हावड़ा मंडल ,पूर्व रेलवे ऑर्थोपेडिक अस्पताल ,हावड़ा का कार्यालय HOWRAH DIVISION,EASTERN RAILWAY ORTHOPAEDIC HOSPITAL, HOWRAH		मुख्य चिकित्सा अधीक्षक ,हावड़ा का कार्यालय ,पिन -711101 Office of the CMS/HWH PIN-711101

NO.HG/MED/Tie-Up/EYE INV/2025 Howrah, dated - 08/12/2025

Chief Public Relation Officer
14-15 Govt. Place East,
Eastern Railway
Kolkata

Sub : - Floating of notice for Expression Of Interest (EOI)

Please arrange to publish the following notification under box well in advance in leading daily newspaper in English, Hindi and Bengali on two consecutive days. The last date of receiving application is on 08.01.2026 up to 14.00 hrs. Cost of advertisement should be debited to 110.215.21

ORTHOPAEDIC HOSPITAL
(A DIVISIONAL RAILWAY HOSPITAL)
222-CHURCH ROAD/EASTERN RAILWAY/HOWRAH-711101

NOTIFICATION NO. NO.HG/MED/Tie-Up/EYE INV/2025

(Request for Expression of Interest(EOI)

CMS/Orthopaedic Hospital/Howrah is inviting applications for Expression of Interest (EOI) from interested diagnostic centers/hospitals for extending investigative facilities on EYE Investigations to railway patients of Orthopaedic Hospital/HWH for two (02) years. The last Date and time of receipt of application is on 08.01.2026 up to 14:00 hrs.

The details are available in Eastern Railway Website– www.er.indianrailway.gov.in under Division -Howrah- Department-Medical

Sd/-
CMS/E.Rly/HWH

08/12/25

डा॰ देब्जानी मुखोपाध्याय
Dr. Debjani Mukhopadhyay
अति॰ मुख्य चिकित्सा अधीक्षक (आँख)
Addl. Chief Medical Supdt. (EYE)
पू॰ रे॰ हावड़ा/E.Rly Howrah

(Dr. Debjani Mukhopadhyay)
Addl. Chief Medical Superintendent (EYE)
For Chief Medical Supdt./E.Rly/HWH

Copy for information :-
1.Sr. DFM/HWH –He is requested to advise nominated SO to be present at Orthopaedic Hospital/E.Rly/HWH on 08.01.2026 for opening the applications at 14.30 hrs.

08/12/25

(Dr. Debjani Mukhopadhyay)
Addl. Chief Medical Superintendent (EYE)
For Chief Medical Supdt./E.Rly/HWH

डा॰ देब्जानी मुखोपाध्याय
Dr. Debjani Mukhopadhyay
अति॰ मुख्य चिकित्सा अधीक्षक (आँख)
Addl. Chief Medical Supdt. (EYE)
पू॰ रे॰ हावड़ा/E.Rly Howrah

O/C

हावड़ा मंडल ,पूर्व रेलवे ऑर्थोपेडिक अस्पताल ,हावड़ा का कार्यालय HOWRAH DIVISION,EASTERN RAILWAY ORTHOPAEDIC HOSPITAL,HOWRAH		मुख्य चिकित्सा अधीक्षक ,हावड़ा का कार्यालय ,पिन -711101 Office of the CMS/HWH PIN-711101

L NO. Med/Tie-up/EYE INV/CGHS/2025 Howrah, dated 08/12/ 2025

Sub : -Floating of notice for Expression Of Interest (EOI)regarding outsourcing of various work of Clinical investigations through EYE Investigations and other special type of investigations etc. for Railway beneficiaries for a period of **two(02) 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 center.

1.	Name of the works	Investigations required for different parts of Human Eye like OCT Macula, DFA, & AP, etc. However, details 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 officer-in-charge i.e. ACMS/Admin/HWH who will be available from 12.00 hrs. to 15.00 hrs. on any working day till 07.01.2026. The tender will be opened on 08th January 2026 , at 2:30 PM
3	**Date of receipt of application**	The last date for submitting the application is January 8th 2026 at 02.00 PM.
4	**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 center with bill paying system. Rates shall be firm throughout the empanelment period of two 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 **Annexure-A** 2.Details of investigations on which rates to be quoted are marked as **Annexure-B**

Continue.....at p/2

08/12/25

ACMS/Eye/Howrah
For CHIEF MEDICAL SUPERINTENDENT
EASTERN RAILWAY/ HOWRAH

डा० देबज्ञानी मुखोपाध्याय
Dr. Debjani Mukhopadhyay
अति० मुख्य चिकित्सा अधीक्षक (आँख)
Addl. Chief Medical Supdt. (EYE)
पूर्व रेलवे हावड़ा / E. Rly. Howrah

8	Bench mark criteria's and other criteria's to be followed	**A)The firm should have following infrastructure:-** 1) Capable to investigate the parts of the body as per latest CGHS list. **B. Human resource:-** 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 be available for take care of patient during investigations **C. Other criteria:-** 1) It will be suitably placed for taking the patient smoothly. 2) There should be sufficient space out side hospital for parking of vehicle (Ambulance). 3) There should be sufficient infrastructure inside hospital premises for managing emergency if arises during stay of the patient at hospital . 4) The Diagnostic center /hospital nearer to Howrah Orthopaedic Hospital will be preferred. 5) All licenses necessary to run such an establishment must be available for inspection. 6) 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. 7) In case of emergency, arrangements should be done to deliver the reports through E-Mail/SMS/WhatsApp/over phone etc. at the earliest 8) Reports of all patients should be submitted within 24 hrs. 9) The Diagnostic center/Hospital will provide cashless services to the patient(s) and payment will be done by Railway 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) Rates shall be fixed through the empanelment period and will be valid till rates are revised by CGHS. 11) The Railway Administration reserves the right to accept or reject any or all of the Offers without assigning any reason whatsoever. 12) Please fill the rates in **Annexure-B**. Rates provided separately will not be valid. **D. PERFORMANCE BANK GUARANTEE (PBG)** a) For CGHS covered cities/areas, the rates will be:- i) Eye Centers/Single Specialty Hospital/Dental Clinic/Diagnostic Centers :- Rupees 02 Lakh and b) For Non-CGHS covered cities/areas, the rate will be:- i) Eye Centers/Single Specialty Hospital/Dental Clinic/Diagnostic Centers :-Rupees 0.5 Lakhs NOTE:- PBG for Charitable Hospital/Organizations would be 50 % (fifty percent) above amount. PBG will be valid for a period of 30 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default . If they have given the same to one Railway then they need not give to other railway since if one hospital is empaneled with a particular Railway then it is deemed empaneled by other railway too and other Railways can simply sign the MOU with them on same terms and conditions for beneficiaries from their Railways (Railway Board letter No.-2021/H-1/11/MoU , New Delhi,dated-20.11.2023) (EIO may be extended after expiry of agreemental period by going further mutual agreement between Railway and the center subject to satisfactory performance) Eastern Railway Website – www.er.indianrailway.gov.in

05/12/25

ACMS/Eye/Howrah
For CHIEF MEDICAL SUPERINTENDENT
EASTERN RAILWAY/ HOWRAH

डॉ. देबजानी मुखोपाध्याय
Dr. Debjani Mukhopadhyay
अति. मुख्य चिकित्सा अधीक्षक (आँख)
Addl. Chief Medical Superintendent (EYE)
पू. रेलवे, हावड़ा / E. Rly. Howrah

h beyond empanelment period

(Page-1)

ANNEXURE –A

PRESCRIBED FORMAT APPLICATON

FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP BEING A 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 OF DIFFFERENT PARTS OF HUMAN EYE BY OCT MACULA, DFA,AP, etc at latest CGHS rates 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 center).

***

1. NAME OF THE DIAGNOSTIC CENTERS/ HOSPITAL / ADDRESS/TELEHONE NUMBER/E MAIL ID ----
---

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2. EXPERIENCES OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT. SECTOR/ATTACH DETAILS. ----
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---

3. WE AGREE TO PROVIDE SERVICES AT LATEST CGHS/NON-NABH/NABH) RATES AS PER APPLICABLE TO KOLKATA----
---

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE- B(02 Pages) OF EOI) ----
---

---

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 ----- ----
---
---

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

SIGNATURE
AUTHORIZED SIGNATORY
(NAME-)

ADDRESS ----

PHONE NUMBER----
E MAIL ID---- -----

SEAL/STAMP

Continue_____p/2

8. WE HEREBY ENCLOSE A LIST OF THE FACILITIES, WHICH ARE AVAILABLE WITH OUR DIAGNOSTIC CENTER/ HOSPITAL AS PER ANNEXURE ----------
---------- ----------
---------- ----------
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9. WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR DIAGNOSTIC CNTER/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 by going further mutual agreement between Railway and the center subject to satisfactory performance)

SIGNATURE OF AUTHORIZED SIGNATORY

(NAME-)

ADDRESS ---------- ----------

PHONE NUMBER----------
E MAIL ID---------- -----
WhatsApp No._____

SEAL/STAMP

हावड़ा मंडल ,पूर्व रेलवे ऑर्थोपेडिक अस्पताल ,हावड़ा का कार्यालय HOWRAH DIVISION,EASTERN RAILWAY ORTHOPAEDIC HOSPITAL,HOWRAH		मुख्य चिकित्सा अधीक्षक ,हावड़ा का कार्यालय ,पिन 711101 Office of the CMS/HWH PIN-711101

08/12/25

देबजानी मुखोपाध्याय / Debjani Mukhopadhyay / अपर मुख्य चिकित्सा अधीक्षक (आंख) / Addl. Chief Medical Supdt. (EYE) / पूर्व रेलवे, हावड़ा / E. Rly. Howrah

LIST OF EYE INVESTIGATIONS

ANNEXURE-B (Page-1)

SL NO	List of EYE Investigations		RATE IN FIGURE	RATE IN WORDS
1	Digital Flourescein Angiography (DFA)	Each eye		
		Both eyes		
2	Endothelial cell count (Specular microscopy)	Each Eye		
		Both eyes		
3	OCT (Optical coherence tomography) Macula scan	Each eye		
		Both eyes		
4	OCT (Optical coherence tomography) RNFL scan	Each eye		
		Both eyes		
5	Optical Biometry	Each eye		
		Both eyes		
6	USG (B-Scan)	Each eye		
		Both eyes		
7	Automated Perimetry (Field test)	Each eye		
		Both eyes		
8	Central Corneal Thickness (Pachymetry)	Each eye		
		Both eyes		
9	Corneal Topography	Each eye		
		Both eyes		
10	ICG (Indocyanin Green Angiography)	Each eye		
		Both eyes		
11	VEP (visual Evoked Potential)	Each eye		
		Both eyes		
12	EOG (Electro Oculo Gram)	Each eye		
		Both eyes		
13	ERG (Electro Retino Gram)	Each eye		
		Both eyes		
14	FUNDUS PHOTOGRAPHY (Colour)	Each eye		
		Both eyes		
15	ANTERIOR SEGMENT PHOTOGRAPHY	One Eye		
		Both eyes		
16	AS OCT (Anterior Segment Optical Coherence Tomography)	Each eye		
		Both eyes		

SIGNATURE OF AUTHORIZED SIGNATORY WITH SEAL/STAMP
(NAME-)

ADDRESS________________________

____

PHONE NO.______________

Dr. Debjani Mukhopadhyay
Addl. Chief Medical Supdt. (EYE)
08/12/25

ANNEXURE-B (Page-2)

SL NO	List of EYE Investigations		RATE IN FIGURE	RATE IN WORDS
17	UBM (Ultrasound Biomicroscopy)	Each eye		
		Both eyes		
18	OPTOS Scan	Each eye		
		Both eyes		
19	Colour ERG(Electroretinography)	Each eye		
		Both eyes		
20	OCT (Optical coherence tomography) Angio	Each eye		
		Both eyes		
21	FUNDUS AUTOFLUORESCENCE	Each eye		
		Both eyes		
22	Nd YAG Laser	Each eye		
		Both eyes		
23	HRT (Heidelberg's retinal tomogram)	Each eye		
		Both eyes		
24	Argon Green Laser photo coagulation	Each eye		
		Both eyes		
25	GDX (Nerve fibre layer analyzer	Each eye		
		Both eyes		
26	Nd YAG Laser capsulotomy	Each eye		
		Both eyes		
27	Nd YAG Laser iridotomy	Each eye		
		Both eyes		
28	Nd YAG Laser Hyalodotomy	Each eye		
		Both eyes		
29	Corneal Aberometry	Each eye		
		Both eyes		
30	Orthoptics Check up	Each eye		
		Both eyes		
31	Macular Function test	Each eye		
		Both eyes		
32	Synoptophore	Each eye		
		Both eyes		
33	ROP Screening	Each eye		
		Both eyes		
34	Lipi Flow	Each eye		
		Both eyes		
35	Lipi View	Each eye		
		Both eyes		
36	Lipi Scan	Each eye		
		Both eyes		

SIGNATURE OF AUTHORIZED SIGNATORY WITH SEAL/STAMP
(NAME-)

ADDRESS________________________________

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PHONE NO.____________________