

ANNEXURE –A

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PRESCRIBED FORMAT APPLICATION
FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP BEING A CGHS/ESI/ECHS EMPANELLED/ UNEMPANELLED PRIVATE HOSPITAL/DIAGNOSTIC CENTRE / POLY CLINIC of the city in concern/nearest city WITH ORTHOPAEDIC HOSPITAL , HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL INVESTIGATIONS INCLUDING PATHOLOGICAL ,RADIOLOGICAL AND SPECIAL TYPE OF INVESTIGATIONS **for Railway beneficiaries at RPH HU** AT LATEST CGHS RATES of the city in concern/nearest city(in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre).

1. NAME OF THE DIAGNOSTIC CENTERS/ 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-NABL/NABL) RATES AS PER APPLICABLE TO THE CITY IN CONCERN/NEAREST CITY OR KOLKATA OR GOVT RATE OR AIIMS RATE OR MUTUAL RATE ARRIVED AT -----

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

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

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

7. OUR DIAGONSTIC CENTER/HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL PATIENTS TO AND FRO AT RPH HEALTH UNIT -----

SIGNATURE

AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

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

9. WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR
DIAGNOSTIC CENTER/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 DIAGNOSTIC CENTER/ HOSPITAL AS PER ANNEXUR-B

11. OUR DIAGNOSTIC CENTER /HOSPITAL HAVE 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 AT RAMPURHAT HEALTH UNIT.

13 DOCUMENTS TO BE ATTACHED (Trade license, Accreditation Certificate, Fire certificate,
NABL/NABH, CGHS empanelment certificate with validity period etc.)_____

14. OTHERS DOCUMENTS TO BE ATTACHED (PAN card details, Bank Accounts details, Trade license
and authorization letter with whom correspondence will be made etc)

(All documents are to be signed and stamped by the Authorized signatory on all pages. **No
columns from 1 to 14 will be left blank.** EIO may be extended after expiry of agreemental
period by going further mutual agreement between Railway and the centre subject to
satisfactory performance)

SIGNATURE OF AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

Whatsapp No. _____

SEAL/STAMP