

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
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NO.HG/MED/Tie-Up/RPH/2026

Howrah, dated - 29/01/2026

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 10.03.2026 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

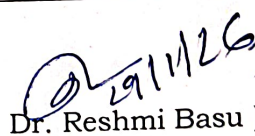
NOTIFICATION NO. NO.HG/MED/Tie-Up/RPH/2026

(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 Pathology, Radiology, USG and other type of investigations to railway patients of Rampurhat health unit for 02 (two) years. Last Date and time of receipt of application is on 10.03.2026 up to 14 hrs..

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

Sd/-
 CMS/E.Rly/HWH


 (Dr. Reshmi Basu)
 Sr.Divisional Medical Officer (Path)
 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 10.03.2026 for opening the applications at 14.30 hrs.

(Dr. Reshmi Basu)
 Sr.Divisional Medical Officer (Path)
 For Chief Medical Supdt./E.Rly/HWH

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
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L NO. Med/Tie-up/RPH HU/2026

Howrah, dated 29/01/2026

Sub : -Floating of notice for **Expression Of Interest (EOI)** regarding outsourcing of various work of Clinical investigations through Pathology, Radiology and other special type of investigations etc for Railway beneficiaries for a period of **two(02) years at Rampurhat health unit.**

Application for Expression of Interest (EOI) is invited from the interested diagnostic centers/hospitals for extending investigative facilities to railway patients of Rampurhat Health Unit 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 body like Pathology, Radiology, USG, CT Scan and other special type of investigations. However, details available in ANNEXURE-B (04 Pages) 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. Sr.DMO/Admin/HWH who will be available from 12.00 hrs to 15.00 hrs. on any working day till 09.03.2026 The tender will be opened on 10 th march 2026, at 2.30 PM
3	Date of receipt of application	The last date for submitting the application is march 10 th 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 Rampurhat Health Unit, Eastern Railway/Rampurhat.
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 (1 to 4 Pages)

Continue.....at p/2

Sr.DMO/Path/Howrah
 For CHIEF MEDICAL SUPERINTENDENT
 EASTERN RAILWAY/ HOWRAH

डा. रेशमी बासु
 Dr. Reshmi Basu
 ब. म. नि. अ. (पैथ)
 Sr. DMO (Pathology)
 पूर्व रेलवे, हावड़ा / E. Ry. Howrah

8 Bench mark criterias and other criterias 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 outside 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 Rampurhat Health Unit 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 three 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

Sr.DMO/PATH/Howrah

For CHIEF MEDICAL SUPERINTENDENT
EASTERN RAILWAY/ HOWRAH

डा. रेशमी बासु
Dr. Reshmi Basu

ब. म. वि. अ. (पथ)

Sr. DMO (Pathology)

११ लेटो, बाथरु / E Ry. Howrah

29/11/16
Dr. Reshmi Basu
(Page 1 of 1)
Dr. Reshmi Basu
Sr. DMO (Pathology)
E. Ry. Howrah

ANNEXURE -A
PRESCRIBED FORMAT APPLICATION
FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP BEING A CGHS/ESI/ECHS EMPANELLED/ UNEMPANELLED PRIVATE HOSPITAL/DIAGNOSTIC CENTRE / POLY CLINIC IN RAMPURHAT WITH RAMPURHAT HEALTH UNIT/E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL INVESTIGATIONS OF DIFFERENT PARTS OF HUMAN BODY LIKE PATHOLOGY, RADIOLOGY , CT SCAN AND OTHER IMPORTANT INVESTIGATIONS, 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 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 RAMPURHAT-----

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE- B 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 DIAGNOSTIC CENTER/HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL(INDOOR) PATIENTS TO AND FROM AT RAMPURHAT HEALTH UNIT -----

SIGNATURE
AUTHORIZED SIGNATORY
(NAME-)

ADDRESS -----

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

SEAL/STAMP

Continue_____p/2

Dr. Reshmi Basu
M.D. (Pathology)
E. Ry. Howrah

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 OF RAMPURHAT.

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

Orthopaedic Hospital
222-Church Road/ Eastern Railway/ Howrah-711101

Annexure -B

PAGE-1

Dr. Reshmi Basu
Dr. B. S. Ch. (Pathology)
St. DMO (Pathology)
Howrah, W.B. / E. Ry. Howrah

Sl. No	NAME OF THE INVESTIGATIONS (PATHOLOGICAL TEST)	Rates in figure	Rates in words (Rupees)
01	ROUTINE URINE EXAMINATION		
02	ROUTINE STOOL EXAMINATION		
03	BLOOD for Hb%		
04	BLOOD FOR TLC		
05	BLOOD FOR DLC		
06	BLOOD FOR ESR		
07	BLOOD FOR Hb% , TLC, DLC, ESR		
08	BLOOD FOR MALARIA PARASITE		
09	BLOOD FOR MALARIA PARASITE, ANTIGEN (PLASMODIUM, VIVAX & FALCIPARUM)		
10	BLOOD SUGAR FASTING		
11	BLOOD SUGAR POST PRANDIAL		
12	BLOOD SUGAR RANDOM		
13	GLYCOSYLATED HAEMOGLOBIN(HBA1C)		
14	SERUM BILIRUBIN		
15	SERUM ALKALINE PHOSPHATASE		
16	SGOT		
17	SGPT		
18	TOTAL PROTEIN		
19	TOTAL CHOLESTEROL		
20	ALBUMIN		
21	GLOBULIN		
22	AG RATIO		
23	SERUM UREA		
24	SERUM CREATININE		
25	LIPIDE PROFILE-CHOLESTEROL, TRIGLYCERIDE, HDLC, VLDL		
26	WIDAL TEST		
27	IgG & IgM for dengue		
28	BLOOD TEST FOR CHIKUNGUNYA		
29	NS-1 FOR DENGUE FEVER		
30	PT, INR		
31	Platelet count		
32	BTCT		
33	HbsAg		
34	HbA1C		
35	FT3 FT4 TSH		
36	TSH		
37	ABO-Rh		
38	Uric acid		
39	ASO Titre		
40	RA Factor		
41	Serum Sodium		
42	Serum Potassium		
43	Serum Calcium		
44	HIV-1 & 2		

ADDRESS _____

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

PHONE NO. _____

Orthopaedic Hospital
222-Church Road/ Eastern Railway/ Howrah-711101

Annexure -B

PAGE-2

Sl. No	NAME OF THE INVESTIGATIONS (PATHOLOGICAL TEST.)	Rates in figure	Rates in words (Rupees)
45	HCV		
46	VDRL		
47	CRP		
48	APTT		
49	SERUM AMYLASE		
50	SERUM LIPASE		
51	SERUM PSA		
52	LH		
53	FSH		
54	PROLACTIN		
55	IRON PROFILE (FE,TIBC,FERRITIN)		
56	TYPHIDOT		
57	THYROGLOBLIN		
58	TPO ANTIBODY		
59	TSH-R ANTIBODY		
60	URINE ACR		
61	URINE CULTURE AND SENSITIVITY		
62	Liver Function Test (LFT)		

ADDRESS _____

(NAME-

SIGNATURE OF AUTHORIZED
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PHONE NO. _____

Orthopaedic Hospital
222-Church Road/ Eastern Railway/ Howrah-711100

Annexure -B

PAGE 3

SINo.	RADIOLOGICAL TEST	Rates in figure	Rates in words (Rupees)
	CHEST X-Ray		
01	CHEST (PA) VIEW		
02	CHEST (AP) VIEW		
03	CHEST (LAT) VIEW		
04	CHEST (OBLIQUE) VIEW		
	ABDOMEN X-Ray		
05	STRAIGHT X-RAY (ABDOMEN IN ERECTPOSTURE(AP) VIEW		
06	K.U.B (AP) VIEW		
07	PELVIS (AP) VIEW		
	HEAD X-Ray		
08	SKULL (AP) VIEW		
09	SKULL (LAT) VIEW		
10	P.N.S(OM) VIEW		
11	MASTOIDS(LAT/OBQ) VIEW		
12	ORBIT (AP) VIEW		
13	NASAL BONE (LAT) VIEW		
14	NASOPHARYNX(LAT) VIEW		
	LOWER LIMB X-Ray		
15	HIP JOINT (AP) VIEW		
16	HIP JOINT (LAT) VIEW		
17	FEMUR (AP & LAT) VIEW		
18	KNEE JOINT (AP & LAT) VIEW		
19	LEG (AP & LAT VIEW		
20	ANKLE JOINT (AP & LAT) VIEW		
21	FOOT (AP & OBQ) VIEW		
22	TOE (AP /LAT) VIEW		
23	HEEL (LAT/AXIAL) VIEW		
	UPPER LIMB X-Ray		
24	ARM (AP&LAT) VIEW		
25	SHOULDER (AP) VIEW		
26	SHOULDER (LAT) VIEW		
27	ELBOW (AP& LAT) VIEW		
28	FOREARM (AP&LAT) VIEW		
29	WRIST (AP& LAT) VIEW		
30	SCAPHOID		
31	HAND (AP & OBQ) VIEW		
32	FINGER (AP & LAT)		
33	CERVICAL SPINE (AP) VIEW		
34	CERVICAL SPINE (LAT) VIEW		
35	SOFT TISSUE NECK (LAT) VIEW		
36	DORSAL SPINE (AP) VIEW		
37	DORSAL SPINE (LAT) VIEW		
38	DORSO- LUMBER SPINE (AP) VIEW		
39	DORSO-LUMBER SPINE (LAT) VIEW		
40	LUMBO-SACRAL SPINE (AP) VIEW		
41	LUMBO-SACRAL SPINE (LAT) VIEW		
42	SACRUM & COCCYX (AP) VIEW		
43	SACRUM & COCCYX (LAT) VIEW		
44	BOTH SACRO-ILIAC JOINTS (AP) VIEW		
45	(EACH) SACROILIAC JOINT (OBLIQUE VIEW)		

SIGNATURE OF AUTHORIZED
SIGNATORY WITH SEAL/STAMP

ADDRESS _____

(NAME- _____)

PHONE NO. _____

Orthopaedic Hospital
222-Church Road/ Eastern Railway/ Howrah-711101

Annexure -B

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SL No	USG TESTS	Rates in figure	Rates in words (Rupees)
1.	USG OF WHOLE ABDOMEN		
2.	USG OF UPPER ABDOMEN		
3.	USG OF LOWER ABDOMEN		
4.	USG OF KUB & PELVIS		
5.	USG OF PF LIN, PROSTATE AND RUV		
6.	USG OF FETO PLACENTAL PROFILE		
7.	USG OF SCROTUM (EACH)		
8.	USG OF BREAST (EACH)		
9.	USG OF THYROID GLAND		
10.	USG 1 ST TRIM SCAN-DATING SCAN/NT SCAN		
11.	USG-ANOMALY SCAN		
12.	USG TVS		
	OTHERS		
1.	EEG		
2.	ECHO CARDIO GRAPHY (3D)		
3.	ECHO CARDIO GRAPHY (2D)		
4.	NCCT HEAD		
5.	NCCT/CECT WHOLE ABDOMEN		
6.	NCCT/CECT CHEST		
7.	MRI BRAIN		

SIGNATURE OF AUTHORIZED
SIGNATORY WITH SEAL/STAMP

ADDRESS _____

(NAME- _____)

PHONE NO. _____