

ANNEXURE –B
PRESCRIBED FORMAT APPLICATION
FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP BEING A CGHS/CHS/ESI EMPANELLED HOSPITALS FOR ALL FACILITIES/ SERVICES FOR TREATMENT AT CGHS RATES OF ALL RAILWAY BENEFICIARIES, SERVING EMPLOYEES, RETIRED EMPLOYEES AND FAMILY MEMBERS UNDER MEDICAL DEPARTMENT , ORTHOPAEDIC HOSPITAL , EASTERN RAILWAY, HOWRAH.

1. NAME OF THE HOSPITAL / ADDRESS/TELEPHONE NUMBER/E MAIL ID -----

2. EXPERIENCES OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT. SECTOR/ATTACH DETAILS. -----

3. WE AGREE TO PROVIDE SERVICES AT LATEST CGHS/NON-NABH/NABH) RATES AS PER APPLICABLE TO KOLKATA-----

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE ' A ' OF EOI) -----

5. FOR THOSE SERVICES/TREATMENT WHICH ARE NOT LISTED IN THE CGHS RATE, OUR HOSPITAL WILL PROVIDE THE SERVICES/TREATMENT ON HOSPITAL RATES -----% DISCOUNT, LIST OF WHICH ARE ENCLOSED -----

6. WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT -----

7. OUR HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES (TYPE OF AMBULANCE) FOR ALL REFERRAL PATIENTS TO AND FROM AT HOWRAH AND KOLKATA -----

8. WE HEREBY ENCLOSE A LIST OF THE FACILITIES, WHICH ARE AVAILABLE WITH OUR HOSPITAL AS PER ANNEXURE -----

SIGNATURE AUTHORIZED SIGNATORY
(NAME-)
SEAL/STAMP

9. WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR HOSPITAL AS PER ANNEXURE..... THE INFRASTRUCTURAL FACILITIES OF OUR HOSPITAL IS ALSO ENCLOSED AS PER ANNEXURE.....

10. WE ENCLOSE A COMPLETE TARIFF CHART OF OUR HOSPITAL COMPARING WITH CGHS RATES AS PER ANNEXURE.....

11. OUR HOSPITAL HAS BEEN RECOGNISED FOR TREATMENT OF THE FOLLOWING GOVT. ORGANISATION/SEMI-GOVT. ORGANISATION/ PRIVATE ORGANISATION AS PER ANNEXURE

12. WE HOPE OUR ORGANISATION WILL BE CONSIDERED FOR TIE-UP WITH ORTHOPAEDIC HOSPITAL/HOWRAH FOR PROVIDING SERVICES TO THE RAILWAY BENEFICIARIES.

All documents are to be signed and stamped by the Authorized signatory on all pages.

SIGNATURE

AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

ANNEXURE - A

SPECIALITIES IDENTIFIED FOR TREATMENT

1. Orthopaedic patients with difficult co-morbid conditions.
2. Neurosurgical patients.
3. Patients with vascular compromise.
4. Complicated Orthopaedic problems.
5. Plastic or Reconstructive Surgery.
6. Fasciomaxillary Surgery.
7. Polytrauma with head injury, visceral injury & ARDS (Adult Respiratory Distress Syndrome) etc.
8. Ortho Oncology.
9. Complicated General Surgical patients needing multispecialty management.
10. Complicated Cardiac and Thoracic Surgical patients.
11. Paediatric and Neonatology, NICU PICU, Paediatric Surgery.
12. Complicated medical including Respiratory, Renal and cardiac cases.
13. Gynae Oncology.
14. Gynaecological and Obstetrics patients with co-existing medical complications, Ectopic Pregnancy etc.
15. Eye emergencies and cases needing Vitreo Retinal (VR) surgeries.
16. Complicated ENT cases including ENT emergencies.
17. 24 hours Blood Bank Service.