



List of Recognized Hospitals under BSNL MRS - As on 30-06-2015

SI No	NAME OF HOSPITAL	MOU VALID FOR ONE YEAR
1	SUGAM HOSPITAL , TIRUVOTTIUR HIGH ROAD	01.07.2015 to 30.06.2016
2	B M HOSPITAL , NANGANALLUR	01.07.2015 to 30.06.2016
3	KKR ENT HOSPITAL & R I (P) LTD., POONAMALLEE HIGH RD	01.07.2015 to 30.06.2016
4	DR. AGARWAL'S EYE HOSPITAL LTD., AND ITS ALL BRANCHES	01.07.2015 to 30.06.2016
5	K.J.HOSPITAL , POONAMALLEE HIGH ROAD	01.07.2015 to 30.06.2016
6	RSR TRINITY ACUTE CARE HOSPITAL , MYLAPORE	01.07.2015 to 30.06.2016
7	CSI KALYANI GENERAL HOSPITAL, MYLAPORE	01.07.2015 to 30.06.2016
8	CSI RAINY HOSPITAL, ROYAPURAM	01.07.2015 to 30.06.2016
9	ANDHRA MAHILA SABHA, DDGH, ADYAR	01.07.2015 to 30.06.2016
10	SAKTHI HOSPITAL AND RESEARCH CENTRE, TRIPPLICANE	01.07.2015 to 30.06.2016
11	VASAN EYE CARE HOSPITAL AND ITS ALL BRANCHES	01.07.2015 to 30.06.2016
12	KASTURI HOSPITAL , TAMBARAM WEST	01.07.2015 to 30.06.2016
13	HINDU MISSION HEALTH SERVICES, NANGANALLUR	01.07.2015 to 30.06.2016
14	SRI DEVI HOSPITAL AND ITS BRANCH (ANR AND KOY)	01.07.2015 to 30.06.2016
15	M.R.HOSPITAL , AMINJIKARAI	01.07.2015 to 30.06.2016
16	SEN HOSPITAL, PERAMBUR	01.07.2015 to 30.06.2016
17	UDHI EYE HOSPITALS, ALWARPET	01.07.2015 to 30.06.2016
18	HARVEY HEART HOSPITAL, GOPALAPURAM	01.07.2015 to 30.06.2016
19	MIOT HOSPITALS PVT LTD., , MANAPAKKAM, CHI-89	01.07.2015 to 30.06.2016
20	AG. EYE CARE HOSPITAL, MYLAPORE	01.07.2015 to 30.06.2016

NOTE:

(1) For SI. No -1 TO 20: - After obtaining essentiality letter from Hospitals, AUTHORISATION LETTER can be given for INPATIENT TREATMENT on credit facility by DE/ CAO. The DE/ CAO has to fax the copies on FAX No: - 2640 2376 to SDE MRS O/o DGM (Admn) for submission of VISIT REPORT. Also intimate to SDE MRS 9444979057 (For Chennai TD officials)

