

हावड़ा मंडल, पूर्व रेलवे ऑर्थोपेडिक अस्पताल, हावड़ा का कार्यालय HOWRAH DIVISION, EASTERN RAILWAY ORTHOPAEDIC HOSPITAL, HOWRAH		मुख्य चिकित्सा अधिकारी, हावड़ा का कार्यालय, पिन - 711101 Office of the CMS/HWH PIN-711101
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L NO. Med/Tie-up/ENT /2026

Howrah, dated 09/04/2026

Sub : - Floating of notice for **Expression Of Interest (EOI)** regarding outsourcing of Clinical investigations through ENT investigations 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 body like ENT Investigations 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. Sr.DMO/Admin/HWH who will be available from 12.00 hrs to 15.00 hrs. on any working day till 29.04.2026. The tender will be opened on 30 th April 2026 , at 2:30 PM
3	Date of receipt of application	The last date for submitting the application is April 30 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 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

(Dr. Santanu Singh)
 Divisional Medical Officer (Surgeon)
 For Chief Medical Supdt./E.Rly/HWH

सांतनु सिंह
 Dr. Santanu Singh
 मंडल चिकित्सा अधिकारी
 Divl. Medical Officer
 हावड़ा, बंगाल / E. Rly. Howrah.

Continue.....at p/2

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 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
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(Dr. Santanu Singh)
Divisional Medical Officer (Surgeon)
For Chief Medical Supdt./E.Rly./HWH

डा. सातनु सिंह
Dr. Santanu Singh
मंडल चिकित्सा अधिकारी
Divl. Medical Officer
ए. रेलवे, कोलकाता / E. Rly. Howrah

ANNEXURE -A

Dr. Santanu Singh
Page 1/1
Medical Officer
E. Ry. Howrah

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 KOLKATA AND HOWRAH AREA WITH ORTHOPAEDIC HOSPITAL HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL INVESTIGATIONS OF DIFFERENT PARTS OF HUMAN BODY BY ENT INV 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/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-----

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 HOWRAH ORTHOPAEDIC HOSPITAL -----

SIGNATURE
AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

[Handwritten Signature]
Dr. Santanu Singh
Medical Officer
Railway Medical Office
P.O. No. 1114

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 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/EASTERN RAILWAY, HOWRAH.

ANNEXURE-B
LIST OF ENT INVESTIGATIONS TO BE DONE

(Signature)
डॉ. सन्तानु सिंह
Dr. Santanu Singh
मुख्य चिकित्सा अधिकारी
उप-निदेशक (ENT)
ए. ए. ए. अस्पताल, राधाकृष्ण / ई. ए.

Sl. No.	NAME OF THE INVESTIGATION	RATES IN FIGURE(Rs.)	RATES IN WORDS (RS.)
1.	Impedance with stapedial reflex/Impedance Audiometry (TYMP)		
2.	Pure tone Audiogram/Pure tone Audiometry (PTA)		
3.	Short Increment Sensitivity Index (SISI) Tone Decay		
4.	Speech Assessment		
5.	Speech Discrimination Score		
6.	Multiple hearing assessment test to Adults		
7.	Brain stem evoked response audiometry(BERA)		
8.	Otoacoustic Emission Test (OAE)		
9.	Hearing Aid Trail		
10.	Vestibular Evoked Myogenic Potential (VEMP)(CVEMP+OVEMP)		
11.	Cold Calorie Test for Vestibular function		
12.	Electronystagmography (ENG)		
13.	Videonystagmography (VNG)		
14.	Video Larynoscopy		
15.	Videostroboscopy		
16.	Fibreoptic examination of Larynx (FOL) under LA		
17.	Fibro optic Nasal Endoscopy		
18.	Electrocochleography (ECochG)		

ADDRESS _____

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

PHONE NO. _____