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NUCLEAR POWER CORPORATION OF INDIA LTD.
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PO : TAPP, Boisar (WR), Dist. Palghar, Maharashtra – 401 504
CIN: U40104MH1987GOI149458
Website: www.npcil.nic.in
Tel: 02525-264061 E-mail : paraskjain@npcil.co.in

TAPS-3&4

ISO 9001:2015 ISO 14001:2015

TAPS-1&2

EXPRESSION OF INTEREST

For Empanelment of Multispecialty Hospitals, Single Speciality Nursing Homes, ENT Clinic, Consultants, Visiting Consultants, Pathology Laboratory & Diagnostic Centre (CT Scan / MRI / X-ray / Ultrasonography / colour Doppler)

Issued by

NUCLEAR POWER CORPORATION OF INDIA LTD.

A Government of India Enterprise

Tarapur Atomic Power Station, Post -TAPP, Dist. Palghar, Maharashtra.

Nuclear Power Corporation of India Limited (NPCIL) is a Government of India Public Sector Enterprise, under the Administrative Control of Department of Atomic Energy, Government of India. NPCIL is an industry expert in the generation of Nuclear Power in India.

NPCIL Tarapur Maharashtra Site (TMS) has four operating stations. TAPS Hospital under TMS, NPCIL, situated in the Township, is extending primary medical facility to nearly 15,000 beneficiaries. OPD and Indoor medical facilities are available at TAPS hospital.

TAPS Hospital invites **Expression of Interest** (EOI) applications to extend following specialized medical services in **Boisar-Palghar area** for the CHSS beneficiaries of TAPS Hospital –

A. **Multi-Speciality Hospitals**
B. **Single Speciality Nursing Homes** for Gynaecology / Medicine / Orthopaedics / ENT Clinic
C. **Consultants** - Dermatologist and Psychiatrist
D. **Visiting Consultants** - Physician, Psychiatrist, Orthopaedician and Anaesthetist
E. **Pathology Laboratory**
F. **Diagnostic Centre** (CT Scan/MRI/X-ray/Ultrasonography/Colour Doppler)

A. Multi-speciality hospitals:

- **a.** Should have full time qualified Physician, General Surgeon and Gynaecologist
- **b.** Should have Indoor with ICU and OT facilities.
- **c.** Should have TMT & Echo facility
- **d.** Should have facilities for Radiology, laboratory and pharmacy.

B. Single Speciality Nursing Homes:

Providing Single Speciality of Medicine / Gynaecology / Orthopaedics / ENT Clinic.

a. Medicine:

- i. Should have full time qualified Physician.
- ii. Should have Indoor with ICU facilities.
- iii. Should have TMT & Echo facility.

b. Gynaecology:

i. Should have full time qualified Gynaecologist.
ii. Should have Indoor with fully quipped labour room & Operation Theatre facilities.

c. Orthopaedics:

i. Should have full time qualified Orthopaedician.
ii. Should have Indoor with Operation Theatre facilities

d. ENT Clinic having qualified ENT Surgeon, Audiometry facility, endoscopy and instrumentation facility

C. Consultants (to provide services at their clinic)**:**

Sl. No.	Discipline of Consultant	Qualification
1	Dermatologist	MD/DNB/Diploma Dermatology
2	Psychiatrist	MD/DNB/Diploma Psychiatry

D. Visiting consultants (to provide their services at TAPS Hospital)**:**

Sl. No.	Discipline of Consultants	Qualification
1	Physician *	MD/DNB Medicines
2	Psychiatrist	MD/DNB/Diploma Psychiatry
3	Orthopaedician	MS/DNB/Diploma Orthopaedics
4	Anaesthetist *	MD/DNB/Diploma Anaesthesia

* Physician and Anaesthetist may have to attend medical emergencies at TAPS Hospital on case to case basis.

E. NABL Accredited Pathology Laboratory

F. Diagnostic Centre (CT Scan / MRI / X-ray /Ultrasonography / Colour Doppler)

Interested parties, who are willing to provide their services to NPCIL TAPS Hospital, Boisar for a period of 3 years, may obtain the application form within 10 days from the date of issue of this EOI on any working day during 08:00 AM to 12:00 NOON and 04:30 PM to 07:00 PM. in person from Medical Superintendent Office, TAPS Hospital, Boisar or can be downloaded from *Website:* http://npcil.nic.in/main/expression_of_interest.aspx

Duly filled in application form in sealed covers super scribing "EOI Application for- Multispecialty Hospitals, Single speciality Nursing Homes, ENT Clinic, Consultants, Visiting Consultants, Pathology Laboratory & Diagnostic Centre (CT Scan / MRI / X-ray / Ultrasonography / Colour Doppler)" (as relevant) must be submitted in person or by registered/speed post to **the Medical Superintendent Office, TAPS Hospital P.O. TAPP, Boisar, Dist. Palghar, Maharashtra Pin- 401504** within 15 days from publication of this notice on any working day up to 05.00 PM . The Medical Superintendent, TAPS Hospital reserves all rights to reject one or all the EOI without assigning any reason thereof.

(Dr. Paras Kumar Jain)
Medical Superintendent
TAPS Hospital
For and on behalf of Nuclear Power Corporation of India Limited.

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 Multispecialty Hospitals, Single Speciality Nursing Homes, ENT Clinic, Consultants, Visiting Consultants, Pathology Laboratory & Diagnostic Centre (CT Scan / MRI / X-ray / Ultrasonography / Colour Doppler) which intend to submit their credentials in line with the respective 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.

The interested party may apply in the prescribed format as given at **Annexure I**. Consultant / visiting consultant will have to fill attached "application form for consultant / visiting consultant" in addition to Annexure I. An agreement of this EOI detailing all terms and conditions for availing the medical facility shall be signed between the NPCIL and the party.

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TAPS-3&4
ISO 9001:2015 ISO 14001:2015
TAPS-1&2

APPLICATION FORM FOR CONSULTANT ☐/ VISITING CONSULTANT ☐

(To be filled in addition to Annexure – I *)*

(Kindly, fill up all the columns.)

1.	Name :	
2.	Address:	
3.	Contact No. & Email ID:	
4.	Speciality:	
5.	Qualifications:	
6.	Medical council Registration No:	
7.	Experience Post Qualification:	
8.	Expected Remuneration per patient	A. OPD _____ B. IPD _____ C. Emergency visit _____
9.	Any other details which you would like to add	

Self Declaration:

I hereby declare that I have the above mentioned post qualification experience. The information given above is true and correct to the best of my knowledge. I take full responsibility for its correctness.

Date: _____ **Signature: _____**

Place: _____ **Name: _____**

Seal with Registration No.

1. GENERAL CONDITIONS:

1.1 Location of Hospitals/Nursing Homes/Clinics should be in Boisar-Palghar area only.

1.2 NPCIL TMS Site floats this EOI for empanelment subject to fulfilling the requirement as stated in the application form.

1.3 Empanelment will be for a period of three (03) years.

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

1.5 It would be deemed that prior to the submission of the Application, the applicant has:

- Made a complete and careful examination of requirements and other information set forth in this EOI request document.
- Received all such relevant information as it has requested from NPCIL TMS Site.

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

1.7 The applicant shall not disclose confidential information to any third party without prior written approval of NPCIL TMS Site.

1.8 NPCIL TMS 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.

1.9 The hospital shall provide their Bank Account details along with IFSC code and PAN Card Number, Service Tax Number (if applicable) and all other documents (e.g. Registration under The Shops and Establishments Act, The Indian Medical Council, Blood Bank, Drug license etc.) necessary for running of the hospital. The Hospital shall provide Tax Exemption Certificate prescribed under the Income Tax Act, 1961 to the COMPANY to avail tax exemption by the employees.

2. AWARD CRITERIA:

2.1 **Hospitals / Nursing Home / Diagnostic Centre / Clinic** - The Empanelment Committee constituted by TMS will screen the applications (EOI) and visit only screened in hospitals / clinics / diagnostic centres for further process of empanelment. The Hospital Empanelment Committee will visit and inspect the hospital/diagnostic centre based on the **Annexure - I, II, III & IV** as the case may be and give recommendations for empanelment.

2.2 **For Consultant/Visiting Consultant** - The Corporation shall empanel the consultant / 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 condition of empanelment of consultant/visiting consultant may be negotiated thereon.

3. RATES / TARIFF:

3.1 Applicants need to specify for acceptance of Prevailing CGHS Pune rates.

3.2 For non acceptance of CGHS Pune rates, they need to submit their own schedule of rates.

4. CORRUPT & FRAUDULENT PRACTICES:

It is expected that Bidders/Contractors 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:

4.1 "Corrupt practice" means the offering, receiving or soliciting of anything of value to influence the action of a public official in the contract execution.

4.2 "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 bidders (prior to or after bid submission) designed to establish bid process at artificial noncompetition levels and to deprive NPCIL of the benefits of free and open competition.

4.3 NPCIL will reject a proposal for award of work, if it is determined that any bidder participating in a bid or the agency to whom the work has been awarded is engaged in corrupt or fraudulent practices as defined above.

5. NPCIL RESERVES THE RIGHT TO REJECT ANY APPLICATION IF :

5.1 At any point of time, a material misrepresentation is made or uncovered for a firm.

5.2 The firm does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the Application.

6. AGREEMENT :

6.1 The final agreement will be signed by the Deputy General Manager (HR) of the NPCIL, TMS with the Multispecialty Hospitals, Nursing Homes, ENT Clinic, Consultants, Visiting Consultants, Pathology Laboratory & Radiological Diagnostic Centre approved for empanelment in the prescribed format as at **Annexure-V**.

6.2 The empanelled Hospital/Consultant will not charge anything from the beneficiaries and the beneficiaries shall not be liable to pay anything to the Hospital for the medical treatment.

6.3 The empanelled Hospital/Consultant shall raise the monthly bill strictly in accordance with the charges as agreed to between NPCIL and the Hospital every month and detailed break-up of the bill shall be furnished to the satisfaction of NPCIL.

6.4 NPCIL shall attempt to make payment to the hospital after processing the bill within a period of 60 days from the date of receipt of the bill. However, if for want of some clarifications, documents, errors in the bills, if they are returned to the hospital, the period of 60 days will count only after the date of re-submission of the bills by the hospital after infirmities as pointed out.

Annexure – I

APPLICATION FORMAT

FOR EMPANELMENT OF HOSPITALS (MULTI-SPECIALITY / SPECIALITY / SUPER SPECIALITY) / DIAGNOSTIC CENTRES/DENTAL CLINICS / PATHOLOGICAL LABS.

1. Name of the city where hospital is located

2. Name of the hospital

3. Address

4. Tel/fax/e-mail

Telephone	
Fax	
e-mail/website address	

5. Empanelment Applied for: (Please tick the appropriate box).

a)	Multispeciality (General Purpose)1*	
b)	Super Speciality (One or more Speciality)	
c)	Dental Clinic	
d)	Super Speciality Eye Care	
e)	Diagnostic Centre	

Note :[1*] Multispeciality (General Purpose) - shall include General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ICU and Critical Care Units (ENT, Opthalmology, Dental specialities desirable) and facilities for Radiology and in house laboratory and Blood Bank. These hospitals will not be considered for ONE Speciality/or selected specialities only. However, they can be considered for additional Specialities in addition to General Purpose treatment.

a) Multispecialty (General Purpose):

Should have minimum three specialities.

b) Super Speciality – Specify speciality: (Please tick the appropriate box).

Cardiology, Cardiovascular and Cardiothoracic surgery	
Neurology and Neurosurgery	
Urology – including Dialysis and Lithotripsy (Renal Transplant, if available)	
Orthopaedic Surgery – including arthroscopic surgery and Joint Replacement	
Gastroenterology and GI-Surgery (Liver Transplant, if available)	
Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)	
Paediatrics and Paediatrics surgery	
Endoscopic surgery	
E.N.T. including Specialised surgeries	
Any other (specify the name of the Speciality)	

Note: Facilities for Relevant Diagnostic procedures/investigations should be available.

c) Dental Clinic – specify service: (Please tick the appropriate box).

General Dentistry	
Special Dental procedures – speciality specified	
Diagnostic procedures/investigations for Dental	

d) Super Speciality Eye Care – specify service: (Please tick the appropriate box).

Cataract/Glaucoma	
Retinal – Medical – Vitro retinal surgery	
Strabismus	
Occuloplasty& Adnexa & other specialized treatment	

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

S.N.	Authority	Yes	No
a)	Under CGHS/CS(MA)/CHSS of DAE, CHSS of DoS, GOI/any CPSU.		
b)	Under State Health Authority/Local Body		
c)	Under any Medical Health Insurance Organisation (If yes, specify)		
d)	Trust Hospital		

7. Whether CGHS rates acceptable

Yes		No	

8. Whether NABH/NABL Accredited

Yes		No	

9. Number of Bed

Total no. of beds	ICU beds	Speciality beds wise	Super-speciality beds wise

10. Hospitals/Laboratories having NABH/NABL certificate shall attach the copy of the same with the signature of Hospital Authority.

11. Any other relevant information.

12. Rate list for various treatment/investigation to be enclosed.

Signature of the Authorized Applicant

CHECKLIST FOR CATEGORY.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, shadowless light, autoclave facilities, Boyle's apparatus/Anaesthesia machine/Pulse Oxymeter and ECG monitor.

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 hamodialysis.

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 Nephrologist and Resident Doctors available to combat the complications during the dialysis.

7. It should conduct atleast 50 dialysis per month and each session of haemodialysis should be atleast 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 laproscopic surgeries.

5. The hospital should have atleast one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic 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 Opthalmic Surgeon with experience in PHACOEMULSIFICATION surgery.
2. It should have perform 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.

Annexure III

CHECKLIST FOR CATEGORY.III HOSPITALS

NURSING HOMES PROVIDING SINGLE OR MULTI SPECIALITY SERVICES

1. The hospital should have full time/round-the-clock qualified doctors, nursing and para medical staff.

2. It should have minimum 20 beds.

3. It should be able to provide emergency services.

4. It should have pathology laboratory facilities.

5. It should have power back up.

6. It should have OPD facilities with adequate sitting arrangements.

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 equipment 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 Anesthetist 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, and 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 PNDT 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 anesthetics 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 (NAME OF THE UNIT)

AND

……,

This Agreement is made and executed on this_____ day of _____, 20_____ by and between NPCIL (Name of the Unit)…… having its office at ……....of the First Party AND …….. *(Name of the* Hospital / Nursing Home/Diagnostic Centre / Dental Clinic/ Pathological Lab. / Consultant / Visiting Consultant *with Address)* 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 treatment facilities and diagnostic facilities to the Beneficiaries in the Hospitals / Nursing Homes/ Diagnostic Centres / Dental Clinics/ Pathological Labs. /Consultants / Visiting Consultants all over India. AND WHEREAS, *(Name of the Hospital/ Nursing Home/ Diagnostic Centre /* Dental Clinic/ *Pathological Lab. /Consultant / Visiting Consultant*) agreed to give the following treatment / diagnostic facilities to the Beneficiaries in the Hospitals / Nursing Homes/ Diagnostic Centres / Dental Clinics/ Pathological Labs/ Consultants / Visiting Consultants 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 / Nursing Home/ Diagnostic Centre / Dental Clinics/ Pathological Lab. /Consultant / Visiting Consultant. The schedule of the rates is indicated in **Annexure A.**

1.3 The charges for the treatment of all the categories of procedures under the Packages is to be charged according to the package rates wherever approved. The cost of the items like stent, valves, pace makers, implants, prosthesis etc. which is not included in the packages

shall be used, if required, only with prior concurrence of the Medical Superintendent/MOIC and charged accordingly.

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 Medical Superintendent/MOIC.

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 freshner
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. However, the revised CGHS/CSMA/CHSS rates will be made effective on specific request of the Hospital/Nursing Home/ Laborotory/ Diagnostic Centre/ Dental Clinics/ Consultant/ Visiting Consultant from date of revision of notification by the respective authority and amendment can be issued accordingly.

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 Superintendent/MOIC and the charges will be as per the charge fixed by NPCIL Units for the same treatment in the nearby locality.

1.9 The Hospital will admit the patients on the basis of the Authority letter issued by the Medical Superintendent/MOIC in the 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 soft copy of medical records of beneficiaries along with the bills wherever computerized hospital management system exists 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 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 Medical Superintendent/MOIC 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/MOIC.

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 Empanelment of Referal Hospitals 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 concerned Medical Superintendent/MOIC whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS /NURSING HOMES/DIAGNOSTIC CENTRES /DENTAL CLINICS PATHOLOGICAL LABS.

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 / NURSING HOMES/DIAGNOSTIC CENTRES/DENTAL CLINICS/ PATHOLOGICAL LABS. 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.

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 Medical Superintendent/MOIC 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:

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

b. 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.

c. 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 further period 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

Medical Superintendent/MOIC.

Hospital/Nursing Home/Diagnostic Centre/Pathological Lab/ Dental Clinic/Consultant/Visiting Consultant 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

Authorized Representative of NPCIL Unit with Seal
(First Party)

In the Presence of
(Witnesses)
1.
2.

Signed by

For and on behalf of (Hospitals /Nursing Homes/ Diagnostic Centres / Dental Clinics/ Pathological Labs./Consultants/Visiting Consultants)

Duly authorized vide Resolution No. …… dated ……
.
of (name of Hospitals / Nursing Homes/Diagnostic Centres / Dental Clinics/ Pathological Labs.)
(Second Party)

In the presence of
(Witnesses)
1.
2.