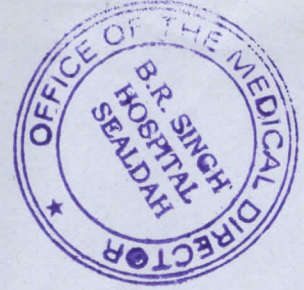




B.R.SINGH HOSPITAL
EASTERN RAILWAY/SEALDAH



No: MED/MRI & Radiology-INVES-TIE-UP/BRSH/EOI/2025

Date: 22.04.2025.

**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 procedure from Private/Government Diagnostic centre/Hospital of Kolkata and adjacent area 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. The procedures having no CGHS rate will be referred to the WBHS rate. In case there are no CGHS/WBHS rate the negotiated offer rate on centre/hospital rate will be accepted.

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/Govt. Diagnostic centre/Hospital of Kolkata and adjacent area which are not done at B.R.Singh Hospital/ER/Sealdah, at CGHS/WBHS/AIIMS rate for Railway Beneficiaries of B.R.Singh Hospital/Eastern Railway/Sealdah through MoU (Memorandum of Understanding) on actual Bill Payment system.

The Procedures which are not available in CGHS/WBHS rate list or having no State Govt rate or AIIMS rate, 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 investigation procedures.

In case of unlisted procedures at least one round of rate negotiation will be held with the willing participants to reach a healthy and maximum possible discount.

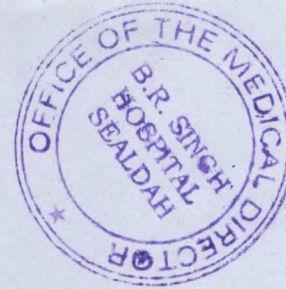
The Contract will be made through MoU (Memorandum of Understanding) on actual Bill Payment system. Over and above the CGHS/WBHS/AIIMS rate (if any), a uniform rate across the board will be preferred before the MoU are finalized.

The Document & Format of said Tie up, may be downloaded from website: <https://er.indianrailways.gov.in> or available from the office of Medical Director/E.Rly/Sealdah.

The Annexure-A, B, and C are the part of this EOI. The responses on the prescribed format after properly filled-up will be submitted at the office of Medical Director/B.R.Singh Hospital/Eastern Railway/Sealdah strictly on and before 20.05.2025. No application will be entertained to receive after the last date of submission.


Chief Specialist-I
B.R.Singh Hospital/ER/SDAH


मुख्य निरीक्षक I/बी आर सिंह अस्पताल, सियालदह
Chief Specialist- I/B.R. Singh Hospital/SDAH



EASTERN RAILWAY
B.R.SINGHHOSPITAL

Quotation No. MED/MRI & Radiology-INVES-TIE-UP/BRSH/EOI/2025

Date: 22.04.2025

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 and adjacent area 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 actual Bill Payment system for the following works :-

1. Name of the work: Various diagnostic procedures (MRI, MRCP, PET SCAN, CT, 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 20.05.2025

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 to submit PBG 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 60th 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 PBG bond deposited by the empanelled Hospital/Diag Centre will be forfeited as per GCC-2022 with updated correction slips.

Chief Specialist-1/BRSH/SDAH

मुख्य निशेचक 1बी आर सिंह अस्पताल, सियालदह
Chief Specialist-1/B.R. Singh Hospital/SDAH

ANNEXURE-A

B.R.SINGH Hospital/Eastern Railway Sealdah

No. MED/MRI & Radiology-INVES-TIE-UP/BRSH/EOI/2025

Date. 22.04.2025

THE WILLING CENTRES/HOSPITALS ARE REQUESTED TO FOLLOW THE NOTES STRICTLY AND READ THE RATE TABULATION CAREFULLY BEFORE QUOTING THEIR RATE FOR THE PROCEDURES.

NOTE: (1) THE PROCEDURES HAVING CGHS RATE, THE HOSPITAL/DIAG CENTRE WILL FOLLOW THAT RATE ONLY.

IN CASE THERE IS OTHER ACCESSORIES CHARGES TO PERFORM ANY PROCEDURE HAVING CGHS RATE THE CENTRE WILL CLEARLY MENTION THAT RATE ALSO.

NOTE: (2) FOR THE NON CGHS PROCEDURES LOWEST UNIFORM RATES AFTER DISCOUNT WILL BE ACCEPTED

NOTE: (3): THE FINAL QUOTED RATE AFTER NEGOTIATION FOR ANY PROCEDURE IS INCLUSIVE ALL CHARGES. NO EXTRA AMOUNT WILL BE CHARGED BY THE CENTRE/HOSP FROM THE RAILWAY BENEFICIARIES TO PERFORM THE PROCEDURE.

Schedule of Work

Sub: The list of MRI & Others Radiological investigation Tie- up procedures for 02 years at CGHS rate through EOI on actual bill payment system

Sl. No	Name of the procedure of MRI, CT and other diagnostic procedures	CGHS SL.NO	CGHS RATE (Rs.)	WBHS/ AIIMS RATE	Hosp/Diag Centre Rate for Non-CGHS procedure (Rs.)	Rate of accessories related to the procedure (if any)	Total cost including accessories (if any) (Rs.)	Offer rate by the Centre/Hosp preferably with discount for Non-CGHS procedures	Percentage of discount (%)
1	MRI OF ABDOMEN- WITH CONTRAST								
2	MRI OF ABDOMEN- WITHOUT CONTRAST								
3	MRI ANGIO NECK VESSELS								
4	MRI ANGIOGRAPHY- BRAIN PLAIN AND NECK								
5	MRI ANGIOGRAPHY- BRAIN WITH CONTRAST								
6	MRI OF ANKLE BOTH JOINTS-WITH CONTRAST								
7	MRI OF ANKLE BOTH JOINTS-WITHOUT CONTRAST								
8	MRI OF ANKLE SINGLE JOINT-WITH CONTRAST								
9	MRI OF ANKLE SINGLE JOINT-WITHOUT CONTRAST								
10	MRI OF ANO RECTAL WITH CONTRAST								
11	MRI OF ANO RECTAL WITHOUT CONTRAST								
12	MRI OF AXILLA RIGHT/LEFT WITH CONTRAST								
13	MRI OF BRACHIAL PLEXUS WITH CONTRAST								
14	MRI BRAIN VESSEL WALL IMAGING								
15	MRI OF BRAIN WITH FLOW STUDY								
16	MRI OF BRAIN WITH SPECTROMETRY WITH CONTRAST								
17	MRI OF BRAIN+INTERNAL AUDITORY CANAL WITH CONTRAST								
18	MRI OF BREAST (Single/double) - WITHOUT CONTRAST								
19	MRI OF BREAST (single/double)- WITH CONTRAST								
20	MRI OF CERVICAL/CERVICO DORSAL SPINE-WITH CONTRAST								
21	MRI OF CERVICAL/CERVICO DORSAL SPINE-WITHOUT CONTRAST								
22	MRI OF CHEST - WITH CONTRAST								

DR. NAVEEN N JANA
DMO (P/H BRSH / E. RLY)

डॉ० संदीप कुमार पारिया
DR. SANDIP KUMAR PARIYA
मं० नि० अचि / विकिरण
SR. DMO / R
बी आर सिंह अस्पताल/पश्चिम रेलवे/सीएलए

DR. D. PRADHAN
SR. DMO / S / BRSH
B. RLY. / SPDAH.

मुख्य निरोधक 1/बी आर सिंह अस्पताल, पश्चिम
Chief Specialist- I/B.R. Singh Hospital

Sl. No	Name of the procedure of MRI, CT and other diagnostic procedures	CGHS SL.NO	CGHS RATE (Rs.)	WBHS/ AIIMS RATE	Hosp/Diag Centre Rate for Non-CGHS procedure (Rs.)	Rate of accessories related to the procedure (if any)	Total cost including accessories (if any) (Rs.)	Offer rate by the Centre/Hosp preferably with discount for Non-CGHS procedures	Percentage of discount (%)
23	MRI OF CHEST - WITHOUT CONTRAST								
24	MRI CISTERNOGRAPHY WITH CONTRAST								
25	MRI OF DORSAL/DORSO LUMBER SPINE-WITH CONTRAST								
26	MRI OF DORSAL/DORSO LUMBER SPINE- WITHOUT CONTRAST								
27	MRI OF ELBOW JOINT								
28	MRI OF ENTEROCYCLYSIS WITH CONTRAST								
29	MRI OF ENTEROGRAPHY WITH CONTRAST								
30	MRI OF EXTRIMITIES- WITH CONTRAST								
31	MRI OF EXTRIMITIES- WITHOUT CONTRAST								
32	MRI OF FACE WITH CONTRAST								
33	MRI OF FACE WITHOUT CONTRAST								
34	MRI OF FINGER WITH CONTRAST								
35	MRI OF FINGER WITHOUT CONTRAST								
36	MRI FISTULOGAM WITH CONTRAST								
37	MRI OF FOOT-WITH CONTRAST								
38	MRI OF FOOT-WITHOUT CONTRAST								
39	MRI OF HAND WITH CONTRAST								
40	MRI OF HAND WITHOUT COINTRAST								
41	MRI OF HEAD- WITH CONTRAST								
42	MRI OF HEAD- WITHOUT CONTRAST								
43	MRI OF HIP- WITH CONTRAST								
44	MRI OF HIP- WITHOUT CONTRAST								
45	MRI OF KNEE BOTH JOINTS-WITH CONTRAST								
46	MRI OF KNEE BOTH JOINTS-WITHOUT CONTRAST								
47	MRI OF KNEE SINGLE JOINT-WITH CONTRAST								
48	MRI OF KNEE SINGLE JOINT-WITHOUT CONTRAST								
49	MRI OF KUB WITH CONTRAST								
50	MRI OF LIVER & HEART (FOR IRON STATUS)								
51	MRI OF LUMBER/LUMBO-SACRAL SPINE-WITH CONTRAST								
52	MRI OF LUMBER/LUMBO-SACRAL SPINE-WITHOUT CONTRAST								
53	MRI: MAMMOGRAPGY WITH CONTRAST(Single)								
54	MRI: MAMMOGRAPGY WITH CONTRAST(Double)								
55	MAMMOGRAPGY WITHOUT CONTRAST(Double)								
56	MAMMOGRAPGY WITHOUT CONTRAST(Single)								
57	MR ANGIO PERRIFERAL VESSEL WITH CONTRAST								

DR. NAVENDU N. JANA
SE DMO / S / BRSH
SR. DMO / R
की आर सिंह अस्पताल/बुध रेलवे, सियालदाह
BRSH / E. RLY / SEALDAH

DR. D. PRADHAN
SE DMO / S / BRSH
R. RLY. / SDAH

मुख्य विशेषज्ञ I/बी आर सिंह अस्पताल, सियालदाह
Chief Specialist- I/B.R. Singh Hospital/SDA

Sl. No	Name of the procedure of MRI, CT and other diagnostic procedures	CGHS SL.NO	CGHS RATE (Rs.)	WBHS/ AIIMS RATE	Hosp/Diag Centre Rate for Non-CGHS procedure (Rs.)	Rate of accessories related to the procedure (if any)	Total cost including accessories (if any) (Rs.)	Offer rate by the Centre/Hosp preferably with discount for Non-CGHS procedures	Percentage of discount (%)
93	MRI SHOULDER BOTH JOINTS-WITHOUT CONTRAST								
94	MRI SHOULDER- WITH CONTRAST								
95	MRI SHOULDER- WITHOUT CONTRAST								
96	MRI STERNOCLAVICULAR JOINT								
97	MRI TEMPORAL BONE/INNER EAR WITH CONTRAST								
98	MRI TEMPORAL BONE/INNER EAR WITHOUT CONTRAST								
99	MRI TEMPOROMANDIBULAR- B/L-WITH CONTRAST								
100	MRI TEMPOROMANDIBULAR- B/L-WITHOUT CONTRAST								
101	MRI THYROID WITH CONTRAST								
102	MRI TONGUE WITH CONTRAST								
103	MRI TONGUE WITHOUT CONTRAST								
104	VENOGRAPHY BRAIN WITH CONTRAST								
105	VENOGRAPHY BRAIN WITHOUT CONTRAST								
106	VENOGRAPHY OF EXTRIMITIES WITH CONTRAST								
107	VENOGRAPHY OF NECK VESSEL								
108	MRI WRIST BOTH JOINTS-WITH CONTRAST								
109	MRI WRIST BOTH JOINTS-WITHOUT CONTRAST								
110	MRI WRIST SINGLE JOINT-WITH CONTRAST								
111	MRI WRIST SINGLE JOINT-WITHOUT CONTRAST								
112	131-IODINE THERAPY 51-100 mCi								
113	3D TEE (TRANSESOPHAGEAL ECHO)								
114	BERA TEST								
115	BONE SCAN 2350								
116	CARDIAC MRI								
117	CBCT ANY QUADRANT								
118	CBCT CANINE TO CANINE (MAXILLARY OR MANDIBULAR								
119	CBCT FULL MOUTH								
120	CBCT LOWER JAW								
121	CBCT SINGLE TOOTH (ANY ARCH/QUADRANT)								
122	CBCT UPPER JAW								
123	CT ANGIOGRAPHY BRAIN								
124	CT ANGIOGRAPHY HEART								
125	CT DENTAL								
126	CT GUIDED BIOPSY (Including doctors charge,Biopsy Gun charge,Hospital stay and Procedural cost)								

DR. MAYENDU N. JANA
DMO (P) / BRSH / E. RLY / SEALDAH
DR. D. PRADIP KUMAR PARIA
SR. DMO / R
बी आर सिंह अस्पताल/पूब रेलवे/सियालदह
BRSH / E. RLY / SEALDAH

DR. D. PRADIP
SE. DMO / S / BRSH
E. RLY. / SDAH.

मुख्य विशेषज्ञ I/बी आर सिंह अस्पताल, सियालदह
Chief Specialist- I/B.R. Singh Hospital/SDA

Sl. No	Name of the procedure of MRI, CT and other diagnostic procedures	CGHS SL.NO	CGHS RATE (Rs.)	WBHS/ AIIMS RATE	Hosp/Diag Centre Rate for Non-CGHS procedure (Rs.)	Rate of accessories related to the procedure (if any)	Total cost including accessories (if any) (Rs.)	Offer rate by the Centre/Hosp preferably with discount for Non-CGHS procedures	Percentage of discount (%)
156	IVC GRAPGY+HEPATIC VEINOGRAPHY								
157	LUNG PERFUSION SCAN								
158	LUNG VENTILATION & PERFUSION SCAN (V/Q SCAN)								
159	MR SPECTOSCOPY								
160	NCV BRACHIAL PLEXUS								
161	NCV FACIAL								
162	NCV STUDY AT LEAST 2 LIMBS								
163	P.T.AUDIOMETRY								
164	PHOSPHORUS-32 THERAPY FOR METASTATIC BONE PAIN PALLIATION								
165	RADIOSYNOVECTOMY WITH YTTRIUM								
166	RENAL CORTICAL SCINTIGRAPHY								
167	REPEATITIVE NERVE STIMULATION TEST (RNST)								
168	SSEP STUDY								
169	STROBOSCOPY								
170	TC 99 THYROID GLAND SCAN								
171	Tc99 SESTAMIBI SCAN OF PARATHYROID								
172	THORACOSCOPY								
173	THYROID SCAN WITH TECHNIUM 99m PERTECHNATE								
174	THYROID UPTAKE MEASUREMENTS WITH 131-IODINE								
175	TRINITUS TRAINING								
176	TYMPENOMETRY								
177	URODYNAMIC STUDY (CYSTOMETRY)								
178	UROFLOW STUDY (UROFLOMETRY)								
179	VEMP								
180	VEP STUDY								
181	VNG								
182	WHOLE BODY BONE SCAN (ISOTOPE)								
183	WHOLE BODY MRI								
184	WHOLE BODY SCAN WITH M.I.B.G								
185	X-RAY MAMMOGRAPGY (Double)								
186	X-RAY MAMMOGRAPGY (Single)								
187	USG + MAMMOGRAPHY OF BREAST (Single)								
188	USG + MAMMOGRAPHY OF BREAST (Double)								
189	PSMA PET CT SCAN FOR PROSTATE CANCER								
190	DOTATOC OR DOTANOC SCAN FOR NEUROENDOCRINE TUMOUR								

DR. N. JANA
SR. DMO / S / BRSH / E. RLY / SDAH
डॉ. नंदीप कुं. पारिया
SR. DMO / S / BRSH / E. RLY / SDAH
डॉ. आर सिंह अस्पताल, रियालदह
BRSH / E. RLY / SDAH

DR. D. PRADH
SR. DMO / S / BRSH / E. RLY / SDAH

मुख्य निरीक्षक / डॉ. आर सिंह अस्पताल, रियालदह
Chief Specialist- I/B.R. Singh Hospital/SDAH

Sl. No	Name of the procedure of MRI, CT and other diagnostic procedures	CGHS SL.NO	CGHS RATE (Rs.)	WBHS/ AIIMS RATE	Hosp/Diag Centre Rate for Non-CGHS procedure (Rs.)	Rate of accessories related to the procedure (if any)	Total cost including accessories (if any) (Rs.)	Offer rate by the Centre/Hosp preferably with discount for Non-CGHS procedures	Percentage of discount (%)
191	FIBRE OPTIC LARYNGOSCOPY								
192	DIAGNOSTIC NASAL ENDOSCOPY								
193	EUSTACHIAN TUBE FUNCTION TEST								
194	SPEECH AUDIOMETRY								
195	FREE FIELD AUDIOMETRY								
196	SISI (SHORT INTENSITY SENSITIVITY INDEX)								
197	TDT (TONE DECAY TEST)								
198	ABLB (ALTERNATE BINAURAL LOUDNESS BALANCE) TEST								
199	OAE (TE/DP)								
200	ASSR (AUDITORY STEADY STATE RESPONSE)								
201	C VEMP (Cervical Vestibular Evoked Myogenic Potential)								
202	O VEMP (OCULAR VESTIBULAR EVOKED MYOGENIC POTENTIAL)								
203	VHIT (VIDEO HEAD IMPULSE TEST)								
204	VESTIBULAR EXERCISE								
205	VIDEO STROBOSCOPY								
206	SVV (SUBJECTIVE VISUAL VERTICAL) TEST								
207	HEARING AID TRIAL								
208	HEARING AID REPROGRAMMING								
209	SLEEP STUDY WITH SPLIT NIGHT TITRATION BY AUTO CPAP MACHINE IN PRESENCE OF TECHNICIAN (DIAGNOSIS AND THERAPEUTICS)								
210	Endocrine: 17OHP								
211	MIBG scan								
212	Liver biopsy (Consolidated rate)								
213	FIBROSCAN OF LIVER								
214	RENAL BIOPSY (Consolidated rate)								
215	BONE MARROWCYTOGENETICS								
216	CT ANGIOGRAPHY OF ABDOMINAL VESSELS								
217	CT BRAIN (Plain)								
218	CT BRAIN (contrast)								
219	HRCT THORAX								
220	CECT OF ABDOMEN								
221	CECT OF THORAX								
222	PLAIN NCCT KUB								
223	CECT KUB								

DR. NAVENDU N JAIN
DR. SANDIP KUMAR PARIA
SR. DMO / E. RLY / SEALDAH
बी आर सिंह अस्पताल/पुणे रेलवे/सियालदह
BRSH / E. RLY / SEALDAH

DR. D. PRADH
SR. DMO / E. RLY / SEALDAH
A. RLY / SDAH

मुख्य निरोपज्ञ I/बी आर सिंह अस्पताल, सियालदह
Chief Specialist- I/B.R. Singh Hospital/SDA



Annexure-B

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

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/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.

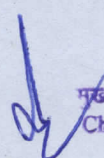
f) The report of the Investigations along with the Films will have to be sent to B R Singh Hospital /Sealdah/Kolkata within 24 hours & in emergency within 02 hours by the representative of the said Centre/Hospital.

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.

5. The offer rate quoted by the Diagnostic centre/Hospital for any listed procedure is inclusive of all. No extra charge will be asked from the Railway beneficiaries to deposit. If there have any accessory charges required to perform for any procedure it should be mentioned clearly at the rate proforma (annexure-A) corresponding to that procedure.


मुख्य निरीक्षक /बी आर सिंह अस्पताल, शियालदाह
Chief Specialist- B.R. Singh Hospital/SDA



6. 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.

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

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

9. The Tie-up will be done on updated CGHS rate. For the procedures having no CGHS/WBHS/AIIMS rates, the Hospital rate/Diagnostic centre rate will be applicable with healthy discount over Centre rate. In case more than one participant the minimum rate obtained after negotiation will be accepted as the final rate.

In Annexure-A, the willing Hospital/Diagnostic centre will quote all the rates of the procedures in specific column which are available at the centre/hospital. For the Non CGHS procedures the Hospital/Diagnostic centre actual rate will be mentioned in the specific column 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.

10. The willing Hospital/Diagnostic centre must have to submit *The EOI (Expression of Interest)* in original sign and stamp 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
B.R.Singh Hospital/E.Rly/Sealdah

मुख्य निरीक्षक I/बी आर सिंह अस्पताल, सियालदह
Chief Specialist- I/B.R. Singh Hospital/SDAH



Annexure-C

(TO BE FILLED UP BY THE WILLING HOSPITAL/CENTRE)

Technical and Infrastructure Specifications of the Centers/Hospitals

1. Name of the Centre: _____

2. Address details: _____

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 Centre (Mark '✓' which is applicable): Urban [] Rural []

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

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

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

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

Others (Specify.....)

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

7. CGHS empanelled: Yes/No []

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

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

Signature of the head/authorized person
of the Centre/hospital with stamp