

**EXPRESSION OF INTEREST (EOI) FORMATE FOR IMAGING CENTRE**

**To,**

Chief Medical Superintendent,  
West Central Railway -Kota,  
Rajasthan-324002

1.Name of the City where Imaging Centre is located.

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2.Name of the Imaging Centre.

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3.Address of the Imaging Centre.

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4.Tel/Fax/E.mail & bank details

Telephone No.													
Fax No.													
E.Mail/Website address													
Name of Bank													
Bank Account No													
Indian Financial System Code (IFSC)													
PAN No													

Sig. of the In charge of Centre.

Seal

## Eligibility Criteria & Terms and Conditions

No.KTT/MD/2016/ Radiology

Date 02.11.2016

1. The contract will be for a period of **Two years (24 Months)** from the date of execution of contract. The rates shall be as per prevailing CGHS rate from time to time during the period of contract.
2. The rates of Investigation will be as per CGHS, Non NABH (Radio Dignosis) rates for Jaipur city. If there is no rate available for any investigations in CGHS, rate list for Jaipur then rates of AIIMS & MBS hospital Kota will be considered. Those test for which rates are neither available in CGHS nor in AIIMS/MBS hospital rate list then rates of the Imaging Centre with Discount as required will be accepted.
3. The Investigation Centre must have its premises established in municipal limit of Kota.
4. At least one full time qualified Radiologist (with MD degree in respective subjects) with experience in performing these test should be on regular roll of the Hospital. Adequate number of qualified technicians with Diploma of medical Radiologist or a higher degree should be available. Attested copy of certificates of qualification should be enclosed with the offer.
5. In emergency the Imaging Centre should be available to perform the Investigations and submit the reports as per requirement of Railways hospital.
6. Centre must make arrangement for Investigation at their centre from 9 AM to 4 PM Monday to Saturday. Reports to be delivered on the same day /next working day or as soon as possible .The reports of that should be submitted within a justified time after the Investigation is completed or FAX/Email .
7. in case of emergency (other than normal hours as mentioned above) the centre will have to Investigate and deliver reports at the earliest to the hospital.
8. There should be Nil breakdown time. Alternate arrangements should be made available by the Imaging Centre to get these Investigations done from other reputed Centre at its own cost and arrangements.
9. Imaging Center must have backup office arrangements to supply the required printed report duly signed by the qualified Doctor. The reports of investigations must be stored in computer for at least 02 year for comparison and to be supplied on specific demand only.
10. CMS/DRH/Kota reserves the right to terminate the contract without citing any reason before the stipulated time.

11. In case of unsatisfactory performance due to machine/technical failure the repetition of test should be done at the cost of your Centre and no extra charge will be paid.
12. Payment shall be on bill system. Bills shall be submitted on monthly basis for all tests conducted by the Investigation centre during the month. The Investigation centre shall provide cashless service to the referred patient. No payment of any kind shall be charged from the patient.
14. The Imaging centre should have all valid licenses to conduct these Investigation as per government policy. The copy of the same should be attached with offer.
15. Party shall keep its offer open for minimum period of 120 days.
16. All complaints medico-legal matters related to reports will be borne by the Imaging centre. Railway authorities shall not bear any responsibility.
17. Team of Doctors from Divisional Railway Hospital Kota reserves right to inspect Imaging centre as and when required.
18. The Imaging centre will pay damage to the beneficiaries if any injury loss od part or death occurs due to gross negligence.
19. Rates for Annexure-I will be AT PAR and for Annexure-II will be given Discount by the Centre
20. Registration certificate under PNDT Act in case of centre applying for (USG) Ultrasonography
21. PERFORMANCE BANK GUARANTEE (PBG)

After accepting of offer the Imaging Centre will have to submit **PERFORMANCE BANK GUARANTEE (PBG) for Rs.2.00 lac valid for a period of 30 months i.e. six months beyond the competent authority accepted period.** to ensure efficient service and to safeguard against any default:

Sig. of Imaging Centre

## SCHEDULE - I

No.KTT/MD/2016/Radiology

Schedule of USG/CT/MRI/ Ophthalmology /Digital X-ray investigation

CGHS Items

SN	CGHS JP Non NABH Code of CGHS/JPR / RPH/e-tender 2014/ (Admn.)15172-291 dtd.14.11.14	Name of Investigation	Total Qty.	CGHS JP Non NABH Rate of CGHS/JPR / RPH/e-tender 2014/(Admn.) 15172-291 dtd.14.11.14
1	2	3	5	4
	<b>USG</b>			
1	1590	USG for Obstetrics - Anomalies scan	120	323.00
2	1591	Abdomen USG	1440	232.00
3	1592	Pelvic USG ( prostate, gynae, infertility etc)	240	255.00
4	1593	Small parts USG ( scrotum, thyroid , parathyroid etc)	120	349.00
5	1594	Neonatal head (Tranfontanellar)	24	425.00
6	1595	Neonatal spine	24	497.00
7	1596	Contrast enhanced USG	0	810.00
8	1597	USG Breast	120	349.00
9	1598	USG Hystero-Salpaingography (HSG)	48	255.00
10	1599	Carotid Doppler	24	850.00
11	1600	Arterial Colour Doppler	120	706.00
12	1601	Venous Colour Doppler	120	706.00
13	1602	Colour Doppler, renal arteries/any other organ	240	800.00
14	1603	USG guided intervention- FNAC	24	490.00
15	1604	USG guided intervention - biopsy	24	720.00
16	1605	USG guided intervention - nephrostomy	24	720.00
17	NA	3D reconstruction face/neck/Hip Joint/Spine/ Hand/ Orbit/Pelvis/Knee Joint	96	0.00
18	NA	USG-4D congenital anomalies scan	48	0.00
	<b>CT</b>			
19	1637	C.T Head-Without Contrast	360	900.00
20	1638	C.T Head- with Contrast (+/- CT angiography)	120	1350.00
21	1639	C. T. Chest - without contrast (for lungs)	120	1700.00
22	1640	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast	24	1700.00

24	1642	C. T. Scan Whole Abdomen Without Contrast	72	2700.00
25	1643	C. T. Scan Whole Abdomen With Contrast	120	4050.00
26	1644	Triple Phase CT abdomen	24	4050.00
27	1645	C.T angiography abdomen/ Chest	24	4500.00
28	1646	C.T Enteroclysis	24	5500.00
29	1647	C. T. Scan Neck – Without Contrast	24	1500.00
30	1648	C. T. Scan Neck – With Contrast	24	1870.00
31	1649	C. T. Scan Orbits - Without Contrast	72	1190.00
32	1650	C. T. Scan Orbits - With Contrast	48	1615.00
33	1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	120	900.00
34	1652	C. T. Scan of Para Nasal Sinuses - With Contrast	72	1600.00
35	1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)–without contrast	24	1500.00
36	1654	CT Temporal bone – without contrast	24	893.00
37	1655	CT - Dental	48	1275.00
38	1656	C. T. Scan Limbs -Without Contrast	24	1700.00
39	1657	C. T. Scan Limbs -With Contrast including CT angiography	24	2253.00
40	1658	C.T. Guided intervention –FNAC	24	1080.00
41	1659	C.T. Guided Trucut Biopsy	24	1200.00
42	1660	C. T. Guided intervention -percutaneous catheter drainage / tube placement	24	1305.00
	<b>MRI</b>			
43	1661	MRI Head – Without Contrast	360	1998.00
44	1662	MRI Head – With Contrast	240	2848.00
45	1663	MRI Orbits – Without Contrast	72	1445.00
46	1664	MRI Orbits – With Contrast	48	2000.00
47	1665	MRI Nasopharynx and PNS – Without Contrast	72	2450.00
48	1666	MRI Nasopharynx and PNS – With Contrast	72	3500.00
49	1667	MR for Salivary Glands with Sialography	24	2700.00
50	1668	MRI Neck - Without Contrast	120	3000.00
51	1669	MRI Neck- with contrast	48	5000.00
52	1670	MRI Shoulder – Without contrast	168	2000.00
53	1671	MRI Shoulder – With contrast	72	2600.00
54	1672	MRI shoulder both Joints - Without contrast	48	2750.00
55	1673	MRI Shoulder both joints – With contrast	24	4000.00

56	1674	MRI Wrist Single joint - Without contrast	120	2125.00
57	1675	MRI Wrist Single joint - With contrast	24	4000.00
58	1676	MRI Wrist both joints - Without contrast	24	2125.00
59	1677	MRI Wrist Both joints - With contrast	24	5000.00
60	1678	MRI knee Single joint - Without contrast	240	2125.00
61	1679	MRI knee Single joint - With contrast	24	5000.00
62	1680	MRI knee both joints - Without contrast	240	2125.00
63	1681	MRI knee both joints - With contrast	24	5000.00
64	1682	MRI Ankle Single joint - Without contrast	72	2125.00
65	1683	MRI Ankle single joint - With contrast	24	5000.00
66	1684	MRI Ankle both joints - With contrast	24	4500.00
67	1685	MRI Ankle both joints - Without contrast	72	2500.00
68	1686	MRI Hip - With contrast	24	2500.00
69	1687	MRI Hip – without contrast	120	2125.00
70	1688	MRI Pelvis – Without Contrast	48	2125.00
71	1689	MRI Pelvis – with contrast	48	4500.00
72	1690	MRI Extremities - With contrast	24	5000.00
73	1691	MRI Extremities - Without contrast	24	2125.00
74	1692	MRI Temporomandibular – B/L - With contrast	48	4000.00
75	1693	MRI Temporomandibular – B/L - Without contrast	48	2125.00
76	1694	MR Temporal Bone/ Inner ear with contrast	48	4000.00
77	1695	MR Temporal Bone/ Inner ear without contrast	48	2500.00
78	1696	MRI Abdomen – Without Contrast	240	2125.00
79	1697	MRI Abdomen – With Contrast	48	5000.00
80	1698	MRI Breast - With Contrast	48	4250.00
81	1699	MRI Breast - Without Contrast	48	2125.00
82	1700	MRI Spine Screening - Without Contrast	360	1000.00
83	1701	MRI Chest – Without Contrast	48	2125.00
84	1702	MRI Chest – With Contrast	48	4000.00
85	1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	360	2125.00
86	1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	120	4000.00
87	1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	240	2125.00
88	1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	48	4000.00
89	1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	600	2125.00

90	1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	120	5000.00
91	1709	Whole body MRI (For oncological workup)	24	5100.00
92	1710	MR cholecysto-pancreatography.	24	5000.00
93	1711	MRI Angiography - with contrast	24	4950.00
94	1712	MRI Enteroclysis	24	2125.00
95	592	2D Echocardiography	2400	1080.00
96	1375	CTMT	480	489.00
97	1602	Colour Doppler,	24	800.00
	<b>Ophthalmology</b>			
98	71	Flurescein Fundus Angiography (FFA)	72	1913.00
99	73	B-Scan	72	207.00
100	83	OCT	240	1913.00
101	1341	OPG X-ray	72	196.00

I/WE offer and agree to execute the above work **At par** of CGHS-Jaipur 2014 Non NABL, AIIMS-New Delhi Hospital & MBS Kota Hospital rates.

Sig. of In charge of  
Centre

## SCHEDULE –II

No.KTT/MD/2016/Radiology

Schedule of USG/CT/MRI/Ophthalmology/Digital X-ray investigation Non  
CGHS Items

S. No.	Name of investigation	Total Qty.	Rates of Radiology per Test
<b>Digital X-Ray</b>			
1	D/X-Ray Chest -PA	72	150.00
2	D/X-Ray KUB	120	150.00
3	D/X-Ray Sholder AP Lateral	120	150.00
4	D/X-Ray Rist for Arm AP Lateral	120	150.00
5	D/X-Ray Rist Hand Elbow AP Lateral	120	150.00
6	D/X-Ray Ankle,Leg,Thigh AP Lateral	120	150.00
7	D/X-Ray Cirvical Spine AP Lateral	120	300.00
8	D/X-Ray Hip joint AP Lateral	120	300.00
9	D/X-Ray Palvis AP	96	300.00
10	D/X-Ray Lambo Sekral Spine AP Lateral	96	300.00
11	D/X-Ray Darso Lambat AP Lateral	72	300.00
12	D/X-Ray PNSAP	120	150.00
13	D/X-Ray Sckull AP Lateral	48	300.00

I/WE offer and agree to execute the above work at Rs..... % Discount of above rates (In figures)..... % Discount ( in words )

Sig. of Incharge of  
Centre

**END OF TENDER DOCUMENT**