

Quotation No.MED/MHD/BRSH/2022

Dt 23.08.22

To,

Sealed EOI offers are invited by Medical Director/E.Rly/Sealdah in the prescribed format for entering into 02 years contract of Maintenance of Haemodialysis (MHD) with private Hospitals/ Diagnostic centre of Kolkata at CGHS rate preferably with discount for Railway Beneficiaries of B.R.Singh Hospital/E.Rly/ Sealdah through MoU (Memorandum of Understanding) on actual Bill Payment system the following works:

1. Name of the work: Maintenance of Haemodialysis (MHD) with private Hospitals/ Diagnostic centre of Kolkata at CGHS rate preferably with discount Railway Beneficiaries of B.R.Singh Hospital/E.Rly/Sealdah.
2. Period of Work: 02 years
3. The quotation with supporting documents is to be submitted in a sealed envelope superscribing the name & No. of work and should be deposited in the Office of the Medical Director, B.R.Singh Hospital, Sealdah, Kolkata: 700 014 on or before 15.09.2022.
4. Schedule of work at Annexure- A.
5. The Railway Authority reserves the full right to accept or reject the offers on any circumstances without showing any reason to the offerers.
6. **Termination Clause:** All the right/rights is reserved by the Administration to terminate the offer with a notice of 30(Thirty) days if situation so deserves. Also the Railway administration may terminate the offers without prior notice if the empanelled Centre/Hospital's performance is found not up to the satisfactory level or against Railway's interest and the decision of the Railway Administration in this regard will be final and shall be binding on the offerers.
In case of termination of the offers by the offerers, the PG bond deposited by the Centre/Hospital will be forfeited as per GCC-2022 with upto date correction slips.
7. **Penalties:** i) If any refusal for same will hamper as per agreement or schedule will be suspended, the Rly Admn will deduct the accepted amount on pro-rata basis along with penalties subject to maximum Rs. 1000/- per day from offerer's bill. ii) In case offers work in whole or in part is prevented or delayed by reasons of war, hostility, Acts of public enemy, civil commotions, strike, lockout or Acts of god, provided that notice of such events is given by offerers within one day from the date of

Chief Specialist-III/BRSH
For Medical Director/BRSH/SDAH

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चीफ स्पेशलिस्ट-III बी.आर.सिंह अस्पताल
DR. ACHINTYA SANYAL
CS - III / BRSH / E. RLY.



**B R SINGH HOSPITAL
EASTERN RLY/SEALDAH
EXPRESSION OF INTEREST (EOI) FOR HAEMODIALYSIS**

No: MED/MHD/EOI/BRSH/2022-24

Date: 23.08.22

Sub: EOI (Expression of Interest) for TWO (2) years towards entering into tie-up with private hospitals/Haemodialysis centre of Kolkata and suburban areas at CGHS rate with discount for **Maintenance of Haemodialysis (MHD)** for Railway Beneficiaries of B.R.Singh Hospital/E.Rly/Sealdah through MoU (Memorandum of Understanding) on actual Bill Payment system.

B.R.Singh Hospital/Eastern Railway/Sealdah is a 465 bedded super specialty Hospital. Medical Director of B.R.Singh Hospital/Eastern Railway/Sealdah invites "Expression of Interest (EOI)" for two (02) years from all willing private hospitals/Haemodialysis centre of Kolkata and suburban areas for entering into **Maintenance of Haemodialysis (MHD)** tie-up at the **CGHS rate** with discount for Railway beneficiaries of B.R.Singh Hospital, E.Rly./Sealdah through MoU (Memorandum of Understanding) on Bill Payment system.

For EOI, the Document & Format is to be collected from the office of the Medical Director/Eastern Railway/Sealdah or the same may also be downloaded from Railway website.

The Eligibility Criteria of the private hospitals/Haemodialysis Diagnostic centre(s) willing to enter into Tie-up of MHD with B.R.Singh Hospital, E.Rly./Sealdah are as follows:

- (1) Must have PAN No. of its own (by the name of Hospital/company/Pvt Ltd company/Ltd company/Trustee etc).
- (2) The Memorandum of articles of the Hospital/company/Pvt Ltd company/Ltd company/Trustee etc is required as and when necessary.

The responses on the prescribed format may be submitted to the office of the Medical Director, B.R.Singh Hospital/Eastern Railway/Sealdah on and before **15.09.22**

Chief Specialist-III/BRSH
For Medical Director/BRSH/SDAH

DR. ACHINTYA SANYAL
CS - III / BRSH / E. RLY.

TERMS AND CONDITIONS

1. GENERAL CRITERIA OF THE DIAGNOSTIC CENTRE/PVT HOSPITAL

Backup generator, UPS, emergency lights

Changing room for the patients.

Equipments for resuscitation of the patients to be made available.

Provision of separate waiting room.

2. SPECIAL TERMS AND CONDITIONS

1. The MHD Centres/Hospitals must give 24 hours service (round the clock which includes (routine as well as emergency) services. Rate should be same for both types of services.
2. Qualification and experience: Experienced, Qualified and trained HD Technician for MHD should be made available (24x7) hrs along with Qualified Doctor for emergency management of Railway patients.
3. Monthly report of patients undergoing HD (cashless) to be submitted to IC/Nephrology/BRSH within 1st week of Subsequent month.
4. **MODE OF PAYMENT:** Payment will be made as per extant rule on actual bill payment system.
5. Medical Director, B.R.Singh Hospital/E.Rly/Sealdah will have right to terminate the arrangement at any time, if the quality of service is not found satisfactory.
6. All the General Contract Conditions – GCC 2022 with updated correction slips will be applicable for this Tie-up.
7. **Eligibility Criteria:** The eligibility criteria of the private hospitals/Haemodialysis Diagnostic centre(s) willing to enter into Tie-up of MHD with B.R.Singh Hospital, E.Rly./Sealdah are as follows:
 - (i) Must have PAN No. of its own (by the name of Hospital/company/Pvt Ltd company/Ltd company/Trustee etc).
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(To be submitted by Hospital/Centre for MHD Tie-up after filling up)

Technical and Infrastructure Specifications of the Diagnostic Centres/Hospitals for MHD

1. Name of the Centre/Hospital: _____

2. Contact Details _____

3. Name of the Contact Person: _____

4. Street Address: _____ City/Town: _____

Locality/Village/Tehsil _____ District _____ State: _____

Telephone _____ Email _____ Website _____

5. Locality of Diagnostic Centre (Mark 'v' which is applicable): Urban [] Rural []

Does the Diagnostic Centre have split location(s): Yes [] No []

If yes, address of the other location(s) and distance from main location: _____

6. Ownership:- [] Private- Corporate [] Armed Forces [] PSU
[] Trust [] Government [] Charitable

Others (Specify.....)

7. Year and month in which registered and under which authority (as per state and central requirements) _____

8. Year and month in which clinical functions started: _____

SIGNATURE OF THE HEAD OR AUTHORIZED NOMINEE

ANNEXURE-A

The description and rate of MHD is as follows:

Sl.No	Description	CGHS rate	Offer Rate
1	SERO NEGATIVE		
2	SERO POSITIVE HIV/HCV/HBsAg (+ve)		

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