



MEDICAL DEPARTMENT
(LILUAH)
EASTERN RAILWAY

EOI DOCUMENT

EOI Notice No. H/SS/12/CT-MRI, Liluah dated 09/04/2018

NAME OF WORK:- Outsourcing of various CT & MRI investigations for Railway beneficiaries of Eastern Railway hospital, Liluah for a period of **02 (two)** years from the date of commencement of work.

**OFFICE OF THE
CHIEF MEDICAL SUPERINTENDENT, RAILWAY HOSPITAL, LILUAH, EASTERN RAILWAY,
P.O. - LILUAH, DIST.:- HOWRAH, PIN- 711 204**

Please submit the EOI (Expression of Interest) after putting signature on all the 08 (Eight) pages.

Medical Department
Liluah, Eastern Railway

NOTICE INVITING EXPRESSION OF INTEREST

EOI No. H/SS/12/CT-MRI, Liluah dated 09/04/2018

Chief Medical Superintendent, Eastern Railway Hospital/Liluah invites Expression of Interest from all the willing Private Hospital / diagnostic centers located in & around Liluah/Howrah for entering into tie-up for outsourcing of various CT & MRI investigations for railway beneficiaries of Eastern Railway Hospital, Liluah at CGHS rate or lower rate through MOU on Bill Payment system for **02 (two) years** from the date of commencement of work. The application for the same in sealed envelope must be reached to the office of Chief Medical Superintendent, Eastern Railway Hospital, Liluah, Dist.- Howrah, Pin - 711204, on or before **27/04/2018 upto 14.00 hrs.** EOI document & format is to be collected from the office of Chief Medical Superintendent, Eastern Railway, Liluah or same may also be **downloaded from website (www.er.indianrailways.gov.in)**.

- **All prospective FIRMS/LABS. are advised to see the website regularly for corrigendum /Addendum, if any in this regard**

Chief Medical Superintendent,
Liluah, Eastern Railway
For and on behalf of the President of India

TERMS & CONDITION OF MOU FOR DOING MRI INVESTIGATIONS.

- 1) Firms/diagnostic centers should have NABL Accreditation OR Non NABL with good reputation and reliability, have proper and updated License/permission to operate and authorization from Competent Authority – Self attested photocopy of related documents shall have to be submitted with the EOI document.
- 2) Credential of similar type of work in Govt., Semi-Govt. organization with satisfactory performance report may be submitted with the EOI document.
- 3) Service – 24 x 7 hours service must be available and reasonable waiting time considering urgency of the case.
- 4) **Care of the Patient** – Optimum Care of patient should be taken during Investigation and investigations should be completed within minimum time. No refusal to the patient.
- 5) Reports – should be in proper letter head and duly signed by concerned specialist at the earliest to the concerned Dept./Doctor or to the patient/party under clear signature and should be delivered within 24 hours. Report of urgent cases to be delivered immediately soon after investigation.
- 6) Appointment for CT/MRI investigation will/may be done over Tele-phone.
- 7) Decision of Hospital authority regarding quality shall be final.
- 8) Either party shall not assign or sublet its obligation or any thereof.
- 9) All risk and responsibility for regular and timely conducting of CT & MRI investigation shall be of the Firm. Any incorrect report leading to wrong diagnosis & management or any kind of infection or disease transmitted to the patient or any damage to the patient during procedure, the responsibility including payment of legal charges or any sort of compensation to the patient shall have to be borne by the Firm/Lab. Concerned.
- 10) Rates of Investigations – as per with CGHS rates in Kolkata 2014 (attached herewith) as updates from time to time.
- 11) **Mode of payment** - Bills to be generated for each patients and payment shall be made on Monthly basis through NEFT/Money Instrument as advised by the Administration. PAN card No./GSTIN should be mentioned in all bills. Taxes as applicable shall be deducted from the bills as per extent rules.
- 12) **Period of MOU/Contract** – will be for **02 (two)** years from the date of commencement of work and the provision of MOU is subject to further extension at the CGHS Kolkata rates and terms and at the sole discretion of Railway Administration.
- 13) **Memorandum of Understanding (MOU)** to be signed before commencement of work.
- 14) Railway Administration reserves the right to change or modify the period of the MOU as per administrative requirement & also to accept or reject any or all the offers without assigning any reason whatsoever.
- 15) **Submission of EOI** - EOI Document **after putting signature on all the 08 (Eight) pages** including **Annexure –A** duly filled in and signed with office seal in a sealed envelope must be submitted to the office of Chief Medical Superintendent, Eastern Railway Hospital/Liluah, P.O.- Liluah, Dist.- Howrah, Pin- 711 204 **on or before 27/04/2018 upto 14.00 hrs.**

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- 16) Signatures and office seal must be on the pages of terms and conditions and respective annexure.
- 17) Notice: Railway shall be entitled to terminate the MOU at any time by giving one month notice in writing. A prior notice of one (01) month in writing has to be given by the Firm empanelled for discontinuation of the work.
- 18) Either party shall not assign or sublet its obligation or any thereof.

Eligibility Criteria :

- 1. Diagnostic centres should have NABL Accreditation or Non-NABL with good reputation & credit.
- 2. Should have all proper Licenses from the competent authority to operate.
- 3. **Establishment :** Should have at least three years of experience, well equipped with a good credential.
- 4. 24 × 7 hours service must be available.
- 5. No refusal to the patients.

- 6. **MRI Machine:** The MRI Machine must be of **minimum 1.5 Tesla.**
- 7. **Films:-**
 - a) Size of the film should be 14" x 17"
 - b) Make of the film should be of reputed Make/Brand.
 - c) Contrast – Non Ionic.

Chief Medical Superintendent

Signature/s of the Proprietor/s

Diagnostic Center

Eastern Railway Hospital, Liluah.

Rly .Ph.: - 25104

Tel. No : 033-2654-5386

Name (s) in full _____

Name of the Firm _____

Full Postal address _____

Dist. _____ P.S. _____ Pin _____

Tel. No. _____ Fax _____

Mobile no _____

E-mail _____

Date ____/____/____

Office Seal

**Medical Department
Liluah, Eastern Railway**

SCHEDULE/NAME OF THE WORK: Outsourcing of various CT & MRI investigations for Railway beneficiaries of Eastern Railway hospital, Liluah for a period of 02 (two) years from the date of commencement of work.

Sl. No.	Sl. No. as per CGHS List	Name of the MRI Investigations	CGHS/Kolkata – 2014 Rate in Rs.		Rate to be quoted by the Firm in Rs.	
			NON NABH/NON NABL	NABH/NABL	NON NABH/NON NABL	NABH/NABL
		CT				
1	1637	CT Head – Plain	810	932		
2	1638	CT Head – With Contrast (+/-CT angiography)	1215	1397		
3	1639	CT Chest – Plain (for lungs)	1530	1760		
4	1640	CT Scan Lower Abdomen (incl. Pelvis) – With Contrast	1700	1955		
5	1641	CT Scan Lower Abdomen (incl. Pelvis) – Plain	1350	1553		
6	1642	CT Scan Whole Abdomen – Plain	2700	3105		
7	1643	CT Scan Whole Abdomen – With Contrast	4050	4658		
8	1644	Triple Phase CT Abdomen	4500	5175		
9	1645	CT angiography Abdomen/Chest	4250	4888		
10	1646	CT Enteroclysis	5416	6228		
11	1647	CT Scan Neck – Plain	1350	1553		
12	1648	CT Scan Neck - With Contrast	1870	2151		
13	1649	CT Scan Orbits - Plain	1190	1369		
14	1650	CT Scan Orbits – With Contrast	1615	1857		
15	1651	CT Scan of Para Nasal Sinuses - Plain	900	1035		
16	1652	CT Scan of Para Nasal Sinuses - With Contrast	1600	1840		
17	1653	CT Spine (Cervical, Dorsal, Lumbar, Sacral) - Plain	1350	1553		
18	1654	CT Temporal Bone – Plain	893	1027		
19	1655	CT Dental	1275	1466		
20	1656	CT Scan Limbs – Plain	1530	1760		
21	1657	CT Scan Limbs – With Contrast including CT angiography	2253	2591		
22	1658	CT Guided intervention – FNAC	1080	1242		

Signature/s of the Applicant (s)

Contd. to P/6

Sl. No.	Sl. No. as per CGHS List	Name of the MRI Investigations	CGHS/Kolkata – 2014 Rate in Rs.		Rate to be quoted by the Firm in Rs.	
			NON NABH/NON NABL	NABH/NABL	NON NABH/NON NABL	NABH/NABL
23	1659	CT Guided Trucut Biopsy	1200	1380		
24	1660	CT Guided intervention – percutaneous catheter drainage / tube placement	1305	1501		
		MRI				
1	1661	MRI Head – Plain	1998	2298		
2	1662	MRI Head – With Contrast	2848	3275		
3	1663	MRI Orbits – Plain	1445	1662		
4	1664	MRI Orbits – With Contrast	2000	2300		
5	1665	MRI Nasopharynx and PNS – Plain	2205	2536		
6	1666	MRI Nasopharynx and PNS – With Contrast	3500	4025		
7	1667	MR for Salivary Glands with Sialography	3000	3450		
8	1668	MRI Neck – Plain	2700	3105		
9	1669	MRI Neck – With Contrast	4500	5175		
10	1670	MRI Shoulder – Plain	2000	2300		
11	1671	MRI Shoulder – With Contrast	2340	2691		
12	1672	MRI Shoulder both Joints – Plain	2700	3105		
13	1673	MRI Shoulder both Joints – With Contrast	4000	4600		
14	1674	MRI Wrist Single Joint – Plain	2125	2444		
15	1675	MRI Wrist Single Joint – With Contrast	4000	4600		
16	1676	MRI Wrist both Joints – Plain	2125	2444		
17	1677	MRI Wrist both Joint – With Contrast	4500	5175		
18	1678	MRI Knee Single Joint – Plain	2125	2444		
19	1679	MRI Knee Single Joint – With Contrast	4500	5175		
20	1680	MRI Knee both Joints – Plain	2125	2444		

Signature/s of the Applicant (s)

Contd. to P/6

Sl. No.	Sl. No. as per CGHS List	Name of the MRI Investigations	CGHS/Kolkata – 2014 Rate in Rs.		Rate to be quoted by the Firm in Rs.	
			NON NABH/NON NABL	NABH/NABL	NON NABH/NON NABL	NABH/NABL
21	1681	MRI Knee both Joints – With Contrast	4500	5175		
22	1682	MRI Ankle Single Joint – Plain	2125	2444		
23	1683	MRI Ankle Single Joint – With Contrast	4500	5175		
24	1684	MRI Ankle both Joints – With Contrast	4500	5175		
25	1685	MRI Ankle both Joints – Plain	2250	2588		
26	1686	MRI Hip – With Contrast	2250	2588		
27	1687	MRI Hip – Plain	2125	2444		
28	1688	MRI Pelvis – Plain	2125	2444		
29	1689	MRI Pelvis – With Contrast	4500	5175		
30	1690	MRI Extremities – With Contrast	4500	5175		
31	1691	MRI Extremities – Plain	2125	2444		
32	1692	MRI Temporomandibular – B/L – With Contrast	4000	4600		
33	1693	MRI Temporomandibular – B/L – Plain	2125	2444		
34	1694	MR Temporal Bone/ Inner Ear – With Contrast	4000	4600		
35	1695	MR Temporal Bone/ Inner Ear – Plain	2500	2875		
36	1696	MRI Abdomen – Plain	2125	2444		
37	1697	MRI Abdomen – With Contrast	4500	5175		
38	1698	MRI Breast – With Contrast	4250	4888		
39	1699	MRI Breast – Plain	2125	2444		
40	1700	MRI Spine Screening – Plain	900	1035		
41	1701	MRI Chest – Plain	2125	2444		
42	1702	MRI Chest – With Contrast	4000	4600		
43	1703	MRI Cervical/Cervico Dorsal Spine – Plain	2125	2444		
44	1704	MRI Cervical/Cervico Dorsal Spine – With Contrast	4000	4600		
45	1705	MRI Dorsal/Dorso Lumbar Spine – Plain	2125	2444		

Signature/s of the Applicant (s)

Contd. to P/6

Sl. No.	Sl. No. as per CGHS List	Name of the MRI Investigations	CGHS/Kolkata – 2014 Rate in Rs.		Rate to be quoted by the Firm in Rs.	
			NON NABH/NON NABL	NABH/NABL	NON NABH/NON NABL	NABH/NABL
46	1706	MRI Dorsal/Dorso Lumbar Spine – With Contrast	4000	4600		
47	1707	MRI Lumbar/Lumbo-Sacral Spine – Plain	2125	2444		
48	1708	MRI Lumbar/Lumbo-Sacral Spine – With Contrast	4500	5175		
49	1709	Whole Body MRI	5100	5865		
50	1710	MR Cholecysto-pancreatography	4950	5693		
51	1711	MRI Angiography – With Contrast	4500	5175		
52	1712	MR Enteroclysis	2125	2444		
53	1636	MRI Mammography	2550	2933		

I, declare that I/we have read and understood the document and abide by all terms and conditions etc.

Dated: _____

Signature/s of the Applicant(s)

Name(s) in full : _____

Name of the firm : _____

Office seal of the Firm

Full postal address: _____

Dist.: _____ P.S. _____ PIN- _____
Telephone : _____ Fax : _____

END OF THE DOCUMENT

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