West Central Railway

CMS's Office

Divisional Hospital

Bhopal

No. BPL/H/EOI/Dialysis

Dt. 25.02.2020

(EOI)

EXPRESSION OF INTEREST

Chief Medical Suprintendent, West Central Railway Bhopal on behalf of the president of India invites (EOI ) EXPRESSION OF INTEREST from Stand alone Centres/Hospital for providing Dialysis Treatment to patients of the Divisional Railway Hospital/Bhopal/WC.Rly for a period of 02 years.

The interested Centre/Hospital may download the details from the website of wcr.gov.in.

For further queries contact office of Chief Med.Supdt.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- 17.03.2020 time-12.00 hrs
4. Date of Opening of the proposal-17.03.2020 time-15.30 hrs

CMS/BPL
**Terms & Condition**

1. The rates to be charged should be as per CGHS or Lower rates In case CGHS rate 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 centre shall be payable.
2. The Dialysis centres/hospitals should provide facilities for dialysis round the clock.
3. Dialysis centres/hospital who apply for in response to this EOI will be empanelled after scrutiny.
4. Recognition will be for a period of Two Years.
5. Procedure for recognition will be as per existing railway board guidelines.
6. Railway beneficiaries will be referred to empanelled centre with proper referral letter. No payment will be charged from them.
7. Dialysis centre/hospital 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. 
   deposit-Rs.TwoLakhs (Rs.2,00,000.00)
8. Empanelled dialysis centre/hospital will be required to provide bank detail for necessary transfer of bill amount electronically to the account.
9. Documents to be enclosed with EOI-
   A. Registration with appropriate authority.
   B. NABH/NON-NABH accreditation certificate
10. 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.
11. Monitoring and medical audit- Chief Medical Superintendent, Divisional Railway hospital Bhopal, reserves the right to visit the Dialysis Centre/hospital at any time to ascertain their compliance with the requirement of Railway.
14. If any empanelled Dialysis Centre/hospital is found involved in any wrong doing or over charging etc, then the concerned Centre 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 empanelled Dialysis Centre/hospital or for any other reason, the Dialysis centre no longer wishes to continue on the list under Railway it can apply for exclusion from the Panel by giving one month notice.

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

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 rates of the Dialysis centre and CGHS rates for Bhopal to be enclosed.

**Eligibility criteria—**

A. Dialysis centres/hospital should have minimum experience of five years in the field of handling similar works of government, departments/semi-government/private.

B. Should have all valid registration documents for compliance to all statutory requirements ie registration with appropriate authority.

D. The Dialysis centre/hospital should have its full fledged own unit located at Bhopal.

E. An on site inspection may be under taken by the evaluation committee of divisional railway hospital before empanelment.

CMS/BPL
Application for empanelment of Dialysis center/hospital for the patient of Divisional Railway Hospital
Bhopal/West Central Railway.

1. Name of the Centre/hospital - __________________________________________________

   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- [NABH/Non-NABH]Rates as applicable to Bhopal 2019-20
   ______________________________________________________________________

   Whether CGHS Empanelled yes/no…………………………………………………………

4. We agree to provide services on bill system of payment……………………………………

5. Whether NABH/NON-NABH accredited…………………………………………………

6. Details of NABH/NON-NABH accreditation and validity period………………………………

7. List of facilities
   [A]. Qualified Nephrologist……………………………………………………………………
   [B]. Qualified Technician……………………………………………………………………
   [C]. Total No. of Dialysis unit……………………………………………………………
   [D]. No. of Dialysis unit for infected patients ………………………………………
   [E]. Round the clock services…………………………………………………………
   [F]. Indoor facilities……………………………………………………………………
   [G]. Free ambulance services yes/no…………………………………………………
   [H]. IV Fistula at CGHS rates…………………………………………………………
   [I]. List of staff…………………………………………………………………………
   [J]. Any other…………………………………………………………………………

8. We agree to provide services on bill system of payment - ____________________________

9. Our Centre has been recognized for Dialysis by the following Govt. organization/Semi-Govt.
   Organization/Private Organization___________________________________________________

10. We agree to on-site inspection for evaluation before empanelment.

11. 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. ___________________________ EmailID ___________________________
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 Dialysis Centre/hospital shall not charge higher than the CGHS notified rates or the rates agreed to.

3) That any information is found to be untrue, Centre/hospital would be liable for de-recognition by Railway. The Centre 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 Dialysis Centre/hospital has the capability to submit bills and medical records both in soft and hard format.

5) That no Dialysis by central GOVT/state GOVT or any statutory investigating agency is pending or contemplated against the Centre.

6) Agree for the terms & conditions prescribed in the application document.

(SIGNATURE OF APPLICANT OR AUTHORISED AGENT WITH SEAL)
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 Dialysis Centers/hospital.
2) A copy of partnership deed /memorandum and articles of association if any.
3) Copy of CGHS Empanelment [NABH/NON-NABH].
4) List of dialysis facilities available with the CENTRE.
5) Copy of compliance with statutory requirements including that of waste management.

(SIGNATURE OF APPLICANT OR AUTHORISED AGENT WITH SEAL)