CDN-20011/426/2026-COORDINATION-NMC
Government of India
National Medical Commission
(Policy & Coordination Division)
***

Pocket - 14, Sector - 8,
Dwarka Phase - 1, New Delhi - 110 077.
16-11-2026

PUBLIC NOTICE

Subject: Onboarding of all Government Medical Colleges and Hospitals attached thereto under the Prime Minister – Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme.

Deans/Directors/Principals of all Government Medical Colleges and Medical Superintendents of Hospitals attached thereto are hereby informed that the Government of India has undertaken the implementation of the Prime Minister – Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) Scheme with the objective of ensuring timely access to cashless medical treatment for eligible road accident victims.

2. In this regard, a meeting of the Steering Committee constituted for monitoring the implementation of the PM-RAHAT Scheme was held on 24.09.2026 under the chairmanship of the Secretary, Ministry of Road Transport and Highways. During the meeting, the need for wider engagement with the medical community was emphasised to ensure effective implementation and wider coverage of the Scheme.

3. Subsequently, *vide* communication dated 28.10.2026, the Ministry of Health & Family Welfare (Trauma and Burn Cell) has requested the National Medical Commission (NMC) to facilitate the onboarding of all Government Medical Colleges and Hospitals attached thereto under the PM-RAHAT Scheme.

4. Accordingly, Deans/Directors/Principals of all Government Medical Colleges and Medical Superintendents of Hospitals attached thereto are requested to take necessary steps to facilitate the onboarding and participation of their respective institutions under the Scheme. The institutions are encouraged to extend their active cooperation in this initiative to strengthen the network of healthcare facilities and facilitate timely access to cashless treatment for eligible road accident victims.

5. To facilitate the onboarding/empanelment of hospitals, the guidelines issued by the National Health Authority (NHA) are attached herewith for reference and necessary action.

6. All concerned institutions are requested to accord priority to this matter and take appropriate necessary action in this regard in the larger interest of public health and road accident victim care.

Digitally signed by
Dr.Raghav Langer
Date: 16-11-2026
12:26:18

Dr. Raghav Langer

SECRETARY

To,

All Deans / Directors / Principals of Government Medical Colleges / Institutions.

national health authority
सत्यमेव जयते

सड़क परिवहन
एवं राजमार्ग मंत्रालय
MINISTRY OF
ROAD TRANSPORT
AND HIGHWAYS
सत्यमेव जयते

HOSPITAL EMPANELMENT GUIDELINES FOR PM-RAHAT

(PRIME MINISTER'S ROAD ACCIDENT VICTIMS' HOSPITALISATION & ASSURED TREATMENT)

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1. Introduction

The National Health Authority (NHA) is the apex body responsible for implementing India's flagship public health insurance scheme, the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM JAY). NHA has also been entrusted with designing the strategy, building the technological infrastructure, and leading the implementation of the Ayushman Bharat Digital Mission (ABDM) to create a National Digital Health ecosystem. NHA manages the convergence of health insurance schemes across Central and State governments, ensuring the smooth delivery of healthcare services through a robust IT infrastructure and by empanelling hospitals nationwide.

The Ministry of Road Transport and Highways (MoRTH) has recognized the critical importance of the Golden Hour in saving the lives of victims of road traffic accidents. The law defines the Golden Hour as the first hour after a serious injury, which is the most critical time for medical intervention. Quick help during this period can prevent lifelong disabilities, trauma and countless deaths[1]. This significantly increases the chances of survival and reduces the risk of long-term disability.

In view of this, MoRTH, vide Gazette notification CG-DL-E-05052025-262912[2] dated 5th May 2025, notified a scheme to provide cashless treatment for victims of road traffic accidents. The scheme aims to ensure that accident victims receive immediate and timely medical care without financial barriers.

Guidelines for effective implementation of the Scheme were notified by MoRTH on June 4, 2025, vide notification No. CG-DL-E-06062025-263647[3]

The scheme was subsequently renamed as Prime Minister's - Road Accident Victims' Hospitalisation and Assured Treatment (PM-RAHAT) vide Gazette notification CG-DL-E - 23022026-270413[4] dated 19th February,2026. The scheme was launched by the Hon'ble Prime Minister on 13th February,2026. Under the scheme, road accident victims are entitled to cashless treatment of upto a maximum of Rs.1.5 lakh per victim for a maximum period of 7 days from date of accident, at designated hospitals. In addition, stabilization treatment for victims will be provided at non-designated hospitals. This scheme is intended to facilitate rapid access to life-saving medical interventions and strengthen emergency trauma care across the country.

MoRTH shall be responsible for notification of the guidelines and addressing issues related to the PM-RAHAT scheme. The implementation of the scheme in each State /Union Territory shall be monitored by the respective State Road Safety Council (SRSC). SRSC will be the nodal agency for implementation of the scheme within their jurisdictions.

The Nodal Agency, in coordination with the SHA, shall identify and designate or register hospitals capable of providing treatment and emergency medical care to road accident victims under the Scheme. Hospitals empanelled under AB PM-JAY shall be deemed eligible for

[1] Press Release Page | Press Information Bureau
[2] https://cdnbbsr.s3waas.gov.in/s3250413d2982f1f83aa62a3a323cd2a87/uploads/2025/05/20250605159409564.pdf?
[3] https://morth.gov.in/backend/documents/uploaded/SO%202489(E)%20dated%2004th%20June%202025.pdf
[4] https://morth.gov.in/backend/documents/uploaded/Notification%20951(E).pdf

designation, and other hospitals having requisite facilities and capability to provide emergency medical services to road accident victims may also be designated in accordance with this Guideline. Preference shall be accorded to hospitals situated in proximity to identified road accident hotspots.

The benefits under this Scheme shall take precedence over any other benefit scheme for the same or similar purpose or for medical treatment of the Central Government or the State Government or UT Administration.[5]

The implementation of the Scheme in each district shall be monitored by the District Road Safety Committees (DRSC) constituted under Sub-section (3) of section 215 of the Motor Vehicle Act,1988

1.1. The treatment will be provided through these types of hospitals:

1.1.1. Designated Hospitals:

Designated hospitals include hospitals which can provide Stabilisation, Trauma and Polytrauma services.

A. AB PMJAY Hospitals (Empanelled Hospitals): Deemed Empanelled

AB PMJAY Hospitals: AB PM-JAY empanelled hospitals in States/UTs provide trauma and polytrauma care, stabilization services, and specialty treatment services for which they are empanelled under AB PM-JAY to road traffic accident victims.

Trauma and Burn Care Units: All Trauma Care Facilities (TCFs) and Burn Units (BUs) sanctioned under the NPPMT&BI[6] scheme should be empanelled under AB PM-JAY.

B. "PM-RAHAT Only" Hospitals: Hospital with the following specialities will be empanelled exclusively for the PM-RAHAT Scheme under **"PM-RAHAT only"** module

Specialities:

i. Trauma Care
ii. Emergency Medicine / General Medicine
iii. General Surgery
iv. Orthopaedic Surgery

1.1.2. Non-Designated Hospital

These are Non-Empanelled Hospitals which can provide stabilisation treatment under PM-RAHAT Scheme.

"PM-RAHAT Lite" Hospitals**:** Hospital that are not empanelled and can provide stabilisation treatment during the golden hour by registering on HEM portal of NHA.

[5] https://morth.gov.in/backend/documents/uploaded/SO%202489(E)%20dated%2004th%20June%202025.pdf
[6] National Programme for Prevention and Management of Trauma and Burn Injuries

2. Purpose and Scope

2.1.Purpose

The primary purpose of the guideline is to ensure smooth onboarding through empanelment, or registration of hospitals for providing timely and cashless treatment to road accident victims during the golden hour under the PM-RAHAT Scheme across all States and UTs.

2.1.1. "PM-RAHAT Only" Hospitals- Empanelment

Hospitals empanelled exclusively under the PM-RAHAT Scheme to provide cashless medical treatment to eligible road accident victims.

These hospitals shall have:

- Required infrastructure
- Skilled personnel
- Capacity to deliver emergency and trauma care services

2.1.2. "PM-RAHAT Lite" Hospitals- Registration

Hospitals registered under the PM-RAHAT Scheme to provide stabilization treatment to road accident victims and facilitate referral to PM-RAHAT Hospitals.

2.2.Scope

The scope of the guideline outlines the key areas to ensure comprehensive transparent process for empanelment or registration of hospitals for providing cashless treatment to road accident victims under the PM-RAHAT scheme.

2.2.1. Process of Empanelment or Registration of Healthcare Providers

The empanelment or registration of hospitals shall be carried out in accordance with the norms, standards, procedures, and digital platform requirements prescribed by NHA under the PM-RAHAT Scheme.

2.2.2. Disciplinary Actions

The guideline also specifies the procedures relating to non-compliance, suspension, de-empanelment, and other disciplinary actions to ensure that hospitals adhere to the prescribed standards under the PM RAHAT Scheme.

3. Empanelment of Healthcare Providers - Approach & Criteria

3.1. Approach for Empanelment or Registration

The guidelines for empanelment of hospitals under **"PM-RAHAT only"** are intended to ensure that hospitals capable of providing trauma and polytrauma care are empanelled under the scheme.

The guidelines for registration of Hospitals for **"PM-RAHAT lite"** is to ensure registering the hospitals that can provide stabilization treatment to the victims of road traffic accident.

Priority areas for empanelment of Hospitals to ensure that accident victims have prompt and equitable access to emergency medical care across all regions are as follows:

- Accident hotspots identified by MoRTH
- National Highways
- State Highways
- Municipal roads
- other road networks

3.2. Empanelment Categories

3.2.1. Designated Hospitals

Designated hospitals include hospitals which can provide Stabilization Trauma and Polytrauma services:

A. AB PMJAY Hospitals (Empanelled Hospitals): Deemed Empanelled

AB PMJAY Hospitals: AB PM-JAY empanelled hospitals in States/UTs provide trauma and polytrauma care, stabilization services, and specialty treatment services for which they are empanelled under AB PM-JAY to road traffic accident victims.

Trauma and Burn Care Units: All Trauma Care Facilities (TCFs) and Burn Units (BUs) sanctioned under the NPPMT&BI[7] scheme should be empanelled under AB PM-JAY.

B. "PM-RAHAT Only" Hospitals: Hospital with the following specialities will be empanelled exclusively for the PM-RAHAT Scheme under **"PM-RAHAT only"** module

Specialities:

i. Trauma Care
ii. Emergency Medicine / General Medicine
iii. General Surgery
iv. Orthopaedic Surgery

3.2.2. Non-Designated Hospital

"PM-RAHAT Lite" Hospitals: Hospital that are not empanelled and can provide stabilisation treatment during the golden hour under PM-RAHAT Scheme by registering on HEM portal of NHA.

[7] National Programme for Prevention and Management of Trauma and Burn Injuries

3.3. Targeted Approach for Empanelment

The approach for empanelment is designed to strategically enhance the healthcare network, with a focus on:

Accredited Hospitals: Hospitals with trauma and polytrauma facilities that are accredited by:

- NABH (National Accreditation Board of Hospitals)[8]
- NQAS (National Quality Assurance Standards)[9]
- AB PMJAY quality accreditation[10]

Adequate Trauma Care Capability in the empanelled hospitals should be strictly defined by IPHS 2022 Model Emergency Department guidelines (e.g. mandatory Red-Yellow-Green physical triage zones).

3.4. Criteria for Empanelment:

Hospitals seeking empanelment under the PM-RAHAT Scheme should meet the following requirements to ensure quality trauma and emergency care for accident victims.

3.4.1. Infrastructure Requirements:

Dedicated department of emergency and trauma care equipped to handle trauma and poly trauma cases in line with the IPHS 2022 Model Emergency Department Guidelines, 24/7 emergency care facility and adequate trauma care infrastructure, that includes:

- Fully equipped Intensive Care Unit (ICU)
- Operation theatre with facilities for emergency surgery
- IPD services
- Imaging facilities (e.g., X-ray, CT scan, Ultrasound, MRI, etc)
- Blood bank or blood storage facilities
- Ambulance services with BLS/ALS

3.4.2. Specialities required for empanelment

Following specialities are required for Empanelment:

- Trauma Care
- Emergency Medicine / General Medicine
- General Surgery
- Orthopaedic Surgery

3.4.3. Specialties for Enhanced Care

- Burns Management
- Cardiothoracic and Vascular Surgery (CTVS)
- Cardiology
- Ear, Nose and Throat (ENT)
- Neurosurgery
- Obstetrics & Gynaecology
- Ophthalmology

[8] https://nabh.co/explore-nabh-standards/
[9] Revised National Quality Assurance Standards | National Health Systems Resource Centre
[10] https://pmjay.qcin.org/Index

- Oral & Maxillofacial Surgery
- Paediatric Medical Management
- Paediatric Surgery
- Plastic & Reconstructive Surgery
- Urology

3.4.4. Qualified Medical Personnel

Please refer to Annexure 1

3.4.5. License and Accreditation:

- Private hospitals must be registered with the local health authorities and meet any State/UTs- specific regulatory requirements.
- National Accreditation e.g., NABH, NQAS and AB PMJAY quality accreditation will be preferred.
- Hospitals must have a valid licence for operation under various medical and legal provisions, including essential licences for imaging and surgical equipment, and Bio Medical Waste management.

3.4.6. 24*7 Services:

Availability of round-the-clock diagnostic services, including Pathology and Radiology, will be preferred for empanelment.

3.4.7. Geographical Location:

Hospital empanelment must be prioritised in the accident hotspots as identified by MoRTH from time to time.

4. Roles and Responsibilities related to Hospital Empanelment or Registration

4.1. Role of MoRTH

It shall identify the hotspots for empanelment of Hospitals along accident prone areas, which are critical in providing cashless treatment to victims of road accidents under the Scheme.

4.2. Role of State Road Safety Council (SRSC)

- Function as the Nodal Agency for PM-RAHAT Scheme within their jurisdiction
- Coordinate with State Health Authority for adoption and utilisation of the Hospital Engagement Module (HEM) portal for onboarding of designated hospitals
- The Nodal Agency and SHA shall be responsible for identifying the new designated hospitals which are capable of providing services to the road accident victims.
- The Nodal Agency will also designate new hospitals, other than those empanelled under AB PM-JAY, that are capable of providing emergency medical services to the road accident victims based on guidelines formulated by NHA for the Scheme, with the priority being accorded to designating hospitals in the vicinity of accident hotspots.
- The Nodal Agency shall undertake to provide the details of designated hospitals that are capable of providing emergency medical services to the road accident victims through various public platforms on a best effort basis.
- Nodal Agency, through State Anti-Fraud Unit (SAFU), shall be responsible for investigation of the cases flagged as suspicious based on National Anti-Fraud Unit (NAFU) triggers, as updated from time to time.

4.3. Role of National Health Authority (NHA)

- NHA will support the SHAs in the empanelment / registration process by formulating comprehensive guidelines that establish robust systems and processes to ensure service quality and to maximise the empanelment / registration of healthcare providers, particularly in areas identified as accident hotspots.
- Provide and maintain the requisite IT platforms for Hospital empanelment, registration and claims management technical support for integration of TMS with Public Finance Management System (PFMS) for the settlement of claims raised by hospitals
- Facilitate training to SHAs and the officials and staff of the designated hospitals on the IT Systems.

4.4. Role of State Health Agency (SHA)

- The SHA shall identify and empanel hospitals with trauma and poly trauma care facilities that are essential for the management of Road Traffic Accident Cases.
- The SHA shall be responsible for sensitisation and awareness for registration by non-designated hospitals, preferably those located near black spots, under the PM-RAHAT LITE module, under the PM-RAHAT Scheme, in accordance with the guidelines issued by the NHA.

- The SHA is required to take necessary action in cases of irregularities, such as fraud, and to proceed in accordance with the existing guidelines for disciplinary action against both designated & non-designated hospitals, as outlined by the NHA.
- SHA shall approve creation of relevant application logins through the system after onboarding Health Care Organizations (HCO) in the scheme.
- SHA shall maintain a list of empanelled / registered hospitals and ensure compliance with the set standards/ guidelines

4.5.Role of State Empanelment Committee (SEC)

- SEC will play a key role in the approval flow for the submitted applications for hospital empanelment under the Scheme. The final decision to approve/reject the application of the Healthcare Organizations (HCOs) will rest with the SEC. The decision on relaxation to be given to any HCO based on the recommendation of the District Empanelment Committee (DEC) shall also rest with SEC. SHA shall ensure that the quality of medical care rendered to the patient is not compromised by this relaxation.
- Additionally, SHA/SEC shall be responsible for providing supportive supervision to DEC and ensuring timebound empanelment process throughout its lifecycle.
- SHA or SEC shall take necessary action to empanel the hospitals located near the accident hotspots identified by MoRTH
- SHA or SEC shall monitor that Empanelled Healthcare Providers (EHCPs) maintain the capacity for delivering quality services to the road accident victims in this scheme from time to time.
- The SHA may continue with existing institutions under the AB PMJAY schemes with the vested powers and responsibilities of SEC as per the guidelines.

4.6.Empanelment Disciplinary Committee (EDC)

The Empanelment Disciplinary Committee (EDC) is responsible for initiating disciplinary actions against empanelled healthcare facilities. The EDC is responsible for reviewing cases of non-compliance, issuing show cause notices, and recommending appropriate actions such as stop payment, suspension, de-empanelment, blacklisting, or penalty imposition. All actions initiated by EDC shall be submitted to the State Empanelment Committee (SEC) for approval.

4.7.Role of District Empanelment Committee (DEC)

The District Empanelment Committee shall play a critical support role by assisting the State Empanelment Committee (SEC) and SHA at the district level. The DEC shall ensure that healthcare providers meet the required standards for empanelment and handle disciplinary proceedings when necessary.

4.7.1. Role of DEC in Empanelment

The DEC will assist the State Empanelment Committee (SEC) in the empanelment process and disciplinary proceedings related to healthcare providers at the district level.
The DEC will be responsible for the following:

- **Validation and Scrutiny:** To validate and scrutinize the documents uploaded by the hospital for completeness and accuracy.
- **Verification Activities:** To conduct field and/or desktop-based verification of hospitals- both during the empanelment process and in response to any complaints related to infrastructure, human resource
- **Submission of Reports:** To submit the verified reports to the SHA through the HEM portal, along with a clear recommendation to approve or reject the application (including specific reasons for rejection, if any).
- **Recommendation for Relaxation:** To recommend any relaxation in empanelment criteria, if necessary, with proper justification.

4.7.2. Structure of District Empanelment Committee (DEC)

The State/UTs shall continue with existing DEC institutions under the AB PMJAY scheme with the vested powers and responsibilities of DEC as per the guidelines of AB PMJAY.

4.8.Physical Verifier:

The Physical Verifier is responsible for conducting on-site verification of the healthcare facility to ensure that all details filled in and submitted on the HEM portal are accurate, complete, and in line with empanelment guidelines. This includes verifying that the declared infrastructure, human resources, equipment, and services are actually available at the facility and meet the prescribed empanelment criteria and to check that hospital has applied for all the specialties available or not.
The roles and responsibilities include:
Conduct On-site Verification

- Perform ground-level inspection of the healthcare facility as per assigned application.
- Verify availability and functionality of infrastructure, equipment, and services.

Validation of Information

- Cross-check details submitted in the empanelment application with actual facility conditions.
- Verify human resources, statutory licenses, registrations, and clinical services.

Assessment of Compliance

- Ensure the facility meets empanelment criteria and scheme's guidelines.
- Identify gaps, deficiencies, or non-compliance (if any).

Documentation & Evidence Collection

- Upload photographs, supporting documents, and geo-tagged evidence (if applicable).

- Record accurate observations in the HEM portal

Reporting: Submit a detailed verification report in the portal within the stipulated timeline.

Who can conduct Physical Verification:

Physical Verification may be conducted by the following authorized personnel:

DEC Verifier

- Member/official designated by the District Empanelment Committee (DEC).
- Typically includes district-level health officials or authorized representatives.
- Officials from the Health Department (e.g., CMO office, district health authorities) as nominated.

TPEA Representative/External Verifier (if applicable)

- In case of Trust/TPA/Insurance hybrid models, authorized TPEA personnel may assist in verification.
- For further details, reference may be made to the AB PM-JAY Hospital Empanelment and De-Empanelment (HEM) Guidelines, July 2026.

5. Processes to be followed by Hospitals under PM-RAHAT scheme

- Registration process for Non-Designated Hospital as **'PM-RAHAT Lite'.**
- Empanelment process for Designated hospitals as **'PM-RAHAT Only'**.

5.1. Stakeholder, Application and Registration Process under PM-RAHAT Lite.

5.1.1. Key Stakeholders and IT Module

- **Health Care Organization (HCO)**
  Role:
  Responsible for submission of applications, upload documentation, and compliance.
- **State Health Agency (SHA)**
  Role:
  - Conducts due diligence, reviews, raises queries, approves or rejects applications.
  - District Empanelment Committee (DEC Undertakes physical verification and documentation assessment) and recommend for approval/rejection.
  - State Empanelment Committee (SEC) approves/reject the empanelment request.
  - Approves creation of relevant application logins through the system after onboarding the hospital.
- **IT Module**
  - UMP - User registration, login, and role creation.
  - HEM 2.0 - Core application for hospital engagement under PM RAHAT.
  - Health Professional Registry (HPR) & Health Facility Registry (HFR) – Registries issued under ABDM.

5.1.2. PM-RAHAT Lite: Registration Process for "Admin role"

This workflow applies to non-designated HCOs which seek to register themselves under "**PM-RAHAT Lite"** (Non-Designated Hospital) for providing stabilization treatments.

Workflow Steps:

- **Step 1:** Hospital Admin starts the process of signs up on UMP (ump.pmjay.gov.in) using Aadhaar, mobile number and email ID.

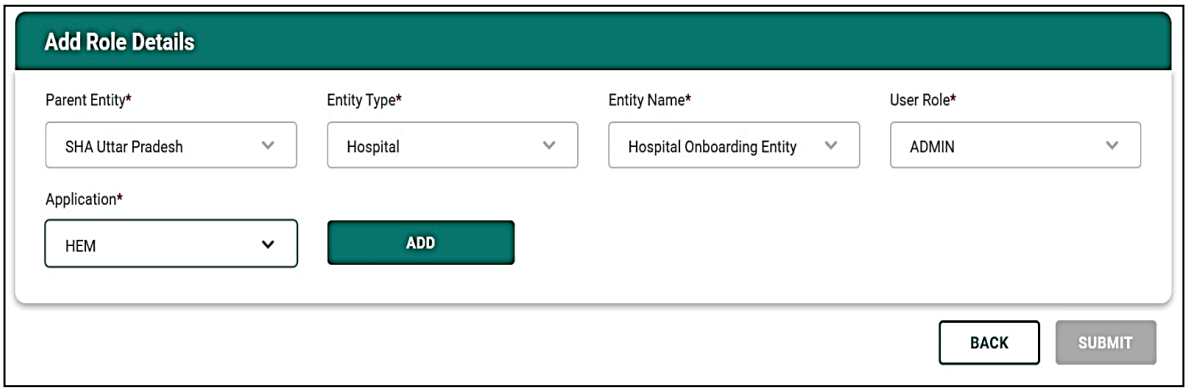


Figure 1: Creation of ADMIN Role

- **Step 2:** During the sign-up process, Hospital Admin creates the "Admin' role under 'Hospital Onboarding Entity' with the following Add Role details (as shown in Figure 1)

i. Parent Entity: SHA (State)
ii. Entity type: Hospital
iii. Entity Name: Hospital Onboarding Entity.
iv. User Role: ADMIN
v. Application: HEM

- **Step 3:** After entering in the "Add Role" details,
  - Click on the **"ADD"** tab to preview the entered information.
  - After verifying the details, click on **"Submit"** tab.
  - Upon submission, the admin role will be approved automatically.

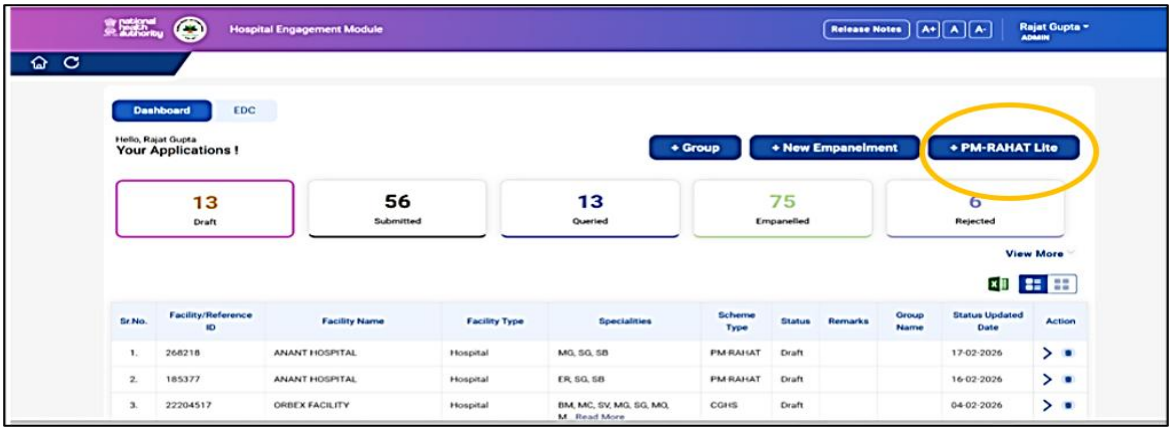


Figure 2: Scheme Name: Select - PM-RAHAT Lite.

- **Step 4:** After signing up on UMP, the non-empanelled HCO(Admin) can login into HEM (https://hem.nha.gov.in/) application by using the mobile number.
- **Step 5:** The Hospital Admin will start the new registration process on HEM portal by selecting the PM RAHAT lite Tab. A pop-up window will ask if the facility is registered in ABDM-HFR.
  - If **'Yes',** user will be required to enter the HFR ID, and the required data will get populated automatically in the registration form.
  - In case of **'No'**, Hospital Admin will fill in the information like establishment and infrastructure details, clinical capacity, availability of trained specialists, facilities, address and bank details, as shown in Figure 3.

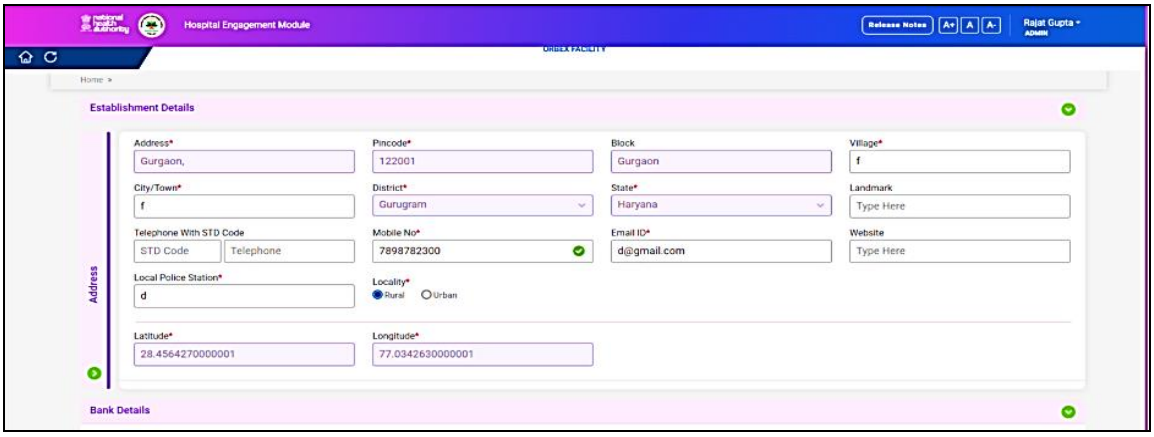


Figure 3: Hospital fills the Address details

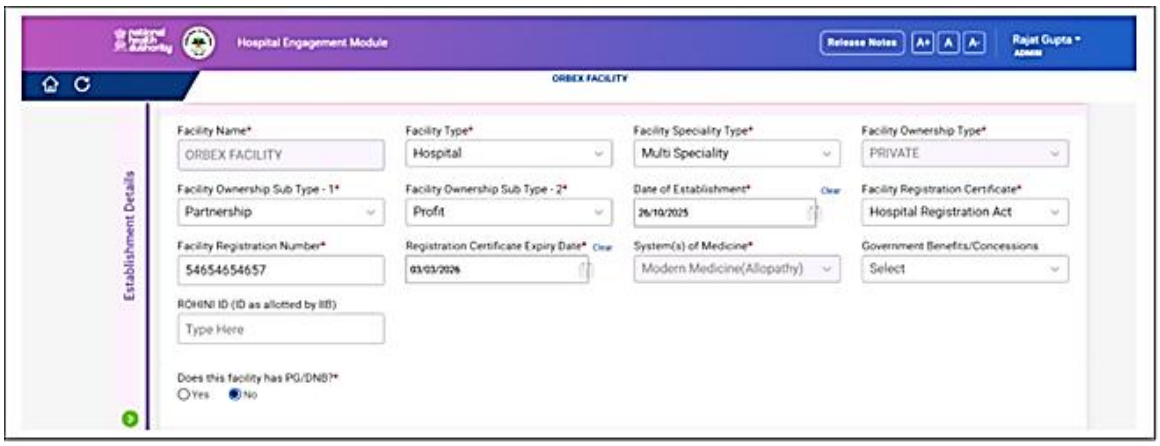


Figure 4: Hospital fills the Establishment details

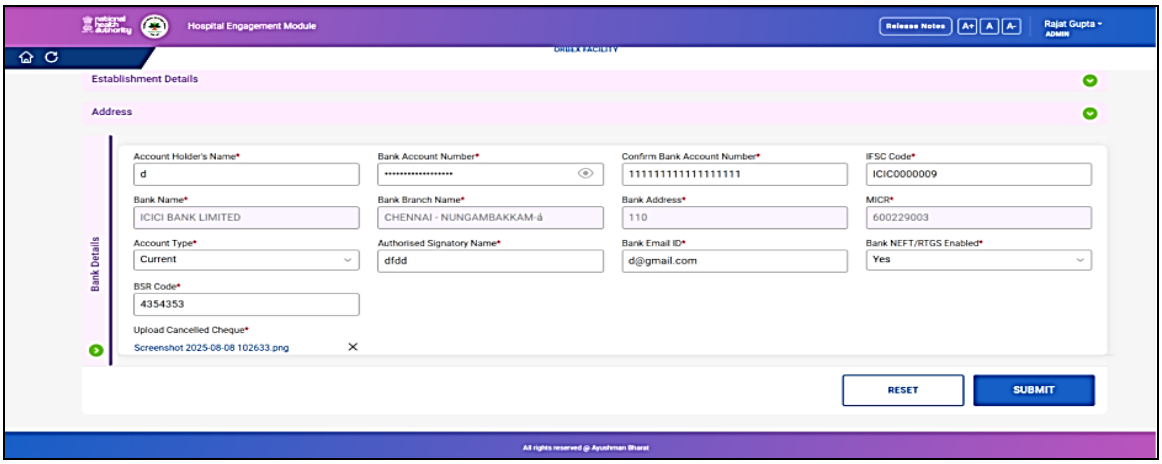


Figure 5: Hospital Admin fills the Bank Details

- **Step 6:** Once all the required details are entered, Hospital Admin is required to submit the application. The process for the **"PM-RAHAT Lite"** scheme does not go under the approval workflow, thus the application once submitted, will be auto approved by the system.

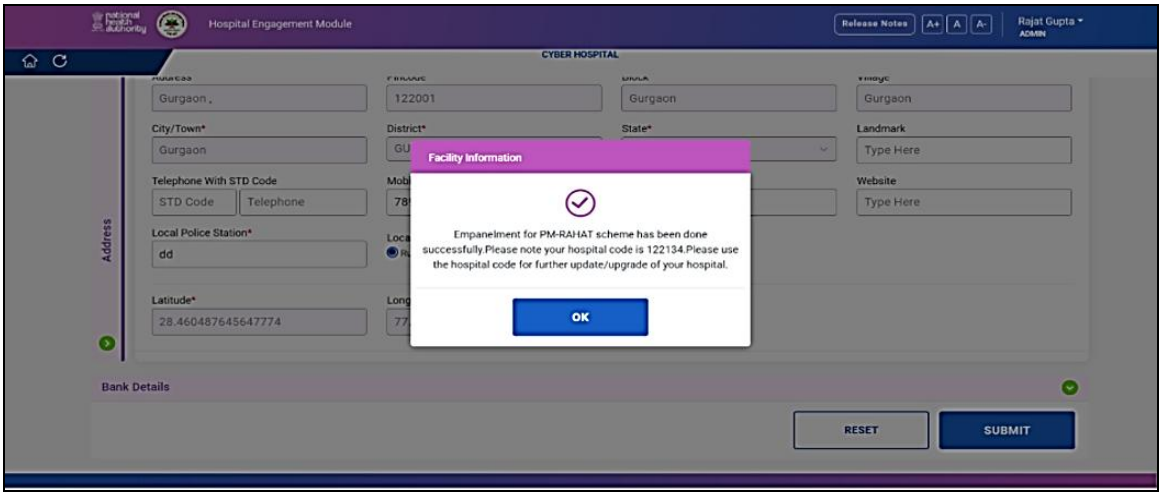


Figure 6: Application Submitted

- **Step 7:** Registration Completion. Hospital is registered with entity: "PM-RAHAT Lite"

5.1.3. PM RAHAT Lite: Registration Process for Side Users

Register additional Provider side users (MEDCO / Medical Superintendent) on UMP for Registration of patients.

- Upon auto approval of registration of the Hospital, the Hospital Admin role will be auto created in UMP for TMS and Claim intimation.
- The same Hospital Admin user is auto mapped as Hospital Admin for this newly created hospital in UMP.
- New users like Medco, Medical Superintendent must obtain the Admin Code from the Hospital Admin to create their login in UMP (https://ump.pmjay.gov.in/) and TMS (provider.nha.gov.in)
- Medco / Medical Superintendent can access the TMS Provider portal using MEDCO/Medical Superintendent login credentials.
- Steps to create provider side role on UMP for TMS
  i. Parent Entity: **SHA 'State name'**
  ii. Entity Type: **Hospital**
  iii. Entity Name: Newly Created Hospital Name
  iv. Role: MEDCO or Medical Superintendent (as applicable)
  v. Application: **TMS Provider**
  vi. Enter **Admin Code** provided by the Hospital Admin
  vii. Submit request → goes to **Hospital Admin** for approval

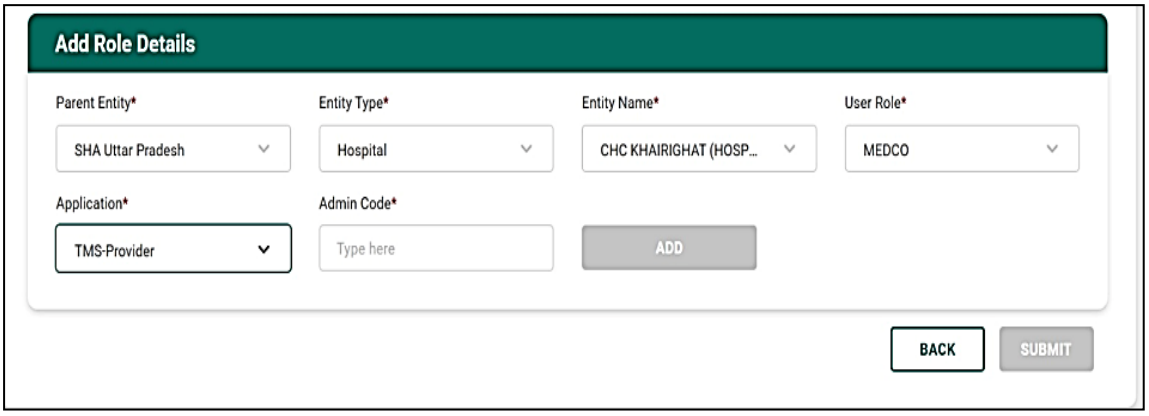


Figure 7: Facility - Medco role Creation

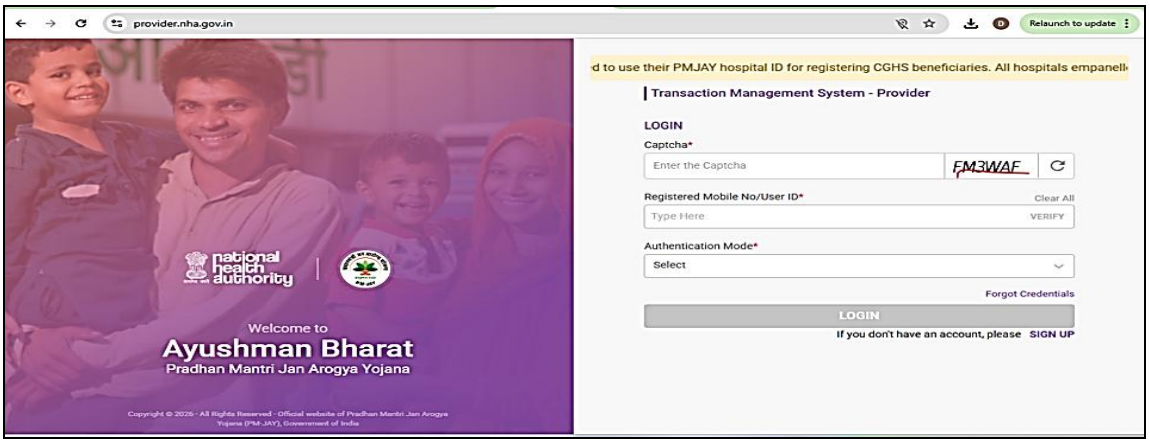


Figure 8: Medco log in to the "TMS Provider" Application

5.2.PM RAHAT Only: Empanelment Process

5.2.1. PM RAHAT Only: Registration Process for "Admin role"

This workflow applies to hospitals not currently empanelled under PM JAY, who wish to empanel themselves with **"PM-RAHAT only"** as Designated Hospitals.

Workflow Steps:

- **Step 1.** Hospital Admin completes signs up on **UMP (**https://ump.pmjay.gov.in/ **)** using Aadhaar, mobile number and email ID

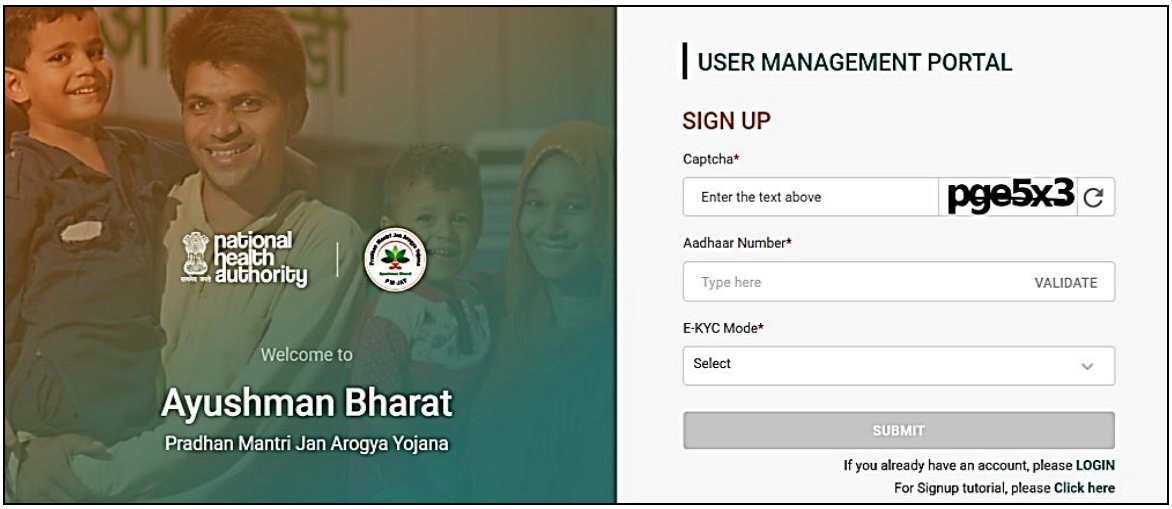


Figure 9: User Management Portal

- **Step 2.** During the sign-up process, Hospital Admin creates the "Admin' role under 'Hospital Onboarding Entity' with:
  i. Parent Entity: **SHA (State)**
  ii. Entity type: **Hospital**
  iii. Entity Name: Hospital Onboarding Entity.
  iv. User Role: **ADMIN**
  v. Application: **HEM**

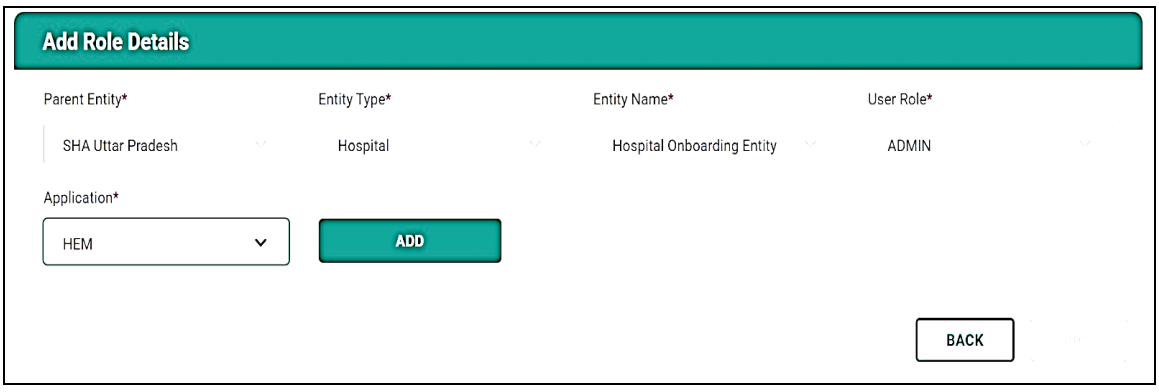


Figure 10: Admin Role Creation

- **Step 3:** Role request is submitted for approval and by default it would be auto approved.
- **Step 4:** The admin user can login into HEM (hem.nha.gov.in) application.

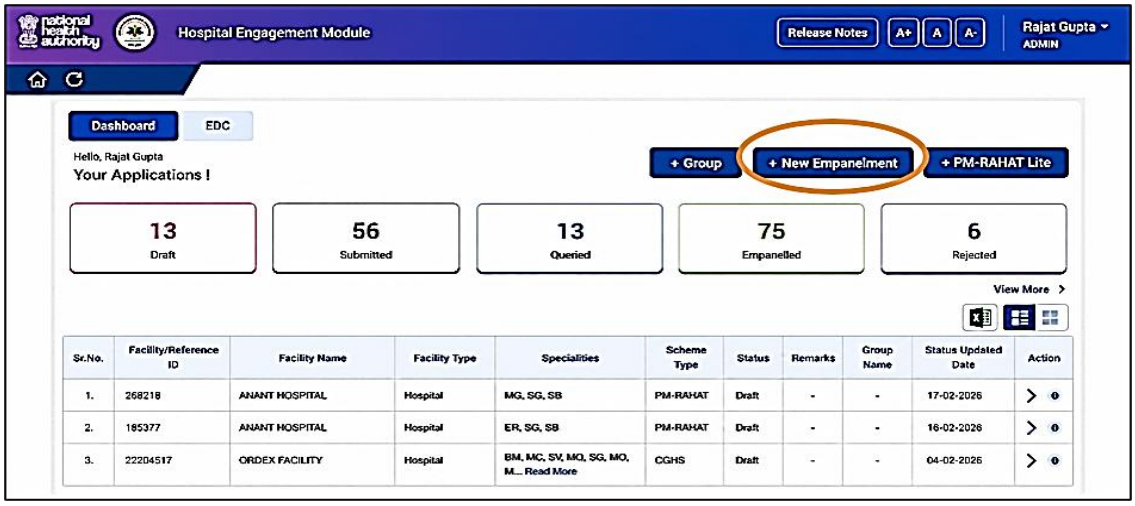


Figure 11 : Hospital Admin selects "New Empanelment" Tab.

- **Step 5**: The hospital admin starts the new empanelment process on HEM portal by selecting New Empanelment Tab. A new window asks if the facility is registered in ABDM-HFR.
  - **If 'Yes'**, Hospital Admin will be required to enter the HFR ID and verify the same through OTP. Once the Hospital HFR ID is verified, the available data will get populated in the empanelment form.
  - **In case of 'No'**, Hospital Admin is required to obtain the ABDM HFR ID via link provided on the screen. Once the HFR data is filled, the request is submitted to ABDM for approval. After ABDM approves the HFR ID, hospital user can login to the HEM application and continue the process of empanelment by login and entering the newly approved HFR ID, after verification of HFR ID via OTP.
  - Hospital Admin fills the establishment details like information related to infrastructure, clinical capacity, availability of trained specialists, facilities etc.
- **Step 6:** Hospital Admin selects Scheme Name: **"PM-RAHAT Only"** and proceeds with the Empanelment Form.

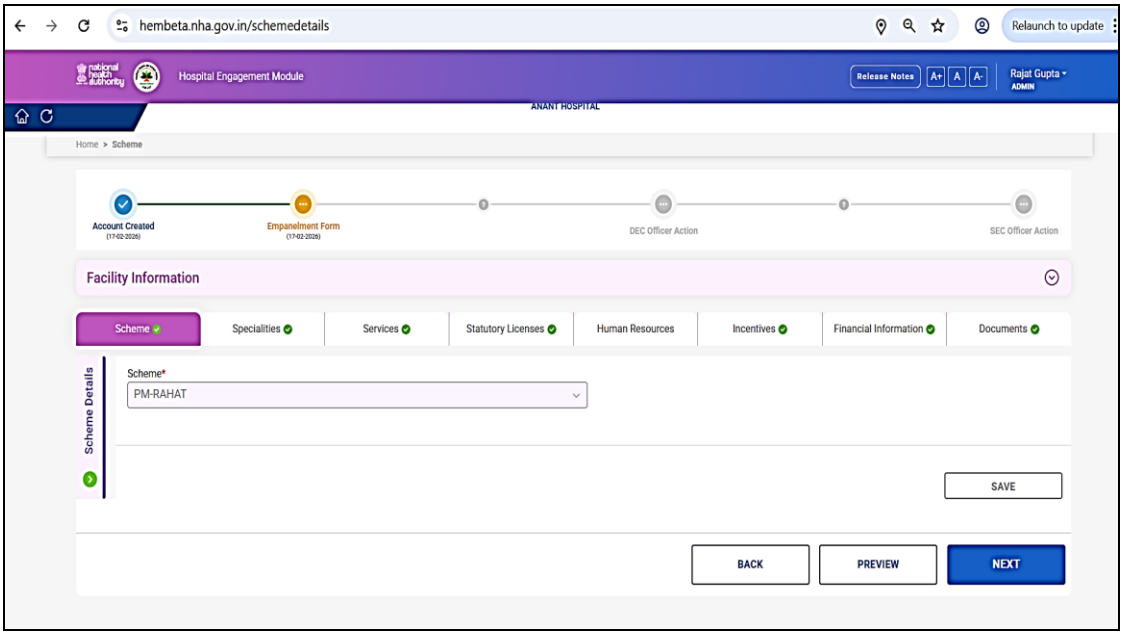


Figure 12: Scheme Details: Hospital Selects scheme name as "PM-RAHAT Only"

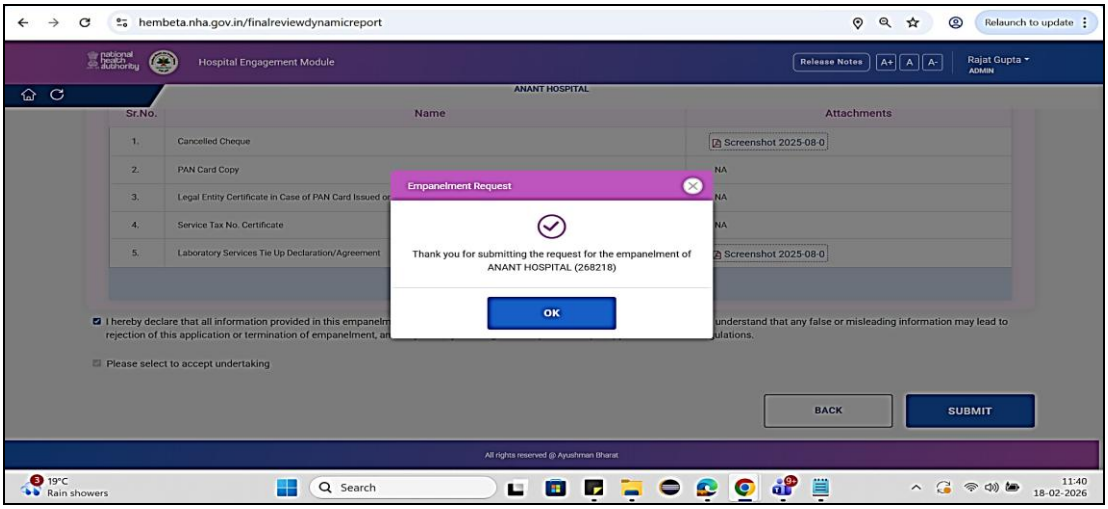


Figure 13: Hospital Submits the application form

The District Empanelment Committee (DEC) conducts desktop/physical verification of the hospital to assess compliance with infrastructure, manpower, equipment, and speciality specific requirements as per Scheme guidelines.

- The DEC conducts a review of the hospital documentation and evaluates compliance with the PM-RAHAT empanelment guidelines and eligibility criteria.
- DEC also initiates Physical Verification.

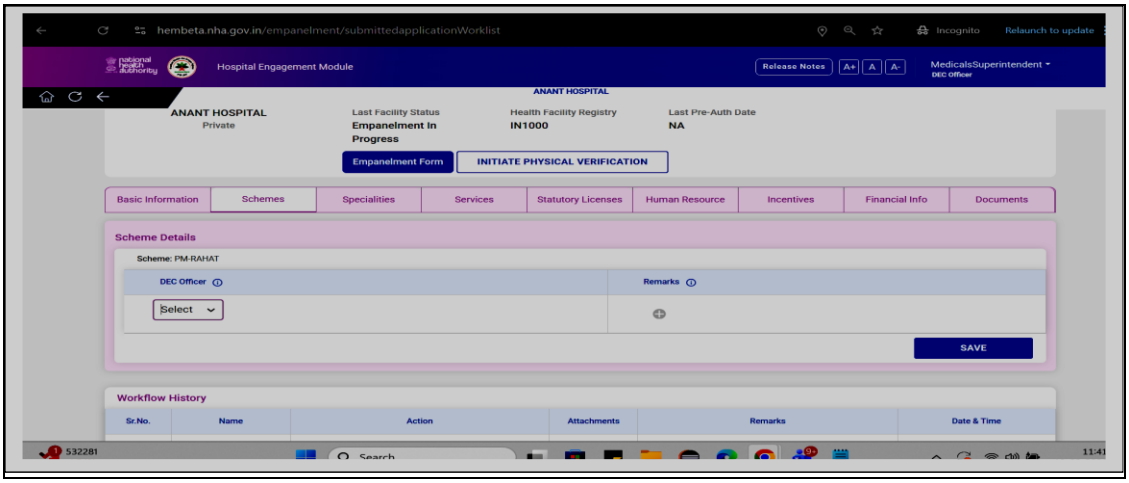


Figure 14: Initiate Physical Verification

The query checking, resolution, or rejection is carried out by the DEC. A maximum of four queries each may be raised by both the SEC and DEC. All queries, as well as any decisions regarding rejection or approval, are processed through the HEM application. Subsequently, the DEC recommends the hospital to the SEC for further necessary action.

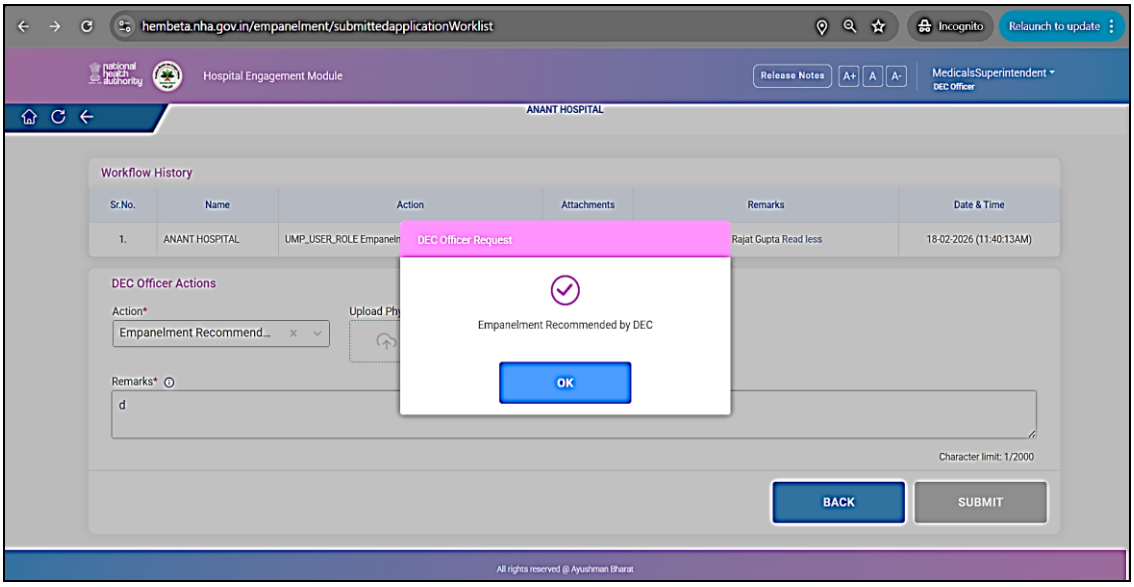


Figure 15: DEC recommends to SEC for empanelment

- **Step 7:** Review & Due Diligence of application by SEC.

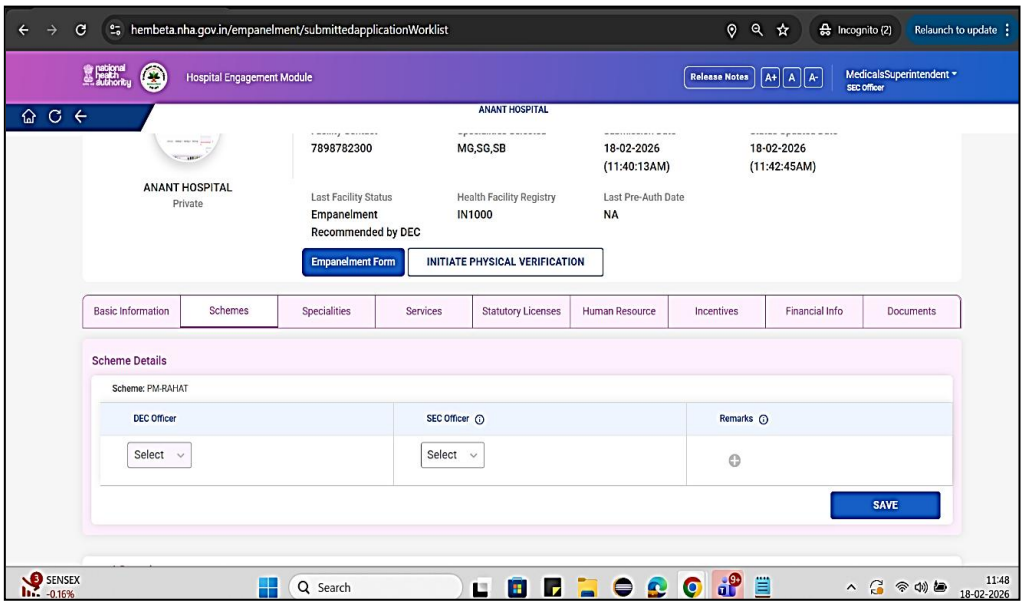


Figure 16: Decision of SEC for Approval /Query/Rejection

After Approval by SEC, Hospital signs a MoU with SHA for **"PM-RAHAT Only".**

- **Step 8:** Empanelment Completion: Hospital is empanelled with Entity: **"PM-RAHAT Only."**

5.2.2. PM RAHAT Only: Registration Process for Side Users

Register additional Provider side users (MEDCO / Medical Superintendent) on UMP for Registration of patients:

- Upon auto approval of registration of the Hospital, the Hospital Admin role will be auto created in UMP for TMS and Claim intimation.
- The same Hospital Admin user is auto mapped as Hospital Admin for this newly created hospital in UMP.
- New users like Medco, Medical Superintendent must obtain the Admin Code from the Hospital Admin to create their login in UMP (ump.pmjay.gov.in) and TMS (provider.nha.gov.in)

- Steps to create provider side role on UMP for TMS
  i. Parent Entity: **SHA 'State name'**
  ii. Entity Type: **Hospital**
  iii. Entity Name: **Newly Created Hospital Name**
  iv. Role: **MEDCO or Medical Superintendent** (as applicable)
  v. Application: **TMS Provider**
  vi. Enter **Admin Code** provided by the Hospital Admin
  vii. Submit request → goes to **Hospital Admin** for approval
- Medco / Medical Superintendent can access the TMS Provider portal using MEDCO/Medical Superintendent login credentials.

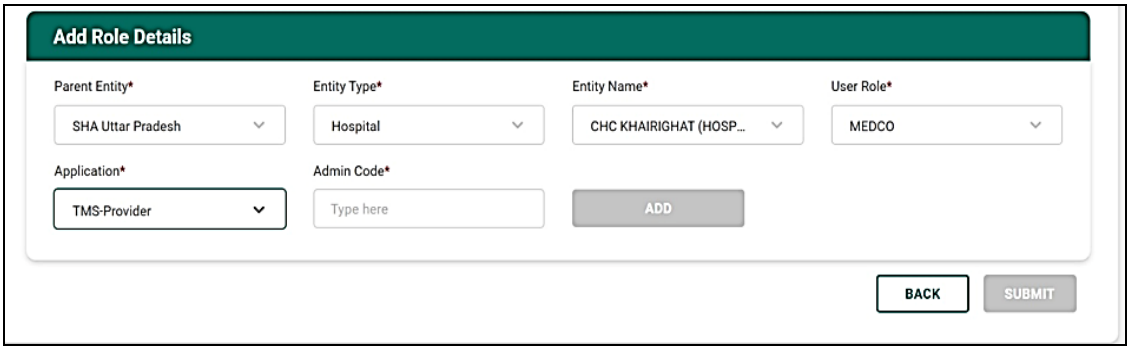


Figure 17: Facility - Medco role Creation

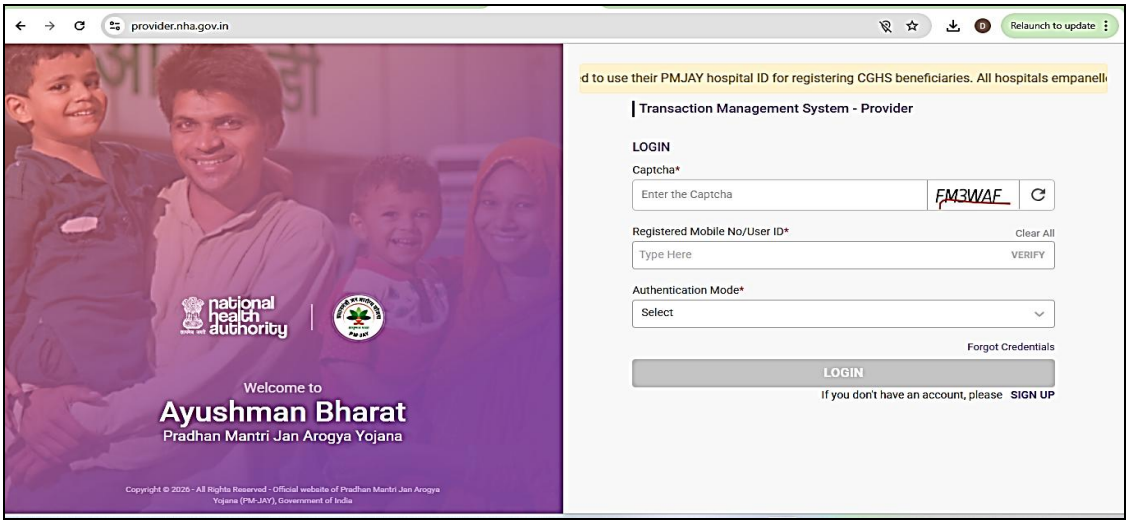


Figure 18: Medco log in to the "TMS Provider" Application

5.3. Package Mapping under PM-RAHAT

To ensure that services under the PM-RAHAT scheme are delivered in accordance with the clinical capacity and empanelment / registration status of hospitals, PM-RAHAT treatment packages shall be mapped to Empanelled Health Care Providers (EHCPs) based on the category under which the hospital is empanelled. The package mapping framework is outlined below.

5.3.1. Hospitals Empanelled under AB-PMJAY:

- Hospitals empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) shall have PM-RAHAT packages, mapped in alignment with the clinical specialties under which the hospital is already empanelled.

- PM-RAHAT packages corresponding to the empanelled specialty of the hospital shall be visible and available for utilisation by the hospital on the TMS portal.
- This approach ensures that hospitals provide treatment within their approved clinical capacity and infrastructure.
- The Ambulance Package shall also be integrated and made available to such hospitals.

5.3.2. "PM-RAHAT Only" Category

- Hospitals empanelled exclusively under the PM-RAHAT scheme shall have all PM-RAHAT packages (202) mapped and made available.
- This category is intended for hospitals participating solely for PM-RAHAT and capable of providing the range of services covered under the scheme.
- The Ambulance Package shall also be integrated and made available for these hospitals.

5.3.3. "PM-RAHAT Lite" Category

- Hospitals registered under the PM-RAHAT Lite category shall be mapped only with the stabilisation packages under the PM-RAHAT Scheme.
- These hospitals are expected to provide initial stabilisation and emergency care to road accident victims, particularly in locations where higher-level trauma facilities may not be immediately available.
- Once stabilised, patients may be referred to higher-level empanelled hospitals for further treatment, where required.
- The ambulance Package shall also be integrated for hospitals under this category.

This structured package mapping ensures that hospitals deliver services appropriate to their capabilities while enabling timely access to emergency trauma care for road accident victims under the PM-RAHAT scheme.

6. Incentive Structure for Empanelment

An incentive (in addition to the package amount) will be provided as per the current AB PMJAY scheme guidelines / latest Health Benefit Package (HBP) rates.

7. Disciplinary Proceedings and De-Empanelment

The provisions relating to Disciplinary Proceedings and De-Empanelment of Empanelled Healthcare Providers (EHCPs), as prescribed under the Guidelines on Hospital Empanelment and De-Empanelment (HEM), July 2026 issued under AB PM-JAY, including the institutional framework, disciplinary proceedings, gradation of offences, penalties, suspension, de-empanelment, appeals, and all other related provisions, shall apply to the PM-RAHAT Scheme.

Accordingly, any EHCP de-empanelled under AB PM-JAY shall automatically stand de-empanelled under the PM-RAHAT Scheme with immediate effect, without requiring any separate disciplinary proceedings or de-empanelment order under the PM-RAHAT Scheme.

8. Hospital Engagement Module (HEM) related Grievance

The Grievances of the HCOs will be managed as per the Grievance redressal Guideline issued by NHA and SHA.

8.1.National Helpline

The helpline number 181114588, operated by the NHA, remains available and widely publicised to address queries related to the scheme.

9. Annexures

Annexure 1: Criteria for Empanelment

Criteria for empanelment:

1. Minimum Criteria

A hospital to be empanelled as a network private hospital with the approval of the respective State Health Agency if it adheres with the following minimum criteria and as well as the Indian Public Health Standard (IPHS) guidelines:

The hospital must be mandatorily registered under the Clinical Establishments Act with the appropriate State/UT authority. It shall mandatorily obtain and maintain a valid Health Facility Registry (HFR) ID. Possession of an active HFR ID shall be a prerequisite for empanelment, participation, and continuation under the scheme/program, and the hospital shall ensure that all details registered under the HFR remain accurate and up to date at all times.

a) Should have at least 10 inpatient beds with adequate spacing and supporting staff as per norms:
   - Exemption may be given for day-care procedure hospitals like Eye, ENT, and Standalone Dialysis Centres.
   - General ward - @80sq ft per bed, or more in a room with basic amenities- bed, mattress, linen, water, electricity, cleanliness, patient friendly common washroom etc. Non-AC but with fan/cooler and heater in winter

b) It shall have adequate and qualified medical and nursing staff (doctors & nurses), physically in charge round the clock; (necessary certificates to be produced during empanelment). The state should have specific guidelines on the number of hospitals a doctor can work.

c) The hospital shall be fully equipped and actively engaged in providing medical and surgical services, commensurate with the declared scope of services, available specialties, and the number of operational beds.
   - Round-the-clock availability (or on-call) of a Surgeon and Anesthetist where surgical services/day care treatments are offered.
   - Round-the-clock availability (or on-call) of an Obstetrician, Pediatrician and Anesthetist where maternity and surgical services are offered.
   - Round-the-clock availability of specialists (or on-call) in the concerned specialties having enough experience where such services are offered (e.g., Orthopedics, ENT, Ophthalmology, Dental, general surgery (including endoscopy) etc.)

d) Hospital should have adequate arrangements for round-the-clock support systems required for the above services like pharmacy, pathological services, blood bank, laboratory, dialysis unit, endoscopy investigation support, post-op ICU care with ventilator support (mandatory for providing surgical packages), X- ray facility etc., either ‘in-house’ or with ‘outsourcing arrangements’ with appropriate agreements and in nearby vicinity.

e) Separate male and female wards with toilet and other basic amenities.

f) 24 hours emergency services managed by technically qualified staff wherever emergency services are offered or a minimum first aid/emergency medicine/oxygen availability:
   - Casualty should be equipped with monitors, defibrillator, nebulizer with accessories, crash cart, resuscitation equipment, oxygen cylinders with flow meter/tubing/catheter/face mask/ nasal prongs, suction apparatus etc. and with attached toilet facility (as per IPHS standards).
   - Round the clock ambulance services (own or tie-up).

g) Mandatory for hospitals wherever surgical procedures are offered:
   - Fully equipped Operation Theatre of its own with qualified nursing staff under its employment round the clock.
   - Post-op ward with ventilator and other required facilities.

h) Wherever intensive care services are offered it is mandatory to be equipped with an Intensive Care Unit (for medical/surgical ICU/HDU) with requisite staff:
   - The unit is to be situated in proximity of operation theatre, acute care medical and surgical ward units.
   - Suction, oxygen supply and compressed air should be provided for each bed.
   - Further High Dependency Unit (HDU) where such packages are mandated should have the following equipment (as per IPHS standards):
     - Piped gases
     - Multi-sign monitoring equipment
     - Infusion of ionotropic support
     - Equipment for maintenance of body temperature
     - Weighing scale
     - Manpower for 24x7 monitoring
     - Emergency cash cart
     - Defibrillator
     - Equipment for ventilation
     - HEPA filter rooms to maintain strict infection control
     - In case there is common Pediatric ICU then pediatric equipment, e.g.: pediatric ventilator, pediatric probes, medicines, and equipment for resuscitation to be available.
   - HDU should also be equipped with all the equipment and manpower as per HDU norms.

i) **Records maintenance:** Maintain complete records as required on day-to-day basis and can provide necessary records of hospital/patients to the Society/Insurer or his representative as and when required:
   - Wherever automated systems are used it should comply with MoHFW/NHA EHR guidelines (as and when they are enforced).
   - All AB PM-JAY cases must have complete records maintained.
   - Share data with designated authorities for information as mandated.
   - Patient level cost data when needed.

j) Legal requirements as applicable by the local/state health authority.
k) Adherence to Standard Treatment Guidelines/Clinical Pathways for procedures as mandated by NHA from time to time.
l) Registration with the Income Tax department.
m) NEFT enabled bank account.
n) Telephone/fax/internet.
o) Safe drinking water facilities.
p) Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
q) Waste management support services (General and Bio Medical) in compliance with the bio-medical waste management act.
r) Appropriate fire-safety measures.
s) Provide space for a separate kiosk for AB PM-JAY beneficiary management (AB PM-JAY non-medical coordinator) at the hospital reception; with required office supplies and computer/camera/scanner/printer/other accessories as required.
t) Ensure a designated medical officer to work as a medical coordinator towards AB PM-JAY beneficiary management (including records for follow-up care as prescribed).
u) Ensure appropriate promotion of AB PM-JAY in and around the hospital (display banners, brochures etc.) towards effective publicity of the scheme in co-ordination with the SHA/district level AB PM-JAY team.
v) IT hardware requirements (desktop/laptop with internet, printer, webcam, scanner/fax, biometric device etc.) as mandated by the NHA.

2. Criterion for Aspirational Districts

Criterion for HCPs empanelment in Aspirational Districts as per the listed districts by NITI Aayog following relaxations are provided. All the criteria remain the same for Aspirational Districts as mentioned above apart from the following (as per IPHS standards):

- Minimum number of inpatient beds required for empanelment, should have 5 inpatient beds with adequate spacing and supporting staff as per norms unless providing day-care packages covered under PM-JAY.
- Minimum number of doctors and nursing staff required for empanelment, Doctor-1 (minimum Qualification MBBS).
- Requirements of licenses and certificates – Hospital registration certificate as per state law is mandatory, if applicable.
- Requirement of equipment according to the defined scope of services. Hospital needs to be fully equipped.
- Requirement of equipment and services in emergency. Lifesaving and resuscitation equipment as required by facility.
- Position of the ICU/HDU. The unit is to be situated in the same building or referral linkage with hospitals where ICU/HDU facility is available (mandatory self-declaration) through an MoU or tie up.
- Requirement of space for AB PM-JAY kiosk. Provide space for a working desk for AB PM-JAY beneficiary management (AB PM-JAY non-medical coordinator) at the hospital main entrance area.

- Criteria for dialysis services for nephrology and urology surgery facility. Dialysis unit either inhouse or tie-up.
- Criteria for OT Services with staff requirement. Fully equipped Operation Theatre of its own with qualified nursing staff (Minimum qualification - ANM Course) under its employment round the clock.
- Casualty should be equipped with minimum Emergency Tray.

3. Advanced Criteria

Over and above the essential criteria required to provide basic services under AB PM-JAY (as mentioned in Category 1) those facilities undertaking defined specialty packages (as indicated in the benefit package for specialties mandated to qualify for advanced criteria) should have the following:

- These empanelled hospitals should provide specialized services such as Cardiology, Cardiothoracic surgery, Neurosurgery, Nephrology, Reconstructive surgery, Oncology, Neonatal/Paediatric Surgery, Urology etc.
- A hospital could be empanelled for one or more specialties subject to it qualifying to the concerned specialty criteria.
- Such hospitals should be fully equipped with ICCU/SICU/NICU/relevant Intensive Care Unit in addition to and in support of the OT facilities that they have.
- Such facilities should be of adequate capacity and numbers so that they can handle all the patients operated in emergencies:
- The hospital should have sufficient experienced specialists with an advanced qualification in the specific identified fields for which the hospital is empanelled as per the requirements of professional and regulatory bodies/as specified in the clinical establishment act/State regulations.
- The hospital should have sufficient diagnostic equipment and support services in the specific identified fields for which the hospital is empanelled as per the requirements specified in the clinical establishment act/State regulations.
- For Indicative specialty specific criteria refer PMJAY HEM Guidelines 2026

Specific criteria for Polytrauma:

- Shall have Emergency Room setup with round the clock dedicated duty doctors, resuscitation facilities, and advanced life support systems.
- Shall have the full-time service availability of Orthopedic Surgeon, General Surgeon, and anesthetist services.
- The hospital shall provide round the clock services of Neurosurgeon, Orthopedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon, and other support specialists as and when required based on the need.
- Shall have dedicated round the clock Emergency Theatre with C-Arm facility, Surgical ICU, post-op setup with qualified staff.
- Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.

Qualified Medical Personnel

S. No	Speciality	Required Doctor's Qualification
1	Ambulance Services	Trained certified in Basics in Life Support/Advanced Cardiac Life Support
2	Burns Management	MCH/ DNB/ Equivalent in (Plastic Surgery)
3	Cardiology	MD/DNB or equivalent to internal Medicine; DM (Cardiology)
4	CTVS	MCH/DNB / equivalent
		(Cardiothoracic Surgery)
5	Emergency Room Packages	MD/DNB in Emergency Medicine,
		General Medicine, DM in Cardiology
6	ENT	MS/DNB/ Diploma or equivalent in (ENT)
7	General Medicine	MBBS (Essential),
		MD/DNB(Medicine)/ DM/DNB (Paediatric) Desirable
8	General Surgery	MS/DNB/ equivalent (General Surgery)
9	Neurosurgery	MCH/ DNB/ Equivalent in (Neurosurgery)
10	Obstetrics & Gynaecology	MS /DGO/DNB or equivalent in (Obstetrics & Gynaecology)
11	Ophthalmology	MD/MS/DNB/PG Diploma or equivalent in Ophthalmology
12	Oral & Maxillofacial Surgery	MDS (Oral & Maxillofacial Surgery)
13	Orthopaedics	Diploma in Orthopaedics with 5 years' Experience (Essential), MS /DNB or equivalent in Orthopaedics (Desirable)
14	Paediatrics	MD/DNB/DCH/ equivalent (Paediatric)
15	Paediatric Surgery	MCH/ equivalent (Paediatric Surgery)
16	Plastic & Reconstructive Surgery	MCH/ DNB- Plastic Surgery / Reconstructive Surgery
17	Polytrauma	MS/DNB/Equivalent
		(General Surgery);
		MS/DNB/Equivalent (Orthopaedic surgery)
18	Urology	MS/DNB or equivalent in Urology

Table 1: Qualified Medical Personnel

Annexure 2: Gazette Notifications

रजिस्ट्री सं. डी.एल.- 33004/99 REGD. No. D. L.-33004/99

भारत का राजपत्र
The Gazette of India

सी.जी.-डी.एल.-अ.-05052025-262912
CG-DL-E-05052025-262912

असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)
PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं. 1971] नई दिल्ली, सोमवार, मई 5, 2025/वैशाख 15, 1947
No. 1971] NEW DELHI, MONDAY, MAY 5, 2025/VAISAKHA 15, 1947

सड़क परिवहन और राजमार्ग मंत्रालय

अधिसूचना

नई दिल्ली, 5 मई, 2025

का.आ. 2015(अ).—केंद्रीय सरकार, मोटर यान अधिनियम, 1988 (1988 का 59) की धारा 162 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, निम्नलिखित स्कीम बनाती है, अर्थात्:-

1. **संक्षिप्त नाम और प्रारंभ.**- (1) इस स्कीम का संक्षिप्त नाम सड़क दुर्घटना पीड़ितों का नकदी रहित उपचार स्कीम, 2025 है।

(2) यह 5 मई, 2025 से प्रवृत्त होगी।

2. परिभाषाएं.- (1) इस स्कीम में, जब तक संदर्भ से अन्यथा अपेक्षित न हो,-

(क) "अधिनियम" से मोटर यान अधिनियम, 1988 (1988 का 59) अभिप्रेत है;

(ख) "नाम निर्दिष्ट अस्पताल" से मोटर यानों के प्रयोग से हुई सड़क दुर्घटनाओं के पीड़ितों को नकदी रहित उपचार प्रदान करने के लिए राज्य सरकार द्वारा राष्ट्रीय स्वास्थ्य प्राधिकरण के साथ शामिल किया गया अस्पताल या नैदानिक स्थापन अभिप्रेत है;

(ग) "निधि" से केंद्रीय मोटर यान (मोटर यान दुर्घटना निधि) नियम, 2022 के नियम 2 के उप-नियम (ख) में यथा परिभाषित मोटर यान दुर्घटना निधि अभिप्रेत है;

रजिस्ट्री सं. डी.एल.- 33004/99 REGD. No. D. L.-33004/99

भारत का राजपत्र
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सी.जी.-डी.एल.-अ.-06062025-263647
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असाधारण
EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)
PART II—Section 3—Sub-section (ii)

प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं. 2430] नई दिल्ली, बृहस्पतिवार, जून 5, 2025/ज्येष्ठ 15, 1947
No. 2430] NEW DELHI, THURSDAY, JUNE 5, 2025/JYAISTHA 15, 1947

सड़क परिवहन और राजमार्ग मंत्रालय

अधिसूचना

नई दिल्ली, 4 जून, 2025

का.आ. 2489 (अ).— मोटर यान अधिनियम, 1988 (1988 का 59) की धारा 162 में यह परिकल्पना की गई है कि केंद्रीय सरकार स्वर्णिम काल के दौरान दुर्घटना के पीड़ितों के नकदी रहित उपचार के लिए एक स्कीम बनाएगी और ऐसी स्कीम में ऐसे उपचार के लिए एक निधि के सृजन के उपबंध समाविष्ट होंगे;

और, सड़क परिवहन और राजमार्ग मंत्रालय ने "सड़क दुर्घटना पीड़ितों का नकदी रहित उपचार स्कीम, 2025" अधिसूचित की है;

और, सड़क परिवहन और राजमार्ग मंत्रालय ने स्कीम के प्रभावी कार्यान्वयन के लिए "सड़क दुर्घटना पीड़ितों का नकदी रहित उपचार स्कीम, 2025" के लिए मार्गदर्शक सिद्धांत तैयार किए हैं;

अब, अतः, सड़क परिवहन और राजमार्ग मंत्रालय इस अधिसूचना के उपाबंध के अनुसार "सड़क दुर्घटना पीड़ितों का नकदी रहित उपचार स्कीम, 2025" के लिए मार्गदर्शक सिद्धांत अधिसूचित करता है और यह https://morth.gov.in/ पर भी उपलब्ध है।

[फा. सं. आरटी-11028/01/2024-एमवीएल-भाग(4)]
महमूद अहमद, अपर सचिव

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EXTRAORDINARY

भाग II—खण्ड 3—उप-खण्ड (ii)
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अधिसूचना

नई दिल्ली, 19 फरवरी, 2026

का.आ. 951(अ).— केंद्रीय सरकार, मोटर यान अधिनियम, 1988 (1988 का 59) की धारा 162 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, भारत सरकार के सड़क परिवहन और राजमार्ग मंत्रालय की अधिसूचना संख्यांक का.आ. 2489 (अ), तारीख 4 जून, 2025 द्वारा भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (ii) में तारीख 5 जून, 2025 को प्रकाशित अधिसूचना में निम्ननिखित संशोधन करती है, अर्थात्:-

2. उक्त अधिसूचना और उसके उपाबंध में, जहाँ कहीं भी "सड़क दुर्घटना पीड़ित नकदी-रहित उपचार स्कीम" शब्द आते हैं, के स्थान पर शब्द, कोष्ठक और अक्षर "प्रधानमंत्री - सड़क दुर्घटना पीड़ित अस्पताल सुविधा और सुनिश्चित उपचार (पीएम-राहत) स्कीम" शब्द, कोष्ठक और अक्षर रखे जाएंगे।

[फा. सं. आरटी- 11028/1/2026- एमवीएल]

महमूद अहमद, अपर सचिव

टिप्पण:- मूल अधिसूचना, भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (ii) में अधिसूचना संख्या का.आ. 2489(अ), दिनांकित 4 जून, 2025 द्वारा प्रकाशित की गई थी।

10. List of Abbreviations

Abbreviation	Full Form
AB-PMJAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana
ABDM	Ayushman Bharat Digital Mission
HFR	Health Facility Registry
ALS	Advanced Life Support
BLS	Basic Life Support
CGHS	Central Government Health Scheme
DEC	District Empanelment Committee
DM	Doctor of Medicine
DNB	Diploma of National Board
DRSC	District Road Safety Committee
e-DAR	Electronic Detailed Accident Report
EDC	Empanelment Disciplinary Committee
EHCP	Empanelled Health Care Provider
ESIC	Employees' State Insurance Corporation
FIR	First Information Report
HBP	Health Benefit Package
HEM	Hospital Engagement Module
HFR	Health Facility Registry
HPR	Health Professional Registry
IRDAI	Insurance Regulatory and Development Authority of India
LT	Life Threatening
MEDCO	Medical Coordinator
MDS	Master of Dental Surgery
MoRTH	Ministry of Road Transport and Highways
MoU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MS	Master of Surgery
MS	Medical Superintendent
NAFU	National Anti-Fraud Unit
NABH	National Accreditation Board for Hospitals
NHA	National Health Authority
NQAS	National Quality Assurance Standards
SEC	State Empanelment Committee
SHA	State Health Agency
SRSC	State Road Safety Council
TMS	Transaction Management System
TPA	Third Party Administrator