



न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड Nuclear Power Corporation of India Ltd.

(भारत सरकार का उद्यम A Government of India Enterprise)

कुडनकुलम न्यूक्लियर पावर प्रोजेक्ट Kudankulam Nuclear Power Project

कुडनकुलम पोस्ट, राधापुरम तालुक, तिरुनेलवेली जिला, तमिलनाडु-627106  
Kudankulam P.O., Radhapuram Taluk, Tirunelveli District, Tamil Nadu-627106



होमियोपैथी सेवाओं के लिए अभिरुचि की अभिव्यक्ति

**Expression Of Interest for Homeopathy Services**

केकेएनपीपी, एनपीसीआईएल के दो ऑपरेटिंग स्टेशन हैं। टाउनशिप में स्थित केकेएनपीपी अस्पताल लगभग 6057 लाभार्थियों को सेवा प्रदान करता है। केकेएनपीपी, एनपीसीआईएल होम्योपैथी अस्पताल / होम्योपैथी सलाहकारों से रुचि की अभिव्यक्ति आमंत्रित करता है जो केकेएनपीपी अस्पताल अनुविजय टाउनशिप में होम्योपैथी सलाहकार की सेवाएं प्रदान करने के इच्छुक हैं। विजिटिंग कंसल्टेंट के पास राज्य/केंद्रीय होम्योपैथी परिषद के तहत पंजीकरण के साथ न्यूनतम 05 वर्ष की पोस्ट योग्यता अनुभव के साथ बीएचएमएस की डिग्री होनी चाहिए। कार्य के दायरे में रविवार और सरकारी छुट्टियों को छोड़कर सप्ताह में 02 दिन केकेएनपीपी अस्पताल, अनुविजय टाउनशिप का दौरा शामिल है। होम्योपैथी सलाहकार रोगियों को अधिमानतः शाम 5.00 बजे के बाद परामर्श देंगे। सलाहकार को केकेएनपीपी अस्पताल में न्यूनतम 02 घंटे की अवधि के लिए उपस्थित रहना होगा।

KKNPP, NPCIL has two operating stations. KKNPP Hospital, situated in the Township caters to around 6057 beneficiaries. KKNPP, NPCIL invites Expression of Interest from Homeopathy hospital/Homeopathy consultants who are interested to provide services of Homeopathy consultant to KKNPP hospital Anuvijay Township. The visiting consultant should possess a degree of BHMS with minimum 05 yrs of post qualification experience having registration under state/central homeopathy council. The scope of work includes visit to KKNPP hospital, Anuvijay Township on 02 days a week excluding Sundays and Government holidays. The homeopathy consultant shall be giving consultation to the patients preferably after 5.00 PM. Consultant has to be present at KKNPP hospital for a minimum period of 02 hours.

इच्छुक होम्योपैथी अस्पताल / होम्योपैथी सलाहकार जो अपनी सेवा प्रदान करने के इच्छुक हैं 2 साल की अवधि के लिए केकेएनपीपी अस्पताल में सेवाएं, कृपया अधोहस्ताक्षरी को प्रतिक्रिया भेजें अनुलग्नक-ए के रूप में दिए गए प्रारूप में 19.11.2022 पर या उससे पहले।

Interested homeopathy hospital/ homeopathy consultant who are willing to provide their services to KKNPP Hospital for the period of 2 years, may kindly send the response to the undersigned on or before 19.11.2022 in format given as Annexure – A.

क्र.सं. S NO	कार्य का विवरण DESCRIPTION OF WORK	शब्दों में राशि AMOUNT IN WORDS	अंकों में राशि AMOUNT IN FIGURES
1.	प्रथम 20 रोगियों के लिए परामर्शदाता प्रभार। (परिवहन प्रभार सहित) नोट: यह न्यूनतम परामर्श प्रभार है जो केकेएनपीपी चिकित्सालय में 02 घंटे के लिए रहने के लिए 20 रोगियों तक भुगतान किया जाएगा। Consultation charges for first 20 patients. (Including transportation charges.) <b>Note:</b> This is minimum consultation charges that will be paid for 02 hrs stay in KKNPP hospital up to 20 patients.		
2.	20 रोगियों से ज्यादा के लिए परामर्श प्रभार (प्रति रोगी दर उद्धृत करें) Consultation beyond 20 patients (quote the rate per patient).		

- हस्ताक्षरित Sd -

श्रीमती इ.त. विजयारानी Smt. E.T. Vijayarani

प्रमुख (मास) Head (HR),

कुडनकुलम न्यूक्लियर पावर प्रोजेक्ट Kudankulam Nuclear Power Project,  
पोस्ट: कुडनकुलम, राधापुरम तालुक P.O: kudankulam, Radhapuram Taluk,  
तिरुनेलवेली जिला, तमिलनाडु Tirunelveli District, Tamilnadu – 627106.

**APPLICATION FORM****FOR VISITING CONSULTANT (HOMEOPATHY)**

(To be sent in a sealed cover mentioning-EOI for Visiting Consultant **HOMEOPATHY** to:  
Head (HR), Kudankulam Nuclear Power Project, P.O: Kudankulam, Radhapuram Taluk,  
Tirunelveli District, Tamilnadu – 627106.)

*(Kindly fill up all the columns. Incompletely filled form will not be considered)*

विज्ञापन सूचना सं. Advertisement Notice No.	ईओआई संख्या EOI No.	फोटो Photograph		
पद का नाम Name of the Post	विजिटिंग कंसल्टेंट - होम्योपैथी VISITING CONSULTANT – <b>HOMEOPATHY</b>			
1. आवेदक का पूरा नाम बड़े अक्षरों में Applicant Full Name (In Capital Letters)	डॉ. DR. _____			
2. जन्म तिथि Date of Birth				
3. लिंग Gender:	नर Male / मादा Female			
4. पता Address				
5. मोबाइल नंबर Mobile No.				
6. ई-मेल पता e-mail Address				
7. चिकित्सा योग्यता Medical Qualifications				
8. पंजीकरण संख्या Registration Number				
9. योग्यता विवरण Qualification details -				
Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
1				
2				
3				
4				
5				

10	योग्यता के बाद के वर्षों में कुल अनुभव Total experience in Years post qualification		
11	परामर्शदाता का दौरा करने की आवृत्ति Frequency of visiting consultant	रविवार और सरकारी छुट्टियों को छोड़कर सप्ताह में दो बार Twice a week excluding Sundays and Government holidays	
12	आने का समय Visiting time	शाम के 02 घंटे अधिमानतः शाम 5 बजे के बाद (समय बाद में अधिसूचित किया जाएगा) 02 hours during evening preferably after 5 pm (timings will be notified Later)	
13	कार्य का वर्णन DESCRIPTION OF WORK	शब्दों में राशि AMOUNT IN WORDS	अंकों में राशि AMOUNT IN FIGURES
i.	प्रथम 20 रोगियों के लिए परामर्शदाता प्रभार। (परिवहन प्रभार सहित) नोट: यह न्यूनतम परामर्श प्रभार है जो केकेएनपीपी चिकित्सालय में 02 घंटे के लिए रहने के लिए 20 रोगियों तक भुगतान किया जाएगा। Consultation charges for first 20 patients. (Including transportation charges.) <b>Note:</b> This is minimum consultation charges that will be paid for 02 hrs stay in KKNPP hospital up to 20 patients.		
ii.	20 रोगियों से ज्यादा के लिए परामर्श प्रभार (प्रति रोगी दर उद्धृत करें) Consultation beyond 20 patients (quote the rate per patient).		
14	Any other remarks		

Date:

Signature:

Place:

Name:

Seal with Regn. No.:

पत्र शीर्ष पर अनुभव की स्व घोषणा **SELF DECLARATION OF EXPERIENCE ON LETTER HEAD**

(निजी प्रैक्टिस के मामले में जमा किया जाना है **To be submitted in case of private practice**)

मैं, डॉ. \_\_\_\_\_ घोषणा करता हूँ कि मैं एक पंजीकृत चिकित्सा व्यवसायी (आरएमपी) हूँ, जो पिछले \_\_\_\_\_ वर्षों से नीचे दिए गए पते पर अपने निजी अस्पताल/क्लिनिक में अभ्यास कर रहा हूँ।

I, Dr. \_\_\_\_\_, hereby declare that I am a Registered Medical Practitioner (RMP), practicing at my Private Hospital/ Clinic at the address mentioned below since last \_\_\_\_\_ years.

मैं एतद्वारा यह भी घोषणा करता हूँ कि उपरोक्त अवधि के दौरान मैंने अपने अनुशासन/विशेषज्ञता में नैदानिक अनुभव प्राप्त किया है।

I also hereby declare that I have gained clinical experience in my discipline / specialty during the above period.

निजी का नाम अस्पताल / क्लिनिक Name of Private Hospital/ Clinic	
पूरा पता Full Address:	
पंजीकरण संख्या Registration Number:	
ईमेल आईडी E-Mail ID:	
संपर्क नंबर Contact No. :	

Date :

Signature :

Name :

Seal with Regn. No.:

## **2.0 GENERAL INFORMATION & INSTRUCTIONS :**

2.1 NPCIL Kudankulam Nuclear Power Project Site floats this EOI for empanelment of Visiting Consultant subject to fulfilling the requirement as stated above.

2.2 Applicants are expected to examine the EOI document carefully before submission of the application. Incomplete applications will be summarily rejected.

2.3 It would be deemed that prior to 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 from NPCIL Kudankulam Nuclear Power Project Site.

2.4 The applicant shall bear all costs associated with the preparation and submission of their application.

2.5 The applicant shall not disclose confidential information to any third party without prior written approval of NPCIL Kudankulam Nuclear Power Project Site.

2.6 NPCIL Kudankulam Nuclear Power Project Site 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.

**2.7** The application submitted by the party shall comprise the documents in support of Qualification and experience. All the envelopes should compulsorily be sealed & superscribed with **EOI for Visiting Consultant for Homeopathy at KKNPP Hospital.**

## **3. EVALUATION AND COMPARISION OF APPLICATIONS**

The Hospital Empanelment Committee will cross check the applications in the given EOI based on the application format criteria as the case may be. As per recommendations of Committee, applications will be shortlisted and screened-in applications will be opened for further process of empanelment.

## **4. AWARD CRITERIA**

The Corporation shall empanel the visiting consultant 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. The terms and conditions of empanelment of visiting consultants and therapists may be negotiated thereon.

## **5. 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 noncompetition 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 whom the work has been awarded is engaged in corrupt or fraudulent practices.

## **6. NPCIL Kudankulam Nuclear Power Project Site 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. AGREEMENT:**

The final agreement will be signed by the Senior Manager / Manager (HR) of the NPCIL – Kudankulam Nuclear Power Project Site with the Visiting Consultant as the case may be approved for empanelment in the prescribed format as at Annexure-V.

(ONLY SUCCESSFUL BIDDER WILL FILL THIS AGREEMENT & THIS IS ONLY A SPECIMEN COPY OF AGREEMENT FOR YOUR INFORMATION)

Annexure-V

**No.....**  
**AGREEMENT**  
**BETWEEN**  
**NPCIL, KUDANKULAM NUCLEAR POWER PROJECT SITE (KKNPP),**  
**AND**  
**DR. \_\_\_\_\_**

This Agreement is made and executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by and between NPCIL Kudankulam Nuclear Power Project Generating Station, Kudankulam Nuclear Power Project Site having its office at Kudankulam Nuclear Power Project, Post: Kudankulam, via: Kudankulam, Taluk: Radhapuram, Dist.: Tirunelveli, State: Tamilnadu of the First Party AND Dr. \_\_\_\_\_ of the Second Party.

WHEREAS, the Contributory Health Services Scheme 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 consultancy to the Beneficiaries in the Hospitals all over India. AND WHEREAS, Dr. \_\_\_\_\_, Visiting Consultant agreed to give \_\_\_\_\_ to the Beneficiaries in the KKNPP Hospital.

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

**1. 0 GENERAL CONDITIONS**

1.1 The Second Party shall provide consultancy as visiting consultant to the First Party for providing the services under the Scheme to the beneficiaries.

1.2 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.

1.3 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.

1.4 The Second Party will not make any commercial publicity projecting the name of the First Party.

1.5 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.

1.6 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 concerned Medical Superintendent whenever patient needs further referral.

1.7 This contract will be valid up for three years from the date of signing the agreement.

1.8 The Second Party shall visit KKNPP Hospital for two hours in the evening on all agreed days (except on NPCIL holidays) [preferably after 5:00pm]. In case the agreed day happens to be a closed holiday the second party may visit on a mutually agreed date in consultation with Medical Supdt. Timings will be notified separately.

1.9 **In case of Homeopathy services**, the Second party will be provided the required raw materials by the First Party to prepare the medicines and its dispense as per patient's requirement. The record including the period for which medicines are dispensed to the beneficiaries shall be maintained in a separate register by the Second Party.

1.10 The First Party shall remit consultation fees to the Second Party on monthly basis after applicable statutory deductions.

1.11 In case of outstation consultants, Transportation facility to KKNPP Hospital and back will be extended by the First Party or Transportation allowance to the visiting consultants will be reimbursed as per applicable rules.

1.12 The schedule of charges / rates for providing **Homeopathy** consultancy to beneficiaries of the First Party shall remain firm during the validity of this agreement.

1.13 A detailed report of medical facility provided to all the beneficiaries of the First Party shall be submitted on monthly basis by the Second Party to the First Party.

1.14 The Medical data with respect to beneficiaries of the First Party shall not be used for generating any studies or publication of any papers/articles.

1.15 The applicable laws shall govern the construction and interpretation of this Agreement.

## **2.0 VISITING CONSULTANT'S 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 misdemeanors, negligence, misconduct or deficiency in services, if any.

The consultant shall be liable to pay damages to the beneficiaries, for any deficient services resulting into any injury, disablement, loss of part or death due to negligence and other injuries occurring in consequence to such treatment in the Hospital. The First Party shall not be held responsible or accountable for any such act or acts of the Second Party or for the payment of any damages or compensation to the beneficiaries whatsoever.

### **3.0 TERMINATION**

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

3.2 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:

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

3.4 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.

3.5 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 and negligence in treatment.

3.6 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.

### **4.0 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.

### **5.0 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. Account details shall be shared by the Second party on award of work to the First Party.

### **6.0 DURATION**

The Agreement shall remain in force upto 2 (two) 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.

**7.0 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.

**8.0 MISCELLANEOUS**

8.1 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.

8.2 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.

8.3 This Agreement can be modified or altered only on written agreement signed by both the parties.

8.4 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.

8.5 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.

**9.0 NOTICES**

9.1 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 or by e-mail and confirmed by original copy through post to the other Party’s address as below.

Authorized Medical Officer/ Medical Superintendent, KKNPP Hospital, Kudankulam Nuclear Power Project Site

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Authorized Representative of NPCIL Unit with Seal  
(First Party)

In the Presence of  
(Witnesses)

1.

2.

Signed by

For and on behalf of (Hospital / Nursing Homes/ Diagnostic Centres /Dental Clinics Pathological Labs. /Consultants / Visiting Consultants.) Duly authorized vide Resolution No. ....  
dated ..... of (M/s ..... ) (Second Party)

In the presence of  
(Witnesses)

1.

2.