



EASTERN RAILWAY
MEDICAL DEPARTMENT,LILUAH

EOI DOCUMENT

EOI Notice No. HE/Tie-UP/CT-MRI/23 dated 10/10/2023

NAME OF WORK:- Outsourcing of various CT, MRI & other special Investigations test for Railway beneficiaries of Eastern Railway hospital, Liluah for a period of **03 (three)** years from the date of commencement of work.

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

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

EASTERN RAILWAY
MEDICAL DEPARTMENT, LILUAH

NOTICE INVITING EXPRESSION OF INTEREST

EOI No. HE/Tie-UP/CT-MRI/23, Liluah dated 10/10/2023

Chief Medical Superintendent, Eastern Railway Hospital/Liluah invites Expression of Interest from all the willing Private Hospital / diagnostic centers located in & around Liluah/Howrah/Kolkata for entering into tie-up for outsourcing of various CT , MRI & other special investigations test for railway beneficiaries of Eastern Railway Hospital, Liluah at CGHS rate or lower rate through MOU on Bill Payment system for **03 (three) 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 **26/10/2023 upto 12.00 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.**

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

EASTERN RAILWAY
MEDICAL DEPARTMENT, HOSPITAL, LILUAH

TERMS & CONDITION OF MOU FOR DOING CT/MRI & OTHER SPECIAL INVESTIGATIONS TEST

- 1) Firms/diagnostic centers should have NABL/NABH Accreditation OR Non NABL/NABH 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) Following investigation/Procedures (details placed in Annexure A & B) are needs to be performed for Railway Beneficiaries of Liluah Railway Hospital by CGHS empanelled or private hospital and other investigations centers in around Liluah and Howrah at per CGHS rate or less rate.
- 4) Offered rates should be at par with CGHS Kolkata latest Rate or less, If any rate is not available in CGHS rate list of Kolkata, the interested firm may submit their **own Hospital rate with offered discount on rate**, if any.
- 5) **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.
- 6) 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.
- 7) **Appointment for CT/MRI & other special investigations test will/may be done over Tele-phone.**
- 8) Rates for nature of procedure is same as latest CGHS rate for Kolkata indicating the details of facility available with the conditions (NABH/NABL/NON-NABH/NON-NABL).
- 9) Contract period should be of three years subject to satisfactory performance and as per the CGHS Kolkata latest rates or less (if offered by the firm).
- 10) In case of any change of rates by CGHS Board, same rate will be considered with the date of implementation of rate after entering into fresh agreement.
- 11) Each patient will be sent with referral letter from CMS/Liluah or his nominated officials.
- 12) Either party shall not assign or sublet its obligation or any thereof.
- 13) All risk and responsibility for regular and timely conducting of CT & MRI other special investigations test 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.
- 14) **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.
- 15) Bill will be submitted in triplicate to CMS/Liluah's office with supporting documents.
- 16) **Period of MOU/Contract** – will be for **03 (three)** years from the date of commencement of work and the provision of MOU is subject to further extension at the CGHS Kolkata rates and all present term and condition on mutual consent.
- 17) **Memorandum of Understanding (MOU)** to be signed before commencement of work.
- 18) 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.
- 19) Firms are requested to collect scope of work from Liluah Rly. Hospital from 11.00 hrs to 16.00 hrs on Monday to Friday and 11.00 hrs to 13.00 hrs on Saturday except holidays or may download from Railway web site: **er.indianrailways.gov.in**. After 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 26/10/2023 upto 12.00 hrs.**
- 20) Signature and office seal must be on all pages of terms and condition and respective annexure.

21) The agreement between firm and Railway will remain in force for three years. It should be open to both parties to terminate this agreement any time during its currency by given two months' notice in advance to other party in writing.

Eligibility Criteria:-

1. Diagnostic centers/Hospital should have NABH/NABL Accreditation or Non-NABH/Non-NABL with good reputation & credential.
2. Should have all proper Licenses from the competent authority to operate hospital or laburaty
3. Diagnostic centers/Hospital should have at least three years of experience, well equipped with a good credential.
4. Preferably service should be available round the clock.

5. **MRI Machine:** The MRI Machine must be of **minimum 1.5 Tesla.**
6. **CT Scan Machine:** The CT Scan Machine **must be 16 slices.**
7. **Other Machine: Latest version.**

For Chief Medical Superintendent

Eastern Railway Hospital, Liluah.
Rly .Ph.: - 25104
Tel. No : 033-2654-5386

Signature/s of the Proprietor/s

Diagnostic Center Name (s) in full

Name of the Firm _____

Full Postal address_____

Dist. _____ P.S. _____ Pin _____

Tel. No. _____

Mobile no _____

E-mail _____

Date ____/____/_____

Office Seal

EASTERN RAILWAY HOSPITAL,LILUAH**EOI No. HE/Tie-UP/CT-MRI/23****SCHEDULE OF WORK :- (Annexure A to B)****NAME OF WORK : DIFFERENT INVESTIGATION REQUIRED BY EASTERN RAILWAY HOSPITAL,LILUAH****Annexure-"A"**

Sl. No.	CGHS Sl.No.	NAME OF INVESTIGATION	CGHS Kolkata latest rates		Rate to be quoted by the firm in Rs.	
			CGHS RATES (Non NABH) Rs.	CGHS RATES (NABH)Rs.	NON NABH/N ON NABL	NABH/NABL
01	1627	Intravenous Pyelography (IVP)	1190	1369		
02	1628	Micturating Cystourethrography (MCU)	680	782		
03	1629	Retrograde Urethrography (RGU)	680	782		
04	1630	Contrast Hystero-Salpingography (HSG)	1020	1173		
05	1631	X-ray Arthrography	700	805		
06	1632	Cephalography	150	173		
07	1633	Myelography	2750	3163		
08	1634	Diagnostic Digital Subtraction Angiography (DSA)	1749	2011		
MAMMOGRAPHY						
09	1635	X-ray Mammography	315	362		
10	1636	MRI Mammography	2550	2933		
Computed Tomography (CT) Scan						
11	1637	CT Scan Head-Without Contrast	900	1035		
12	1938	CT Scan Head- with Contrast -With Contrast including CT angiography	1350	1553		
13	1641	CT Scan Chest - without contrast (for lungs)	1700	1955		
14	1640	CT Scan Lower Abdomen (incl. Pelvis) With Contrast	1700	1955		
15	1641	CT Scan Lower Abdomen (Incl. Pelvis) Without Contrast	1500	1725		
16	1642	CT Scan Whole Abdomen Without Contrast	3000	3450		
17	1643	CT Scan Whole Abdomen With Contrast	4500	5175		
18	1644	Triple Phase CT abdomen	4500	5175		
19	1645	CT Scan angiography abdomen/ Chest	4500	5175		
20	1646	CT Scan Enteroclysis	6000	6900		
21	1647	CT Scan Neck - Without Contrast	1500	1725		
22	1648	CT Scan Neck - With Contrast	1870	2151		
23	1649	CT Scan Orbits - Without Contrast	1190	1369		
24	1650	CT Scan Orbits - With Contrast	1615	1857		
25	1651	CT Scan of Para Nasal Sinuses- Without Contrast	900	1035		
26	1652	CT Scan of Para Nasal Sinuses - With Contrast	1600	1840		
27	1653	CT Scan Spine (Cervical, Dorsal, Lumbar, Sacral)-without Contrast	1500	1725		
28	1654	CT Scan Temporal bone - without contrast	893	1027		
29	1655	CT Scan- Dental	1275	1466		
30	1656	CT Scan Limbs -Without Contrast	1700	1955		
31	1657	CT Scan Limbs -With Contrast including CT angiography	2253	2591		
32	1658	CT Guided intervention -FNAC	1200	1380		
33	1659	CT Guided Trucut Biopsy	1200	1380		
34	1660	CT Guided intervention -percutaneous catheterdrainage/tube placement	1305	1501		
MRI						
35	1661	MRI Head - Without Contrast	1998	2298		
36	1662	MRI Head - With Contrast	2848	3275		
37	1663	MRI Orbits - Without Contrast	1445	1662		
38	1664	MRI Orbits - With Contrast	2000	2300		
39	1665	MRI Nasopharynx and PNS - Without Contrast	2450	2818		
40	1666	MRI Nasopharynx and PNS - With Contrast	3500	4025		
41	1667	MR for Salivary Glands with Sialography	3000	3450		
42	1668	MRI Neck - Without Contrast	3000	3450		
43	1669	MRI Neck- with contrast	5000	5750		
44	1670	MRI Shoulder - Without contrast	2000	2300		
45	1671	MRI Shoulder - With contrast	2600	2990		

46	1672	MRI shoulder both Joints - Without contrast	3000	3450		
47	1673	MRI Shoulder both joints - With contrast	4000	4600		
48	1674	MRI Wrist Single joint - Without contrast	2125	2444		
49	1675	MRI Wrist Single joint - With contrast	4000	4600		
50	1676	MRI Wrist both joints - Without contrast	2125	2444		
51	1677	MRI Wrist Both joints - With contrast	5000	5750		
52	1678	MRI knee Single joint - Without contrast	2125	2444		
53	1679	MRI knee Single joint - With contrast	5000	5750		
54	1680	MRI knee both joints - Without contrast	2125	2444		
55	1681	MRI knee both joints - With contrast	5000	5750		
56	1682	MRI Ankle Single joint - Without contrast	2125	2444		
57	1683	MRI Ankle single joint - With contrast	5000	5750		
58	1684	MRI Ankle both joints - With contrast	5000	5750		
59	1685	MRI Ankle both joints - Without contrast	2500	2875		
60	1686	MRI Hip - With contrast	2500	2875		
61	1687	MRI Hip - without contrast	2125	2444		
62	1688	MRI Pelvis - Without Contrast	2125	2444		
63	1689	MRI Pelvis - with contrast	5000	5750		
64	1690	MRI Extremities - With contrast	5000	5750		
65	1691	MRI Extremities - Without contrast	2125	2444		
66	1692	MRI Temporomandibular - B/L - With contrast	4000	4600		
67	1693	MRI Temporomandibular - B/L - Without contrast	2125	2444		
68	1694	MR Temporal Bone/ Inner ear with contrast	4000	4600		
69	1695	MR Temporal Bone/ Inner ear without contrast	2500	2875		
70	1696	MRI Abdomen - Without Contrast	2125	2444		
71	1697	MRI Abdomen - With Contrast	5000	5750		
72	1698	MRI Breast - With Contrast	4250	4888		
73	1699	MRI Breast - Without Contrast	2125	2444		
74	1700	MRI Spine Screening - Without Contrast	1000	1150		
75	1701	MRI Chest - Without Contrast	2125	2444		
76	1702	MRI Chest - With Contrast	4000	4600		
77	1703	MRI Cervical/Cervico Dorsal Spine - Without Contrast	2125	2444		
78	1704	MRI Cervical/ Cervico Dorsal Spine - With Contrast	4000	4600		
79	1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2125	2444		
80	1706	MRI Dorsal/ Dorso Lumbar Spine - With Contrast	4000	4600		
81	1707	MRI Lumbar/ Lumbo-Sacral Spine - Without Contrast	2125	2444		
82	1708	MRI Lumbar/ Lumbo-Sacral Spine - With Contrast	5000	5750		
83	1709	Whole body MRI (For oncological workup)	5100	5865		
84	1710	MR cholecysto-pancreatography.	5500	6325		
85	1711	MRI Angiography - with contrast	5000	5750		
86	1712	MR Enteroclysis	2125	2444		
87	1713	Dexa Scan Bone Densitometry - Two sites	1500	1725		
88	1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip&extremity)	2000	2300		
89	1715	Dexa Scan Bone Densitometry Whole body	2450	2818		
NEUROLOGICAL INVESTIGATIONS AND PROCEDURES						
90	1716	Electroencephalogram (EEG)/ Video EEG	298	343		
91	1717	Electromyography (EMG)	638	734		
92	1718	Nerve Conduction Velocity(NCV) (at least 2 limbs)	638	734		
93	1719	Repetitive nerve stimulation (RNS)-Decremental response(before and after neostigmine)	595	684		

Other Special Investigations: -						
Sl. No.	CGHS Sl.No.	NAME OF INVESTIGATION	CGHS Kolkata latest rates		Rate to be quoted by the firm in Rs.	
			CGHS RATES (Non NABH) Rs.	CGHS RATES (NABH)Rs.	NON NABH/NON NABL	NABH/NABL
01	708	Anomaly Scan	500	575		
02	1591	USG Whole abdomen	323	371		
03	1786	HCV RNA Quantitative	1500	1725		
04	1797	C ANCA-IFA	1275	1500		
05	1798	P ANCA-IFA	1275	1500		
06	1815	Anti HEV IgM	850	1000		
07	1816	Anti HAV IgM	637	750		
08	1817	HBsAg Quantitative	552	650		
09	1818	Typhidot IgM	340	400		
10	1819	Hepatitis B Core Antibody (HBcAb) Level (Hepatitis B Core IgM Antibody)	408	480		
11	1820	Anti HBs	552	650		
12	N/A	Digital Mammography (B/L)	N/A	N/A		
13	N/A	Blood Culture sensitivity (aerobic & anaerobic)	N/A	N/A		
14	N/A	i PTH	N/A	N/A		
15	N/A	Scrub typhus IgM	N/A	N/A		
16	N/A	Leptospira IgM	N/A	N/A		
17	N/A	EBV IgM	N/A	N/A		
18	N/A	Urinary Osmolarity	N/A	N/A		
19	N/A	e GFR	N/A	N/A		
20	N/A	ANA Hep 2	N/A	N/A		
21	N/A	Colour Doffler	N/A	N/A		
22	N/A	Allergy Test (Skin Prick Test)	N/A	N/A		
23	N/A	Allergy Test (Serological allergy test)	N/A	N/A		
24	N/A	Dual marker test	N/A	N/A		
25	N/A	Quadruple marker Test	N/A	N/A		
26	N/A	NT Scan	N/A	N/A		
27	N/A	Anomaly Scan	N/A	N/A		
28	N/A	NIPT(Non invasive prenatal test)	N/A	N/A		

For Chief Medical Superintendent
Eastern Railway Hospital,Liluah