

NO. H/Med/Tie-up/EYE INVEST /CGHS/2023

Howrah, dated 08/ 12 / 2022

Sub : -Floating of notice for **Expression Of Interest (EOI)regarding**
outsourcing of various work of Clinical investigations on **Eyes**
for Railway beneficiaries for a period of three(03) years.

Application for Expression of Interest(EOI) is invited from the interested diagnostic centers/hospitals for extending investigative facilities to railway patients of Orthopaedic Hospital/HWH 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 or in case no government rate is available then reasonable rate as per mutual agreement between Railway and the centre shall be payable.

1.	Name of the works	Clinical investigations required for EYES . Details are available in ANNEXURE-B of prescribed format.
2	Place where the prescribed format and related necessary papers to be deposited or sent by post	In the office of Chief Medical Superintendent/ Orthopaedic Hospital 222-Church Road/ Eastern Railway/ Howrah-711101. A pre offer consulting may be done with the medical officer-in-charge i.e. ACMS/Eye/HWH who will be available from 12.00 hrs to 15.00 hrs. on any working day till 19.01.2023
3	Date of receipt of application	Up to 19/ 01/2023 on any working day between 11.00 hrs to 16.00 hrs
4	Modalities of rates has to be accepted by the firms and if found suitable by the committee	A Memorandum Of Understanding(MOU) will be executed with interested firms who will render their service at Central Government Health scheme(CGHS) rates or lower rates or 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 with bill paying system. Rates shall be firm throughout the empanelment period of three years from the date of acceptance by competent authority . Payment shall be made on the clear bill along with reference slip issued from the Orthopaedic Hospital, Eastern Railway/Howrah.
5	Mode of selection of firms	One committee of Medical officers may be formed who will select the firms with whom Railway will go for tie-up/MOU with bill paying system. Empanelment will be done on the basis of the prescribed criteria and offered rates. Empanelment will be on sole discretion of the committee. Railway authority reserves the right to terminate empanelment process at any point of time without assigning any reason. Keeping valid NABLor NABH certification may be preferable.
6	Credential	Document/certificate of previous experience regarding similar work executing with Govt/semi Govt organization(if any) need to be submitted.
7	Application form	1.Prescribed format of application as Annexure-A 2.Details of investigations on which rates to be quoted are marked as Annexure-B

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ACMS(EYE)/HWH
For and on behalf of CMS/HWH

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8	Bench mark criteria to be followed	<p>A) The firm should have following infrastructure :</p> <p>All the Eye investigations furnished at Annexure-B should be done in reputed latest brand machines and conducted by a qualified technician and further countersigned by the competent specialized medical practitioners of diagnostic centers/ hospitals.</p> <p><u>B. Human resource:-</u></p> <ol style="list-style-type: none"> 1) Medical Officer-The specialist in the concerned field should be available. 2) Technician-Should have requisite qualification in the concerned field. 3) Other paramedical staff be available for take care of patient during investigations <p><u>C. Special criteria:-</u></p> <ol style="list-style-type: none"> 1) Must be well equipped with advance technology. Whether it is NABL/NABH or Non-NABL has to be mentioned by the diagnostic centre/hospital. 2) There should be sufficient space outside hospital for parking of vehicle (Ambulance) .It will be suitably placed for taking the patient smoothly. 3) There should be sufficient infrastructure inside hospital premises for managing emergency if arises during stay of the patient at hospital . 4) The Diagnostic centre /hospital nearer to Howrah Orthopaedic Hospital will be preferred. 5) All licenses necessary to run such an establishment must be available for inspection. 6) Must all time to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and to have all statutory/mandatory licenses, permits or approval of the concerned authorities under or as per existing laws. 7) In case of emergency, arrangements should be done to deliver the reports through E-Mail/SMS/Whatsapp/over phone etc at the earliest 8) Investigations reports should be available within 24 hrs. 9) The Diagnostic centre/Hospital will provide cashless services to the patient(s) and payment will be done by Railway on receiving Bills on monthly basis. 10) Rates for different type of investigations must be unaltered throughout the empanelment period.
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	Bench Mark Criteria	<p>D. <u>Mode of selection of Diagnostic centre/Hospitals</u></p> <p>Nominated committee of Medical officers will select the Diagnostic centre/hospital with whom Railway will go for tie-up/ MOU with bill paying system. Committee may visit the applicant's clinic before recommendation. Empanelment will be done on the basis of the above criteria and offered rates which are in conformity with 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 if government rate is not available. Empanelment will be on sole discretion of the committee. Railway authority reserves the right to terminate empanelment, at any point of time without assigning any reason.</p> <p><u>Payment:</u> The Diagnostic centre / Hospital will provide Cashless service to the patient(s) and payment will be done by Railways on receiving Bills on Monthly basis. Bill should be submitted in two copies along with referral letter and a copy of report at the end of each month.</p>
09	Other criteria to be followed	<p><u>Other criteria:</u></p> <p>a. The Railway Administration reserves the right to accept or reject any or all of the offers without assigning any reason whatsoever.</p> <p>b. A declaration, duly notarized in the court of law , stating any unsatisfactory performance and breach of contract on the part of diagnostic centre/hospital detected by the railway authority and decision taken thereof shall be final and binding on the hospital/diagnostic center , has to be enclosed with the prescribed format of application</p> <p>c. EIO may be extended after expiry of agremental period by going further mutual agreement between Railway and the centre subject to satisfactory performance</p> <p>Eastern Railway Website – www.er.indianrailways.gov.in</p>

(Dr. Debjani Mukhopadhyay)
ACMS(EYE)/HWH
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ANNEXURE –A

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PRESCRIBED FORMAT APPLICATION
FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIEUP BEING A CGHS/ESI/ECHS EMPANELLED/
UNEMPANELLED PRIVATE HOSPITAL/DIAGNOSTIC CENTRE / POLY CLINIC IN KOLKATA AND HOWRAH
AREA WITH ORTHOPAEDIC HOSPITAL HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL
INVESTIGATIONS ON **EYES** AT LATEST CGHS RATES 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-NABH/NABH) RATES AS PER APPLICABLE
TO KOLKATA-----

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 DIAGNOSTIC CENTER/HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL
REFERRAL(INDOOR) PATIENTS TO AND FROM AT HOWRAH ORTHOPAEDIC HOSPITAL -----

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 COMPARING WITH CGHS RATES AS PER ANNEXURE
.....

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.

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

ORTHOPAEDIC HOSPITAL/EASTERN RAILWAY, HOWRAH.

ANNEXURE-B

LIST OF EYE INVESTIGATIONS TO BE DONE

SL NO	List of EYE Investigations		RATE IN FIGURE	RATE IN WORDS
1.	Digital Fluorescein Angiography (DFA)	Both eyes		
2.	Endothelial cell count (Specular microscopy)	Each Eye		
3.	OCT (Optical coherence tomography) Macula scan	Each eye		
		Both eyes		
4.	OCT (Optical coherence tomography) RNFL scan	Each eye		
		Both eyes		
5	Optical Biometry	Each eye		
		Both eyes		
6	USG (B-Scan)	Each eye		
		Both eyes		
7.	Automated Perimetry (Field test)	Both eyes		
8.	Central Corneal Thickness (Pachymetry)	Both eyes		
9.	Corneal Topography	Both eyes		
10	ICG (Indocyanin Green Angiography)	Both eyes		
11	VEP (visual Evoked Potential)	Both eyes		
12	EOG (Electro Oculo Gram)	Both eyes		
12	ERG (Electro Retino Gram)	Both eyes		
13	FUNDUS PHOTOGRAPHY	One eye		
		Both Eyes		
14	ANTERIOR SEGMENT PHOTOGRAPHY	One Eye		
		Both eyes		
15	AS OCT (Anterior Segment Optical Coherence Tomography)	Each eye		
		Both eyes		
16	UBM (Ultrasound Biomicroscopy)	Each eye		
		Both eyes		
17	OPTOS Scan	Each eye		
		Both eyes		
18	Colour ERG(Electroretinography)	Both Eyes		
19	OCT (Optical coherence tomography) Angio	Each eye		
		Both eyes		
20	Nd YAG Laser	Each eye		
		Both eyes		
21	Argon Green Laser photo coagulation	Each eye		
		Both eyes		

SIGNATURE OF AUTHORIZED SIGNATORY WITH
SEAL/STAMP

ADDRESS _____

PHONE NO. _____

