UNDERTAKING

To,
The Director, Regional Centre
Ex-Servicemen Contributory Health Scheme (ECHS)
[City Name]

This Undertaking is executed on this ___ day of _____, 2025 by [Name of Health Care Organization],having its registered office at _____ (Hereinafter referred to as the "HCO"), in favour of the President of India, acting through the Director Regional Centre, Ex Servicemen Contributory Health Scheme (ECHS), Department Of Ex-Servicemen Welfare, MoD, Government of India (hereinafter referred to as "ECHS").

1. Mandatory Acceptance of All Clauses

The HCO hereby unequivocally undertakes that all Clauses, Annexures, Appendices, and Schedules of the GSL dated ---------uploaded on ECHS website (https://www.echs.gov.in/) for Empanelment of Private Health Care Organizations under ECHS, are mandatory, binding, and enforceable in full. For issues not mentioned in GSL, provision of existing MoA will be binding. No provision shall be treated as optional or advisory.

2. Declaration of Awareness

The HCO affirms that it has read, understood, and downloaded the complete GSL from the ECHS website (https://www.echs.gov.in/) and accepts all obligations therein.

3. Legal Enforceability

This Undertaking shall have the same force and legal enforceability as the GSL. Any breach or deviation will render the HCO liable for immediate suspension or de-empanelment, recovery of dues, and further action under applicable law.

4. De-Empanelment on Failure of Criteria

The HCO expressly declares that if at any stage it is found not fulfilling or ceasing to fulfil the empanelment criteria, it shall be liable for automatic de-empanelment without further notice, and ECHS may invoke all remedies available under law.

5. Validity

This Undertaking shall remain valid and binding on the HCO until completion of the empanelment process and execution of the new MoA or until rejection/termination by ECHS. Any liabilities or breaches during this period shall survive beyond termination.

6.Authority

The signatory affirms that he/she is duly authorized to execute this Undertaking on behalf of the HCO and bind it to all obligations contained herein.

For and on behalf of [Name of Health Care Organization]

Signature: _____

Name: _____

Designation: _____

Date: _____

Seal of HCO

Note: This Undertaking shall be printed on the official Letter Head of the Health Care Organization. The document must be signed by the Head of the Hospital/CEO, and the original hard copy must be submitted to the concerned Director, Regional Centre on or before 15/12/2025.