

ORTHOPAEDIC HOSPITAL
222-Church Road
Eastern Railway/ Howrah-711101.

NO. HG/Med/Tie-up/CGHS/Path & Radiology Invest/AZ & KWAE HUs/2024 Howrah, dated 29/ 04/ 2024

Sub : - Floating of notice inviting EOI for doing various Clinical investigations including Pathological, Radiological and special type of investigations for Railway Beneficiaries at latest CGHS rates or at lower rate or GOVT rate, AIIMS's rate or at reasonable rate as per mutual agreement for a period of **three (03) years for AZ & KWAE Health Units**

Application in pasted/sealed envelope for Expression of Interest(EOI) is invited from the interested locally available diagnostic centers or Govt./Pvt. hospitals for extending investigative facilities of railway referred patients of AZ(Azimgang) and KWAE(Katwa) Health Units at latest CGHS rates of the city in concern/nearest city for which CGHS rate is available or lower rate; 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. Name for which Health unit is applied for must be superscripted on the envelope.

1.	Name of the works	Clinical Investigations including Pathological (like Blood, routine urine and stool examination), Radiological (like X-ray on chest , limbs, abdomen, Head and spine and USG examination on Abdomen, KUB, Pelvis, Prostrate, Feto Placental, Scrotum, Breast and Thyroid Gland) and Other special investigations (EEG and Echocardiography) . However, 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 officers i.e. ACMS/Admin/HWH or ADMO/path/HWH who will be available from 12.00 hrs to 15.00 hrs. on any working day till 21/ 05 /2024
3	Date and time of receipt of application	Up to 22 / 05 /2024 on any working day between 11.00 hrs to 16.00 hrs
4	Modalities on which to be selected and bill payment system	A Memorandum of Understanding (MOU) will be executed with interested Diagnostic centre/Lab/Hospital 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.
5	Mode of selection of firms	One committee of Medical officers may be formed who will select the Diagnostic centre/Lab/Hospital with whom Railway will go for tie-up/MOU .Empanelment will be done on the basis of the prescribed criteria and offered rates. Empanelment will be on sole discretion of the committee. 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 NABL or 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 and modalities	1.Prescribed format of application as Annexure-A containing two pages 2.Details of investigations on which rates to be quoted are marked as Annexure-B containing three pages

Continue.....at p/2

8	Bench mark criterias and other criterias to be followed	<p>A. <u>The Diagnostic centers should have following infrastructures :</u> Pathological , Radiological and special type investigation for Railway beneficiaries should be done in reputed latest brand machines and conducted by a qualified technician and further countersigned by the competent medical practitioners of diagnostic center/hospital.</p> <p>B. <u>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 should be available for taking care of patient during investigations. <p>C. <u>Other criteria:-</u></p> <ol style="list-style-type: none"> 1. Diagnostic center /hospital must have suitable place for taking the patient smoothly. 2. There should be sufficient space outside Diagnostic center/ Hospital 4. There should be sufficient infrastructures inside premises for managing emergency. 5. Diagnostic center/Hospital near the concerned Health Unit will be preferred. 6. All licenses necessary to run such an establishment must be available for inspection. 7. Rates for different type pathological, radiological and special investigations must be unaltered throughout the empanelment period. 8. All reports must be delivered to patient/patient party within 48 hrs. or minimum time or whichever is earlier <p>D. <u>Mode of selection of firms</u></p> <p>Nominated committee of Medical officers will select the Diagnostic center/hospital with whom Railway will go for tie-up/ MOU with bill paying system from imprest cash of the respective HUs. 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. 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.</p>
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9	Bench mark criterias and other criterias to be followed	<p><u>E. Payment Mode:</u></p> <p>Patient/Patient party may pay the investigation charges of the diagnostic centre/hospital on receiving bill for the investigations. He (Patient/patient party) will recover his expenditure from the available imprest cash of the concerned HU on submission of original bills as well as Photostat copies of bills, prescription along with(Umid card/RELHS Card/Medical card of the patient and main card holder) and investigations reports duly signed by railway employee or retired railway employee of the concerned patient. Patient or patient party must be advised to submit their claims as soon as they receive the bills from the diagnostic centre.</p> <p style="text-align: center;">OR</p> <p>Diagnostic centre/Lab/Hospital may provide cashless investigation service for Diagnostic Tests for Railway Medical Beneficiary(Serving or retired employees and their medical beneficiaries) on receiving Photostat copy of prescription or original advice memo duly signed by doctor and having stamp of the concerned health unit. The Diagnostic centre/Lab/Hospital will produce the bills (in duplicate along with the reports) addressing to the concerned Health Unit for getting payment from the imprest cash.</p> <p style="text-align: center;">*Upper Ceiling limit of expenditure for single investigation for referred patient of HU would be Rs.1,500/- as per item no.20 of Part –B(Medical Matter) of MSOP-2018 . This limit may increase or decrease as per directive of Rly Board</p>
10	Other criteria	<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) <u>A declaration,</u> duly notarized in the court of Law, stating any unsatisfactory performance and breach of contract on the part of diagnostic centre/Lab/hospital detected by the railway authority and decision taken thereof shall be final and binding on the performer(Diagnostic centre), has to be enclosed with the prescribed format of application.</p> <p>(EIO may be extended after expiry of agreemental 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>

ANNEXURE –A

(Page-1)

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(A DIVISIONAL RAILWAY HOSPITAL) , HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL INVESTIGATIONS INCLUDING PATHOLOGICAL ,RADIOLOGICAL AND SPECIAL TYPE OF INVESTIGATIONS LIKE ECHO CARDIOGRAPHY AND EEG **for Railway beneficiaries of** AZ(Azimgang) and KWAE(Katwa) Health Units at latest CGHS rates of the city in concern/nearest city for which CGHS rate is available or lower rate. 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.

Rates Offered for Health Unit _____

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 CONTAINING THREE PAGES) -----

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 FROM IMPREST CASH OF THE CONCERNED HEALTH UNIT (Name of the Health Unit) -----

SIGNATURE
AUTHORIZED SIGNATORY
(NAME- _____)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

Continue _____ p/2

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

8. 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.....

9. WE ENCLOSE A COMPLETE TARIFF CHART OF OUR DIAGNOSTIC CENTER/ HOSPITAL AS PER ANNEXUR-B

10. OUR DIAGNOSTIC CENTER /HOSPITAL HAVE BEEN RECOGNISED FOR TREATMENT OF THE FOLLOWING GOVT. ORGANISATION/SEMI-GOVT. ORGANISATION/ PRIVATE ORGANISATION AS PER ANNEXURE

11. 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.

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

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

14. Extra offer if any_____

(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

ANNEXURE-B (Page-1 of Annexure- B)
LIST OF PATHOLOGICAL TESTS FOR AZ and KWAE HEALTH UNITS

Sl. No	PATHOLOGICAL TEST	Offered rates	
		In figure	In words
01	ROUTINE URINE EXAMINATION		
02	ROUTINE STOOL EXAMINATION		
03	BLOOD for Hb%		
04	BLOOD FOR TLC		
05	BLOOD FOR DLC		
06	BLOOD FOR ESR		
07	BLOOD FOR Hb% , TLC, DLC, ESR		
08	BLOOD FOR MALARIA PARASITE		
09	BLOOD FOR MALARIA PARASITE, ANTIGEN (PLASMODIUM, VIVAX & FALCIPARUM)		
10	BLOOD SUGAR FASTING		
11	BLOOD SUGAR POST PRANDIAL		
12	BLOOD SUGAR RANDOM		
13	GLYCOSYLATED HAEMOGLOBIN(HBAIC)		
14	SERUM BILIRUBIN		
15	SERUM ALKALINE PHOSPHATASE		
16	SGOT		
17	SGPT		
18	TOTAL PROTEIN		
19	TOTAL CHOLESTEROL		
20	ALBUMIN		
21	GLOBULIN		
22	AG RATIO		
23	SERUM UREA		
24	SERUM CREATININE		
25	LIPIDE PROFILE-CHOLESTEROL, TRIGLYCERIDE, HDLC, VLDL		
26	WIDAL TEST		
27	IgG & IgM for dengue		
28	BLOOD TEST FOR CHIKENGUNIA		
29	NS-1 FOR DENGUE FEVER		
30	PT, INR		
31	Platelet count		
32	BTCT		
33	HbsAg		
34	HbA1C		
35	FT3FT4 TSH		
36	THS		
37	ABORh		
38	Uricacid		
39	ASO Titre		
40	RA Factor		

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP

LIST OF RADIOLOGICAL INVESTIGATION FOR AZ and KWAE HEALTH UNITS

SINo.	RADIOLOGICAL TEST	Offered rates	
		In figure	In words
	CHEST X-Ray		
01	CHEST (PA) VIEW		
02	CHEST (AP) VIEW		
03	CHEST (LAT) VIEW		
04	CHEST (OBLIQUE) VIEW		
	ABDOMEN X-Ray		
05	STRAIGHT X-RAY (ABDOMEN IN ERECTPOSTURE(AP) VIEW		
06	K.U.B (AP) VIEW		
07	PELVIS (AP) VIEW		
	HEAD X-Ray		
08	SKULL (AP) VIEW		
09	SKULL (LAT) VIEW		
10	P.N.S(OM) VIEW		
11	MASTOIDS(LAT/OBQ) VIEW		
12	ORBIT (AP) VIEW		
13	NASAL BONE (LAT) VIEW		
14	NASOPHARYNX(LAT) VIEW		
	LOWER LIMB X-Ray		
15	HIP JOINT (AP) VIEW		
16	HIP JOINT (LAT) VIEW		
17	FEMUR (AP & LAT) VIEW		
18	KNEE JOINT (AP & LAT) VIEW		
19	LEG (AP & LAT VIEW		
20	ANKLE JOINT (AP & LAT) VIEW		
21	FOOT (AP & OBQ) VIEW		
22	TOE (AP /LAT) VIEW		
23	HEEL (LAT/AXIAL) VIEW		
	UPPER LIMB X-Ray		
24	ARM (AP&LAT) VIEW		
25	SHOULDER (AP) VIEW		
26	SHOULDER (LAT) VIEW		
27	ELBOW (AP& LAT) VIEW		
28	FOREARM (AP&LAT) VIEW		
29	WRIST (AP& LAT) VIEW		
30	SCAPHOID		
31	HAND (AP & OBQ) VIEW		
32	FINGER (AP & LAT)		
33	CERVICAL SPINE (AP) VIEW		
34	CERVICAL SPINE (LAT) VIEW		
35	SOFT TISSUE NECK (LAT) VIEW		
36	DORSAL SPINE (AP) VIEW		
37	DORSAL SPINE (LAT) VIEW		
38	DORSO- LUMBER SPINE (AP) VIEW		
39	DORSO-LUMBER SPINE (LAT) VIEW		
40	LUMBO-SACRAL SPINE (AP) VIEW		
41	LUMBO-SACRAL SPINE (LAT) VIEW		
42	SACRUM & COCCYX (AP) VIEW		
43	SACRUM & COCCYX (LAT) VIEW		
44	BOTH SACRO-ILIAC JOINTS (AP) VIEW		
45	(EACH) SACROILIAC JOINT (OBLIQUE VIEW)		

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LIST OF RADIOLOGICAL AND OTHERS INVESTIGATIONS FOR AZ and KWAE HEALTH UNITS

SL No	USG TESTS	Offered rates	
		In figure	In words
46	USG OF WHOLE ABDOMEN		
47	USG OF UPPER ABDOMEN		
48	USG OF LOWER ABDOMEN		
49	USG OF KUB & PELVIS		
50	USG OF PF LIN, PROSTATE AND RUV		
51	USG OF FETO PLACENTAL PROFILE		
52	USG OF SCROTUM (EACH)		
53	USG OF BREAST (EACH)		
54	USG OF THYROID GLAND		
	OTHERS		
55	EEG		
56	ECHO CARDIO GRAPHY (3D)		
57	ECHO CARDIO GRAPHY (2D)		

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-----E N D-----

