

## Expression of Interest

EOI Notice No.No: GNT/MED/438/Empanel/1/2023.

dated: 22.11.2023.


Expression of Interest is invited for and on behalf of the President of India acting through Chief Medical Superintendent, Divisional Railway Hospital Guntur, Guntur Division, South Central Railway, from Private hospitals (Multi Speciality/ Single speciality Hospitals) of Guntur city and in the Guntur division from Repalle, Mangalagiri, Piduguralla, Nadikudi, Miryalguda, Nalgonda Narasaraopet Giddalur Nandyal areas for the work of secondary/ higher secondary/tertiary care Medical Management/Treatment of Railway Beneficiaries of Guntur division, South Central Railway.

1. For empanelment with Divisional Railway Hospital Guntur, Guntur Division, South Central Railway, for Cashless treatment for Railway Beneficiaries of Guntur division South Central Railway.
2. Rate of work: CGHS Hyderabad 2014 Tariff rates, on AIIMS rates if not listed in CGHS-2014 Hyderabad tariff.
3. Hospitals both categories "A" and "B" as per Railway Board's letter No. 2016/H- 1/11/58 Policy dated: 25.04.2018 needs to apply for fresh empanelment.
4. Empanelled hospital(s) should extend at least 5% or more rebate on MRP on all drugs and Consumables/disposables and implants not covered by CGHS/ AIIMS capping and suitable Discount on Non-CGHS procedure/ investigations over aggregated hospital rates, if any.
5. Date of Application and time: The application along with relevant supporting documents only should be submitted or sent through the registered post from **29.11.2023 to 19.12.2023** upto 15.00 hrs to the office of the Chief Medical Superintendent Divisional Railway Hospital, Near railway station, opp railway Institute, Sambasivapet, Guntur-522001, Guntur Division, South Central Railway. (Application submitted OR received through Dak after **19.12.2023** at 15.00 hrs will not be entertained.)
6. Last date for submission of Applications: **19.12.2023** time up to 15.00 hrs.
7. Date of opening of Application: **19.12.2023** at 16.30 hrs.
8. Venue-office of the Chief Medical Superintendent, Divisional Railway Hospital Guntur, Guntur division, South Central Railway.
8. EOI & Minimum Qualifying Criteria can be downloaded for the website [www.scr.indianrailways.gov.in](http://www.scr.indianrailways.gov.in) and available at CMS/O/GNT or notice board of Office of Divisional Railway Hospital Guntur, Guntur Division, South Central Railway.

Note:

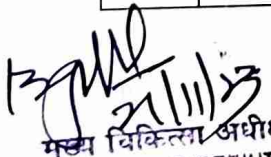
1. In case of above date is declared Closed/ holiday in any manner very first working date will be the last date for submission/ receiving of the application.
2. Railways have the right to reject the application without stating any reason(s).
3. Please refer to details of terms and conditions are as per Railway Board policy letters dated: 05.10.2015, 23.12.2016 & 25.04.2018.

*This has had the approval of Competent Authority.*

  
(Dr. B. Prabhakar Raju)  
Chief Medical Superintendent,  
Divisional Railway Hospital,  
Guntur Division, Guntur,  
South Central Railway.

**PROFORMA FOR MINIMUM QUALIFYING CRITERIA FOR EMPANELMENT of Private Hospital for Secondary/ Higher Secondary/ Tertiary Care Medical Management & Treatment**

S.No	DESCRIPTION	YES/NO
01	The Discipline(s) available in Hospital may be described with supportive document(s) and evidence.	
02	Whether the Hospital is approved with CGHS (Central Govt. Health Scheme) /ESI/ECHS, if yes documentary evidence with validity has to be provided.	
03	Whether the Hospital is having valid accreditation with NABH, if yes documents may be enclosed.	
04	Whether the Hospital is well equipped with newer technology & equipment's (list of available equipment to be provided in details)	
05	Whether valid registration/license from the Local administrative body available (documentary proofs to be provided)	
06	Whether agreeing for extending facility at CGHS-2014 (NABH/Non - NABH) rates of Hyderabad OR Nearest city rate and at AIIMS rate if not listed in CGHS rates.	
07	If CGHS rates not available for certain procedure/ investigation whether agreeing for doing those at AIIMS rate/Government rate, if available.	
08	If the CGHS & AIIMS rates are not available then the prevailing hospital rate with discount for a particular procedure/ investigation/ test if available at hospital will be accepted. In this regard a comparative statement has to be submitted with comparison of CGHS rate/AIIMS rate and Hospital rates with discount	
09	How much discount of prices of all drugs and consumables / disposables and implants not covered by CGHS/ AIIMS capping will be given by the hospital on MRP? May be mentioned the % age i.e. in any case it should be 5% or more of discount and it should be uniform in all items.	
10	Whether qualified/ capable full-time specialist and Or Super-specialist doctor(s) for concerned specialist of treatment with at least 03 years' experience in concerned field available? Documentary proof may be provided in details of each speciality. If more than one specialist/ super-specialist available in same speciality authentic documents may be provided for all.	
11	Whether adequate qualified and trained supporting paramedical, supporting & House Keeping staff available (Number & list of such Paramedics & Supportive staff with proof of qualification and valid identity has to be enclosed)	
12	Whether agreeing for providing Free to &fro Ambulance Service for In-patient of Divisional railway hospital Guntur as per requirement and for railways beneficiaries during emergency.	
13	Whether the Hospital provide free diet for patients.	
14	Whether the centre is agreeing for mode of payment on monthly bill payment system through NEFT.	

  
 मुख्य चिकित्सा अधीक्षक  
 CHIEF MEDICAL SUPERINTENDENT  
 मंडल रेलवे अस्पताल  
 DIVISIONAL RAILWAY HOSPITAL  
 द.म. रेलवे, गुंटूर  
 S.C. RLY. GUNTUR

S.No	DESCRIPTION	YES/NO
15	Whether the hospital will agree to follow the instruction/ guideline issued time to time from Divisional railway hospital Guntur in regard to patient management as well as billing system improvement as per requirement.	
16	Whether the hospital will agree to provide copy of complete treatment file from date of admission to discharge of the cases may contains the following files: 1. All case with bill amount more than 01 (one) lakh. 2. All Bills having uncoded procedure(s)/ investigation(s). 3. All Bills having Length of stay more than 07 days (Prior permission to be taken from Competent Authority for length of stay beyond 07 days). 4. All Bills having ICD (Intra Cardiac Device) and other implant(s). 5. All Bills having procedure other than for which patient was referred.	
17	Whether the Hospital will agree to allow Medical/ Billing Personnel of Divisional railway hospital Guntur from time to time to inspect the patients who are undergoing treatment and to scrutinize the treatment and investigation papers.	
18	If due to some unavoidable reasons any procedure/ investigation/ tests could not be done at the hospital then the hospital should agree for arranging that procedure/ investigation/ tests done at some other centre by their own without any additional cost.	
19	Whether the Centre are agreeing for applicability of rates for a period of <b>Two Years</b> effective from the date of entering into a MoU. There will be no upward revision of rates during this period. However, the revision of rates will be decided, if any; as per CGHS guideline(s) only.	
20	Whether having in-house Pathological and Radiological investigation facility. If yes documented testimonial may be provided and if not then any empanelment with any institution for same (Copy of valid agreement) may be provided).	
21	The Hospital should have complied with statutory requirement including that of pollution control waste management etc	
22	Whether Hospital will agree to furnish a performance Bank guarantee (Multi-Specialty Hospitals/Cancer units- Rs. 10.00 Lac, Single Specialty Hospitals – 2.00 lac, Eye Centres – Rs. 2.00 lac, Dental Clinics Rs. 2.00 lac,) valid for a period of 30 months i.e. Six month beyond empanelment period to ensure efficient service as per Railway Board letter latest guidelines.	
23	Any other specific information	

Name of Hospital:

Full Address with email:

Landline :

Mobile No:

Name & Signature of

Authorized Signatory

(Official Stamp)

**Note:** The short-listed participants will be informed about the date and time of inspection of their hospital by duly constituted Committee telephonically/ electronically.

*B. J. Rao*  
 मुख्य चिकित्सा अधीक्षक  
 CHIEF MEDICAL SUPERINTENDENT  
 रेलवे अस्पताल  
 DIVISIONAL RAILWAY HOSPITAL