

## रुचि की अभिव्यक्ति ( ई.ओ.आई)

भारत के राष्ट्रपति की ओर से मुख्य चिकित्सा अधीक्षक प.म.रेल/भोपाल रेल्वे लाभाश्रियों को डेंटल ट्रीटमेंट का उपचार प्रदान करने हेतु भोपाल में स्थित सीजीएस इमपेनल (एनएबीएच/नॉन-एनएबीएच) डेंटल चिकित्सालय/सेंटर से सीजीएस दरों पर दो वर्ष की अवधि करने के लिए रुचि की अभिव्यक्ति ( ई.ओ.आई) निम्नलिखित बीमारियों को (मेडीकल मैनुयल द्वारा अधिकृत) पैरा 637 के अंतर्गत आमंत्रित करते हैं। इच्छुक चिकित्सालय <https://wcr.indianrailways.gov.in/> की वेबसाइट से विवरण को डाउनलोड कर सकते हैं।

दंत चिकित्सा का प्रावधान scope of work for which EOI is called

- 1-दांत उखाड़ना
- 2-छिलाई व मसूढ़ा उपचार
- 3-रूट केनाल उपचार और
- 4- दांतों की भराई

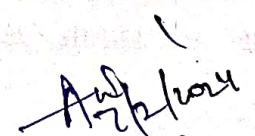
2- इसके अतिरिक्त, जिन मामलों में किसी सामान्य या स्वभाविक बीमारी के एक भाग के रूप में यह पाया जाय कि गडवड़ी दांतों के कारण ही हैं, उनके बड़े किस्म की दांत चिकित्सा भी निशुल्क दी जाती है। ऐसी बीमारियों के उपचार के अंतर्गत किसी उस बीमारी का उपचार भी शामिल है जिसमें जबड़ा-अस्थि का उपचार किसी व्रद्धि को उखाड़ने के लिये मसूढ़ों का ओपरेशन तथा ओडोटोमस और जमी हुई अक्ल-दाड़ को निकालने के लिये सर्जिकल ओपरेशन आवश्यक हो।

(II)-कृतिम दांतों की आपूर्ति दंत चिकित्सा के दायरे में नहीं आती है।

डेंटल ट्रीटमेंट हेतु सीजीएस में जिन प्रक्रियाओं के कोड दिये गये हैं उन्हीं दरों पर एवं उतनी ही इलाज की प्रक्रिया के लिये ई.ओ.आई जारी की जा रही है साथ ही सीजीएस कोड के अन्यत्र कोई इलाज प्रक्रिया का बिल रेल्वे द्वारा नहीं दिया जावेगा। अधिक जानकारी के लिए मुख्य चिकित्सा अधीक्षक मंडल रेल चिकित्सालय निशातपुरा/भोपाल से कार्यालय समय में प्राप्त की जा सकती है।  
फोन नं 77101092522

### समय सीमा

- 1 रुचि की अभिव्यक्ति (ई.ओ.आई) जारी करना- 07-02-2024
- 2-स्थान- मंडल रेल चिकित्सालय कार्यालय प.म.रेल/भोपाल
- 3.प्रस्ताव प्रस्तुत करने की अंतिम तिथि-23-02-2024 समय 13.00 बजे
- 4..प्रस्ताव खुलने की अंतिम तिथि-23-02-2024 समय 15.30 बजे

  
मुख्य चिकित्सा अधीक्षक भोपाल

### Minimum Eligibility Criteria

1. The Hospital should be located in Bhopal area.
2. The rates to be paid by Railway to the recognized Hospital as per CGHS code only.
3. Recognition will be for a period of Two years.
4. To provide Adequate medical attention for serious patients.
5. The hospital who apply for in response to this EOI will be empanelled after scrutiny.
6. Procedure for recognition will be as per existing railway board guidelines.
7. Railway beneficiaries will be referred to empanelled Hospital with proper referral letter.  
No payment will be charged from them.
8. The 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. speciality hospital-2,00,000/- (Two lakhs)
9. Empanelled hospital will be required to provide bank details for necessary transfer of bill amount electronically to the account.
10. Bills should be submitted as per MOU/in triplicate with original referral letter from railway hospital, photocopy of identity card/RELHS card of Railway beneficiaries, discharge summary, reports of investigations, original packets/bill of implants documents showing visits of Doctors etc. Summary of bill on monthly basis should also be enclosed.
11. Chief Medical Superintendent /Divisional Railway hospital/ Bhopal reserves the right to visit the hospital at any time to ascertain their compliance with the requirements of Railway.
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. 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.
14. 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 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.
15. Empanelled hospital should notify one nodal officer/ executive for Railway beneficiaries, who can be contacted by Railway administration.



**format application for expression of Interest (EOI) for Dental Hospital/ Centre NABH/Non-NABH CGHS Rates  
in Bhopal for the patient of WCR/BHOPAL Division.**

1. Area of the city where Hospital is located-----
2. Name of the hospital-----
3. Address of the Hospital-----
4. Telephone No. \_\_\_\_\_ Email ID \_\_\_\_\_
5. Distance from : Divisional Railway Hospital Bhopal----- Kms
6. Name with details of nodal person for contact \_\_\_\_\_
7. We agree to provide services on bill system of payment.....
8. We agree to provide treatment at CGHS Rates (NABH/NON NABH ) yes/no.....
9. We enclose in house human resources/specializations which are available with our hospital I.
10. The infrastructural facilities of our hospital is also enclosed .
11. Type of Hospital – Govt/PSU/Trust/Private or any other-----
12. Accreditation-NABH/NON NABH-----
13. Details of empanelment with other government establishment/organization and PSU  
[CGHS/ESI/ECHS etc]. .....
14. Documents supporting Empanelment and Accreditation-----
15. We agree to on-site inspection for evaluation before empanelment .
16. 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 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- B**

**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 Empanelment CGHS-NABH/NON-NABH/ESI/ECHS.
- 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)