



न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड
NUCLEAR POWER CORPORATION OF INDIA LIMITED
(भारत सरकार का उद्यम A Government of India Enterprise)

मीठीविरडी परमाणु विद्युत परियोजना **NUCLEAR POWER PROJECT - MITHI VIRDI**

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EXPRESSION OF INTEREST (EOI)

FOR

**EMPANELMENT OF HOSPITALS, NURSING HOMES, CLINICS, DIAGNOSTIC
CENTRES & LABS**

BID REFERENCE : EOI NO: NPCIL/BHAV/EOI/2019/001

DISCLAIMER

This Expression of Interest (EOI) is issued by the Nuclear Power Corporation of India Limited (NPCIL), A Central Public-Sector Enterprise of the Department of Atomic Energy, Government of India.

This EOI is meant for **Multi/Super/Single Speciality Hospitals, Super Speciality Clinics, Diagnostic Centres, Laboratories, Dental Clinics & Laboratories, Consultants/Visiting Consultants located at Bhavnagar and Ahmedabad / Gandhinagar** which intend to submit their credentials in line with the terms and conditions set forth in EOI documents. Whilst the information in this EOI has been prepared in good faith, it is not and does not purport to be comprehensive or to have been independently verified.

The information in this EOI is selective. Each interested bidder must conduct its own analysis of the information contained in this EOI or to correct any inaccuracies therein that this EOI may contain and is advised to carry out its own investigation into the proposed empanelment for Hospitals.

The interested Hospitals, Clinics, Diagnostic Centers, Consultants/Visiting Consultants may apply in the prescribed format as given at Annexure-I, II & III. An agreement (Annexure-IV) of this EOI detailing all terms and conditions for availing the medical facility shall be signed between the NPCIL and the Hospital.

No deviation to terms and conditions indicated in the agreement shall be accepted.

1.0 NPCIL MITHIVIRDI PROJECT :

1.1. INTRODUCTION :

NPCIL, a premier Central Public Sector Enterprise under the Department of Atomic Energy, Government of India has comprehensive capability in all facets of nuclear technology namely, Site Selection, Design, Construction, Commissioning, Operation, Maintenance, Renovation, Modernization & Up-gradation, Plant Life extension, Waste Management and Decommissioning of Nuclear Reactors in India under one roof.

1.2. ABOUT MITHIVIRDI PROJECT:

Proposed Mithivirdi Project is located about 40KM south of Bhavnagar city, adjacent to Mithivirdi village. Six nuclear reactors of 1000 MWe are proposed to be established at Mithivirdi. Total staff strength at power generation stage would be about 3000. A self contained township for staff would be established with all amenities like school, hospital, bank, post office, etc.

At present land acquisition process and pre-project studies are under progress and project site office is functioning in Bhavnagar city at the address given above.

We need to empanel various hospitals, clinics, diagnostic center and dialysis center having advance facilities in the city for medical treatment of our staff members and their dependents.

2.0 TERMS & CONDITIONS

- 2.1 The empanelment of Hospitals will be based on the available medical services as enumerated below :

Broadly the empanelment of hospital will be under three categories considering the requirement:

Grade I: Tertiary Care – Multi/Super Speciality Hospitals having NABH Accreditation.

Grade II: Single/Multi/Super Speciality Hospitals/Radiological Diagnostic Centres providing secondary level health management.

The NABH hospitals & NABL laboratories as applicable will be given preference for empanelment.

The requirement for empanelment of Grade I & II hospitals is given in Annexure - I, II & III as applicable.

- 2.2 The treatment obtained from the empanelled hospitals will be considered as a part of extended medical facilities of the NPCIL Hospitals and cost of such treatment/ investigations incurred will be paid directly by NPCIL to the Hospitals.
- 2.3 The Hospitals, Clinics, Diagnostic centre & Dialysis centre shall provide medical facility to the medical beneficiaries of the NPCIL Mithivirdi Project on the referrals made by the authorized signatory of the NPCIL.
- 2.4 CHSS beneficiaries of NPCIL Mithivirdi Project are entitled to facilities of private, semi-private or general ward depending on their basic pay / pension. The entitlement is as follows :-

Sl. No.	Pay Band	Entitlement
1.	Up to X	Four beds in a room with common toilet/ bathroom (General).
2.	Between X and Y	Two beds in a room with attached toilet/ bathroom and necessary furnishings (Semi Private).
3.	Y and above	Single Bed A/c accommodation with attached toilet/ bathroom and necessary furnishings (Private)

- 2.5 Cost of the treatment/investigations obtained from the empanelled Hospitals, Clinics, Diagnostic centre & Dialysis center will be paid directly by NPCIL Mithivirdi Project.
- 2.6 Referral Letters signed only by the Medical Officer-In-Charge or Authorized signatory shall be entertained for treatment.
- 2.7 The empanelment of Hospital, Nursing homes, Clinics, Diagnostic Centers & labs will be normally for Three (03) years & similarly the renewal of empanelment of Hospitals will also be normally for a period of Three (03) years based on mutual agreement.
- 2.8 The Empanelment Committee constituted by NPCIL Mithivirdi Project authority will screen the hospitals which have given EOI and visit only screened in hospitals for further Process of empanelment. The Hospital Empanelment Committee will visit and inspect the hospitals based on the Annexure.

- 2.9 The terms and conditions for empanelment of Hospital, Nursing homes, Clinics, Diagnostic Centres, Visiting Specialists/Consultants & labs may be negotiated for the purpose of extending credit facility to NPCIL Mithivirdi Project which will enable the beneficiaries to get the appropriate medical treatment without the necessity of cash payment.
- 2.10 Cashless / credit facility to all OPD beneficiaries at empanelled hospitals up to 03 months or less as per discretion of treating consultant.
- 2.11 Hospitals, Clinics, Diagnostic centre whose rates for treatment are lower than the CGHS prescribed rates, whichever is less shall be charged.
- 2.12 Tax exemption certificate prescribed under the Income Tax Act, 1961 to the company to avail tax exemption by the employees, may be provided by the hospital.

3.0 GENERAL INFORMATION & INSTRUCTIONS:

- 3.1 NPCIL Mithivirdi Project floats this EOI for empanelment of hospitals, Clinics/ nursing homes subject to fulfilling the requirement as stated above.
- 3.2 Applicants are expected to examine the EOI document carefully before submission of the application. Incomplete applications will be summarily rejected.
- 3.3 It would be deemed that prior to the submission of the Application, the applicant has:
 - i. Made a complete and careful examination of requirements and other information set forth in this EOI request document.
 - ii. Received all such relevant information as it has requested NPCIL Mithivirdi Project.
- 3.4 The applicant shall bear all costs associated with the preparation and submission of their application.
- 3.5 The applicant shall not disclose confidential information to any third party without prior written approval of NPCIL Mithivirdi Project.
- 3.6 NPCIL Mithivirdi Project reserves the rights to call for the supporting documents for verification if so deemed also cross-check for any details as furnished by the applicant from their previous clients etc.

The applicants shall not have any objection whatsoever in this regard.

3.7 The application submitted by the party shall comprise the documents in support of Qualification and Hospital rate list. The party shall submit the document in **a single** envelope containing following details:

1. Duly filled and signed application form with all supporting documents required for Qualification of concerned category
2. Hospital Rate list duly signed by the Authority.

The envelope should be sealed & super scribed with appropriate heading as **“EOI for Hospital empanelment”**.

4.0 RATES/TARIFF:

4.1 The schedule of rates charged by the hospital should be comparable with CGHS rates for Ahmedabad as notified by Ministry of Health & Family Welfare.

4.2(a)“Package Rate” shall mean (with all-inclusive except for implants/stents/mesh etc.) and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a CHSS beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon’s fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc. (xviii) Nursing care and charges for its services.

(b) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

(c) The hospitals empanelled under CGHS rates shall not charge more than the package rate/rates.

4.3(a) Room rent is applicable only for treatment procedures for which there is no CGHS prescribed package rate.

- (b) During the treatment in ICCU/ICU, no separate room rent will be admissible.
- (c) Normally the treatment in higher category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category of accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on request of the beneficiary, treatment is provided in higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary.

Room rent shall include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.

- 4.4 The package rates given in rate list will be for Semi Private ward. If the beneficiary is entitled for general category, there will be a decrease of 10% in the rates; for Private category entitlement there will be an increase of 15%. . (as per CGHS norms). (The category of patient will be specified in reference letter). However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test, pre-se, does not require admission.
- 4.5 If any of the hospital in the particular city is not ready to provide medical services at CGHS/Government rates but such hospital is empanelled or recognized by other Government Organisation i.e. Central Government or State Government in the same place, then the schedule of rates on which such hospital is empanelled or recognized may be considered.

5.0 AWARD CRITERIA

The Corporation shall empanel the Hospital whose evaluated EOI has been determined to be technically suitable and financially lowest and is substantially responsive to the EOI document, provided further that the applicant is determined to be qualified to execute the agreement satisfactorily.

CORRUPT & FRAUDULENT PRACTICES:

It is expected that applicants observe the highest standard of ethics during the execution of the contract in pursuance to the policy of "Corrupt & Fraudulent Practices" that is defined as follows:

- i. "Corrupt practice" means the offering, receiving or soliciting of anything of value to influence the action of a public official in the contract execution.
- ii. "Fraudulent practice" means a misrepresentation of facts to influence the execution of a contract to the detriment of NPCIL and includes collusive practices amongst the applicants (prior to or after EOI submission) designed to establish application process at artificial non-competition levels and to deprive NPCIL of the benefits of free and open competition.

NPCIL will reject a proposal for award of work, if it is determined that any applicant or the agency to which the work has been awarded is engaged in corrupt or fraudulent practices.

6.0 NPCIL Mithivirdi Project reserves the right to reject any application if:

- i. At any point of time, a material misrepresentation is made or uncovered for an applicant.
- ii. The applicant does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the Application.

7.0 AGREEMENT:

The final agreement with appropriate clauses/changes will be signed by the Senior Manager/Manager (HR) of the NPCIL with **Hospitals** approved for empanelment as per sample format at Annexure-IV.



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APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS
(Multi/Super/Single Speciality Hospitals, Super Speciality Clinics)

1. Name of the city where hospital is located

2. Name of the Hospital

3. Address

4. Tel/Fax/Email

Attachment: Full NABH certificate with exact period mentioned.

Signature of the Authorized Applicant

5. Empanelment applied for:

a)	<input type="checkbox"/>	Multi Speciality (General Purpose) * (Minimum three specialities)
b)	<input type="checkbox"/>	Super Speciality (One or more speciality)
c)	<input type="checkbox"/>	Dental care centre
d)	<input type="checkbox"/>	Super Speciality Eye care
e)	<input type="checkbox"/>	Diagnostic Centre

(Please tick the appropriate box)

Super Speciality (Specify speciality)

Cardiology, Cardiovascular and Cardiothoracic Surgery	<input type="checkbox"/>
Neurology and Neurosurgery	<input type="checkbox"/>
Urology – including dialysis and lithotripsy (Renal Transplant, if available)	<input type="checkbox"/>
Orthopaedic Surgery – including arthroscopic surgery and Joint Replacement	<input type="checkbox"/>
Gastroenterology and GI Surgery (Liver Transplant, if available)	<input type="checkbox"/>
Comprehensive oncology (includes surgery, chemotherapy & radiotherapy)	<input type="checkbox"/>
Paediatrics and Paediatrics surgery	<input type="checkbox"/>
Endoscopic surgery	<input type="checkbox"/>
E.N.T. including specialized surgeries	<input type="checkbox"/>
Any other (specify the name of the speciality)	<input type="checkbox"/>

Note: Facilities for relevant diagnostic procedures/investigations should be available

Note : *Multi speciality (General Purpose) – shall include General medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ICU and Critical Care Units (ENT, Ophthalmology, Dental specialties desirable) and facilities for Radiology and in house laboratory and blood bank. These hospitals will not be considered for ONE Speciality/or selected specialties only. However, they can be considered for additional specialties in addition to General-purpose treatment.

Dental Care Centre

Applied for (specify):

General Dentistry	<input type="checkbox"/>
Special dental procedures – speciality specified	<input type="checkbox"/>
Diagnostic procedure / investigations for Dental	<input type="checkbox"/>

Signature of the Authorized Applicant

Super speciality Eye Care

Applied for (specify)

a)	Cataract / Glaucoma	
b)	Retinal – Medical – Vitro retinal surgery	
c)	Strabismus	
d)	Occuloplasty & Adnexa & other specialized treatment	

6. Whether the hospital is recognized under any one or more of the following:

1.	Under CGHS/CS(MA)/CHSS of DAE, GOI, CHSS of DoS, GOI / any CPSU	Yes		No	
2.	Whether providing CGHS rates to any other specific organization	Yes		No	
3.	Under State Health Authority / Local Body	Yes		No	
4.	Under any Medical Health Insurance Organization (If yes, specify)	Yes		No	
5.	Trust Hospital	Yes		No	

7. Whether CGHS rates acceptable (Please fill Annexure-III) Other information with full details shall be provided in separate sheets specified in the Annexure-II Yes No
8. Whether NABH accredited (Attach certificate with validity date & scope) Yes No
9. Total number of beds/ICU beds/speciality wise beds/ super speciality wise beds
10. Any other relevant information
11. Rate list for various treatment/investigation is enclosed

Signature of the Authorized Applicant

12. Discount offered

1.	Discount offered on your hospital rate list for non – CGHS items (if required attach separate sheet)	%
2.	Please provide the details of discount on CGHS rates, if any	%
3.	Details of discount offered on medicines for non - package patients	%
4.	Discount offered on consumables/implants/stents/mesh etc. (if required attach separate sheet)	%

13. Checklist

1.	Attached the list of fulltime specialists and super specialists whose services will be available to our beneficiaries.	Yes	No
2.	Attached the list of outsourced services with applicable charges & diagnostic centers for providing these services to our beneficiaries.	Yes	No
3.	Whether attached checklist for facilities /services available in your hospital (as per the Annexure)	Yes	No

Any other relevant information

Signature of the Authorized Applicant

REQUIREMENT FOR GR.II HOSPITALS

SECTION-A (FOR MULTI SPECIALITY HOSPITALS)

CRITERIA FOR MULTI SPECIALITY HOSPITALS

1. The hospital should have minimum 30 beds for Multi Speciality Hospitals and minimum 20 beds for Super Speciality Hospitals.
2. The hospital should have adequate doctors, nursing and Para medical staff to meet the requirement of services and workload of the hospital.
3. It should be able to provide emergency services.
4. The bed occupancy rate should be 50% in last one year.
5. It should have standby power supply.
6. It should have pathology laboratory/X-Ray facilities.
7. It should have operation theatre with OT Table, shadow less light, autoclave facilities, and Boyle's apparatus/Anaesthesia machine/Pu.
8. It should have blood bank support.
9. It should have pharmacy/drugs store.
10. It should have ambulance facility.
11. It should have waste disposal system as per prescribed rules.

SECTION-B (CARDIOLOGY HOSPITALS)

CRITERIA FOR CARDIOLOGY HOSPITALS

1. The hospital should have full time qualified Cardiologists.
2. It should have qualified cardio-thoracic surgeon back up.
3. It should have separate Cardiac ICU.
4. It should have Cath. Lab. Facility.
5. It should be performing minimum 200 angiography per year.
6. It should be performing minimum 100 angioplasties per year.

SECTION-C (HAEMODIALYSIS)

CRITERIA FOR DIALYSIS

1. The hospital should have a good dialysis unit placed in neat, clean and hygienic room.
2. It should have at least two good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
3. It should have water-purifying unit equipped with reverse osmosis.
4. Unit should be regularly fumigated and they should perform regular antiseptic precautions.
5. It should have facility for providing dialysis in Seropositive cases.
6. It should have trained dialysis Technician and Sisters and full time Nephrologists and Resident Doctors available to combat the complications during the dialysis.

7. It should conduct at least 50 dialysis per month and each session of Haemodialysis should be at least 4 hours.
8. Facility should be available 24 hours a day.

SECTION-D (ORTHOPAEDIC CENTRE)

CRITERIA FOR ORTHOPAEDIC CENTRE

1. The hospital should have qualified Orthopaedic Surgeon.
2. It should have aseptic operation theatre.
3. It should have imaging facility.
4. It should be able to give emergency services.
5. It should have a Physiotherapy support.

SECTION-E (NEUROLOGY CENTRE)

CRITERIA FOR NEUROLOGY CENTRE

1. The hospital should have qualified Neurologist/Neuro Surgeon.
2. It should have EEG and imaging facility support.
3. It should have physiotherapy support.

SECTION-F (E.N.T. CLINIC/HOSPITAL)

CRITERIA FOR E.N.T. CLINIC/HOSPITAL

1. The hospital should have qualified E.N.T. Surgeon.
2. It should have Audiometry facility.
3. It should have facility for Endoscopy and require instrumentation facility.

SECTION-G (ONCOLOGY)

CRITERIA FOR ONCOLOGY

1. The hospital should have qualified Oncologists.
2. It should have aseptic operation theatre for Oncological Surgery.
3. It should have facilities for Chemotherapy.
4. It should have facilities for Radiotherapy and adequate manpower as per guidelines of AERB.

SECTION-H (ENDOSCOPIC/LAPROSCOPIC SURGERY HOSPITAL)

CRITERIA FOR ENDOSCOPIC/LAPROSCOPIC SURGERY HOSPITAL

1. The hospital should have adequate facilities for casualty/emergency ward, full-fledged ICU, proper wards, qualified nurses and paramedical staff and Resident doctors/specialists.
2. The surgeon should be Post Graduate with experience in the concerned field.
3. He/she should be able to carry out the surgery with its variations and able to handle its complications.
4. The hospital should have facilities to carry out laparoscopic surgeries.

5. The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

SECTION-I (DENTAL HOSPITALS)

CRITERIA FOR DENTAL HOSPITALS

1. The hospital should have qualified Dental Surgeon.
2. It should have facility for Dental X-ray.
3. It should have adequate nursing staff.
4. It should be able to provide emergency services.
5. It should have working Dental Chair, Electrically operated, hygienic/aseptic piping unit fitted with Halogen Light and other facilities like Air Rotor, Air Motor/Micro Motor, Oil free medical grade compressor, Ultrasonic Scaler, Light Cure Machine, Built in high suction apparatus etc.

SECTION-J (EYE CARE HOSPITALS)

CRITERIA FOR EYE CARE HOSPITALS

1. The hospital should have qualified Ophthalmic Surgeon with experience in PHACOEMULSIFICATION surgery.
2. It should have performed minimum 500 IOL implants in one year.
3. It should have Phacoemulsifier Unit.
4. It should have YAG laser for capsulotomy.
5. It should provide IOL of national/international standard.
6. It should have back up facilities of Vitro-retinal Surgeon.
7. It should have adequate OT facilities.
8. It should have adequate nursing staff.
9. It should have facilities for Glaucoma cases management.

CHECKLIST FOR DIAGNOSTIC CENTRES

SECTION-A (RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE)

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTRE

1. The centre should have standard quality X-ray machine/MRI machine.
2. It should have adequate space & patient waiting area.
3. It should have qualified Radiologist.
4. It should have technicians – full time, holding degree/diploma (2 years) from recognized institutions.
5. It should be equipped for resuscitation of patient.
6. It should have facilities for computer printer reports.
7. It should have backup of Generator, UPS, Emergency light.
8. There should be Automatic Film Processor Unit.
9. They should be performing minimum 30-50 MRI per month.

SECTION-B (CT SCAN CENTRE)

CRITERIA FOR CT SCAN CENTRE

1. The centre should have whole body CT Scan.
2. It should be housed in building as per AERB guidelines.
3. There should be sufficient work space.
4. There should be waiting area which should be separate from the radiation area.
5. There should be provision for changing room.
6. There should be provision of Radiation protective devices like Screen, Lead Apron, Thyroid & Gonads protective shield.
7. There should be equipment for resuscitation of patients like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
8. There should be provision for sterilized instrument, disposable syringes & needles, catheter etc.
9. There should be provision for washed clean linens.
10. There should be qualified Radiologist – having post graduate degree.
11. There should be qualified Radiographer – holding diploma (2 years)/degree in Radiography from recognized institution,
12. There should be nursing staff/female attendant for lady patient.
13. There should be provision for radiation monitoring of all technical staff & doctor through DRP/BARC.
14. There should be coverage by Anaesthetist during procedures involving contrast media.
15. There should be disposal of waste.
16. There should be backup of Generator, UPS, emergency light.
17. Centre should be easily approachable.
18. Workload – 50 per month.
19. Installation should be approved by AERB.

SECTION-C (MAMMOGRAPHY CENTRE)

CRITERIA FOR MAMMOGRAPHY CENTRE

1. The centre should have standard quality mammography machine with low radiations and biopsy attachment.
2. It should have automatic/manual film processor.
3. It should have provision for hard copy & computer print out reports.
4. It should have adequate working space.
5. There should be provision for changing room, privacy for patients.
6. There should be female Radiographer/attendant.
7. There should be backup of Generator, UPS, Emergency light.
8. Centre should be easily approachable.
9. Workload minimum 25 per month.

SECTION-D (USG/COLOUR DOPPLER CENTRE)

CRITERIA FOR USG/COLOUR DOPPLER CENTRE

1. Centre should be registered under the PNDDT Act and its status of implementation.
2. Machine should be permanently housed in the Diagnostic Centre. It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz and should also have provision/facilities of Trans Vaginal/Trans Rectal Probes.
3. It should have minimum three probes.
4. There should be facilities for print out of hard copies of the images and reports.
5. The centre should have qualified Radiologist.
6. There should have full time Nurse/Female attendant for female patients.
7. The size of the room should be adequate with proper ventilation.
8. There should be emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
9. There should be anaesthetics coverage during such procedures.
10. Availability of clean linens & disposable consumable & sterilized instruments.
11. There should be backup of Generator, UPS, emergency light.
12. Centre should be easily approachable.
13. Workload 250 per month.

SECTION-E (BONE DENSITOMETRY CENTRE)

CRITERIA FOR BONE DENSITOMETRY CENTRE:

1. The centre should have bone densitometry equipment (ultrasound/x-ray based) with colour printer.
2. There should be separate waiting room.
3. There should be qualified Radiologist.
4. There should be qualified Radiographer from recognized institution.
5. The centre should be radiation safety measures.
6. There should be backup of Generator, UPS, Emergency light.
7. Workload 50 per month.
8. Quotation should be separately given for Dexa Scan/Ultrasound.
9. Desirable: Capable of performing 1-3 sites and whole body.

No.....

**AGREEMENT BETWEEN NPCIL, MITHIVIRDI PROJECT, BHAVNAGAR,
GUJARAT SITE AND,**

This Agreement is made and executed on this__day of____, 2018 by and between NPCIL, MITHIVIRDI PROJECT, BHAVNAGAR, GUJARAT SITE having its office at Office No. A/116 & A/117, Shiva Blessings II, Opp. BHAVNAGAR MUNICIPAL CORPORATION, Bhavnagar 364 002., GUJARAT of the First Party AND (Name of the Hospital with address) of the Second Party.

WHEREAS, the Contributory Health Services Scheme (CHSS) is providing comprehensive medical care facilities to all CHSS beneficiaries of NPCIL and other Units of DAE referred to as "beneficiary".

AND WHEREAS, NPCIL Empanelment of Referral Hospitals Scheme proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the Hospitals all over India. AND WHEREAS, (Name of the Hospital) has agreed to give the following treatment/diagnostic facilities to the Beneficiaries in the Hospitals/Diagnostic Centres/ Pathological Labs. Owned by the Second Party.

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

1.0 GENERAL CONDITIONS

- 1.1 The Second Party shall extend credit facility to the First Party for providing the services under the Scheme to the beneficiaries.
- 1.2 Both outpatient and inpatient treatment and any other procedures under the approved Package rates shall be extended on credit basis to all the CHSS beneficiaries and no separate registration fees, file charges etc. will be charged. Cost of all required medicines, investigations, blood & blood components (service charges excluding blood donor charges etc.) will be incorporated in the final bill to be submitted by the referral hospital. Schedule of the rates is as per CGHS rates.
- 1.3 The charges for the treatment of all the categories of procedures under the Packages are to be charged according to the package rates wherever approved. The cost of the items like stent, valves, pace makers, implants, prosthesis, harmonic instruments, mesh etc. which is not included in the packages shall be used, if required, only with prior concurrence of the Medical Superintendent/ Medical Officer-in-charge and charged accordingly with negotiated

discount rates.

- 1.4 All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure are the part of package. For any material/ additional procedure/investigation other than the requirement for which the patient was initially permitted, would require the permission of the Authorised Medical Officer.
- 1.5 The package rate, if any, under the treatment requirement will be calculated as per the rate specified in Annexure-A. No additional charge on account of extended period of stay shall be allowed if that extension is due to any infection as a consequence of surgical procedure or due to any improper procedure and is not justified.
- 1.6 The non-medical items not the part of package as detailed below, if issued to the patient should not be billed to NPCIL:
 - (a) Toilet / Tissue rolls/papers
 - (b) Face tissue
 - (c) Air freshener
 - (d) Eau-de-cologne
 - (e) Diapers
 - (f) Food served to patients' relatives/attendants, if any.
 - (g) Toiletry items like tooth paste, tooth brush, mouth wash, soap including oil (olive/Olio), cream, Vaseline body lotion, sanitary items, etc.
 - (h) Telephone charges
 - (i) Drinking Glass
 - (j) Digital / Ordinary Thermometers
 - (k) Insulin Syringe/needle for outpatient
 - (l) Medical certificate charges, Admission Card/Registration charges.
 - (m) Barber charges/ Razor charges / Hair remover lotion
 - (n) Treatment purely on aesthetic reason
 - (o) Private Nurse/Attendant charges
 - (p) Mineral Water / Packaged Drinking water
 - (q) Medicine Box
 - (r) Any supplementary protein foods given to the patient
 - (s) Patient relative holding room charge
 - (t) All non-allopathic drugs and medicines.
- 1.7 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for beneficiary of First Party under this Agreement shall remain firm and not be increased during the validity period of this Agreement.
- 1.8 The Second Party shall provide services only for which it has been empanelled by NPCIL Units at the rate fixed / agreed between the Parties and shall be binding. Due to any reason, if any other services are required to be provided by the hospital, the same shall be

provided only with the approval of Medical Officer in charge and the charges will be as per the charge fixed by NPCIL Units for the same treatment in the nearby locality. If no such empanelled hospital exists in that locality, the charges may be as per the CGHS rates.

- 1.9 The Hospital will admit the patients on the basis of the Authority letter issued by the Authorised Medical Officer / Authorised Signatory in prescribed format.
- 1.10 The Second Party shall furnish reports on monthly basis by 10th day of the succeeding calendar month in the prescribed format, to the First Party in respect of the beneficiaries treated/investigated.
- 1.11 The Second Party shall submit all the medical records in Soft copy format as far as possible to the First Party.
- 1.12 The Second Party agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the Second Party, which alone shall be responsible for the defect and / or deficiencies in rendering such services.
- 1.13 It is hereby agreed that during the OPD patient treatment and In-patient treatment of the Beneficiaries, the Second Party will not ask the beneficiary or his/her attendant to purchase separately the medicines/ sundries/ equipment or accessories from outside and will provide the treatment within the package deal rate, as agreed by the Parties, which includes the cost of all the items. In case of any such complaint, the same shall be considered as a breach and appropriate action, including removing from the empanelment and/or termination of this Agreement, may be initiated against the Second Party on the basis of any investigation or enquiry, as deemed fit, carried out by teams appointed by the First Party.
- 1.14 The Second Party shall immediately communicate to Authorised Medical Officer in charge/Medical Superintendent about any change in the infrastructure/ strength of staff. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior permission of the First Party. The new establishment of the Second Party shall attract a fresh inspection and empanelment will be continued subject to satisfaction of the inspection by the Hospital Empanelment Committee.
- 1.15 The Second Party will submit an annual report regarding number of referrals received, admitted, bills submitted to the First Party and payment received, details of monthly report submitted to the Medical Superintendent.

- 1.16 In case of any natural disaster/epidemic, the Second Party shall fully cooperate with the authorities of the First Party and will convey/reveal all the required information, apart from providing treatment.
- 1.17 The Second Party will not make any commercial publicity projecting the name of the First Party. However, the fact of empanelment under NPCIL CHSS Scheme may be displayed at the premises of the empanelled center.
- 1.18 The Second Party will investigate/treat the beneficiary of the First Party only for the condition for which they are referred. In case of unforeseen emergencies of these patients during admission for approved purpose/procedure, 'provisions of emergency' shall be applicable.
- 1.19 The Second Party will not refer the patient to other specialist/other hospital without prior permission of authorities of the First Party. Prior intimation shall be given to the Medical Superintendent whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS

It shall be the duty and responsibility of the Second Party at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.

3.0 HOSPITALS INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Second Party is responsible for and obliged to conduct all contractual obligations in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Second Party is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanours, negligence, misconduct or deficiency in services, if any.

4.0 TREATMENT IN EMERGENCY

Notwithstanding anything contained in this agreement, in case of emergency, the Second Party shall not refuse admission or demand advance from the CHSS beneficiary, but should provide the treatment as in the usual course for the concerned patient as per the approved rates including package rates, if any. The Second Party is required to inform the Authorized Medical Officer by FAX and obtain Referral Form from him/her within 24 hours. If any patient is

taken up in emergency, charges applicable will be as per the approved rates including Package Rate only wherever applicable and no emergency charges or any additional charge on account of the emergency will be payable.

5.0 TERMINATION

5.1 This agreement can be terminated by either of the party by giving 30 days notice in writing to the other party.

5.2 However, the First Party may, without prejudice to any other remedy for breach of Agreement, by written notice to the Second Party may terminate the Agreement in whole or part:

5.2.1 If the Second Party fails to perform any of its obligation(s) under the Agreement.

5.2.2 If the Second Party in the judgment of the First Party has indulged in corrupt or fraudulent practices in competing for or in executing the Agreement.

5.2.3 In case of any violation of the provisions of the Agreement by the Second Party such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries and direct charging from the Beneficiaries of the First Party, deficient or defective service, over billing and negligence in treatment.

5.3 If the Second Party is found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended without any notice by the First Party and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

6.0 INDEMNITY

The Second Party shall at all times, indemnify and keep indemnified the First Party against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Second Party in execution of or in connection with the services under this Agreement will not hold the First Party responsible or obligated.

7.0 PAYMENT

The payment will be made to the Second Party within a period of 60 days from the date of submission of the bill accompanied with all necessary and supporting documents.

8.0 DURATION

The Agreement shall remain in force for a period of three (03) years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for a further periods with mutual consent of the Parties.

9.0 ARBITRATION

Any dispute/difference arising out of this Agreement shall be mutually resolved with the consent of both the parties. However, in case, the disputes/difference could not be resolved through mutual discussion, in that case the same shall be referred for resolution by the sole arbitrator to be appointed by CMD, NPCIL. The arbitration shall be governed by the Arbitration and Conciliation Act, 1996 as amended from time to time.

10.0 MISCELLANEOUS

- 10.1 Nothing under this Agreement shall be construed as establishing or creating any right or any relationship of Master and Servant or Principal and Agent between the First Party and the Second Party.
- 10.2 The Second Party shall notify the First Party of any change as to the status, change of name etc. as the case may be, if such change would have an impact on the performance of obligation of the Second Party under this Agreement.
- 10.3 This Agreement can be modified or altered only on written agreement signed by both the parties.
- 10.4 If the Second Party is wound up or dissolved or become insolvent, the First Party shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Second Party or their heirs, successors, assigns and legal representatives from the liability in respect of the services provided by the Second Party under the Agreement.
- 10.5 The Second Party shall not assign, in whole or in part, its obligations to perform under the agreement, except with the prior written consent of the First Party at its sole discretions and on such terms and conditions as deemed fit by the First Party. However, any such assignment shall not relieve the Second Party from its liability or obligation under this agreement.

11.0 NOTICES

Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by Speed Post or by facsimile and confirmed by original copy by post to the other Party's address as below.

Authorised Medical Officer/Medical Superintendent Hospital with address:
(.....)

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

Signed by Head HR of NPCIL Unit & Seal
(First Party)

In the Presence of (Witness)

- 1.
- 2.

In the presence of (Witnesses)

- 1.
- 2.

Signed by
For and on behalf of signatory
Hospital duly authorized vide
Resolution No. _____ dated

(Second Party)

Note: This agreement is common for Hospitals/Diagnostic Centers/Pathological Labs and therefore at the time of actual signing of the agreement, non-applicable clauses may be suitably stricken off without diluting the intent/contents.