

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

NO.HG/MED/Tie-Up/CT &MRI/CGHS/2024

Howrah, dated- 06/08/2024

Sub : -Floating of notice for **Expression Of Interest (EOI)** regarding outsourcing of various work of Clinical investigations including Radiological(MRI/CT-Scan) and other special investigations for Railway beneficiaries to be referred from Orthopaedic Hospital/E.Rly/Howrah at latest CGHS rates or at lower rate or GOVT rate, AIIMS's rate or at reasonable rate as per mutual agreement between railway and the centre 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 shall be applicable or reasonable rate as per mutual agreement between Railway and the centre.

1.	Name of the works	Radiological(MRI/CT-Scan) and other special investigations etc. Details of investigations are available in ANNEXURE-B/1 & B/2
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/Admin/HWH who will be available from 12.00 hrs to 14.00 hrs. on any working day till 14.09.2024
3	Date and time of receipt of application	Prescribed format of application, necessary documents and offered rates in annexures will be received on any working day between 10.30 hrs to 14.00 hrs up to 14.09.2024
	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 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	1.Prescribed format of application as <u>Annexure-A</u> 2.Details of investigations on which rates to be quoted are marked as <u>Annexure-B/1 & B/2</u>

(Dr. Anjan Chattaraj)
Addl. Chief Medical Suptd(Ortho)

E.Rly/HWH/Howrah Cont....p/2

Dr. Anjan Chattaraj
अति. मुख्य चिकित्सा अधिकारी (अर्थो)
Addl. Chief Medical Suptd. (Ortho)
ए.रेलवे, हावड़ा / E. Rly. Howrah

8 Bench mark criteria to be followed

A. Infrastructure

Radiological(MRI/CT-Scan) and other special investigations listed in Annexure B/1 and B/2 have to 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

B. Human resource

1. Medical Officer – The specialist(MD Radiologist/Cardiologist) in the concerned field should be available during investigations
2. Technician - Should have requisite qualification in the concerned field.
3. Other paramedical staff should be available for taking care of patient during investigations.

C. Other criteria:-

1. Must be well equipped with advance technology. Whether it is NABL/ NABH or Non NABL/NABH.
2. Must have suitable place for taking the patient smoothly.
4. There should be sufficient space outside hospital for parking of vehicle (Ambulance).
5. There should be sufficient infrastructure inside hospital premises for managing emergency if arises during stay of the patient at hospital .
6. Diagnostic centre or Hospital near Orthopaedic Hospital/Howrah will be preferred.
7. All licenses necessary to run such an establishment must be available for inspection.
8. 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.
9. Rates for different type investigations must be unaltered throughout the empanelment period.
10. All reports should be submitted within 24 hrs.

(Dr. Anjan Chattaraj)
Addl. Chief Medical Suptd(Ortho)

E.Rly/HWH

डा० अंजन चट्टोराज
Dr. Anjan Chattaraj

अति-मुख्य चिकित्सा अधिकारी (अस्थि)
Addl. Chief Medical Suptd. (Ortho)
पूर्व रेलवे, कलकत्ता / E. Rly. Howrah

Cont....p/3

9	Bench mark criteria	D. <u>Mode of selection of Diagnostic centre/Hospitals</u> 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 inconformity 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 the empanelment process at any point of time without assigning any reason. E. <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.
10	Other criteria to be followed	a. The Railway Administration reserves the right to accept or reject any or all of the offers without assigning any reason whatsoever. b. A declaration 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 performer, has to be enclosed with the prescribed format of application c. EIO may be extended after expiry of agreemental period by going further mutual agreement between Railway and the centre subject to satisfactory performance Eastern Railway Website – www.er.indianrailways.gov.in

(Dr.Anjan Chattaraj)
 Addl. Chief Medical Suptd(Ortho)
 EASTERN RAILWAY/ HOWRAH
 For and on behalf Chief Medical Suptd/HWH
 and President of India

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 पूर्व रेलवे, हावड़ा / E. Rly. Howrah

6/8/24
डा. अंजन चट्टाराज
Dr. Anjan Chatteraj
अति मुख्य चिकित्स अधिकारी (अस्थि)
Chief Medical Super (Ortho)
हि. प्र. रेल. अ. रेल. क्षेत्र, ए. रेल. क्षेत्र

ANNEXURE -A
PRESCRIBED FORMAT APPLICATION
FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP WITH 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 INCLUDING RADIOLOGICAL(MRI/CT SCAN) AND SPECIAL INVESTIGATIONS(VIDE ANNEXURE B/1,B/2 AND B/3) 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 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 OR ANY OTHER GOVERNMENT HOSPITAL RATE OR REASONABLE RATE AS PER MUTUAL AGREEMENT BETWEEN RAILWAY AND THE CENTRE-----

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE- B/1,B/2 and B/3 OF EOI) FOR THREE YEARS -----

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 AND ABIDE BY THE RULES AS TO BE FRAMED IN AGREEMENT COPY -----

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

SIGNATURE
AUTHORIZED SIGNATORY
(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

Continue_____p/2

Dr. Anjan Chattaraj
अति. मुख्य चिकित्सा अधिकारी (अस्थि)
Addl. Chief Medical Supdt. (Ortho)
एन. जे. एच. / E. Prov. Hospital

Page – 2(of Annexure-A)

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 of three years 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/ 1

LIST OF RADIOLOGICAL(CT+MRI) AND OTHER INVESTIGATIONS ON WHICH RATES ARE OFFERED

Sl. No	Name of the investigation	Rate in figure (Rs.)	Rate in words (Rupees)
1.	X-ray Mammography		
2.	CT Head-Without Contrast		
3.	CT Head- with Contrast (+/- CT angiography)		
4.	C. T. Chest - without contrast (for lungs)		
5.	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast		
6.	C. T. Scan Lower Abdomen(Incl. Pelvis) Without Contrast		
7.	C. T. Scan Whole Abdomen Without Contrast		
8.	C. T. Scan Whole Abdomen With Contrast		
9.	C. T. Scan Neck – Without Contrast		
10.	C. T. Scan Neck – With Contrast		
11.	C. T. Scan Orbits - Without Contrast		
12.	C. T. Scan Orbits - With Contrast		
13.	C. T. Scan of Para Nasal Sinuses- Without Contrast		
14.	C. T. Scan of Para Nasal Sinuses - With Contrast		
15.	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)–without contrast		
16.	CT Temporal bone – without contrast		
17.	CT Scan of Knee with 3D CT		
18.	CT Scan of hip with 3D CT		
19.	CT Scan of elbow with 3D CT		
20.	CT Scan of ankle with 3D CT		
21.	MRI Mammography (single breast)		
22.	MRI Head – Without Contrast		
23.	MRI Head – With Contrast		
24.	MRI Nasopharynx and PNS – Without Contrast		
25.	MRI Nasopharynx and PNS – With Contrast		
26.	MRI Neck - Without Contrast		
27.	MRI Neck- with contrast		
28.	MRI Shoulder – Without contrast		
29.	MRI shoulder both Joints - Without contrast		
30.	MRI Shoulder both joints – With contrast		
31.	MRI Wrist Single joint - Without contrast		
32.	MRI Wrist Single joint - With contrast		
33.	MRI Wrist both joints - Without contrast		
34.	MRI Wrist both joints - With contrast		
35.	MRI hip- without contrast		
36.	MRI hip- with contrast		
37.	CT scan face -with contrast		
38.	MRI Mammography both breast		
39.	MRI S/I Joints		
40.	CT Guided FNAC		

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP

Cont....Annexure B/2

6/8/24
 Dr. Anjan Chatteraj
 অধি. মুখ্য চিকিৎসা অফিসার (অর্থো)
 Addl. Chief Medical Super. (Ortho)
 হুওরাহ, পূর্ববঙ্গ / E. Rly. Howrah

Annexure -B/2

Sl No.	Name of the investigation	Rate in figure (Rs.)	Rate in words (Rupees)
41	MRI knee Single joint - Without contrast		
42	MRI knee Single joint - With contrast		
43	MRI Ankle Single joint - Without contrast		
44	MRI Ankle single joint - With contrast		
45	MRI Pelvis – Without Contrast		
46	MRI Pelvis – with contrast		
47	MRI Extremities - With contrast		
48	MRI Extremities - Without contrast		
49	MRI face with contrast		
50	MRI face without contrast		
51	MRI Temporomandibular – B/L - With contrast		
52	MRI Temporomandibular – B/L - Without contrast		
53	MRI Temporal Bone/ Inner ear with contrast		
54	MRI Temporal Bone/ Inner ear without contrast		
55	MRI Abdomen – Without Contrast (Lower or upper)		
56	MRI Abdomen – With Contrast (Lower or upper)		
57	MRI Breast - With Contrast (single)		
58	MRI Breast - Without Contrast (single)		
59	MRI Chest – Without Contrast		
60	MRI Chest – With Contrast		
61	MRI Cervical/Cervico Dorsal Spine Without Contrast		
62	MRI Cervical/ Cervico Dorsal Spine with Contrast		
63	MRI Dorsal/ Dorso Lumbar Spine Without Contrast		
64	MRI Dorsal/ Dorso Lumbar Spine With Contrast		
65	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast		
66	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast		
67	MR cholecysto pancreatography		
68	MRI Angiography - with contrast(Brain & Neck)		
69	EEG		
70	Nerve condition velocity (at least 2 limbs)		
71	TMT		
72	Holter Analysis (24 hrs.)		
73	2 D echocardiography		
74	MR Angio cardio		
75	MR Angio of individual limb		

Dr. Anjan Chatteraj
 Addl. Chief Medical Supdt. (Ortho)
 E. Roy. Hospital

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP