



MDINDIA HEALTHCARE SERVICES (TPA) PVT. LTD.

Guiding Principles

Manual – Online Hospital Empanelment Form

Rajiv Gandhi Jeevandayee Arogya Yojana

Document Provides the information in understanding the process to fill up the online application form for Hospital Empanelment.



MDIndia Healthcare Services (TPA) Pvt. Ltd.





This Module guides in understanding the process to fill up the Hospital Empanelment Application Form.

Website: http://www.rajivjeevandayee.org/

Log in to the URL <u>http://www.rajivjeevandayee.org/</u> and click on the Hospital Menu as shown in the below screen.



View of the Eligibility Criteria for the Empanelment of the Hospital appears. Click on the button "Click Here for Application" as per the below screen shot:



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and a	RAJIV GANDHI JEEVANDAYEE AROGYA YOJANA
Arg. D	राजीत गांधी जीतनतारी भारोग्य गोजना
1.5	राजाव गाया जावनदाया जाराज्य याजना
	Call Us: 1800 233
	n Health Camps Hospital Patient Process Reports Feed Back Follow Up CE Services CMS
	INTRODUCTION OF THE SCHEME:
	Government of Maharashtra is implementing Rajiv Gandhi Jeevandayee Arogya Yojana throughout the State in phased manner in order to improve access of Below Poverty Line (yellow card holders) and Above Poverty Line (APL erange card holders) families to quality medical care for identified specialty services requiring hospitalization for surgeries and therapies or consultations through an identified extended to health economic groupders. The BOIXS, Blace Line card and exceeding described to be the extended to be the economic actions and the

On clicking on the application 'Important Notes' information appears.

You have to read and then select the check box stating 'I Agree' as show below:

Please read the below carefully before proceeding with application
INFORTANT NOTES
Applicant Hospital to submit the details along with documentary evidences as required in all the tabs below. After submission the empanelment departmen will verify and if warranted may keep the application pending with the hospital for want of more information/documentation.
The Hospital has to update the pending remarks within 7 days from the date of notification otherwise ONLINE application will automatically gets expired displaying the status as "Application Expired", on expiry of application the hospitals needs to re-apply with fresh application.
The Inspection team will visit the hospital and conduct the inspection on the ONLINE application status of "Application Registered" without prior intimation.
The Nospital authorities are advised not to entertain middlemen or influence for processing the application/conducting the inspections/processing the empanelment either through monetary or indirect methods, if found doing so the application will be rejected.
The hospitals agree to abide by the decision of the Empanelment & Disciplinary Committee.

Below screen appears with the option of selecting the Type of Hospital as shown below:



After clicking on type of hospital option the Application Form appears as per the below screen.

*Note: It is mandatory to enter all the details having * symbol.

R	JIV GAND राजीव ग	HI JEEVAND	AYEE AR यी आरोग्य	ogya Yojana य योजना
This Option can application and	be used to search update the further tab ia	ter ports Feed Back	Follow Up CC Serv	Call Us: 1800 233
	Or	line Hospital Empanelmen	t Form	
ospital Request Number [If Any]:	Get	Information		
AP	LICATION FOR EMPANEL	MENT UNDER RAJIV GANDHI :	IEEVANDAYEE AROGY	A YOJANA
API I/We the owner(s)/Superintender Marked Fields are Mandatory	LICATION FOR EMPANELI	HENT UNDER RAJIV GANDHI . spital here by submit hospital info Jeevandayee Arogya Yojana	rmation as Enter the i requested	A YOJANA nformation in the field as in the application
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information	LICATION FOR EMPANEL tr/CEO/MD/Chairman of the ho Human Resources	HENT UNDER RAJIV GANDHI . spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	DEEVANDAYEE AROGY rmation as Enter the i requested	A YOJANA nformation in the field as in the application lities Document Declaration
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API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Plot No *	LICATION FOR EMPANEL HUCEO/MD/Chairman of the ho Human Resources TEST TE TEST	MENT UNDER RAJIV GANDHI spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	Disanostic Faci Enter Hospital Inf	A YOJANA nformation in the field as in the application lities Document Declaration TEST
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Not No * Street *	LICATION FOR EMPANEL #/CEO/MD/Chairman of the ho Human Resources TEST TE TEST TEST	MENT UNDER RAJIV GANDHI spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	Deconory of the second	A YOJANA nformation in the field as in the application lities Document Declaration TEST
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Plot No * Street * PIN Code *	LICATION FOR EMPANEL (CEO/MD/Chairman of the ho Human Resources TEST TE TEST TEST TEST 122304	MENT UNDER RAJIV GANDHI ispital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	DEEVANDAYEE AROGY Imation as Enter the i requested Diagnostic Faci Enter Hospital Inf Location * LandMark (If Any) State	A YOJANA nformation in the field as in the application lities Document Declaration TEST TEST MAHARASHTRA
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Plot No * Street * PIN Code * District *	LICATION FOR EMPANEL (CEO/MD/Chairman of the ho Human Resources TEST TE TEST TEST 122304 Amraval	MENT UNDER RAJIV GANDHI spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	DeevANDAYEE AROGY Imation as Enter the i requested Diagnostic Faci Enter Hospital Inf Location * LandMark (If Any) State Taluka *	A YOJANA nformation in the field as in the application lities Document Declaration ormation TEST TEST MAHARASHITRA Achalpur
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Plot No * Street * PIN Code * District * City/Town/Village *	LICATION FOR EMPANELS t/CEO/MD/Chairman of the ho Human Resources TEST TE TEST TEST 122304 Amravat Others	MENT UNDER RAJIV GANDHI spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure	Diagnostic Faci Enter Hospital Inf Location * LandMark (If Any) State Taluka *	A YOJANA nformation in the field as in the application lities Document Declaration ormation TEST TEST MAHARASHTRA Achalpur
API I/We the owner(s)/Superintender Marked Fields are Mandatory Hospital Basic Information Hospital Information Name Of the Hospital * Plot No * Street * PIN Code * District * City/Town/Village * Is the Hospital Teaching Hospital	LICATION FOR EMPANELS It/CEO/MD/Chairman of the ho Human Resources TEST TE TEST TEST 122304 Amravati Others © Yes I	MENT UNDER RAJIV GANDHI spital here by submit hospital info Jeevandayee Arogya Yojana General Infrastructure ST Vother	Diagnostic Faci Enter Hospital Inf Location * LandMark (If Any) State Taluka *	A YOJANA nformation in the field as in the application lities Document Declaration ormation TEST TEST MAHARASHTRA Achalpur

Bombay Nursing Home Registration No	ABCDE			Registration Date	01/01/2011	191
Registration Validity Period From	01/01/2011	1411		То	31/12/2011	100
Authorisation from MPCB	ABCD			Authorisation Date	01/01/2011	
Registration Validity Period From	01/01/2011	-	Enter Dagist	ration Details	31/12/2011	100
Ultrasound Machines Available	Yes ⊂ No		Enter Regist	ation Details		
Details of Ultrasound Machines Registered Under PNDT	ABCD			Authorisation Date	01/01/2011	
Registration Validity Period From	01/01/2011	191		то	31/12/2011	191
Are Organ Transplant Surgeries Performed	F Yes C No					
Registration No under HOTA 1994	ABCD			Registration Date	01/01/2011	10
Registration Validity Period From	01/01/2011	191		То	31/12/2011	101
Accrediation & Certification Details						
CI Certified	Yes 💌 If Yes Vi	alidation till	31/12/2011	Jal		
NABH Certified	Yes . If Yes V	alidation till	31/12/2011	-	1 1 1	
IPHS Accrediated	Yes . If Yes Vi	alidation till	31/12/2011	Enter Certifica	tion Details	
ISO Accrediated	No . If Yes V	alidation till				

Contact Details		
Hospital Building Land Ownership	C Self Owned C On Lease f	rom Government 🖗 Rental
No of Yeras for which rented or Leased	10	Rental or Lease Valid till 31/12/2020
Name	ABCD	-
Phone No	1234567890	Mobile No 1234567890
E-mail ID	abo@abc.com	Enter Contact Details
Proposed Medical Camp to Co ordinator(M	cco)	
Name	ABCD	
Phone No	1234567890	Mobile No 1234567890
E-mail 1D	abo@abc.com	Working Shift 09 AM to 06 PM
Proposed Medical Co ordinator(MCO)		
Name	ABCD	
Qualification	XYZ	MMC Registration No ABCD1235
Phone NO	1234567890	Mobile No 1234567890
E-mail 1D	abc@abc.com	Working Shift 09 AM to 06 PM
GM Finance/CFO/Accounts Head		
Name	PORST	
Phone No	1234567890	Mobile No 1234567890
E-mail ID	abc@abc.com	The second s
Bank Details		Inter Bank Dataile
Type of the Bank Account *	Current Account	Intel Dank Details
Account Number *	9 9 9 9 9	9 9 9 9 9 9 9 9 9 9
Bank Name *	ABCD BANK	Branch Name * XYZ BRANCH
Bank Branch Address	ABCD	a la
Payee Name	ABCD LTD	
9 Digit MICR Code Appearing on Cheque	99999999	
IFSC Code *	9 9 9 9 9 9	9 9 9 9 9



niarnen gravilikeen National Insurance

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Taxation Details Eligible for TDS Deduction Exemption	Vac -		Browne	I lokad Attachment	nter Taxation De	tails	
Exemption Limit	0		Drowse	upload Attachment			
PAN Card Number *	123654ABCD		Name as per P	AN Card *	ABCDE MNOP		
Eligible for TDS Deduction at Special Rates	Yes ·		Browse.	Upload Attachment			_
Special Rate of TDS	0	6	Exemption Lim	it For Special Rate Deduction	0		
Certificate Issuing Authority *	XYZ	1	Certificate Issu	e Date *	01/01/2011	895	201
Exemption From Date *	01/01/2011	翻	Exemption To I	Date *	31/12/2011	222	
Service Tax Registration No	UYEOPOI5898		TAN No		1258ANCD		

A confirmation message pops up guiding to move to the next tab with the Hospital Application Number as below:

The rest of the second statement of the second statement of the	Thank You for Online Empanelment Request.	ADDRESS OF THE ADDRESS	autoriana anale sulta contra
Hersell Fields and Hundrisov Hospital Basic Information Human Resource	Your Application Number: HSP021111389 Generated Successfully	postic Facilities	Document Declaration
Installed International Control of Control o	Clink to Proceed for further star		

Application number can used to update the pending tab unless last 'Document Declaration' is not updated.





*Note:

- We have to download the format wherever applicable and then update the required information as needed.
- The same update sheet has to be browsed and then click on the 'Upload Attachment' to upload the file in the application form as shown in the screen shot.

Please attach certrication from Full Turns Predical Professio	CA certifying Payment accourt	Windows Internet Caple	rer	×	
(Mease write no of persons ava MD/M5/DN5/MCH/DM	lable on full time employmen MDBS	What do you want to a Specialist_Predical_Pre	lo with oferationals.stax?	eine .	9
MO/MS/DND/HCH 1 Total 2	oniale Duty Total	Copen The file stor's be say	od 12 yme.org od automatically.	tialiste	
Specialist Medical professionals Anesthetist Radiologist & Pathologist Details Duty Dectors	. C	-b Save as		Cancel Reactionset	Download Format Download Format Download Format Download Format
Paramedical Staff			(98	COMMON MALACINATION OF	Download.Format
General Ward 9 Single 9 Others 9	1CU () Single	All Types Together) AC	þ	Twin Sharing Suites Total Narses	() (0

As shown in the above screen save the file on local drive and update the required details in the saved file. Browse and Upload the Attachment.

Please attach Certificate	from CA certifying purchase of the equipm	ients	

A message will be pop up after the file is successfully uploaded

Specialist Medical professionals	Brow a	Uploaded Successfully.	Upland Attachment	Download Format
Anesthetist	Browner		Upload Attachment	Download Format





Further 'Human Resource' information has to be updated as per the below screen shot:

Rease stach certifics	cion from CA	certifying Pey	ment accounting	for the documents	I manpower	En	tor the info	rmation
fillence wille proof to	anness availab	in on building	and the second the			LII		mation
MD/HS/DAB/MCH/DR	in him		NEES	17	(m)			
1	10 March 10		e berrer e				Total	110
Part Tene medical	Profession	A						
HO/HS/DANE/HCH	10		Duty Doctor to	patient Ratio	15		Super Specialists	10
Yotal	20	1	Total No OF Du	ty Dectors	30			
Denails Of the prof	resionals		10.					
Specialist Medical pro	fessionals			Browse.	Opioaderi Gussenniu	de —	Somad Attachment	Downlead Format
Anesthetist				Drowse.			Lamail Attachment	Download Format
Radiologist & Patholo	gist Details			Browne			Uphone Attachment	Download Format
Duty Doctors			1	Brives			Lanual Attachment	Download Format
Paramedical Staff				Bowe			Memory Allentreters	Download Format
No of Persons								
General Ward	10		ICU (All Types	Together)	10		Twin Sharing	10
Single	10		Single AC		10			
Others	10				Clie	ck or	n save deta	ils
Qualification when	Segregation	of total en-	of excession					
Registered Nurses	10	1	ANHE		10			

A confirmation message pops up guiding to move to the next tab as below:









Further 'General Infrastructure' information has to be updated as per the below screen shot:

Hospital Basic Information Hu	man Resources	General Infrastructure	Diagnostic Facilities	Document Declaration
Teaching Facilities Available		Server x	22	
MD/MS/DNB/MCH/DM		No of Seats	Enter Teachi	ng Information
Diploma		No No of Seats	L	
lursing School	A R No of Red	Yes Vo of Seats 100	11	
Type & No of Beds	pe & No of Bed			
ieneral Ward Total 20	Female	10	Male	10
		Reserved for Rajiv	Jeevandayee Beneficiaries	5
CU 5	NICU	5	CCU	5
ccu 5	PICU	5	NICU	5
ICU 5				
win Sharing 5	Single	5	Others	5
low many are fowler Beds of all beds	10		Total Beds	85
Overall Bed Occupancy Rate				
008-09 10	2009-10	10	2010-11 10	
		Total Bed Occupancy Rate	10	
verall ICU (all together) Occupancy	Rate Enter O	ccupancy Rate		
008-09 10	2009-1	0 10	2010-11 10	
o of Toilets 10	Toal IC	U Occupancy Rate	P 0	
vailability			~	
Nease write the no of rooms available for	below. Eg. 2 labor rooms	with 10 beds, Write 2. If not ava	ailable 📢 Enter Availability Ir	formation 🏮
o of Labor Rooms 5	No of Endosc	opy Rooms 5	No of Cath Labs	5
o of Major OT's 5	No of Minor (DT's		
lo of OPD rooms	OPD Timings	From 09 AM	То	09 PM

Emergency Infrastr	ucture Details						
No of Fowler Beds	10		Oxygen Facility		Yes 💌	Suction Facility	Yes -
Nursing Station	Yes 💌	8.9	Crash Cart with Emergen	cy Medicines	Yes 💌		97
Pharmacy Details		-					
Pharmacy Type	OutSourced		Pharmacy Name	ABCD			
Registration No	ABCD		Validity Till	01/01/2020	####	Is it 24 hrs	Yes -
Pharmacy Tel No	9876543210		Supporting Infractrue	turo Information			
Supporting Infrastru	ucture		Supporting minastruct	dre mormation			
Biomedical Waste Disp	osal System	Yes - T	ype of Waste Disposal System	Common Treatment	Disposal System	-	
CSSD Facility		Yes 💌 L	aundry Service	Yes ·	24 h	rs Power Backup	Yes 💌
Central Gas Supply		Yes · W	/ater Purification/Filtration	Yes *	Disa	bled Friendly	Yes .
Mortuary		Yes 💌					
Hospital Infection contr	ol measures	Yes - H	epa Filters & Exchanges	Yes ·	Infe	ction Control Protocols	Yes 💌
Availability of Ambulan	ce	Yes 🕶 T	ype of Ambulance	Advanced Life Suppo	irt 💌		
IT Infrastructure							
Broadband Connectivit	y Yes - Ho	spital Inform	nation System [Select Hosp]	al Information System]	Digital R	ecords 10	1



Hospital Reports					-
Reporting under Medical Certifi	cation of Cause of Death (MCCD	y) Ye	ICD 10 Coding	Yes ·	
Out Patient Register	Update Hospital Repo	rts Ye	In Patient Register	Yes V ICU Register	Yes 💌
Laboratory Register		Ye	S 💌 X-Ray Register	Yes Labour Room Regist	er No 💌
Operation Theatre Register	Annual Saturday and Statistical	Ye	S Casualty Register	Yes Diagnostics Register	Yes
Is the following Outcome D	ata Maintained				-
In Patient Mortality	Yes Peri Operative Mo	rtality Yes •	Post Operative Mortality	Advanced Life Support	•
Complications of Anesthesia	Yes Vinplanned return	to OT Yes 💌	Neonatal Mortality	Advanced Life Support	*
Surgical Site Infection	Yes Hospital Acquired	Infection Yes •	Transfusion Reactions	Advanced Life Support	*
Medication Errors	Yes VnPlanned Re Adn	nissions Yes 💌	Transfer to other Hospitals	Advanced Life Support	- <u>-</u>
Equipment Details					
Please attach Certificate from C	A certifying purchase of the equ	uipments			
Attach File		Browse Upload	Attachment Download Form	nat	
Accounting					
Past Performance					
Past Performance Speciality Number of In patient	cases (hospitalization cases) ha	ndled in last 3 years			
Past Performance Speciality Number of In patient (Please attach certificate from (cases (hospitalization cases) ha CA authenticating the figures)	ndled in last 3 years			
Past Performance Speciality Number of In patient (Please attach certificate from (Attach File	cases (hospitalization cases) ha	ndled in last 3 years Browse Upload A	ttachment Download Form	<u>iat</u>	
Past Performance Speciality Number of In patient (Please attach certificate from (Attach File No. of Surgeries performed	cases (hospitalization cases) ha CA authenticating the figures)	ndled in last 3 years Browse	utachment Download Form	aat 2 Surgery Details	
Past Performance Speciality Number of In patient (Please attach certificate from 0 Attach File No of Surgeries performed Type of Operation Theatre	cases (hospitalization cases) ha CA authenticating the figures)	ndled in last 3 years Browse	utachment Download Form Update	at 2 Surgery Details geries Performed	
Past Performance Speciality Number of In patient (Please attach certificate from (Attach File No of Surgeries performed Type of Operation Theatre	cases (hospitalization cases) ha CA authenticating the figures)	ndled in last 3 years Browse Upload # No of Surgeries Pe 2008-09	Attachment Download Form Update erformed No of Surg 2009-10	e Surgery Details geries Performed 2010-11	
Past Performance Speciality Number of In patient (Please attach certificate from 0 Attach File No of Surgeries performed Type of Operation Theatre Major OT	cases (hospitalization cases) ha CA authenticating the figures) No of OT's 10	No of Surgeries Pr 2008-09	Attachment Download Form Update erformed No of Surg 2009-10 50	e Surgery Details geries Performed 2010-11 50	

A confirmation message pops up guiding to move to the next tab as below:





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A confirmation message pops up guiding to move to the next tab as below:

	for Next step.			
_				
_		_		

Further 'Document Declaration' information has to be updated as per the below screen shot:

Hospital Basic Information	Human Resources	General Infrastructure	Diagnostic F	acilities Docum	ent Declaration
Kindly Upload the following Do	cuments:				
Certifications					
Bombay Nursing Home Act Certific	ate		Browse	Uploaded Successfully.	Upload File
Authorisation from MPCB			Browse		Upload File
Registration under HOTA			Browse		Upload File
Registration under PNDT Act		Browse	1	Upload File	
Accreditation Certificate (JCL/NABH	(/ISO/IPHS)		Browse		Upload File
PAN Card			Browse		Upload File
Tax Exemption Certificate	User need to brows	e the Fille and Upload	Browse		Upload File
Service Tax Registration Certificate		Browse	1	Upload File	
Pharmacy Registration Certificate			Browse		Upload File
Other Documents					- 24 15
Cancelled Cheque			Browse		Upload File
Teaching Institute Approval Letter			Browse		Upload File
Hospital Broucher			Browse		Upload File



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Manpower Certificates			
Degree Certificates of all Specialists	Browse		Upload File
MMC Registration Certificate of all Specialists	Browse		Upload File
Chief Pathologist Degree certificate	Browse	Uploaded Successfully.	Upload File
Chief Pathologist MMC Registration	Browse]	Upload File
Chief Radiologist Degree Certificate	Browse		Upload File
Chief Radiologist MMC Registration	Browse		Upload File
CA Certifications			
Equipment Purchase Certificate	Browse_	Uploaded Successfully.	Upload File
Speciality wise No of in Patient Cases	Browse		Upload File
OT Wise No of Surgeries	Browse		Upload File
Manpower Count	Browse		Upload File
Audit Statement 2008-09	Browse		Upload File
Audit Statement 2009-10	Browse_		Upload File
Audit Statement 2010-11	Browse		Upload File

Photographs	Lingtower		In the second second
ront view of the Hospital	Browse	Uploaded Successfully.	Upload File
Reception Area of the Hospital	Browse	L	Upload File
Area of the Rajiv Jeevandayee Kiosk	Browse	L.	Upload File
Proposed Rajiv Jeevandayee OPD Wing	Browse		Upload File
Proposed Rajiv Jeevandayee Ward	Browse	L.	Upload File
Seneral Ward Photo	Browse	Uploaded Successfully.	Upload File
DT Area Photo - Exterior	Browse		Upload File
OT Area Photo - Interior	Browse		Upload File
ICU Area Photo - Exterior	Browse		Upload File
ICU Area Photo - Interior	Browse	Uploaded Successfully.	Upload File
Pathology Lab Photo - Patient Area	Browse	-	Upload File
Pathology Lab Photo - Instruments	Browse	-	Upload File
X-Ray Room Photo	Browse.		Upload File
JSG Room Photo	Browse.		Upload File
Sroup Photo of Specialists	Browse.		Upload File
Sroup Photo of Duty Doctors	Browse	- 3	Upload File
Sroup Photo of Paramedical Staff	Browne,		Upload File
DECLARATION FORM			
Click to Download Form : [* Its mandatory to upload before Submit Request] *	Declaration Form		
kindly Upload the duly Signed Declaration Form	Browse	Uploaded Successfully.	Upload File



नंशनल इन्थ्योरेन्स National Insurance

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Once you fill the information in the 'Document Declaration' page and 'SAVE' it, a message with Hospital Application number is provided on successful completion as shown below

RAJIV GAN राजीव	DHI JEEVANDAYI गांधी जीवनदायी	e Arogya Yojana आरोग्य योजना
nine Andri Genus Anigold Admit	Thank You for Online Empanoiment Request. has been Submitted Successfully	Cell Cell the 1800 233 22 0 Collection and
APPLICATION FOR LAND AND A ANY CONTRACTOR AND AND A ANY CONTRACTOR AND AND A ANY CONTRACTOR AND AND AND A ANY CONTRACTOR AND A ANY CONTRACTOR AND A ANY CONTRACTOR AND A ANY CONTRACTOR AND ANY CONTRAC	Citte	KE AKOGYA YOJANA. Igoliszczi feli geting engenelist under Rich Gendh
Hungital Banic Information Human Heisserver.	General Infrastructure 1	Segmentic Facilities December Declaration

