

West Central Railway  
L. No. BPL/H/EOI/Hospital

CMS's Office  
Divisional Hospital  
Bhopal 05/12/2016

## **(EOI)**

### **EXPRESSION OF INTEREST**

Chief Medical Superintendent, West Central Railway Bhopal on behalf of the president of India invites (EOI ) EXPRESSION OF INTEREST from CGHS empanelled Hospital for providing Treatment to Cancer patients of the Divisional Railway Hospital Nishatpura Bhopal for a period of 02 years.

The interested Hospitals may download the details from the website of <http://www/wcr.gov.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- 12.01.2017 time-12.00 hrs
4. Date of Opening of the proposal-12.01.2017 time-15.30 hrs

CMS/WCR/BPL

**Minimum eligibility criteria and terms and conditions of contract for recognition of Private CGHS Hospital**

- 1) The Hospital should be empanelled under CGHS.
- 2) The rates to be paid by Railway to the recognized Hospital as per current CGHS rates or the hospital's tariff wherever is lower.
- 3) Recognition will be for a period of Two years.
- 4) Provision of early registration, examination and admission for Railway patients referred by Railway hospital, W.C.Railway, Bhopal.
- 5) For emergency cases, admission is to be done immediately.
- 6) Adequate medical attention is to be provided for serious patients, if required.
- 7) Hospital must give an undertaking accepting terms & conditions spelt out in the Annex I & Documents as per Annex II which should be read as part of this application document.
- 8) Procedure for recognition will be as per existing railway board guidelines.
- 9) Kindly respond within 21 days from the date of publication of this advertisement and submit your offer on the following address.
- 10) Railway beneficiaries will be referred to empanelled hospital with proper referral letter. No payment will be charged from them.
- 11) Hospital that are recommended for empanelment shall also have to furnish a performance bank guarantee deposit Rs. Ten Lakhs (Rs.1000000/-)
- 12) Free ambulance service should be provided by the Hospitals to the railway beneficiaries.
- 13) List of CGHS rates for Bhopal is enclosed.
- 14) Bank details will also be required for necessary transfer of bill amount electronically to the account of tie up hospital.
- 15) Bills should be sent in triplicate with original referral letter railway hospital W.C Railway Bhopal photocopy of Identity card/RELHS Card of Railway beneficiaries discharge summary reports of investigation, original packets/bill of implants documents showing visits of doctors, RBS, ECG done etc, summary of bill on monthly basis should also be enclosed..Any extra procedures, medicines need special permission, such original permission letter of railway hospital W.C.Railway Bhopal should be attached to bill.

**15.Right to accept any application and to reject any or all application-**

Chief Medical Superintendent, Divisional Railway hospital, Bhopal, reserves the right to accept or reject any application to reject all the application at any time without assigning any reason.

16. Chief Medical Superintendent, Divisional Railway hospital, Bhopal, reserves the right to visit the Hospital at any time to ascertain their compliance with the requirement of Railway.

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

**18. 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 Hospital or for any other reason, the hospital no longer wishes to continue on the list under Railway it can apply for exclusion from the Panel by giving one month notice.

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

**CERTIFICATE OF UNDERTAKING**

- 1) It is certified that the particulars given in offer letter are correct & minimum eligibility criteria are satisfied.
- 2) That the hospital shall not charge higher than the CGHS notified rates or the rates agreed to.
- 3) That any information is found to be untrue, Hospital would be liable for de-recognition by Railway. The Hospital 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 Hospital 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 hospital.
- 6) Agree for the terms & conditions prescribed in the application document.

(SIGNATURE OF APPLICANT OR  
AUTHORISED AGENT WITH SEAL)

**Annexure II**  
**APPLICATION DOCUMENT FOR EMPANELMENT OF HOSPITAL**

NAME OF THE AREA OF THE CITY WHERE HOSPITAL IS LOCATED	
<b>NAME OF THE HOSPITAL</b>	
ADDRESS OF THE HOSPITAL	
TELEPHONE NO.	
FAX NO.	
E-mail ID-	
WEB SITE ADDRESS	
.NABH/NON-NABH	
DISTANCE FROM DIVL RAILWAY HOSPITAL, BHOPAL NISHATPURA.	

(Please tick the appropriate in box below)

- 1- WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT.....
- 2- OUR HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES [TYPE OF AMBULANCE] FOR ALL REFERRAL PATIENTS AT BHOPAL.....
- 3- WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR HOSPITAL AS PER ANNEXURE. THE INFRASTRUCTURAL FACILITIES OF OUR HOSPITAL IS ALSO ENCLOSED AS PER ANNEXURE.....
- 4- WE ENCLOSED A COMPLETE TARIFF CHART OF OUR HOSPITAL COMPARING WITH CGHS RATES AS PER ANNEXURE.....
- 5- DETAILS OF EMPANELMENT WITH OTHER GOVERNMENT ESTABLISHMENT/ ORGANISATIONS & PSUS.
- 6- RATES OFFERED IF LESS THAN THE CURRENT CGHS RATES
- 7- DOCUMENTS SUPPORTING EMPANELMENT WITH CGHS.
- 8- DETAIL OF FACILITIES AVAILABLE IN THE HOSPITAL AND A LIST OF DOCTORS & THEIR QUALIFICATION.
- 9- RATE LIST OF HOSPITAL WHICH ARE NOT COVERED UNDER CGHS RATE LIST AND THE PERCENTAGE OF DISCOUNT THE HOSPITAL IS WILLING TO OFFER ON THESE ITEMS FOR RAILWAY BENEFICIARIES.

**(SIGNATURE OF APPLICANT  
OR AUTHORISED AGENT WITH SEAL)**

NAME.....  
ADDRESS.....  
PHONE NUMBER.....  
E MAIL ID.....  
SEAL/STAMP

## 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 Hospital.
- 2) A copy of partnership deed /memorandum and articles of association if any.
- 3) Copy of NABH/NON-NABH accreditation.
- 4) List of facilities available with the HOSPITAL.
- 5) Copy of compliance with statutory requirements including that of waste management.

(SIGNATURE OF APPLICANT OR  
AUTHORISED AGENT WITH SEAL)