

West Central Railway

No. BPL/H/EOI/Hospt.

CMS's Office

Divisional Railway Hospital Bhopal

Dt. 02.04.2025

(EOI)

EXPRESSION OF INTEREST


Chief Medical Superintendent/West Central Railway/Bhopal, on behalf of The President of India invites EXPRESSION OF INTEREST (EOI) from CGHS/Non CGHS hospitals for providing multispeciality treatment for Railway Beneficiaries of Bina at CGHS rate for a period of 02 yrs .

The interested Hospital may download the details from the website of <https://wcr.indianrailways.gov.in> .

For further queries contact office of Chief Med.Suptd./Divisional Rly. Hospital/ Nishatpura Bhopal. Telephone No.-7701092522

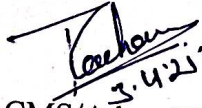
Time Line:

1. Issue of EXPRESSION OF INTEREST (EOI). - 02.04.2025
2. Venue - CMS office Railway Hospital Nishatpura Bhopal.
3. Last Date of submission of proposal - 22.04.2025 time - 13.00 hrs.
4. Date of Opening of the proposal - 22.04.2025 time - 15.30 hrs.


CMS/BPL

Minimum Eligibility Criteria

1. The Hospital should be located in & around Bina area.
2. The rates to be paid by Railway to the recognized Hospital as per CGHS rates .
- 3 .Recognition will be for a period of Two years.
4. Admission is to be done on priority in emergency and for referred cases.
- 5.To provide Adequate medical attention for serious patients.
6. The hospital should provide facilities round the clock.
7. The hospital who apply for in response to this EOI will be empanelled after scrutiny.
8. Procedure for recognition will be as per existing railway board guidelines.
9. Railway beneficiaries will be referred to empanelled Hospital with proper referral letter. No payment will be charged from them.
10. 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. deposit-Rs.Ten Lakhs(Rs.10,00,000.00) Multi & single speciality 2,00,000/- (Two lakhs)
11. Empanelled hospital will be required to provide bank details for necessary transfer of bill amount electronically to the account.
12. 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. Any extra procedures, medicines- need special permission. Such original permission letter from sub.div.railway Hospital/ West Central Railway /Bina should be attached with the bill.
13. 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.
- 14 .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.
- 15.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.
- 16 .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.
- 17.Empanelled hospital should notify one nodal officer/ executive for Railway beneficiaries, who can be contacted by Railway administration in case of any requirement.


3.4.21
ACMS/Admn/BPL

APPLICATION AND DOCUMENTS FOR EMPANELMENT OF HOSPITAL.

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 : .SubDivl.Railway Hospital /Bina
i _____ Kms.
6. Name with details of nodal person for contact-----
7. We agree to provide services on bill system of payment.....
8. Our Hospital offers to provide free ambulance services (yes/no)-----
9. We enclose a complete tariff chart of our hospital comparing with CGHS Rates as per Annexure-
10. We enclose the in house human resources/specializations which are available with our hospital as per Annexure-
11. The infrastructural facilities of our hospital is also enclosed as per Annexure-
12. Type of Hospital – Govt/PSU/Trust/Private or any other-----
13. Accreditation-NABH/NON NABH-----
14. Details of empanelment with other government establishment/organization and PSU [CGHS/ESI/ECHS etc].
15. Documents supporting Empanelment and Accreditation-----
16. Rates offered is the current CGHS Rates/ any other-----
17. Rate list of the 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-----
18. Any Other discount [Medicine/Consumables etc]-----
19. We agree to on-site inspection for evaluation before empanelment .
20. 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 Sub.Divisional Railway Hospital Bina 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)

प.मध्य रेल
पत्रांक भो/एच/ईओआई

कार्यालय
मुख्य चिकित्सा अधीक्षक भोपाल
दिनांक:-01.04.2025

कार्यालय टिप्पणी

विषय:-उप मण्डल रेल चिकित्सालय बीना के रेल्वे लाभाश्रियों को प्राइवेट अस्पतालो से टरसरी केयर & इमर्जेंसी मे सीजीएस दरों पर उपचार हेतु ईओआई (अभिव्यक्ति की रूचि) आमंत्रित करने के संबंध में ।

उपरोक्त विषयान्तर्गत उप मण्डल रेल चिकित्सालय बीना के रेल्वे लाभाश्रियों को प्राइवेट अस्पतालो से टरसरी केयर & इमर्जेंसी मे सीजीएस दरों पर उपचार हेतु दो वर्ष के लिये ईओआई (अभिव्यक्ति की रूचि) आमंत्रित करने हेतु अपनी सहमति प्रदान करने की कृपा करे ।

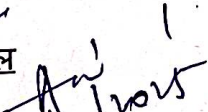

लिपिक

अपर मुख्य चिकित्सा अधीक्षक भोपाल(प्रशा)

सहमत हेतु अंग्रेजित


1.4.25

मुख्य चिकित्सा अधीक्षक भोपाल


2/4/2025