



न्यूक्लियर पॉवर कॉर्पोरेशन ऑफ इंडिया लिमिटेड
Nuclear Power Corporation of India Limited

(भारत सरकार का उद्यम A Govt. of India Enterprise)

गोरखपुर हरियाणा अणु विद्युत परियोजना

Gorakhpur Haryana Anu Vidyut Pariyojana

गाँव व डाक: गोरखपुर, तह: भूना, जिला: फतेहाबाद, हरियाणा-125047

Vill & P.O. Gorakhpur, Teh: Bhuna, Distt: Fatehabad, Haryana - 125047

निगम पहचान सं.

Corporate Identity No.

U40104MH1987GOI149458

दूरभाष Telephone: 01667-268033

ई मेल-E-mail: pstomar@npcil.co.in

वेब साइट Web Site: www.npcil.nic.in

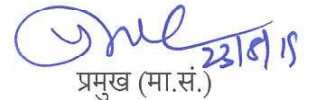
अभिरुचि की अभिव्यक्ति (ई.ओ.आई.) संख्या एनपीसीआईएल/जीएचएवीपी/ईओआई/01/2019-20

चिकित्सा सुविधा हेतु अभिरुचि की अभिव्यक्ति

एनपीसीआईएल की इकाई गोरखपुर हरियाणा अणु विद्युत परियोजना, ग्राम एवं डाक.-गोरखपुर, तहसील-भुना, जिला-फतेहाबाद, हरियाणा में स्थित है। परियोजना के कर्मचारी एवं उनके परिवार हिसार और फतेहाबाद में निवास करते हैं। कर्मचारियों एवं उनके आश्रितों के लिए फतेहाबाद, अग्रोहा, हिसार एवं गुरुग्राम क्षेत्र में चिकित्सा सुविधाएँ उपलब्ध करवाने का प्रस्ताव है।

उपरोक्त क्षेत्रों में दन्त, बाल चिकित्सा, स्त्री रोग, आँख, नाक व गले से सम्बंधित व त्वचा विज्ञान इत्यादि जैसी चिकित्सा सुविधाएँ प्रदान करने के इच्छुक बहु विशेषता (मल्टी स्पेशलिटी) चिकित्सालय/क्लिनिक अपनी अभिरुचि कि अभिव्यक्ति विहित प्रारूप जो कारपोरेशन कि वेबसाइट www.npcil.nic.in से डाउनलोड किया जा सकता है, पूर्णतया भरकर बंद लिफाफे में प्रबंधक (मानव संसाधन), गो.ह.अ.वि.प. के कार्यालय में व्यक्तिगत रूप या डाक से उपरोक्त पत्रशीर्ष में दिए गए पते पर भेजा जा सकता है, जो उन्हें विहित प्रपत्र में दिनांक 07.09.2019 शाम 05 बजे तक अवश्य प्राप्त हो जाना चाहिए।

उपरोक्त विषय पर अन्य जानकारी/सहायता हेतु दूरभाष संख्या 01667-268033/268049 पर दिनांक 06.09.2019 तक सुबह 10 बजे से शाम 05 बजे तक संपर्क किया जा सकता है।


प्रमुख (मा.सं.)

गोरखपुर हरियाणा अणु विद्युत परियोजना,



**APPLICATION FORMAT FOR EMPANELMENT OF
HOSPITALS (MULTI-SPECIALITY/SPECIALITY/SUPER SPECIALITY)/
DIAGNOSTIC CENTRES/PATHOLOGICAL LABS.**

- [illegible]

- [illegible]

- [illegible]

- | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| Telephone | | | | | | | | | |
| Fax | | | | | | | | | |
| e-mail/website address | | | | | | | | | |

Page 1 of 16



Attachment : Full NABH certificate with exact period mentioned. Signed by Hospital Authority.

Empanelment Applied for :

- a) ☐ **Multispeciality (General Purpose)^{1*} (Minimum three specialities)**
- b) ☐ **Super Speciality (One or more Speciality)**
- c) ☐ **Dental Care Centre**
- d) ☐ **Super Speciality Eye Care**
- e) ☐ **Diagnostic Centre**

(Please tick the appropriate box)

Super Speciality – Specify speciality –

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.

Note : ^{1*} **Multispeciality (General Purpose)** - shall include General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, ICU and Critical Care Units (ENT, Ophthalmology, 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.

Signature of the Authorised Applicant



Dental Care Centre

Applied for :-

General Dentistry

☐

Special Dental procedures – speciality specified

☐

Diagnostic procedures/investigations for Dental

☐

Super Speciality Eye Care –

Applied for – (specify)

a) Cataract/Glaucoma

☐

b) Retinal – Medical – Vitro retinal surgery

☐

c) Strabismus

☐

d) Oculoplasty & Adnexa & other specialized treatment

☐

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

1. Under CGHS/CS(MA)/CHSS of DAE, GOI
CHSS of DoS, GOI/any CPSU

Yes ☐ No ☐

2. Under State Health Authority/Local Body

Yes ☐ No ☐

3. Under any Medical Health Insurance
Organisation (If yes, specify)

Yes ☐ No ☐

4. Trust Hospital

Yes ☐ No ☐

7. Whether CGHS rates acceptable

Yes ☐ No ☐

8. Whether NABH/NABL Accredited

Yes ☐ No ☐

9. Total no. of beds/ICU beds/speciality wise
beds/ super-speciality wise beds.

10. Any other relevant information.

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

Signature of the Authorised Applicant

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/Anesthesia 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.

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.



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.

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.

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.

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.

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.

CRITERIA FOR ENDOSCOPIC/LAPRISCOPIC 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.



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.

CRITERIA FOR EYE CARE HOSPITALS:

1. The hospital should have qualified Ophthalmic 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.

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.

No.....
AGREEMENT
BETWEEN
NPCIL , GHAVP
AND

.....,
This Agreement is made and executed on this _____ day of _____, 201 by and between NPCIL, Gorakhpur Haryana Anu Vidyut Pariyojana having its office at Gorakhpur of the First Party AND

..... (*Name of the Hospitals / Diagnostic Centres / Pathological Labs. / Consultants / Visiting Consultants 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 / Diagnostic Centres / Pathological Labs. / Consultants / Visiting Consultants all over India. AND WHEREAS, (*Name of the Hospital/ Hospitals / Diagnostic Centres / Pathological Labs. / Consultants / Visiting Consultants*) 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. 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 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 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 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.

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 Authorised Medical Officer 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 exist 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 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 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 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/ 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 concerned Medical Superintendent whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS / DIAGNOSTIC CENTRES / 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 / DIAGNOSTIC CENTRES / 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

4.1 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:

- 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 a further periods with mutual consent of the Parties.

9.0 ARBITRATION

9.1 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

11.1 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 and confirmed by original copy by post to the other Party's address as below.

Authorised Medical Officer/Medical Superintendent.

Hospitals / Diagnostic Centres / Pathological Labs. 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 (Witnesses)

1.

2.



Signed by

For and on behalf of (Hospitals / Diagnostic Centres / Pathological Labs.)
Duly authorized vide Resolution No. dated of (name of
Hospitals / Diagnostic Centres / Pathological Labs.)

(Second Party)

In the presence of

(Witnesses)

1.

2.

NOTE : This agreement is common for Hospitals / Diagnostic Centres / 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