



B.R.SINGH HOSPITAL
EASTERN RAILWAY/SEALDAH

No: MED/MRI-INVES-TIE UP/BRSH/EOI/2023

Sealdah, 01.05.2023.

EOI (EXPRESSION OF INTEREST) FOR MRI AND OTHER RADIOLOGICAL INVESTIGATION TIE-UP

Sub: EOI (Expression of Interest) is sought for two years MRI and Other Radiological Investigation Tie-up from Private Diagnostic centre/Hospital of Kolkata which are not done at B.R.Singh Hospital/ER/Sealdah at CGHS rate for Railway Beneficiaries of B.R.Singh Hospital, Eastern Railway, Sealdah through MoU (Memorandum of Understanding) on actual Bill payment system. Those tests which are not included in the CGHS list will be referred to the WBHS list and will be paid at WBHS rate.

Chief Specialist of B.R.Singh Hospital/Eastern Railway/Sealdah for Medical Director/ B.R.Singh Hospital/Eastern Railway/Sealdah invites EOI (Expression of Interest) for two years MRI and Other Radiological Investigation Tie-up from Private Diagnostic centre/Hospital of Kolkata which are not done at B.R.Singh Hospital/ER/Sealdah, at CGHS/WBHS rate for Railway Beneficiaries of B.R.Singh Hospital/Eastern Railway/Sealdah through MoU (Memorandum of Understanding) on actual Bill Payment system.

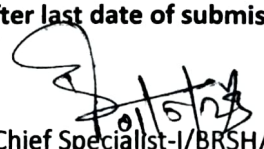
Those investigations which are not included in the list published by CGHS/WBHS should be quoted in the document clearly mentioning the following:

- (1) Diagnostic centre/Hospital rates to be mentioned against each investigation clearly.
- (2) Discount offer rates with percentage to be mentioned for the investigations under point (1)

In case of unlisted investigations as mentioned in point (1) at least one round of negotiation will be held with the participants to reach a healthy and maximum possible discount from the Railway side. Those agencies who are already under contract through MoU for such investigation should quote again to remain in contention.

Over and above the CGHS rate, a uniform rate across the board will be preferred before the MoU are finalized.

The responses in the prescribed format may be submitted to the Office of the Medical Director/B.R.Singh Hospital/Eastern Railway/Sealdah followed by a receive document copy of application **on and before 24.05.2023**. No application will be received after last date of submission.


Chief Specialist-I/BRSH/ER
For Medical Director
B.R.Singh Hospital/ER/SDAH

डॉ० बी. सी. राय
चिकित्सक - I / बी.आर.सिंह अस्पताल
DR. B. C. RAY
CS - I / BRSH / E.RLY.



EASTERN RAILWAY
B.R.SINGHHOSPITAL

Quotation No. MED/MRI & OTHERS/BRSH/2023

Dt 01.05.2023

To,

Sealed offers are invited by Medical Director/E.Rly/Sealdah in the prescribed format for and on behalf of President of India towards entering into tie-up with private Hospitals/ Diagnostic centre of Kolkata at CGHS rate for various diagnostic procedure of Railway Beneficiaries of B.R.Singh Hospital, Eastern Railway, Sealdah through MoU (Memorandum of Understanding) for 2 years on Bill Payment system for the following works :-

1. Name of the work: Various diagnostic procedure (MRI, MRCP, PET SCAN, CT Scan, EEG, EMG, NCV, HUTT, ENT, ENG, Thyroid Scan, Mammography, Urology, Neurology Gastroenterology etc) for Railway beneficiaries of B.R.Singh Hospital, E.Rly./Sealdah through MoU on actual bill payment system.

2. Period of work: 2 years

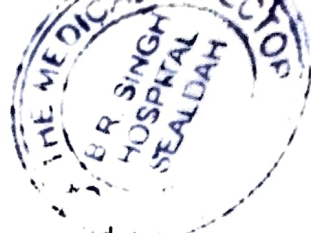
3. Detailed various diagnostic procedures with supporting documents is to be submitted in a sealed envelope. Super scribing the name & No. of work and should be deposited in the Office of the Medical Director, B.R.Singh Hospital, Sealdah, Kolkata: 700 014 on or before **24.05.2023**

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. Performance Guarantee Bond- The Successful bidder shall have submit a PG Bond of Rs. 2 Lakh within 21 (twenty one) days from the date of issue of Letter of Acceptance (LOA). A penal interest of 12 % per annum shall be charged for the delay beyond 22nd day up to 60 th day from the date of issue of Letter of Acceptance (LOA). From the 61th day from the date of issue of LOA the contract will be terminated. The PBG will be refunded after satisfactory completion of work without interest.

7. 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 offerer'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.



8. **Payment terms:** The payment will be made on actual bill payment system as per terms and conditions. The Centre will be submitted the bills in triplicate within the 1st week of each month.

In case of termination of the offers by the empanelled Hospital/Diag Centre, the PG bond deposited by the empanelled Hospital/Diag Centre will be forfeited as per GCC-2022 with updated correction slips.

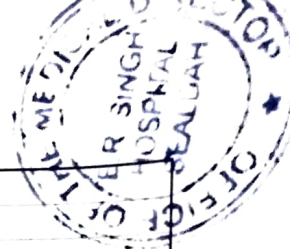
8. **Penalties:** i) If any refusal for same will hamper as per agreement or schedule will be suspended, the Rly. Admn. will deduct the accepted amount on pro-rata basis along with penalties subject to maximum from offerer's bill. ii) In case offers work in whole or in part is prevented or delayed by 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 occurrence, imposition of such penalty will be at the discretion of competent authority.

Chief Specialist-I

BRSH/SDAH

डॉ. बी. सी. राय
की. स्पेशलिस्ट - I / बी.आर.सिंह अस्पताल

DR. B. C. RAY
CS-I / BRSH / E.RLY.



**B.R.SINGH HOSPITAL
EASTERN RAILWAY/SEALDAH**

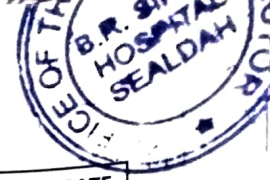
ANNEXURE-A

No.: HM/MED/MRI&OTHERS/BRSH/2023

DATE:

QUOTAION RATE LIST OF MRI AND OTHER RADIOLOGICAL INVESTIGATION PROCEDURES FOR MRI&OTHER TIE UP .

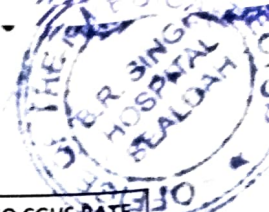
			PROCEDURES HAVING NO CGHS RATE		
SL		CGHS	CGHS	Hosp/Diag	Offer rate by
NO	NAME OF THE PROCEDURE	Sl.No	Rate	Centre rate	Hosp/Diag Centre
	MRI OF:		(Rs.)	(Rs.)	(Rs.)
1	ABDOMEN- WITH CONTRAST	1697	4500		
2	ABDOMEN- WITHOUT CONTRAST	1696	2125		
3	ANGIO CAROTID WITH CONTRAST		NA		
4	ANGIO CAROTID WITHOUT CONTRAST		NA		
5	ANGIOGRAPHY- BRAIN PLAIN		NA		
6	ANGIOGRAPHY- BRAIN WITH CONTRAST	1711	4500		
7	ANKLE BOTH JOINTS-WITH CONTRAST	1685	4500		
8	ANKLE BOTH JOINTS-WITHOUT CONTRAST	1684	2125		
9	ANKLE SINGLE JOINT-WITH CONTRAST	1683	4500		
10	ANKLE SINGLE JOINT-WITHOUT CONTRAST	1682	2125		
11	ANO RECTAL WITH CONTRAST		NA		
12	ANO RECTAL WITHOUT CONTRAST		NA		
13	AXILLA RIGHT/LEFT WITH CONTRAST		NA		
14	BRACHIAL PLEXUS WITH CONTRAST		NA		
15	BRACHIAL PLEXUS WITHOUT CONTRAST		NA		
16	BRAIN WITH FLOW STUDY		NA		
17	BRAIN WITH SPECTROMETRY WITH CONTRAST		NA		
18	BRAIN WITH SPECTROMETRY WITHOUT CONTRAST		NA		
19	BRAIN+INTERNAL AUDITORY CANAL WITH CONTRAST		NA		
20	BREAST (Single/double) - WITHOUT CONTRAST	1699	2125		
21	BREAST (single/double)- WITH CONTRAST	1698	4250		
22	CERVICAL/CERVICO DORSAL SPINE-WITH CONTRAST	1704	4000		
23	CERVICAL/CERVICO DORSAL SPINE-WITHOUT CONTRAST	1703	2125		
24	CHEST - WITH CONTRAST	1702	4000		
25	CHEST - WITHOUT CONTRAST	1701	2125		
26	CISTERNOGRAPHY WITH CONTRAST	NA	NA		
27	DORSAL/DORSO LUMBER SPINE- WITH CONTRAST	1706	4000		
28	DORSAL/DORSO LUMBER SPINE- WITHOUT CONTRAST	1705	2125		
29	ELBOW JOINT	NA	NA		
30	ENTEROCLYSIS WITH CONTRAST		2444		
31	ENTEROGRAPHY WITH CONTRAST		NA		
32	EXTRIMITIES- WITH CONTRAST	1690	4500		
33	EXTRIMITIES- WITHOUT CONTRAST	1691	2125		
34	FACE WITH CONTRAST		NA		
35	FACE WITHOUT CONTRAST		NA		
36	FINGER WITH CONTRAST	NA	NA		
37	FINGER WITHOUT CONTRAST	NA	NA		
38	FISTULOGAM WITH CONTRAST		NA		
39	FOOT-WITH CONTRAST		4500		
40	FOOT-WITHOUT CONTRAST		2444		
41	HAND WITH CONTRAST		5175		



SL NO	NAME OF THE PROCEDURE	CGHS	CGHS	PROCEDURES HAVING NO CGHS RATE	
		Sl.No	Rate	Hosp/Diag Centre rate	Offer rate by Hosp/Diag Centre
	MRI OF:		(Rs.)	(Rs.)	(Rs.)
42	HAND WITHOUT COINTRAST		2444		
43	HEAD- WITH CONTRAST	1662	2848		
44	HEAD- WITHOUT CONTRAST	1661	1998		
45	HIP- WITH CONTRAST	1686	2250		
46	HIP- WITHOUT CONTRAST	1687	2125		
47	KNEE BOTH JOINTS-WITH CONTRAST	1681	4500		
48	KNEE BOTH JOINTS-WITHOUT CONTRAST	1680	2125		
49	KNEE SINGLE JOINT-WITH CONTRAST	1679	4500		
50	KNEE SINGLE JOINT-WITHOUT CONTRAST	1678	2125		
51	KUB WITH CONTRAST		NA		
52	LIVER & HEART (FOR IRON STATUS)	NA	NA		
53	LUMBER/LUMBO-SACRAL SPINE-WITH CONTRAST	1708	4500		
54	LUMBER/LUMBO-SACRAL SPINE-WITHOUT CONTRAST	1707	2125		
55	MAMMOGRAPGY WITH CONTRAST(Double)	1636	2550		
56	MAMMOGRAPGY WITH CONTRAST(Single)	1636	2550		
57	MAMMOGRAPGY WITHOUT CONTRAST(Double)	1636	2550		
58	MAMMOGRAPGY WITHOUT CONTRAST(Single)	1636	2550		
59	MR ANGIO PERRIFERAL VESSEL WITH CONTRAST		NA		
60	MR ANGIO RENAL VESSEL WITH CONTRAST		NA		
61	MR ANGIOGRAPHY OF AORTA AND BRANCHES WITH CONTRAST		NA		
62	MR ENTROCLYSIS		1500		
63	MR SPECTOSCOPY	NA	NA		
64	MRCP	1710	4950		
65	MUSCLE LOWER LIMB WITH CONTRAST		NA		
66	MUSCLE LOWER LIMB WITHOUT CONTRAST		NA		
67	MUSCLE UPPER LIMB WITH CONTRAST		NA		
68	MUSCLE UPPER LIMB WITHOUT CONTRAST		NA		
69	NASOPHARYNX AND PNS - WITH CONTRAST	1666	3500		
70	NASOPHARYNX AND PNS - WITHOUT CONTRAST	1665	2205		
71	NECK- WITH CONTRAST	1669	4500		
72	NECK- WITHOUT CONTRAST	1668	2700		
73	ORBIT - WITH CONTRAST	1664	2000		
74	ORBIT - WITHOUT CONTRAST	1663	1445		
75	PELVIS- WITH CONTRAST	1689	4500		
76	PELVIS- WITHOUT CONTRAST	1688	2125		
77	PENIS WITH CONTRAST		NA		
78	PENIS WITHOUT CONTRAST		NA		
79	PERINIUM WITH CONTRAST		NA		
80	PERINIUM WITHOUT CONTRAST		NA		
81	PITUITARY GLAND WITH CONTRAST		NA		
82	PROSTATE WITH CONTRAST	1785	6000		
83	S I JOINT WITH CONTRAST		NA		
84	S I JOINT WITHOUT CONTRAST		NA		
85	SACROCOCCYGEAL REGION WITH CONTRAST		NA		
86	SACROCOCCYGEAL REGION WITHOUT CONTRAST		NA		

		PROCEDURES HAVING NO CGHS RATE			
SL		CGHS	CGHS	Hosp/Diag	Offer rate by
NO	NAME OF THE PROCEDURE	Sl.No	Rate	Centre rate	Hosp/Diag Centre
	MRI OF:		(Rs.)	(Rs.)	(Rs.)
87	SALIVARY GLAND WITH SIALOGRAPHY WITH CONTRAST		NA		
88	SALIVARY GLANDS WITH SIALOGRAPHY	1667	3000		
89	SCAPULA DOUBLE WITH CONTRAST	NA	NA		
90	SCAPULA DOUBLE WITHOUT CONTRAST	NA	NA		
91	SCAPULA SINGLE WITH CONTRAST	NA	NA		
92	SCAPULA SINGLE WITHOUT CONTRAST		NA		
93	SHOULDER BOTH JOINTS-WITH CONTRAST	1673	4000		
94	SHOULDER BOTH JOINTS-WITHOUT CONTRAST	1672	2700		
95	SHOULDER- WITH CONTRAST	1671	2340		
96	SHOULDER- WITHOUT CONTRAST	1670	2000		
97	STERNOCLAVICULAR JOINT	NA	NA		
98	TEMPORAL BONE/INNER EAR WITH CONTRAST	1694	4000		
99	TEMPORAL BONE/INNER EAR WITHOUT CONTRAST	1695	2500		
100	TEMPOROMANDIBULAR- B/L-WITH CONTRAST	1392	4000		
101	TEMPOROMANDIBULAR- B/L-WITHOUT CONTRAST	1693	2125		
102	THYROID WITH CONTRAST		NA		
103	TONGUE WITH CONTRAST		NA		
104	TONGUE WITHOUT CONTRAST		NA		
105	VENOGRAPHY BRAIN WITH CONTRAST		NA		
106	VENOGRAPHY OF EXTRIMITIES WITH CONTRAST		NA		
107	VENOGRAPHY OF NECK VESSEL		NA		
108	WRIST BOTH JOINTS-WITH CONTRAST	1677	4500		
109	WRIST BOTH JOINTS-WITHOUT CONTRAST	1676	2125		
110	WRIST SINGLE JOINT-WITH CONTRAST	1675	4000		
111	WRIST SINGLE JOINT-WITHOUT CONTRAST	1674	2125		
112	131-IODINE THERAPY 51-100 mCi	1367	12000		
113	3D TEE (TRANSOESOPHAGEAL ECHO)	596	1403		
114	BERA TEST	NA	NA		
115	BM ASPIRATION BIOPSY	NA	NA		
116	BONE MARROW TREPHINE BIOPSY	NA	NA		
117	BONE SCAN 2350	NA	NA		
118	BRACHIAL PLEXUS STUDY	1723	574		
119	BRONCHIAL ARTERY EMBOLISATION	NA	NA		
120	CAPSULE ENDOSCOPY	NA	NA		
121	CARDIAC MRI	604	2444		
122	CBCT ANY QUADRANT	NA	NA		
123	CBCT CANINE TO CANINE (MAXILLARY OR MANDIBULAR	NA	NA		
124	CBCT FULL MOUTH	NA	NA		
125	CBCT LOWER JAW	NA	NA		
126	CBCT SINGLE TOOTH (ANY ARCH/QUADRANT)	NA	NA		
127	CBCT UPPER JAW	NA	NA		
128	CCG	NA	NA		
129	CT ANGIOGRAPHY BRAIN	NA	NA		
130	CT ANGIOGRAPHY HEART	NA	NA		
131	CT DENTAL	NA	NA		
132	CT GUIDED BIOPSY	579	1139		

				PROCEDURES HAVING NO CGHS RATE	
SL		CGHS	CGHS	Hosp/Diag	Offer rate by
NO	NAME OF THE PROCEDURE	Sl.No	Rate	Centre rate	Hosp/Diag Centre
	MRI OF:		(Rs.)	(Rs.)	(Rs.)
133	CT GUIDED INTERVENTION-FNAC	1658	1080		
134	CT GUIDED INTERVENTION-PARACUTANIOUS CATHETER DRAINAGE/TUBE PLACEMENT		1305		
135	CT GUIDED TRUCUT BIOPSY	1659	1200		
136	CT GUIDED TRUCUT BIOPSY GB LUMP	NA	NA		
137	DEXA SCAN BONE DENSITOMETRY-THREE SITES (SPINE,HIP & EXTREMITY)	1714	1955		
138	DEXA SCAN BONE DENSITOMETRY-TWO SITES	1713	1500		
139	DEXA SCAN BONE DENSITOMETRY-WHOLE BODY	1715	2450		
140	DEXA SCAN OF FEMUR		NA		
141	DEXA SCAN OF SPINE		1955		
142	DIGITAL SUBTRACTION ANGIOPGRAPHY-PERIPHERAL ARTERY		11500		
143	DIGITAL SUBTRACTION ANGIOPGRAPHY-VENOGRAM		11500		
144	DMSA	1354	3421		
145	DOTATATE/DOTANOC SCAN		14450		
146	DSA	NA	NA		
147	DTPA DURATIVE RENOGRAM	1361	2933		
148	DTPA RENOGRAM	1355	3079		
149	DYNAMIC RENOGRAPHY	1355	3421		
150	ECOCH G	NA	NA		
151	EEG/VIDEO EEG	1716	298		
152	EMG FACIAL	1717	1212		
153	EMG STUDY OF UPPER LIMBS	1717	574		
154	EMG STUDY OF LOWER LIMBS	1717 & 1718	1212		
155	EMG TONGUE	NA	NA		
156	EMG+NCV ALL FOUR LIMBS	1719 & 1718	1212		
157	EMG+NCV LOWER LIMBS	1717 & 1718	1212		
158	EMG+NCV UPPER LIMBS	1718 &	1212		
159	ENG	NA	NA		
160	FDG BRAIN/HEART PET/CT SCAN	1381	13197		
161	FDG WHOLE BODY PET/CT SCAN	1380	18475		
162	FISTULOGRAPHY	NA	NA		
163	GALLIUM BASED PSMA PET SCAN		14450		
164	GLYCEROL TEST	NA	NA		
165	HIDA SCAN	RS. 1750/- SL. WBHS'S 81032020 R			
166	HOLTER MONITORING 48 hours	NA	NA		
167	HOLTER MONITORING 72 hours	NA	NA		
168	HUTT	NA			
169	IHC	1434	747		
170	IODINE-131 WHOLE BODY SCAN	1361	2933		
171	IRON SHEDIN	NA	NA		
172	IVC GRAPGY+HEPATIC VEINOFRAPGY		34212		
173	LUNG PERFUSION SCAN	1343	2000		
174	LUNG VENTILATION & PERFUSION SCAN (V/Q SCAN)	1342	3600		



				PROCEDURES HAVING NO CGHS RATE	
SL		CGHS	CGHS	Hosp/Diag	Offer rate by
NO	NAME OF THE PROCEDURE	Sl.No	Rate	Centre rate	Hosp/Diag Centre
	MRI OF:		(Rs.)	(Rs.)	(Rs.)
175	LUNG VENTILATION PERFUSION SCAN	NA	3600		
176	MR ENTROCLYSIS		1500		
177	MR SPECTROSCOPY	NA	NA		
178	MRI ELBOW JOINT	NA	NA		
179	MRI LIVER & HEART (FOR IRON STATUS)	NA	NA		
180	MRI STERNOCLAVICULAR JOINT	NA	NA		
181	NCV BRACHIAL PLEXUS	1723	638		
182	NCV FACIAL	1720	574		
183	NCV STUDY OF ALL FOUR LIMBS	1718	638		
184	NCV STUDY OF LOWER LIMBS	1718	638		
185	NCV STUDY OF UPPER LIMBS	1718	638		
186	P.T.AUDIOMETRY	NA	NA		
187	PALLIATION				
188	PHOSPHORUS-32 THERAPY FOR METASTATIC BONE PAIN PALLIATION		5000		
189	POLYSOMNOGRAPHY/SLEEP STUDY TEST		638		
190	RADIOSYNOVECTOMY WITH YTTRIUM		19125		
191	RENAL CORTICAL SCINTIGRAPHY	1354	3421		
192	REPEATITIVE NERVE STIMULATION TEST (RNST)	1720	595		
193	SAMARIUM-153 THERAPY FOR METASTATIC BONE PAIN PALLIATION		10450		
194	SSEP STUDY	1717	638		
195	STROBOSCOPY	NA	NA		
196	TC 99 THYROID GLAND SCAN	1360	1319		
197	Tc99 SESTAMIBI SCAN OF PARATHYROID	1363	4399		
198	THORACOSCOPY	NA	NA		
199	THYROID SCAN WITH TECHNETIUM 99m PERTECHNATE	1360	1466		
200	THYROID UPTAKE MEASUREMENTS WITH 131-IODINE	1359	1564		
201	TRINITUS TRAINING	NA	NA		
202	TYMPANOMETRY	NA	NA		
203	ULTRASOUND GUIDED ABSCESS DRAINAGE	1317	720		
204	ULTRASOUND GUIDED BIOPSY	NA	NA		
205	ULTRASOUND GUIDED FNAC	1316	575		
206	URO DYNAMIC STUDY	NA	NA		
207	URODYNAMIC STUDY (CYSTOMETRY)	890	480		
208	UROFLOW STUDY (UROFLOMETRY)	889	450		
209	USG GUIDED FNAC THYROID GLAND	1778	387		
210	VEMP	NA	NA		
211	VEP STUDY	145	800		
212	VNG	NA	NA		
213	WHOLE BODY BONE SCAN	NA			
214	WHOLE BODY BONE SCAN (ISOTOPE)	1361	2640		
215	WHOLE BODY MRI		5100		
216	WHOLE BODY SCAN WITH M.I.B.G		15836		
217	X-RAY MAMMOGRAPGY (Double)	1635	315		
218	X-RAY MAMMOGRAPGY (Single)	1636	315		



**B.R.SINGH HOSPITAL
EASTERN RAILWAY
SEALDAH**

Annexure-B

TERMS AND CONDITIONS

1. GENERAL CRITERIA OF THE DIAGNOSTIC CENTRE/PVT HOSPITAL

1. Backup generator, UPS, emergency lights
2. Changing room for the patients.
3. Equipments for resuscitation of the patients to be made available.
4. Provision of separate waiting room.
5. Provision of separate Toilet for Male, Female, Divyang.
6. Access for patient Trolley and/or Wheel Chair up to the machine.

2. SPECIAL TERMS AND CONDITIONS

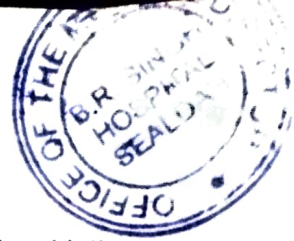
- a) The Diagnostic Centres/Hospitals should be located within a distance of 10 Km. from B R Singh hospital/ER/Sealdah/Kolkata
- b) The Diagnostic Centres/Hospitals must give 24 hours service (round the clock which includes (routine as well as emergency) services. Rate should be same for both types of services.
- c) MRI MACHINE SPECIFICATIONS & MRI FILM QUALITY: Minimum 1.5 Tesla Multi Scan with Wide Bore. Make of MRI Machine (Manufacturer Firm's Name) Capacity of the machine in Tesla Unit and year of installation should be clearly mentioned. MRI Films should be printed on Laser Camera and should be of very good resolution. For each patient, sufficient number of MRI Films should be provided along with detailed report.
- d) Name, Qualification and experience: Minimum Postgraduate Radiologist full time working. Name of Radiologist, copy of Postgraduate Degree of Radiologist in Radio diagnosis/Radiology should be attached along with Phone/Mobile Number of Radiologist.
- e) All Investigations to be done within 24 hours. In case of emergency it to be done immediately.
- f) The report of the Investigations along with the Films will have to be sent to B R Singh Hospital /Sealdah/Kolkata within 24 hours & in emergency within 02 hours by the representative of the said Centre/Hospital.

3. Criteria for Mammography.

- a) Standard quality mammography machine (Enclosed a scanned copy of supporting documents
- b) Provision for hard copy & computer printout reports
- c) Adequate working space.
- d) Female Radiographer/Attendant.

4. Rates quoted should not be more than Current CGHS Rates applicable to A1 Class City. For this purpose CGHS Rates for Kolkata City will apply.

Handwritten signature
01/5/23



5. MODE OF PAYMENT: Patient will be sent to Centre along with two copies of the referral letter duly signed by the Administration for Medical Director/B R Singh Hospital. Out of the 2 copies of the referral letter, one will be kept by the Centre for their records and the other will be sent back to our hospital (after necessary endorsement of the investigations performed) along with bills in the first week of the succeeding month.

6. Medical Director/B.R.Singh Hospital/E.Rly/Sealdah will have right to terminate the agreement at any time, if the quality of reports/films is not found satisfactory.

7. All the General Contract Conditions – 2022 with updated correction slips will be applicable.

8. The Tie-up will be on updated CGHS rate. For the procedures having no CGHS rates, the Hospital rate/Diagnostic centre rate will be applicable with healthy discount over Centre rate.

In Annexure-A, the willing Hospital/Diagnostic centre will only quote the rates of the procedures having no CGHS rate in specific column i.e in one the Hospital/Diagnostic centre actual rate will be mentioned and in the side column the discount offer rate over centre rate to be mentioned. The procedures having CGHS rate will be done on CGHS rate only. The willing Hospital/Diagnostic centre will clearly mention **"Not available"** for the procedures which are not done at that centre.

9. The willing Hospital/Diagnostic centre must have to submit *The EOI (Expression of Interest)* in original within the stipulated date at the Office of the Medical Director/B.R.Singh Hospital/E.Rly/Sealdah/ Kolkata-14 in a closed envelop.

Chief Specialist-I/BRSH

For Medical Director

B.R.Singh Hospital/E.Rly/Sealdah

डॉ० बी. सी. राय

चिकित्सक - I / बी.एस. सिंह अस्पताल

DR. B. C. RAY

CS - I / BRSH / E.RLY.



ANNEXURE- C

Technical and Infrastructure Specifications of the Diagnostic Centers/Hospitals

1. Name of the Centre: _____

2. Address details: Street name _____

City/Town name: _____ Locality/Village/Tehsil _____

PIN: _____ District: _____ State: _____ Centre Telephone No. _____

Email _____ Website _____

3. Contact Details: Name of the Contact Person: _____

Contact No.: _____ Email _____

4. 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: _____

5. Ownership (Mark 'v' which is applicable): - [] Private- Corporate [] Armed Forces

[] PSU [] Trust [] Government [] Charitable

Others (Specify.....)

7. NABL accredited: Yes/No [] NABH accredited: Yes/No []

8. CGHS empanelled: Yes/No []

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