSH (MoA), Government of India (GoI). SIDBI would prescribe the modalities for submission of subvention claims by eligible lending institutions.
- iii. SIDBI will be responsible for keeping funds (received under the scheme) in a separate account-head.
- iv. Nodal office of Eligible lending institutions should submit their half yearly claims to SIDBI viz. for the period ended September 30 and March 31 of every year till the validity of the scheme, as per prescribed format.
- v. SIDBI shall be entitled for a fee as may be agreed by Ministry of AYUSH and SIDBI, for administering the scheme from Ministry of AYUSH (MOA), Government of India (GoI).
- vi. Other terms and conditions as per the MoU between Ministry of AYUSH and SIDBI.

13. Selection process:

Before consideration for final selection/sanction, the Project proposal submitted by the applicant organization will be subject to the following process:

13.1 STEP – I: Examination of the Proposal in the Section:

The proposal received in response to the Advertisement (in the prescribed format as per **Annex. B** with all enclosures and supporting documents as per **Annex. A and C** will be primarily evaluated by Technical Committee (Program Management Unit). The proposal (s) found technically sound based on an objective criterion as per **Annex. A** and meeting all the other Scheme Guidelines will be placed before the Project Appraisal Committee for its consideration/ appraisal. While submitting the proposal to the PAC, Technical Committee (Program Management Unit) will indicate whether the proposal conforms to the mandatory requirements of the Scheme. Deficiencies, if any, will be indicated in the note of PMU.

The proposal (s)/ application (s) not found suitable in accordance with the scheme guidelines at initial examination will be summarily rejected and applicant organization will be informed accordingly with the approval of the competent authority.

13.2 STEP –II: Project Appraisal Committee (PAC):

13.2.1 The proposals short- listed by the Technical Committee (PMU) will be appraised by the Project Appraisal Committee (PAC) with the following composition:

Sr.No.	Constitution of PAC	Status/Designation
1.	Advisor (Ministry of AYUSH)	Chairperson
2	Two representatives to be nominated by Secretary (AYUSH)-	Member
3	One representative from AYUSH Practitioners' Association	Member
4.	One representative from SIDBI	Member
5	One representative from Ministry of Commerce(not below the rank of Director)	Member
6	One representative from Ministry of MSME (not below the rank of Director/ Dy. Secretary)	Member
7.	Director/ Dy. Secretary/ Dy. Advisor In-charge of the scheme (M/o AYUSH)	Member Convener

13.2.2 The PAC will further examine and discuss the proposals with a view to ensure that they conform to the conditions specified in the Scheme and that the proposals are broadly in order. The Project Appraisal Committee (PAC) may invite the applicant/ organization for the presentation before the PAC. The PAC will either approve the proposals 'In-Principle' (with or without modifications) or advise the concerned applicant/ investor to provide additional clarifications/ information or to make necessary changes for further consideration of the PAC.

The proposals with clear cut deliverables, component wise cost, project implementation plan along with marketing strategy, geographical areas of implementation, meeting objective criteria etc. will be recommended by the PAC.

13.3 **STEP –III: Project Sanctioning Committee (PSC):**

13.3.1 The Project proposals recommended by the PAC will be considered for approval/ sanction by the Project Sanctioning Committee comprising:

Sr. No.	Constitution of PSC	Status/Designation
1.	Secretary (AYUSH)	Chairperson
2.	Additional Secretary and Financial Adviser Ministry of Health and Family Welfare	Member
3.	Additional Secretary/ Joint Secretary in charge of the scheme	Member
4.	Advisor-In-charge of the scheme	Member

5.	Representative from Department of Commerce(not below the rank of JS)	Member
6.	Representative from M/o MSME (not below the rank of JS)	Member
7.	Representative from SIDBI	Member
8.	Director/Dy. Secy./Dy. Advisor In-charge of the scheme (M/o AYUSH)	Member Convener

13.3.2. The PSC will either approve the proposals (with or without modifications) or advise the concerned applicant/investor to provide additional clarifications/information or to make necessary changes for further consideration of the PSC.

13.3.3. Once cleared by the PSC, the project would be eligible for financial support under this Scheme.

14. Management of the Scheme:

The Scheme would be implemented, managed, monitored and operationalized by the Central Program Management Unit (CPMU), established in the Ministry of AYUSH, New Delhi, with adequate Manpower both Technical & Admn. etc. Details of CPMU are enclosed at **Annex. 'F'**.

15. Monitoring Mechanism:

- i. In order to ensure proper execution and regular monitoring of the Scheme, site of the project/hospital will be visited by Monitoring Committee constituted by the Ministry of AYUSH.
- ii. The Monitoring Committee will physically visit established AYUSH Hospitals/ Centres under the Scheme on regular basis at least every Half-Yearly basis, or as may be decided by the M/o AYUSH.
- iii. The Committee will ensure that these establishments are exclusively working as AYUSH units as per objectives and scheme guidelines and comply with the mandatory regulatory and other prescribed requirements.
- iv. The Committee would ensure that these units are NABH compliant within one year of establishment and of World Class State of Art Hospitals/ Centres having all requisite paraphernalia including well trained manpower and equipment etc.
- v. Release of 1st Payment of interest subsidy will be made **directly** by the Ministry of AYUSH to SIDBI after approval of the PSC,
- vi. Subsequent release of payment/ tranche of interest subsidy to the applicant/ investor through SIDBI will be made on the recommendations of Monitoring Committee to the M/o AYUSH.
- vii. Monitoring visit reporting format is attached as **Annexure-H**.

16. Executive Advisory Panel:

If needed, Ministry of AYUSH may constitute an Executive Advisory Panel comprising of Technical Experts from various disciplines of ASU&H systems for advising the upcoming Hospitals/ Day Care Centres funded under the Scheme to make themselves self-sustainable and develop foreign linkage. Honorarium and logistic expenses, if any, would be reimbursed through the scheme at par with as admissible to outside Non-official Members nominated on various Committees of AYUSH as per Government of India Rules.

17. Time Schedule for completing the Project:

The Private Institution/Hospital/ Investor/ SMEs/ organization willing to establish World Class, State of the Art Super Speciality Hospital (s)/ Day Care Centre (s) of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973 participating in the Scheme shall follow the terms & conditions, in toto, inter-alia, the time schedule for completing the project & make it operational, however not exceeding 03 years.

18. Saving Clause:

- i. Once the Project is completed and made operational after getting interest subsidy component from the Ministry of AYUSH, under the extant provisions mentioned in the affidavit signed and submitted by Private Institution/Hospital/Investor/SME/organization to the Ministry of AYUSH, it would be incumbent/ mandatory/ binding on the private institution/ Hospital/ Investor/ SMS/ organization to run the World Class, State of the Art Super Speciality Hospital (s)/ Day Care Centre (s) of the systems recognized under Indian Medicine Central Council (IMCC) Act, 1970 or Homoeopathic Central Council (HCC) Act, 1973, or by whatever name it may be called, at least for 10 years more after the initial operation of 05 years under the extant provisions/clauses of the agreement. In nutshell, the Hospital/Day Care Centre will be run for 15 years from the date of its initial commencement/operation.
- ii. Ministry of AYUSH shall not be responsible for any unauthorized practice by the Hospital (s)/Day Care Centre (s).
- iii. The Ministry of AYUSH shall have the right to **cancel the Affidavit and prosecute the applicant in the court as per Indian penal Court.** at any time if it comes to know during the currency of the project/affidavit that the Affidavit has been signed and furnished by the Private Institution/Hospital/Investor/SME/organization on the basis of fraudulently or misrepresented and corrupt practices and also take further lawful action, as may deem fit, under the extant provisions/clauses of the Affidavit furnished.

19. Penalty.

In case of the breach of any provision of the Affidavit, the Private Institution/Hospital/Investor SME/organization does not complete the project, terminates its activities prematurely, or is terminated without notice, or violates obligations set forth in the Affidavit including the secrecy clause, if any, he shall have to pay back the sum of total amount received by way of interest subsidy component from the M/o AYUSH, Government of India, along with penal interest @ 2.5 % per annum on and above the rate of interest at which the investor has raised loan from the Eligible Lending Institution on the said total amount of interest subsidy component from the date of initial sanction of the interest subsidy till the date of final settlement of accounts. The Ministry of AYUSH also shall have the right to assert further damages suffered by it, if any, during the currency of the project/Affidavit.

20. Court Jurisdiction:

In case of any dispute, this shall be subject to the exclusive jurisdiction of court at Delhi/New Delhi.

21. Application duly completed may be sent to:

Advisor (Ay.), Champion Services Sector Scheme Medical Value Travel), M/o Ayurveda, Yoga & Naturopathy, Unani, Siddha & Sowa Rigpa and Homoeopathy, Room No. 207, 2nd Floor, Ayush Bhawan, B-Block, GPO Complex, INA, New Delhi-110023

List of the Points / Information to be covered in the Proposals

1. Profile of the Investors:

- i. Names and brief profiles of the proposed investors along with their contact details.
- ii. The nature and location of existing operations of healthcare facility/institution of the Investors.
- iii. Audited balance sheets for last 5 years or Chartered Accountant (CA) Certificates that would establish the net worth of each of the investors. In case of companies, CA certificates need to be certified by their statutory auditors.
- iv. A brief note as to why the investors are keen to undertake this project, their vision etc.
- v. Any other relevant information that would establish the credentials and suitability of the investors in the context of the Scheme.

2. Profile of the Proposed Project:

- i. Rationale for proposed healthcare unit/ location in terms of availability of transportation connectivity and influx of the national and **international** patients/tourists. Selection of site needs to be justified in terms of connectivity and availability of basic infrastructure including power, water, approach road etc.
- ii. Proposed Area and availability of requisite land for establishment of 50 bedded or more than 10 bedded hospital/ Day care center.
- iii. In case of land being available with investor(s), proof of possession of land in the form of sale deed/lease deed.
- iv. Details of proposed enabling basic infrastructure including requirements of basic utilities like power, water, effluent treatment.
- v. Above details for various project components should include area required, estimated capacities and costs for various facilities including instruments etc.
- vi. Proposed strategy/methodology for building mechanism to attract foreign tourist to ensure the increase in medical value travel/tourism and to enhance foreign revenue including estimated quantities
- vii. Proof of backward and forward linkages with verifiable details of the linkages, if any.
- viii. Estimated footfall of the national and **international** patients/tourists per year at the proposed healthcare unit in the project, after successful execution of the project and basis of the projection.
- ix. Estimated direct and indirect employment generation out of implementation of the project,

and other impact on the healthcare delivery system through AYUSH.

- x. Investment details yearly basis. Any other related information.

3. Project Financials and Business Plan:

- i. Summary of estimated cost of each of the eligible components of the project for seeking assistance under interest subsidy to be provided by the Government through SIDBI as outlined in the Scheme.
- ii. 'In- principle' approval of the Public Sector Bank for loan sanction.
- iii. Proposed Business Plan–Estimated revenue sources and assumptions, estimated operating costs and assumptions, projected profit and loss statements, balance sheets and cash flows based on these assumption.

4. Objective Criteria for Assessment/ Evaluation of Proposals:-

- i. Possession of Appropriate Land.
- ii. Rational of location of Land i.e. nearby historical/ tourists places which may be helpful to attract foreign tourists.
- iii. Connectivity through Road, Rail, Airways or waterways.
- iv. Previous experience of running healthcare facilities.
- v. 'In-Principle' approval of Public Sector Bank for loan sanction.
- vi. Estimated patients/visitors foot fall per year and its rational.

ANNEXURE – B

**APPLICATION FOR ESTABLISHMENT OF AYUSH SUPER SPECIALTY
HOSPITALS/ DAY CARE CENTRES FOR MEDICAL TOURISM UNDER THE
CHAMPION SERVICE SECTOR SCHEME**

1. Name of the organization:
2. Address / E-mail / Phone/ Mobile:
3. Registration No and date (as Society/Trust/Company).
4. Abstract of Audited Annual Accounts of last five years:
5. Executive summary of the proposal point-wise (not exceeding five pages) as per **Annexure G**:
6. Detailed Project Report (incorporating information inter-alia on the points 12-31 of the checklist:
7. Documents as per check list at Annex C.

Signature
(Name and Seal of the head / authorized officer of the organization)

Date

CHECK LIST

**Establishment of AYUSH Super Specialty Hospitals/ Day Care Centres for Medical Tourism
under the Champion Service Sector Scheme-A Central Sector Scheme of the Government of
India**

S. No	List of document/information	Document/information given		Page No.
		Yes	No	
(1)	(2)	(3)	(4)	(5)
Documents to be attached				
1.	Application in the prescribed format			
2.	Attested copy of Registration Certificate under Societies Registration Act/ Trust/ Companies Act.			
3.	Attested copy of Bye-laws			
4.	Attested copies of Audited Statement of Accounts for the last 5 years showing income and expenditure, assets, liabilities of the applicant that would establish the net worth of each of the investor(s). In case of companies, CA certificates need to be certified by their statutory auditors.			
5.	Bond on Rs.100/- stamp paper duly notarized to abide by all terms & conditions of the guidelines of the scheme, sanction letter, GFR, component wise approved project cost and year wise deliverables to be achieved under the project. The validity of the Bond should not be less than 15 years. Annex D			
6.	Proof of experience in running Health Care Unit/Hospital.			
7.	Certificate on Rs.100/- stamp paper duly Notarized to the effect that no criminal proceedings or otherwise by any legal or other authority are pending or contemplated as per format at. Annex. E			
8.	Bank Account details including bank statement of last 1 year.			
9.	Any Assistance/GIA taken from the Government of India/Foreign Government, along with the details of the project(s), details of sanctions and date (s) etc. and Utilization Certificate (UC)/ present status thereof.			
Information to be given				
10.	Details of the existing infrastructure if any,			

11.	Details of technical and other personnel.											
	<table border="1"> <thead> <tr> <th>S.No</th> <th>Name</th> <th>designation</th> <th>Date of appointment</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	S.No	Name	designation	Date of appointment							
S.No	Name	designation	Date of appointment									
12.	Past activities and achievements of the organization during the last five years (year-wise).											
13.	Justifications as to why the investor(s) is /are keen to undertake this project with their vision etc.											
14.	In case of land being available with investor(s), total area and proof of possession of land in the form of sale deed/lease deed.											
15.	Rationale for proposed location/site of the healthcare unit in terms of availability of transportation, availability of basic infrastructure including power, water etc. connectivity by air, road, railway and waterways and influx of people including international patients/tourists/visitors.											
16.	Details of proposed enabling basic infrastructure including requirements of basic utilities like power, water, effluent treatment.											
17.	Details for various project components including area required, estimated capacities and costs for various facilities including instruments etc.											
18.	Proposed strategy/mechanism to attract international patients/tourists/visitors to ensure the increase in medical value travel and to enhance foreign exchange revenue. This may, inter alia, include end to end facilitation like assistance in transportation & lodging, signage in foreign languages, facility of interpretation, publicity material in foreign languages etc											
19.	Estimated footfall of the domestic and international patients per year at the proposed healthcare unit in the project and estimated foreign exchange revenue, after successful execution of the project											
20.	Estimated direct and indirect employment generation out of implementation of the project, and other impact on the healthcare delivery system through AYUSH.											
21.	Investment details on yearly basis.											

22.	Summary of estimated cost of each of the eligible components of the project for seeking Interest Subsidy Component to be provided by the Government through identified institutions as outlined in the Scheme			
23.	'In-principle' approval of Public Sector bank for loan sanction.			
24.	Proposed Business Plan—indicating Estimated revenue sources and assumptions, estimated operating costs and assumptions, projected profit and loss statements, balance sheets and cash flows based on these assumptions.			
25.	Any other relevant information that would establish the credentials and suitability of the investor (s) in the context of the Scheme.			

(To be furnished on Rs.100/- stamp Paper)

FORMAT OF BOND

KNOW ALL MEN BY THESE PRESENTS THAT we, the _____
 _____(Name of the organization as in Registration Certificates), an
 Association registered under the _____(name of the
 Registration Act) having been registered by the office of _____ (Name and
 full address of Registering Authority), vide Registration Number_____ dated _____ office at
 _____ in the State of _____ (herein after called the obligor/obligors) are held
 and firmly bound to the President of India (hereinafter called the Government) to execute
 this Bond in favour of Union Ministry of AYUSH for entire amount of Rs..... (Rs.In words
 The obligor is, however, is willing to accept the proposed amount or any other amount
 approved/ sanctioned by the Government. The obligor is willingly executing this Bond of
 proposed amount with the stipulation that obligor will be bound up to this amount or by the
 actual amount approved /sanctioned by the Government, whichever is less. The obligor is
 also willing to accept all terms and conditions mentioned in the “Letter of sanction” as per GFR
 or otherwise, approved project cost and year-wise deliverables to be achieved, to be issued by the
 Government including to refund the entire sanctioned amount with penal interest @ 2-1/2%
 per annum on and above the rate of interest at which the obligor/applicant/ investor has raised
 loan from the Eligible Lending Institution, on the said total amount of interest subsidy
 component from the date of initial sanction of the interest subsidy till the date of final
 settlement of accounts, in case of any default/ mis-utilization/diversion of funds or for any
 other reason.

2. Now the condition of the above written obligation is such that if the obligors duly
 fulfill and comply with all the conditions mentioned in the letter of sanction, then above
 written bond or obligations shall be void and of no effect. But otherwise, it shall remain in
 full force and virtue. If a part of the grant/sanctioned amount released is mis-
 utilised/diverted/ left unspent or defaults in deliverables to be achieved after the expiry of the
 period within which it is required to be completed/achieved, , the obligors agree to refund
 the entire sanctioned amount with penal interest @ 2-1/2% per annum on and above the rate
 of interest at which the investor has raised loan from the Eligible Lending Institution on the
 said total amount of interest subsidy component from the date of initial sanction of the interest
 subsidy till the date of final settlement of account.

3. The Investor/SME/Organization agrees and undertakes to surrender /pay to the Government the monetary value of all such pecuniary or other benefits which it may receive or derive/have received or derived through / upon unauthorized use (such as letting out premises for adequate or less than adequate consideration or use of the premises for any purpose other than that, mis-utilization/diversion of funds for which the grant/sanctioned amount released was intended i.e. the amount released for the establishment of the project/infrastructure/equipment/manpower etc. or other assets created /acquired/ constructed largely from out of the Government grant/sanctioned amount released. The decision of the Secretary to the Government of India in the Ministry of AYUSH or administrative Head of the Department concerned shall be final and binding on the Investor/SME/Organization, in respect of all matter relating to the monetary value mentioned above to be surrendered/ paid to the Government.

4. The President/Secretary/Member (s) of the Executive Committee of the grantees will:

- (a) abide by the conditions of the grant in aid/amount released by the target dates, specified in the letter of sanction and
- (b) not divert the grants or entrust execution of the scheme or work concerned to other institution (s) or organization (s) ; and
- (c) abide by any other conditions specified in the agreement governing the grant-in-aid/amount released; .

5. AND THESE PRESENTS ALSO WITNESS THAT

- (i) The decision of the Secretary to the Government of India in the Ministry of AYUSH on _____ the question whether there has been breach or violation of any of the terms and conditions mentioned in the sanction letter shall be final and binding on the obligors.

In witness whereof these presents have been executed as under on behalf of the obligors and day herein above written in pursuance of the Resolution No. -----dated-----passed by the Governing Body/ Executive Committee of the obligors.

Signed this _____ day of _____ in the year _____ .

Signature _____
Name of President/Secretary _____
Date and Stamp _____
Name of the Obligor Association as
registered Full Mailing Address _____
Telephone Number/Mobile No. _____
Email address _____
Fax Number _____

(In the presence of) Witness name, address, signature and date

- (i)
- (ii)

Note: To be signed and stamped by President or Secretary of the grantee with date on each page.

For official use of Ministry of AYUSH

**Accepted for and on behalf
of the President of India**

Signature -----

Under Secretary to Govt. of India

CERTIFICATE REQUIRED ALONG WITH APPLICATION FROM THE HEAD OF THE ORGANIZATION

Certified that:

- i. The organization shall abide by all the 'Terms and Conditions' issued by the Ministry of AYUSH, / Government of India from time to time.
- ii. All records and reports related to the project have been maintained separately and shall be shown and furnished as and when required by the Ministry of AYUSH or its authorized representatives.
- iii. Project shall be open for evaluation of physical progress and utilization of funds at the discretion of Ministry of AYUSH.
- iv. The undersigned shall be responsible for the authenticity of the information & documents furnished in the application and proposal.
- v. Ministry of AYUSH shall have the right to recover the interest subsidy **with penal interest @ 2.5 % per annum on and above the rate of interest at which the investor has raised loan from the Eligible Lending Institution on the said total amount of interest subsidy component from the date of initial sanction of the interest subsidy till the date of final settlement of accounts** for any default or deviation from the terms & conditions of sanction of grant of the project. And may also take any other action as deem fit in the facts and circumstances of each case.
- vi. Accounts: - Separate accounts for the project will be maintained.

Signature

Name and Stamp of the Head of the organization

Phone No.....

Fax No.....

E-mail:-----

Date:

Central Program Management Unit (CPMU)

S.No.	Name of the post	No. of Posts	Monthly remuneration (In Rs.)	Age limit	Qualification
1.	Senior Program Manager (Technical)	01	75000/- Provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority.	Not exceeding 50 years on the date of advertisement in the newspapers.	<p>Essential Qualification: Post Graduation in any of Ayurveda, Siddha, Unani and Homoeopathy system from an institution/ university recognized under IMCC Act, 1970 / HCC Act, 1973 and have enrolled in the State Register for ISM / Homoeopathy.</p> <p>Desirable:</p> <p>i. Master in Hospital Administration/ Healthcare management</p> <p>ii. Having experience of working in any State Department/ Ministry/ Research Councils/ Public Sector Undertakings for</p>

					2 years
2.	Junior Program Manager (Technical)	02	50000/- provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority	Not exceeding 50 years on the date of advertisement in the newspapers.	<p>Essential Qualification: Graduation in any of Ayurveda, Siddha, Unani and Homoeopathy system from an institution/ university recognized under IMCC Act, 1970 / HCC Act, 1973 and have enrolled in the State Register for ISM / Homoeopathy.</p> <p>Desirable: Having experience of working in any State Department/ Ministry/ Research Councils/ Public Sector Undertakings for 3 years</p>
3.	Program Manager (Administrative)	01	50000/- provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority	Not exceeding 50 years on the date of advertisement in the newspapers.	<p>Essential Qualification: MBA (Hospital Administration)</p> <p>Desirable: Having experience of working in any State department/ Ministry/ Research Councils/ Public Sector Undertakings for 2 years preferably in the field of hospital administration.</p>
4.	Program Manager (Accounts)	01	50000/- provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority	Not exceeding 50 years on the date of advertisement in the newspapers.	<p>Essential Qualifications: MBA (Finance).</p> <p>Desirable: Having experience of working in any State department/ Ministry/</p>

			authority		Research Councils/ Public Sector Undertakings for 2 years.
5.	Data Assistant/ Data Entry Operator	03	20000/- provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority	Not exceeding 40 years on the date of advertisement in the newspapers.	Essential Qualification: i. Graduation from recognized institute or University with sound knowledge of Computer Application/ IT. ii. Knowledge of MS Office, MS Word, MS Power Point and MS Excel and other computer applications. iii. Having good typing speed i.e. 35 words per minute in English and 30 words per minute in Hindi
6.	Multi-Tasking Staff (MTS)	02	16000/- provision of annual enhancement of 05% based on satisfactory performance to be decided by the Competent authority	Not exceeding 40 years on the date of advertisement in the newspapers.	Qualification: 10+2 or equivalent from a recognized board

N.B. TDS and other taxes will be levied as applicable.

FORMAT OF EXECUTIVE SUMMARY

A. Organizational Information/Background:

- i. Name
- ii. Contact details:
- iii. Whether land is in possession or not
- iv. Registration details with State/ District Healthcare Administrative Body under Clinical Establishment Act.
- v. Any experience in running healthcare facilities and if so, the details of the same existing infrastructure with supportive documents.
- vi. Initiatives taken so far

B. Business Operations/Operational Strategies:

- i. Aims and objectives to establish Hospital/ Day care centre
- ii. Size and Scale of Operations
- iii. Rationale for proposed location/site of the healthcare unit
- iv. Estimated direct and indirect employment generation
- v. Strategy/ strength to run the Hospital/Day care Center for 15 years from the initial date of commencement of the establishment.
- vi. Project Milestones and Deadlines.
- vii. Estimated patient load per month and its rational

C. Marketing Strategy/Target Market

How do you plan to reach the [target market](#) in terms of annual estimated projection/ data of international patients/ visitors seeking AYUSH treatment in India as compared to the figures of last 05 years and to enhance foreign exchange revenue?

D. Customer Analysis:

Target Customer, needs of the Customer, how the company's products or services meet the target customer.

E. Financial Strategies:

- i. Summarize key financial data,
- ii. Budgeting, company's present revenue and projected revenue, Project cost-Investment details for establishment of 50 bedded/10 bedded or more bedded hospitals.
- iii. Expected amount of loan you are requesting for to Financial Institution, In-principal approval of Public Sector bank for loan sanction.
- iv. Annual turnover for last five years.

Format for Monitoring of Central Sector Scheme- Champion Services Sector Scheme- Establishment of AYUSH Super Specialty Hospitals/ Day Care Centres for Medical Value Travel by the Monitoring Committee.

Sr. No.	Objectives and other components of the Scheme:	Whether conditions met/fulfilled by the applicant organization or not;	Comments of Monitoring Committee
1.	Whether the constructed area is as per the Indian Public Health Standards i.e. 80 to 85 sqm per bed?		
2.	Whether hospital building is earthquake proof, flood proof and having fire protection features?		
3.	Whether barrier free access for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons infrastructure as per “Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons” of Government of India, is available or not?		
4.	Outdoor Patient Department (OPD): Doctor Room- Minimum dimensions 3.2 X 3.2 X 2 Mtrs		
5.	For Panchkarma i) 4 therapy rooms (each of 200 Sq. ft. area) - 800 Sq. ft. ii) 10 beds in pre-existing wards or space for accommodating 5 male and 5 female patients- 500 Sq. ft iii) Kitchen- 200 Sq ft iv) Office cum record room- 200 Sq ft Total: 1700 Sq. ft		
6.	For Kshar sutra Therapy Centre i) Operation theatre – 200 Sq ft ii) Sterlization room – 200 Sq ft iii) Recovery Room – 200 Sq ft iv) 10 beds in pre-existing wards or space for accommodating 5 male and 5 female patients – 500 Sq ft v) Office cum record room - 200 Sq. ft. Total: 1300 Sq. ft.		

7.	Yoga & Naturopathy Therapy Centre: <ul style="list-style-type: none"> i. Yoga hall – 1200 sq. ft ii. Therapy Section – 600 Sq. ft. iii. Office cum record room – 200 sq. ft iv. Kitchen – 200 sq. ft Total: 2200 sq. ft.		
8.	Reception and Enquiry: Enquiry/ May I Help desk shall be available with competent staff having good communication skills. Services available at the hospital displayed at the enquiry. Name and contacts of responsible persons like Medical superintendent, Hospital Manager, Public Information Officer etc. shall be displayed.		
9.	Waiting Spaces: Waiting area with adequate seating arrangement shall be provided. Main entrance, general waiting and subsidiary waiting spaces are required adjacent to each consultation and treatment room in all the clinics. Waiting area at the scale of 1 sq ft/per average daily patient with minimum 400 sq ft of area is to be provided.		
10.	Pharmacy (Dispensary): The pharmacy should be located in an area conveniently accessible from all clinics. The size should be adequate to contain 5 percent of the total clinical visits to the OPD in one session.		
11.	Standard operating procedure for stocking, preventing stock out of essential drugs, receiving, inspecting, handing over, storage and retrieval of drugs, checking quality of drugs, inventory management, date of expiry, pest and rodent control etc.		
12.	Whether Hospital (s)/Day Care Centre (s) is Registered with the Local authorities/ Registration with State/ District Healthcare Administrative Body under Clinical Establishment Act.		
13.	Facilities for Bio-medical Waste Management System exist or not?		
14.	Whether records of international patients/tourists/visitors are maintained as per Scheme Guidelines?		
15.	Whether hospital/ day care centre is exclusively providing Ayurveda/ Siddha/ Sowa Rigpa/ Unani or Homoeopathy services or not?		
16.	Whether AYUSH Systems are being promoted in an ethical way or not?		
17.	Whether Technical and other staff is in place or not?		

18.	Whether a focused strategy exists/has been implemented to attract international patients/ tourists/visitors and providing other assistance as per Scheme Guidelines?		
19.	Enabling basic infrastructure including requirements of basic utilities like power, water, effluent treatment plan in place and maintained.		
20.	To check whether strategy to strength to run the Hospital/Day Care Center for 15 years from the initial date of commencement of the establishment has been framed?		
21.	To check, if any unauthorized practice / fraudulent or misrepresented and corrupt practices are being done by the Hospital (s)/Day Care Centre (s).		
22.	Communication skills of the hospital staff		
23.	Linkages with nearby facilities such as Hotels, Tour and Travels agency etc.		
24.	Estimated direct and indirect employment generation out of implementation of the project, and other impact on the healthcare delivery system through AYUSH.		
25.	Signages in multiple languages		
26.	Whether the organization is abiding/following all the terms and conditions issued by the M/o AYUSH?		
27.	Whether all records and reports related to the project have been maintained separately and shown/produces and furnished to the Monitoring Committee or not?		
28.	Minimum instruments for Panchkarma and Kshar Sutra as per the List enclosed.		
29.	Number of employment generated <ul style="list-style-type: none"> i. Doctors ii. Para medical staff iii. Administration iv. Others 		

List of essential equipments for Hospitals / Day care Centres

Panchakarma

1. Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or Fiber)
2. Appropriate stand to fix droni: 2.5 ft. height
3. Swedana/Sudation chamber and nadi swedan yantra
4. Footstool –
5. Stool –
6. Arm Chair -
7. Heating facilities
8. Heating Pan
9. Shirodhara stand and shirodhara table
10. Basti yantra
11. Uttara Basti Yantra for males and females
12. Bedpan (male and female)
13. Vamana set
14. Kidney trays
15. Nasyakarma set
16. Stethoscope
17. Sphygmomanometer
18. Thermometer
19. Hot water – bath
20. Pressure cooker (5 litres)
21. Small pillows covered with rexin sheet
22. Small almirah
23. Plastic aprons, gloves and masks
24. Knife and scissor
25. Clock – 1 and stop watch
26. Hot water facility
27. Exhaust fans – minimum
28. Sufficient light and ventilation
29. Autoclave equipment for sterilization

A. Ksharasutra:-

1. Ksharasutra Cabinet
2. Autoclave
3. OT instruments
4. OT table
5. Linen, cotton, Apron
6. OT light
7. Consumables

B. Uttarbasti:-

1. Sterilizer or autoclave
2. Hot water bag
3. Kidney tray
4. Sims speculum
5. Anterior vaginal wall retractor
6. Vulsellum
7. Uterine sound
8. Swab holder

9. Artery forceps
10. Toothed forceps
11. Metallic or disposable insemination canula
12. Good light source
13. Table having bars for giving lithotomy position
14. Disposable syringes
15. Sterilized gloves
16. Sterilized Gauze
17. Foley's catheter (Various sizes as per requirement)
18. Sterilized cotton
19. Sterilized tampons
20. Sterilized medicine (Medicated Ghee or oil or decoction used for treatment of Uttar basti)

C. Raktamokshana (Leech Therapy):- (applicable for leech therapy facility)

- | | | |
|---|---|---|
| 1. Storage Aquarium for fresh leeches | : | 20-25 liters capacity (May be with Partitions) |
| 2. Glass container (1 litre capacity) for | : | 5-10 (for each patient requires Separate container and they may vary according to the number of patients) |
| 3. Leeches | : | (As per the requirement usually 3-5 leeches per patient/treatment Period) |
| 4. Surgical table | : | 02 |
| 5. Surgical trolley | : | 04 |
| 6. Surgical tray | : | 05 |
