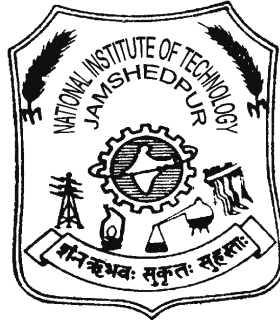


**TENDER DOCUMENT**

**NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR  
P.O.:NIT, JAMSHEDPUR, ( JHARKHAND)- 831014**

*(An Institution of National Importance under Ministry of HRD, Govt. of India)*



**OPEN TENDER NOTICE**

**(Expression of Interest (EOI))**

**Tender Notice No.: NITJSR/ MS/2018/18/1134 Dt: 04/09/2018**

.....

**EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTERS/PATHOLOGY LABS**

.....

**LAST DATE OF SUBMISSION OF TENDER: 26/09/2018 UP 11.00 A.M.**

**DATE OF OPENING OF TENDER: 26/09/2018 AT 11.30 A.M.**

Address for submission of Tender:

P/I Medical Services  
National Institute of Technology  
Jamshedpur-831014

.....  
Telephone No. : 0657-2373629, 2374256, 2374249  
Website : [www.nitjsr.ac.in](http://www.nitjsr.ac.in) Fax No. :(91) +0657- 2373246  
.....

**PREPARED BY : STORES & PROCUREMENT SECTION, NIT JAMSHEDPUR**

**NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR**  
**P.O.: NIT, JAMSHEDPUR, (JHARKHAND) – 831014**  
*(An Institution of National Importance under Ministry of HRD, Govt. of India)*

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**Tender Notice No.: NITJSR/ MS/2018/18/1134 Dt: 04/09/2018**

**OPEN TENDER NOTICE**  
**(Expression of Interest (EOI))**

**EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTERS/PATHOLOGY LABS**

National Institute of Technology Jamshedpur invites Expression of Interest (EOI) for Empanelment of Eligible Private/Reputed Hospital /Diagnostic Center /Pathology Labs located in and around Jamshedpur for treatment and investigation for Institute employees and their dependents on cashless basis on CGHS rate.

The application form along with other details can be downloaded from the Institute **website** [www.nitjsr.ac.in](http://www.nitjsr.ac.in) **OR** can be obtained from the office of the P/I Medical Services NIT, Jamshedpur in person on any working day after publication of this notice.

EOI duly filled in documents, complete in all respects should reach the office of the P/I Medical Services, NIT Jamshedpur- 831014 .Last date for submission of Tender (EOI) is 26/09/2018 up to 11.AM. Tenders will be opened at 11.30 A.M on same day in the presence of the tenderers or their representatives, if they so desire, at NIT Jamshedpur.

Registrar

Copt To:

1. Institute Notice Board
2. Institute web site.

**EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTERS/ PATHOLOGY LABS  
(Tender Notice No.: NITJSR/ MS/2018/18/1134 Dt: 04/09/2018)**

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**INSTRUCTION FOR SUBMISSION OF APPLICATION FORMS**

1. The applicant should make sure before applying for a particular type of category, that the vendor/firm has the required eligibility criteria & experience for that category.
2. **The application** must be submitted in prescribed application form with all required supporting documents.
3. The applicant must indicate under which category the application is being made & all the pages of Application and annexures shall be serially numbered.
4. The each page of application should be signed by an authorized signatory of the vendor(S) bearing his/ her full name and status, clearly indicated below the signature along with the official seal of the firm.
5. Application form should be submitted in one sealed envelope superscribed as 'Application for Empanelment of Private/Reputed Hospital /Diagnostic Center / Pathology Labs.
6. Application for empanelment must be submitted at the office of P/I Medical Services, National Institute of Technology Jamshedpur 831014.
7. The application is liable to be rejected if the information given on eligibility criteria is not complete.
8. Submission of an application implies that applicant has read this notice and all other contract documents and has made aware of the scope of the work.
9. Application be sent by Speed Post/Registered post/Courier or by hand so as to reach the aforementioned address on or before the said date. NIT Jamshedpur will not be responsible for delay or loss in transit if sent by post. No representation in this regard shall be entertained by this Institute

**EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTERS/ PATHOLOGY LABS  
(Tender Notice No.: NITJSR/ MS/2018/18/1134 Dt: 04/09/2018)**

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**CRITERIA FOR HOSPITALS / DIAGNOSTIC CENTERS/ PATHOLOGY  
LABS FOR EMPANELMENT**

The following are the minimum basic pre-requisites for a multi specialty **HOSPITAL:**

1. 30-40 bedded Wards, separated as per specialty admissions.
2. Out Door Patient Department with: General Physician, General Surgeon, Pediatrician, Orthopedic Surgeon, Gynecologist, Anesthetist etc.
3. Emergency Department: Minimum 3-4 emergency beds fully equipped, Emergency ward of 8-10 beds, equipped, Trained staff, 24X7 hour availability of Emergency with Resident doctor.
4. Minimum 2 Major Operation Theaters.
5. Labour Room at least 2 Beds.
6. ICU/CCU/ Minimum 3 beds fully equipped and trained staff.
7. Neonatal I.C.U.

**The following documents are required :**

1. Jharkhand Government Registration.
2. Pollution Control Board Certification.
3. C.G.H.S. Approval.
4. Fire and Safety Department Approval Certification.
5. Availability of all the recent diagnostic methods/techniques/ equipments.
6. Ambulance Facility.

**TARIFF:**

1. The treatment charges limited to recent CGHS approved rates of the region. Cash less facility to employees and their eligible dependent family members is to be provided.
2. **Mode of Payment** – No advance shall be paid. Full payment will be made within 30 days against the final original bill after scrutiny. The code No. should be mentioned against each item of bill as mentioned in CGHS Rate List. If any item/procedure is not mentioned in the list of CGHS payment will be as per actual.
3. The empanelment will be for five years and performance will be reviewed by the duly constituted Committee from time to time. In case of unsatisfactory performance, they will be liable for de-empanelment.

## CRITERIA FOR DIAGNOSTIC CENTERS/ PATHOLOGY LABS

The diagnostic centre consisting of Pathology & Microbiology Centre, Radiology Investigation centre related to routine X-ray's, Ultrasonography, Doppler Study, CT Scan, MRI, etc. The special investigation centre like EEG, NCV, EMG, Mammography, etc. The broad based criteria for such a centre is as below :

1. The Centre should have the qualified doctors in respective field i.e. MD/DNB (Path), MD/DNB (Microbiology). The centre should be equipped with the gadgets/machines updated to conduct the routine blood biochemistry, microbiology and routine stool and urine examination/investigation called for.
2. They should also have the facilities of conducting the special investigations like Hormonal Assay by the modern techniques and also the immunological test whenever called for.
3. Routine microbiological investigation like culture sensitivity and preferably the special investigation facility (histopathology, biopsy/FNAC) may be available.
4. Facilities of computerized billing and reporting.
5. Uninterrupted power supply.
6. Any additional facility available may be mentioned.

### Charges/Tariff:

1. As per the CGHS rates applicable from time to time.
2. Cash less facility to employees and their eligible dependent family members is to be provided.
3. **Mode of Payment** – No advance shall be paid. Full payment will be made within 30 days against the final original bill after scrutiny. The code No. should be mentioned against each item/case of bill as mentioned in CGHS Rate List. If any item/procedure is not mentioned in the list of CGHS, payment will be as per actual.
4. The empanelment will be for five years and performance will be reviewed by the duly constituted Committee from time to time. In case of unsatisfactory performance, they will be liable for de-empanelment.

## APPLICATION FORM

### EMPANELMENT OF HOSPITALS/DIAGNOSTIC CENTERS/ PATHOLOGY LABS (Tender Notice No.: NITJSR/ MS/2018/18/1134 Dt: 04/09/2018)

Sl. No.	REQUIRED INFORMATION	APPLICANT RESPONSE
1.	<b>EMPANELMENT APPLIED FOR:</b>	
	A) Multi-specialty Hospital	
	B) Single Specialty Hospital :- Aria of Specialty	
	C) Diagnostic Centre	
	D) Pathology labs	
2.	<b>NAME OF THE HOSPITAL/ DIAGNOSTIC CENTER / PATHOLOGY LABS</b>	
3.	<b>ADDRESS OF HOSPITAL /CENTER/ LAB</b>	
4.	Telephone/Fax/Email	
5.	Administration (Private/Institutional/Corporate/Trusts)	
6.	Working Hours	
7.	<b>FOR HOSPITAL TOTAL NO. OF BEDS :</b>	
	<b>Multi-specialty Hospital</b>	
	I) Casualty / Emergency Ward	
	II) ICCU / ICU	
	III) General Ward	
	IV) Twin Sharing room	
	V) Single A/c room	
	VI) Single Non A/c room	
	VII) Super Deluxe room	
	<b>(B) Single Specialty-Nos. of Beds</b>	
	I) Casualty / Emergency Ward	
	II) ICCU / ICU	
	III) General Ward	
	IV) Twin Sharing room	
	V) Single A/c room	
	VI) Single Non A/c room	
	VII) Super Deluxe room	
8.	<b>STAFF PATTERN:</b>	
	A) No. of Doctors	
	I) Full Time Specialist	
	II) Visiting Consultants	
	III) Residential Medical Officers	
	B) Nursing Staff Nos.	
	C) Para Medical Staff Nos.	

9.	<b>LABORATORY FACILITY AVAILABLE (IN-HOUSE)</b>	
	(a) Pathology	
	(b) Microbiology	
	(C) Biochemistry	
10.	<b>IMAGING FACILITY</b>	
	a) X-ray	
	b) Sonography	
	c) CT Scan	
	d) MRI	
	e) Portable X-ray Unit	
11.	<b>SUPPORTIVE SERVICES</b>	
	a) Boilers / Sterilizers	
	b) Ambulance	
	c) Canteen	
	d) Waste disposal system as per prescribed rules	
	e) Blood Banks	
	f) Pharmacy (In-house)	
	g) Physiotherapy	
	h) No. of Operation Theaters	
12.	<b>CARDIO-LOGICAL FACILITIES</b>	
	a) 2D-ECHO	
	b) TMT	
	c) Cath Lab	
	d) Cardiac Surgery OT	
	e) Others (Specify)	
13.	<b>GENERAL MEDICINE:</b>	
	Whether the Hospital has in house Physician	
	No. of Doctors	
	Doctors Qualification	
14.	<b>GENERAL SURGERY :</b>	
	Whether the Hospital has In- house Surgeon	
	No. of Doctors	
	Doctors Qualification	
	Whether the Hospital has operation theatre	
	Whether the Hospital has Required instrumentation for surgery	
15.	<b>PEDIATRIC:</b>	
	Whether the Hospital has in house Pediatrician	
	No. of Doctors	
	Doctors Qualification	
	NICU/PICU	
	Pediatric Monitor	
	Pediatric Ventilator	
	Pediatric/Neonatologist	

16.	<b>ORTHOPEDIC :</b>	
	Whether the Hospital has in house Orthopedic	
	No. of Doctors	
	Doctors Qualification	
	Whether the Hospital has aseptic operation theatre for Orthopedic procedure	
	Facilities for Arthroscopy	
	Facilities for Arthroscopy surgeries	
	Physiotherapy Unit X-ray Unit	
17.	<b>OBSTETRIES &amp; GYNAECOLOGY:</b>	
	Whether the Hospital has in house Gynecologist	
	No. of Doctors	
	Doctors Qualification	
	Whether the Hospital has got Labour room facility	
	Whether the Hospital has supportive services for premature baby	
	Whether the Hospital has facilities for Laparoscopy procedures Diagnostic/Curative	
	Well equipped Operation Theater Round the clock Gynecologist Back-Up	
18.	<b>ANESTHETIST:</b>	
	Whether the Hospital has In-house Anesthetist:	
	No. of Doctors Doctor's Qualification	
19.	<b>Diagnostic Centre :</b>	
	Routine X-Ray	
	Sonography	
	Dopler study	
	CT Scan	
	M.R.I.	
	Others (please specify)	
	Doctor's Qualification	
	Experience	
	Working Hours	
	Any other facility <b>(Attach separate sheet if necessary)</b>	
20.	<b>Pathology &amp; Microbiology:</b>	
	Routine Haematology	
	Histopathology	
	Routine biochemistry	
	Immuno-assay	
	Hormonal assay Routine Microbiology	



P.C.R.	
Any other (please specify) <b>Attach separate sheet if necessary</b>	
Doctor's Qualification	
Experience	
Working Hours	

**Other Information:**

1. Income Tax returns for last three financial years:
2. Service tax number / Certificate & PAN Number:
3. Detail of Registration:
4. Details of the organizations who have empanelled with your hospitals. Please enclose copy of agreement with full particulars.
5. Whether Doctors are available during night time to attend any emergency or to undertake operation?
6. Copy of document required is to be enclosed.
7. If required separate sheet may be used to give details of the hospitals.

**\* Conditional offers will not be entertained from the applicant.**

**\*\* Only applicable columns are to be filled by different applicant.**

**\*\*\* All documents should be signed.**