

## **FALL CLAUSE**

I/WE HEREBY UNDERTAKE THAT I/WE SHALL CHARGE CGHS BENEFICIARIES AS PER CGHS RATE LIST AND THE RATES CHARGED BY ME/US TO CGHS BENEFICIARIES ARE NOT HIGHER THAN THE RATES BEING CHARGED FROM OUR PATIENTS WHO ARE NOT CGHS BENEFICIARIES.

I/WE HEREBY UNDERTAKE THAT I/WE HAVE NOT/ARE NOT PROVIDING SIMILAR HEALTH CARE SERVICES AT A RATE LOWER THAN THE RATES ENLISTED IN CGHS RATE LIST TO ANY OTHER MINISTRY/DEPARTMENT OF THE GOVT. OF INDIA/ANY STATUARY BODY AND IF IT IS FOUND AT ANY STAGE THAT SIMILAR HEALTH CARE SERVICES WERE PROVIDED TO ANY OTHER MINISTRY/ DEPARTMENT AT A LOWER RATE THAN THE RATE OFFERED TO CGHS, WE WILL BE LIABLE TO PAY /REFUND THE DIFFERENCE IN THE RATES TO CGHS PUNE.

**(SIGNATURE OF APPLICANT OR AUTHORIZED AGENT)**