

Consent Form for Registryion under FARISHTEY

In view of the meeting held on January 9, 2024 under the chairmanship of Hon'ble Health Minister in presence of the representatives from corporate hospitals, IMA and PHANA, you are kindly requested to give your consent for registering your hospital to work with FARISHTEY scheme.

As you are aware that FARISHTEY scheme "The Punjab State Cashless and Hassle free treatment to the victims and suffers of Accident" is supposed to be launched on January 26, 2024, ensuring sending the below mentioned details for registration of your hospital at earliest:

S.No.	Particulars	Details	Remarks, if any
1.	Hospital Name		
2.	Hospital Registration Number		
3.	Hospital Location &Address		
4.	Hospital Category		1. Primary <input type="checkbox"/> 2. Secondary <input type="checkbox"/> 3. Tertiary <input type="checkbox"/>
5.	Whether hospital is empanelled with AB-MMSBY		1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>