

West Central Railway

CMS's Office
Divisional Hospital
Bhopal

No. BPL/H/EOI/PATHOLOGY

Dt. 20.07.2016

(EOI)

EXPRESSION OF INTEREST

Chief Medical Superintendent, West Central Railway Bhopal on behalf of the president of India invites (EOI) EXPRESSION OF INTEREST from NABL accredited/authorized Pathology Investigation Laboratory for providing specialized diagnostic test at CGHS rates for a period of 02 years for the divisional railway hospital nishatpura Bhopal.

The interested laboratories may download the details from the website of <http://www/irpesgov.in>.

For further queries contact office of Chief Med.Suptd.Divisional Rly Hospital Nishatpura Bhopal Telephone No.-**0755-2746959**

Time Line

1. Issue of (EOI) EXPRESSION OF INTEREST.-
2. Venue –CMS office Railway Hospital Nishatpura Bhopal
3. Last Date of submission of proposal- 01.09.2016 time-12.00 hrs
4. Date of Opening of the proposal-01.09.2016 time-15.30 hrs

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Terms & Condition

1. The lab must be NABL accredited/authorized.
2. The rates to be charged should be as per CGHS prescribed rates In case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable.In case no government rate is available then reasonable rate as per mutual agreement between Railway and the center shall be payable..
3. The investigation centers should provide facilities of investigations round the clock.

4. Labs who apply for in response to this EOI will be Empanelled after scrutiny.
5. Recognition will be for a period of Two Years.
6. Procedure for recognition will be as per existing railway board guidelines.
7. Railway beneficiaries will be referred to empanelled centre with proper referral letter . No payment will be charged from them.
A-.OPD patients may be referred to empanelled lab of his preference with proper referral letter.Reports will be collected by the patient from the concerned lab.
B-sample of indoor & OPD patients will be collected by phlebotomist of the concerned labs at Rly.hospital at such time and date as informed to the concerned lab by the nominated staff of Rly.hospital. Reports will be delivered to the Rly hospital by the lab.
8. Diagnostic center that are recommended for empanelment shall also have to furnish a Performance Bank Guarantee valid for a period of 30 months i.e 06 months beyond empanelment period.
Diagnostic center/Lab deposit-Rs.TwoLakhs (Rs.2,00,000.00)

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9. Empanelment diagnostic centre/lab will be required to provide bank detail for necessary transfer of bill amount electronically to the account.
11. Documents to be enclosed with EOI-
 - A.Registration with appropriate authority.
 - B.NABL accreditation certificate
- 12.Chief Medical Superintendent, Divisional Railway Hospital, Bhopal, reserves the right to accept / reject any application/ to reject all the application at anytime, without assigning any reason.
- 13.Monitoring and medical audit- Chief Medical Superintendent,Divisional Railway hospital Bhopal,reserves the right to visit the lab at any time to ascertain their compliance with the requirement of Railway.

14.If any empanelled lab is found involved in any wrong doing or over charging etc,then the concerned lab would be suspended/removed from Railway panel and would be black listed for specified period for future empanelment with Railway.

15.**Exit from the panel.**-The rates fixed by the CGHS shall continue to hold good unless revised by CGHS.In case the notified rates are not acceptable to the CGHS empanelled private lab or for any other reason,the hospital no longer wishes to continue on the list under Railway it can apply for excusion from the Panel by giving one month notice.

16.Empanelled lab should notify one nodal officer/ executive for Railway beneficiaries,who can be contacted by Railway administration in case of any requirement.

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17.Kindly respond by given date and submit your offer on the following address CMS Office Divisional. Railway Hospital Nishatpura Bhopal Pincode-462010.

18. List of CGHS rates for Bhopal is enclosed.

Eligibility criteria-

- A. The lab must be NABL accredited/authorized.
- B. Lab/Agency/Diagnostic center should have minimum experience of five years in the field of pathological investigation, preferably having past experience of handling similar works of government, departments/semi-government/private.
- C. Should have all valid registration documents for compliance to all statutory requirements ie registration with appropriate authority.
- D. . The lab should have its full fledged own unit located at Bhopal.
- F. An on site inspection may be under taken by the evaluation committee of divisional railway hospital before empanelment.

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Prescribed format application for expression of interest (EOI) for entering into tie up with NABL accredited/authorised Labs in Bhopal for the patient of WCR/BHOPAL Division.

- 1- Name of the Lab -- _____
Address _____

Telephone Number - _____

Email ID - _____
Name with details of nodal person for contact- _____
- 2- Experience of working in the MOU Format in Govt/Semi-govt./Private (Attach Details) - _____

- 3- We agree to provide services at CGHS- NABL/Non-NABL Rates as per applicable to Bhopal 2016 - _____

- 4- List of tests available _____
- 5- For those investigations which are not listed in the CGHS Rate, our Lab will provide the services at rates mentioned/ discount _____
- 6- We agree to provide services on bill system of payment - _____
- 7- (1) Whether NABL accredited (yes/no) - _____
(2) Whether NABL authorized _____
- 8- Whether NABL applied (yes/no) - _____

- 9- Our Lab has been recognized for investigation of the following Govt. organization/Semi-Govt. Organization/Private Organization - _____
- 10- Details of NABL accreditation & validity period. - _____

11- We agreed to on-site inspection for evaluation before empanelment.

12- Willingness to provide services for sub-division hospital Bina/ Itarsi and H.U at,Guna,shajapur and Harda

All documents are to be signed and stamped by the authorized signatory on all pages.

We hope our organization will be considered for tie-up with Divisional Railway Hospital Bhopal W.C.Rly. for providing services to the railway beneficiaries.

Signature/ Authorized signatory _____
(Name) _____
Address _____
Phone no. _____
E mail ID _____
Seal/Stamp _____

CERTIFICATE OF UNDERTAKING

- 1) It is certified that the particulars given in offer letter are correct & minimum eligibility criteria are satisfied.
- 2) That the Pathology Investigation Laboratory shall not charge higher than the CGHS notified rates or the rates agreed to.
- 3) That any information is found to be untrue, LAB would be liable for de-recognition by Railway. The lab will be liable to pay compensation for any financial loss caused to Railway, physical and or mental injuries caused to its beneficiaries.
- 4) That the LAB has the capability to submit bills and medical records both in soft and hard format.
- 5) That no investigation by central GOVT/state GOVT or any statutory investigating agency is pending or contemplated against the LAB.
- 6) Agree for the terms & conditions prescribed in the application document.

(SIGNATURE OF APPLICANT OR
AUTHORISED AGENT WITH SEAL)

Annexure- II

Copies of following documents (wherever applicable) are to be submitted along with application.

- 1) Copy of legal status, place of registration & principal place of business of the Pathology laboratory.
- 2) A copy of partnership deed /memorandum and articles of association if any.
- 3) Copy of NABL accreditation/authorisation
- 4) List of investigation facilities available with the LAB.
- 5) Copy of compliance with statutory requirements including that of waste management.

(SIGNATURE OF APPLICANT OR AUTHORISED AGENT
WITH SEAL)