



पश्चिम मध्य रेलवे  
West Central Railway



चिकित्सा निदेशक कार्यालय  
Medical Director's Office  
केन्द्रीय चिकित्सालय, जबलपुर  
Central Hospital, Jabalpur

No.MD/CH/WCR/JBP/EIO.

Date: 10.7.2025.

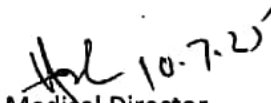
**Empanelment of CGHS empanelled Multi-Speciality hospital for treatment to Railway beneficiaries in emergency at CGHS approved rates**

**Expression of Interest**

Medical Director, Central Hospital, West Central Railway, Jabalpur on behalf of President of India invites expression of Interest from leading CGHS empanelled Multi – Speciality Hospitals preferably in Jabalpur, Madhya Pradesh for empanelment to provide emergency treatment to Railway beneficiaries at the prevailing CGHS – Rates.

Application should reach their office on or before 21 days of publication of this notification.

For more details visit - [www.wcr.indianrailway.gov.in](http://www.wcr.indianrailway.gov.in) (News & Updates – News and announcements)

  
Medical Director,  
Central Hospital,  
West Central Railway, Jabalpur



पश्चिम मध्य रेलवे



कार्यालय  
चिकित्सा निदेशक,  
केन्द्रीय चिकित्सा,  
जबलपुर

पत्र कं. एमडी/सीएच/पमरे/जबल/ईओआई/अनुबंधित दिनांक:-10.07.2025


रेलवे लाभार्थियों को आपातकालीन स्थिति में सीजीएसएच अनुमोदित दरों पर उपचार के लिए सीजीएसएच द्वारा सूचीबद्ध मल्टी स्पेशलिटी अस्पताल का अनुबंध

### अभिरूचि की अभिव्यक्ति

भारत के राष्ट्रपति की ओर से चिकित्सा निदेशक, केन्द्रीय चिकित्सालय, पश्चिम मध्य रेलवे, जबलपुर के रेलवे लाभार्थियों को आपातकालीन स्थिति में उपचार प्रदान करने हेतु मध्य प्रदेश के जबलपुर में स्थित मान्यता प्राप्त सीजीएसएच दरों पर सूचीबद्ध सीजीएसएच/मल्टी स्पेशलिटी अस्पतालों से रूचि की अभिव्यक्ति आमंत्रित की जाती है।

आवेदन इस अधिसूचना के प्रकाशन के 21 दिन या उससे पहले उनके कार्यालय में प्रस्तुत हो जाना चाहिए।

अधिक जानकारी के लिये देखें:- <https://wcr.indianrailways.gov.in/>

 10.7.25  
(डॉ. अशोक कुमार)

चिकित्सा निदेशक

केन्द्रीय चिकित्सालय पमरे, जबलपुर

**Empanelment of CGHS empanelled Multi-Speciality hospital for treatment to Railway beneficiaries in emergency at CGHS approved rates**

**Terms and Conditions for empanelment of Hospital**

Expression of Interest is invited from CGHS empanelled Multi-Speciality private hospitals for empanelment with Central Hospital, West Central Railway, Jabalpur, Madhya Pradesh who comply with the following criteria.

1. The hospitals who apply for in response to this EOI will be empanelled after scrutiny.
2. Willingness letter should reach this office of Medical Director, Central Hospital, West Central Railway, Jabalpur, Madhya Pradesh on or before 21 days of publication of this notification.
3. All the treatment should be charged at prevailing CGHS rates. In case CGHS rate is not available for particular treatment, then reasonable rate as per mutual agreement between Railway and the empanelled hospital shall be payable. Wherever package rate is available in CGHS rate list the same only will be paid for that procedure.
4. The hospital should issue a letter of consent that the hospital is willing to provide treatment at prevailing CGHS rates of Bhopal City available at CGHS website and the Hospital should be willing to sign a MOU with West Central Railway as circulated in Railway board's letter no. 2021/H-1/11/10/MOU Dated 20.11.2023. It is available on Railway Board's website.
5. Treatment facilities for all emergencies in different specialities should be available including Lab investigation and investigations like radiology, USG scan, Doppler studies etc. round the clock under the same Hospital.
6. The service should be available round the clock for emergency cases.
7. The empanelment shall be for a period of 24 months (two years)
8. The Hospital will be visited by a committee of three Doctors from Railway Hospital and based on the recommendation of the committee empanelment will be processed with the approval of Divisional Railway Manager, West central railway, Jabalpur, Madhya Pradesh .
9. The hospital that is 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. Multispecialty Hospital – 10,00,000/- ( Ten Lakhs ) Specialty Hospital- 2,00,000/- (Two lakhs).
10. Empanelment hospitals will be required to provide bank details for necessary transfer of bill amount electronically to the account.
11. Bills should be submitted as per MoU/ in triplicate with original referral letter from Railway Hospital, photocopy of identity card / RELHS card / UMID card of Railway beneficiaries, discharge summary, reports of investigations, original packets / bills of implants documents showing visits of Doctors etc. Feedback copy of patients. Summary of bills on monthly basis should also be enclosed. Any extra procedures, medicines – need special permission. Such original permission letter from Central Hospital, West Central Railway, Jabalpur, Madhya Pradesh should be attached with the bills.
12. Medical Director or a team of officers approved by Medical Director Central Hospital, WCR Jabalpur reserves the right to visit the hospital at any time to ascertain their compliance with the requirements of Railway.
13. If any empanel hospital found involved in any wrong doing or over charging or violation of any clauses, etc. then the concerned hospital would be suspended / removed from Railway panel.

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 empanel hospitals 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. Empanel hospitals should notify one nodal Officer / Executive for Railway beneficiaries, who can be contacted by Railway administration in case of any requirement.

For any enquiry willing hospitals can contact MD Central Hospital, West Central Railway, Jabalpur office during office hours.  
Contact No. 9752415504.

**CERTIFICATE OF UNDERTAKING.**

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 with CGHS and NABH certificate.
4. List of facilities available with the hospital.
5. List of specialties in which hospital will provide round the clock emergency service.
6. Copy of compliance with statutory requirements including that of waste management, Bio Medical waste & Fire safety norms.

( Signature of Applicant or  
Authorized Agent with seal )

**CERTIFICATE OF UNDERTAKING**

1. It is certified that the particulars given in offer letter are correct.
2. That the Hospital shall not charge higher than the CGHS notified rates or the rates agreed to.
3. That the hospital shall provide OPD consultation service and diagnostic service if available whenever required on CGHS rates.
4. 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.
5. That the hospital has the capability to submit bills and medical records both in soft and hard format.
6. That no investigation by Central Govt / State Govt. or any statutory investigating agency is pending or contemplated against the Hospital.
7. Agree for the terms and conditions prescribed in the application document.

(Signature of Applicant or  
Authorized Agent with seal)

No:

Date:

To

Sub: Performa for detailed information for Renewal of contract/ First time Empanelment

Sr No	ITEM	Description
1	Name of Hospital	
2	OWNER'S Name/ CEO Name	
3	Address	
4	Contact No	
5	Email address	
6	Hospital representative Name and contact No	
7	Current status of empanelment with CGHS. (Empanelled/ Not Empanelled)	
8	Specialities for which hospital is empanelled with CGHS	
9	Availability of Biochemistry and Pathology lab YES/NO	
9a	Name and distance of Outsourced of Biochemistry and Pathology lab if Hospital does not have the facility	
10	Availability of USG Scan in house. YES/NO	
10a	Name and distance of Outsourced of USG Centre if Hospital does not have the facility	
11	Availability of CT Scan in house. YES/NO	
11a	Name and distance of Outsourced of CT Scan Centre if Hospital does not have the facility	
12	Availability of MRI Scan in house. YES/NO	
12a	Name and distance of Outsourced of MRI Scan Centre if Hospital does not have the facility	
13	Availability of X RAY in house. YES/NO	
13a	Name and distance of Outsourced of X RAY Centre if Hospital does not have the facility	
14	Availability of AMBULANCE YES/NO and No of ambulances	
15	Availability of Blood Bank YES/NO	
15a	Outsourced agency from where the blood is received	
16	Availability of ICU	
16a	If YES. No of Specialist doctors managing it.	
16b	No of MBBS RMOs in ICU	
16c	No of ICU beds	

16d	No of ventilators	
16e	No of defibrillators	
16f	Bed/Nurse Ratio in ICU	
17	Facility for Haemodialysis YES/NO	
17a	No of HD Machines	
17b	If HD facility is not available What is the arrangement if Haemodialysis is needed?	
17c	No of Nephrologists in house	
17d	No of MOs in HD unit	
18	Availability of urologist	
19	Facility of Emergency obstetrics and gynaecology	
20	Availability of NICU Yes/No	
20a	No Of Beds in NICU	
21	Availability of paediatrician yes/no	
22	No of Operation theatres	
23	Availability of Cathlab	
23a	Availability of interventional cardiologist	
23b	Availability of cardiac surgeon	
24	24 Hrs trauma care facility Yes/ No	
24a	Emergency orthopaedics services Yes/No	
25	Availability of burns care Yes/no	
26	Availability of Neurosurgeon Yes/No	
27	Availability of Pulmonary medicine Yes/No	
28	Availability of Gastroenterology services Gastroenterologist Endoscopic evaluation and management	
29	Availability of CANCER TREATMNT Write Yes/No Oncologist Oncosurgeon Radiotherapy Chemotherapy	
30	In House Pharmacy Yes/No	
31	Hospital Information Management System and readiness for online transactions Yes/No	
32	Other information	

Sign and Stamp of Authorized person of hospital

Check List of Documents



### Check List of Documents

Sr No	Item	Enclosed at Document Sr. No
1	Expression of interest for providing services as per CGHS RATES, agreed upon rates when CGHS rates are not available,	
2	Discount offered on non-listed procedures on hospital rate. Letter enclosed	
3	Discount offered on Medicine and surgical item bills	
4	Signed CGHS RATE LIST	
5	Signed Main Hospital procedures rate which are not covered under CGHS list.	
6	Renewed/ Latest MOU with CGHS	
7	Renewed/ Latest MOU with authorised agency for BMW disposal	
8	Renewed/ Latest Authorisation letter for BMW generation.	
9	No of beds certificate/ declaration	
10	Accreditation certificate (NABH)	
13	list With Names, Qualification, Registration No and Contact nos. of specialists	
14	list With Names, Qualification, Registration No and Contact nos. of MBBS RMOs	

We hope our organization will be considered for tie-up with Central Hospital, WCR Jabalpur for providing services to the Railway beneficiaries.

Sign with seal

Director/ Authorised official