## **To Whom It May Concern**

The following health facilities are submitted in Health Facility Registry of Ayushman Bharat Digital Mission by :-

Name: John Nadar
Healthcare Professional ID Number: HP#568792
Mobile Number: 7730498299

Email ID : john@gmail.com

| SrNo | Facility Id | Facility<br>Name   | State/UT    | District | Address &<br>Pincode      | Facility<br>OwnerShip | Status      | Submitted<br>Date |
|------|-------------|--------------------|-------------|----------|---------------------------|-----------------------|-------------|-------------------|
| 1    | Faci#89203  | Sun Hospital       | Maharashtra | Thane    | 102, xyz nagar,<br>Thane  | Sunil Sheth           | Operational | 06-04-2022        |
| 2    | Faci#89204  | Moon Hospital      | Maharashtra | Thane    | 102, bcde nagar,<br>Thane | Sunil Sheth           | Operational | 06-04-2022        |
| 3    | Faci#89205  | Star Hospital      | Maharashtra | Thane    | 102, fghd nagar,<br>Thane | Sunil Sheth           | Operational | 06-04-2022        |
| 4    | Faci#89206  | Galaxy<br>Hospital | Maharashtra | Thane    | 102, rtoe nagar,<br>Thane | Sunil Sheth           | Operational | 06-04-2022        |

I am the applicant of the above facility/facilities and do hereby verify that the details as submitted on the portal pertaining to the above facility/facilities are true to my personal knowledge and nothing material has been concealed or falsely stated. I request you to kindly verify that the health facility as stated actually exists and give approval to that effect so that the facility can be 'validated for existence' on the portal.

I am aware that the Facility ID and related information can be used and shared with the entities working in the National Digital Health Ecosystem (NDHE) which inter alia includes stakeholders and entities such as healthcare professionals (e.g. doctors), facilities (e.g. hospitals, laboratories) and data fiduciaries (e.g. health programmes), which are registered with or linked to the Ayushman Bharat Digital Mission (ABDM), and various processes there under. I reserve the right to revoke the given consent at any point of time, subject to applicable laws, rules and regulations. I also acknowledge that I have read and agree to follow the "Guidelines for Health Information Providers, Health Repository Providers, Health Information Users and Health Lockers" as published on Ayushman Bharat Digital Mission website (Link:

https://abdm.gov.in/documents/hip\_hiu\_policy) and National Digital Health Mission Information Security Policy 2020 (Part 2-External Ecosystem) for the linkage of the health facilities to ABDM compliant software solutions. I understand that any breach or lapse of the same may lead to revocation of access and other consequent action.

| Name :              | John Nadar       |  |  |  |  |  |  |
|---------------------|------------------|--|--|--|--|--|--|
| • Place :           | Pune             |  |  |  |  |  |  |
| • Date and Time :   | 2022-04-07T02:18 |  |  |  |  |  |  |
| Digital Signature : |                  |  |  |  |  |  |  |
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