न्यूक्लियर पॉवर कॉर्पोरेशनऑफ इंडिया लिमिटेड
Nuclear Power Corporation of India Ltd.
(भारत सरकार का उद्यमA Government of India Enterprises)
कुडनकुलम न्यूक्लियर पॉवर प्रोजेक्ट **Kudankulam Nuclear Power Project**
केकेएनपीपी अस्पताल **KKNPP HOSPITAL**
(Quality, Environmental and Occupational Health & Safety Management Systems - ISO Certified)
कुडनकुलम पोस्ट, राधापुरम तालुक, तिरूनेलवेली जिला, तमिलनाडु627106-
Kudankulam P.O., Radhapuram Taluk, Tirunelveli District, Tamil Nadu-627106

EXPRESSION OF INTEREST FOR EMPANELMENT OF VISITING CONSULTANTS IN THE FIELD OF PHYSICIAN,PAEDIATRICS,ORTHOPEDIC-SURGEON,DERMATOLOGY,ENT,OPHTHALMOLOGY, OBSTRETICS & GYNAECOLOGY, DENTAL SURGEON,AYURVEDIC CONSULTANT SYSTEM OF MEDICINE, SPEECH THERAPY, OCCUPATIONAL THERAPY, APPLIED BEHAVIORAL ANALYSIS(ABA) BASED BEHAVIORAL THERAPY IN INDIVIDUALS WITH AUTISM SEPTRUM DISORDER (ASD) FROM TIRUNELVELI / KANYAKUMARI DISTRICT.

EOI No: NPCIL/KKNPP/HOSP/EOI/2026/02.

ISSUED BY

न्यूक्लीयर पॉवर कॉर्पोरेशन ऑफ़ इंडिया लिमिटेड़
NUCLEAR POWER CORPORATION OF INDIS LIMITED
(भारत सरकार का उधम A GOVERNMENT OF INDIA ENTERPRICE)
कुडनकुलम न्यूक्लियर पॉवर प्रोजेक्ट Kudankulam Nuclear Power Project
कुडनकुलम पोस्ट, राधापुरम तालुक, तिरूनेलवेली जिला, तमिलनाडु627106-
Kudankulam P.O., Radhapuram Taluk, Tirunelveli District, Tamil Nadu-627106

DISCLAIMER

This Expression of Interest (EOI) is issued by the Nuclear Power Corporation of India Limited (NPCIL), Kudankulam Nuclear Power Project, and A Government of India Enterprises under Department of Atomic Energy.

This EOI is meant only for those applicants / parties who intend to submit their credentials in line with the terms and conditions set forth in EOI document. While 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 applicant 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 of Visiting Consultants from Tirunelveli / Kanyakumari districts.

The interested parties may apply in the prescribed Application Format provided in the EOI for their respective discipline.

An agreement as provided at Annexure-II of this EOI detailing all terms and conditions for availing the medical facility shall be signed between the NPCIL KKNPP Site and the Visiting consultant. No deviation to terms and conditions indicated in the agreement shall be accepted.

Medical Superintendent
KKNPP Hospital

INDEX

Sl. No.	Description of Sections	Page nos.
1	Notice Inviting Expression of Interest	4
2	Introduction	5
3	General Terms and Conditions	6-8
4	Empanelment requirement of NPCIL, KKNPP, Kudankulam	9
5	PQ Criteria	10-11
6	Self Declaration	12
7	Applications form - Annexure A	13-14
8	Applications form - Annexure B	15-16
9	Applications form - Annexure C	17-18
10	Agreement proforma - for information and to be submitted later (Annexure-II)	19-27

NOTICE INVITING EXPRESSION OF INTEREST (EOI)

EOI No: NPCIL/KKNPP/HOSP/EOI/2026/02.

Nuclear Power Corporation of India Limited (NPCIL), KKNPP , KUDANKULAM invites Expression of Interest (EOI) from interested Specialists from Tirunelveli / Kanyakumari Districts for empanelment as Visiting Consultants to extend medical facilities to the CHSS beneficiaries and their dependents of KKNPP Site at KKNPP Hospital.

The EOI document contains Specialty vise requirement, Application form, prequalification criteria, details of empanelment requirement, submission requirement etc. These may be downloaded from our Website: https://www.npcil.nic.in or a copy can be collected from the office of Medical Superintendent, KKNPP Hospital, Anuvijay Township, Kudankulam, P.O, Radhapuram-Taluk, Tirunelveli-Dist.Tamilnadu.Pincode:627120.

Interested candidates / parties may apply for empanelment under NPCIL, KKNPP, Kudankulam by submitting duly filled in application form along with supporting documents and credentials by speed post or submit personally in a sealed envelope super scribed "EOI for Empanelment of Visiting consultant-No. NPCIL/KKNPP/Hosp/EOI/2026/02" to the office of Medical Superintendent, KKNPP Hospital, Anuvijay Township, Kudankulam, P.O, Radhapuram, Tirunelveli Dist, Tamilnadu. Pin Code: 627120 Within 15 days from publication of this notice. KKNPP NPCIL reserves all rights to reject one or all the EOI without assigning any reason thereof.

Any further information/corrigendum/addendum, etc. pertaining to EOI will be uploaded on https://www.npcil.nic.in. Please keep referring these web portals.

Medical Superintendent
KKNPP Hospital

INTRODUCTION

NPCIL KKNPP SITE:

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, 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.

ABOUT KKNPP SITE:

KKNPP Site is located in the District of Tirunelveli, Tamilnadu State, about 81 KM south of Tirunelveli and 41 km south east of Nagercoil.

KKNPP site has its own Hospital/First-Aid center at KKNPP Township and Plant site. It caters to around 6408 plus beneficiaries. All medical and some surgical facilities are available at our hospital. Some of the patients are required to be referred to the secondary & tertiary level centers and higher diagnostic facilities for treatment and management which are not available in KKNPP Hospital.

KKNPP wants to empanel Visiting Consultants who can visit KKNPP Hospital as per requirement to render their services to KKNPP beneficiaries on credit.

1. GENERAL TERMS &CONDITIONS:

1.1 NPCIL KKNPP floats this EOI for empanelment subject to fulfilling the requirement as stated in the respective Application form.

1.2 The empanelment of visiting consultant will be from Tirunelveli / Kanyakumari district for a period of three years.

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

1.4 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 KKNPP site.

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

1.6 The applicant shall not disclose confidential information to any third party without prior written approval of NPCIL KKNPP site.

1.7 NPCIL KKNPP site reserves the rights to call for the supporting documents for verification if so deemed and also cross-check for any details as furnished by the applicant from their previous clients etc. The applicant shall not have any objection whatsoever in this regard.

2.0 AWARD CRITERIA:

Visiting Consultant – 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 condition of empanelment of visiting consultant may be negotiated thereon.

3.0 RATES / TARIFF:

3.1 The applicants need to specify for acceptance of prevailing CGHS notified rates for that city/nearby city/the capital city of state, in the order, of KKNPP location.

3.2 For Non acceptance of CGHS rates for that city/nearby city/the capital city of state, in the order, of KKNPP location, they need to submit their own schedule of rates.

4.0 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.

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

5.0 NPCIL KKNPP SITE RESERVES THE RIGHT TO REJECT ANY APPLICATION IF:

i. At any point of time, a material misrepresentation is made or uncovered.

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

6.0 AGREEMENT:

i. The final agreement will be signed by the Senior Manager / Manager (HR) of the NPCIL – KKNPP Site with the visiting consultant as the case may be approved for empanelment in the prescribed format as at Annexure-II.

ii. The empanelled visiting consultant will not charge anything from the beneficiaries and the beneficiaries shall not be liable to pay anything to the consultant for the medical treatment.

iii. The empanelled visiting consultant shall raise the monthly bill strictly in accordance with the charges as agreed to between NPCIL and the consultant every month and detailed breakup of the bill shall be furnished to the satisfaction of NPCIL.

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

EMPANELMENT REQUIREMENT OF NPCIL, KKNPP, KUDANKULAM UNDER THIS EOI

The empanelment requirement of below listed Visiting Consultants is covered in this EOI

Sl. No	Requirement of Visiting Consultant Specialty vice	Days	Time
1.	General Medicine- Physician	Once in a week on Fridays	6 - 8 PM
2.	Paediatrician	All week days except Sunday	6 – 8 PM
3.	Orthopaedic Surgeon	Tuesday and Friday	6 – 8 PM
4.	Obstetrics and Gynaecology	Tuesday	4 – 6 PM
5.	Ophthalmology	Thursday	4 – 6 PM
6.	Dental Surgeon	Monday , Thursday,Saturday	5 – 7 PM
7.	ENT	Monthly 2nd & 4th Thursday	6 – 8 PM
8.	Dermatology	Monthly 2nd & 4th Thursday	6 – 8 PM
9.	Ayurveda consultant	Friday	6 – 8 PM
10.	Speech Therapist	All week days except Sunday	9 AM to 1 PM
11.	Occupational Therapist	All week days except Sunday	9 AM to 1 PM
12.	Behavioural Therapist	All week days except Sunday	9 AM to 1 PM

Note: While Empanelment of Visiting specialist consultant, where the quoted rates are same, NPCIL KKNPP reserves the right to empanel more than 01 visiting specialist in every specialty. In this case the visit per day for 01 visiting specialist consultant shall remain single only.

PRE-QUALIFICATION CRITERIA FOR VISITING CONSULTANTS

S. No	Visiting consultant Specialty	Educational Qualification
1.	• Physician • Pediatrician • Orthopedic Surgeon • Dermatologist • ENT • Ophthalmologist • OBG & Gynecologist • Dental Surgeon	MBBS.,MD MBBS.,MD MBBS.,MS MBBS.,MD MBBS.,MS MBBS.,MS MBBS.,MS BDS / MDS
2.	Ayurveda Consultant	BAMS/MD (Ayurvedic)
3.	Speech Therapist	• B. Sc. Degree in Speech and Language Sciences or Bachelor in Audiology, speech and Language Pathology (BASLP) or its equivalent from a recognized University. • Registered with RCI (Mandatory)
4.	Occupational Therapist	• Bachelor of Occupational Therapy from a recognized University /Institute. • Must also be registered with Central/State Statutory body (Mandatory)
5.	Behavioral Therapy, (ABA) Special Educator	• M Phil in Clinical Psychology or Medical and Social Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised clinical training from a University recognized by UGC or Postgraduate degree in Psychology/ Clinical Psychology or Applied Psychology • Must be registered as a Clinical Psychologist with Rehabilitation Council of India and SMHA (State Mental Health Agency) (wherever applicable) Mandatory • M. Ed special education or B. Ed special education with at least 02 years experience or D. Ed with at least 05 years experience, special education or equivalent from a RCI registered institute. OR • M.Phil in Rehabilitation Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised training from a University recognized by UGC.

		• Must be registered as a Rehabilitation Psychologist with RCI (Rehabilitation Council of India) Mandatory.
6.	Experience	PRIORITY WILL BE GIVEN TO APPLICANT WITH MORE YEARS OF EXPERIENCE DURING TECHNICAL EVALUATION OF APPLICATIONS.
7.	Document to be enclosed along with application form	**a.** Photo I/D issued by any Govt. Authority. **b.** Address proof (Driving license, Voters card etc.,) **c.** Degree or post –graduate degree certificate in respective faculty for which consultant is applying for. **d.** Experience certificate in relevant field issued by employer /respective institution. In case of Private Practice, self – declaration of experience in relevant field on letterhead should be enclosed in attached. **e.** Registration Certificate issued by State / Central statutory body/ Council of respective medical discipline/branch for which consultant is applying for,(certificate should be valid on the last date of submission of application) In case of validity of Registration Certificate is expired and renewal of registration is pending, the selected candidate should provide the proof of applying renewal of registration before executing the agreement.
8.	Preference	Candidates having Post – Graduate qualification (MS, MD) in respective discipline and higher experience will be preferred for empanelment.
Note : -		
• Only eligible candidates who meet the above Pre-Qualification criteria should apply for this post.		
• Above post is purely on contractual basis and will be adhered to the terms & conditions of contract agreement to be signed between KKNPP Site & Visiting Consultant.		

SELF DECLRATION OF EXPERIENCE ON LETTER HEAD
(To be SUBMITTED IN CASE OF PRIVATE PRACTICE)

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.

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

Name & address of hospital/clinic	
Contact number	

Date: **Signature:**

Name:

ANNEXURE-A

APPLICATION FORM

FOR THE VISITING CONSULTANT MEDICAL SPECIALIST-PHYSICIAN/PEDIATRICIAN/ORTHOPEDIC-SURGEON/DERMATOLOGY/ENT/OPHTHALMOLOGY/ OBSTRETICS & GYNAECOLOGY/DENTAL SURGEON.

(To be sent in a sealed cover mentioning-'EOI for Visiting Consultant .....'for Medical Superintendent, KKNPP HOSPITAL, Anuvijay Township., P.O.Kudankulam, Radhapuram Taluk; Tirunelveli - Dist.Tamilnadu. PIN CODE: 627 120)

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

Advertisement Notice No.	: EOI NO: NPCIL/KKNPP/HOSP/EOI/2026/02	Photograph
Name of the Post applied for	:	
1. Applicant Full Name (In Capital Letters)	: DR.	
2. Age & Sex:	_____years, Male / Female	
3. Address		
4. Mobile No.		
5. e-mail Address		
6. Medical Qualifications		
7. Registration Number		

8. Medical Qualification details -

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
1.				
2.				
3.				
4.				

9. Total Years of post-qualification Experience:__years

10. Experience Details (starting from present/ last employment):

Sr. No.	Name of the Employer	Post Held	From Date	To Date	Total	
					Year	Month
1.						
2.						
3.						
4.						

DESCRIPTION OF WORK	AMOUNT IN WORDS	AMOUNT IN FIGURES
11. Quote your expected (a).Remuneration **Per Visit**-(up to 20 patients)		
(b).Remuneration **Per Patient Beyond 20 patients.**		
12. Expected Transportation charges per visit	1. Travelling expenses at the rate per kilometre prescribed under NPCIL TA Rules for the actual distance in KM travelled (to & fro) will be reimbursed for own car. 2. Wherever travel is performed by taxi, the fare will be restricted to entitlement as per own car or actual expenditure incurred whichever is lower.	
13. Period of Contract	03 (Three) years.	
14. I agree for CGHS rate	YES / NO	

Note: For Sl No. 11(b), for Estimation purpose 05 nos of Patient are taken for beyond 20 patients.

Date: **Signature with seal:**

Annexure – B

APPLICATION FORM
FOR VISITING CONSULTANT (Ayurveda)

(To be sent in a sealed cover mentioning-EOI for Visiting Consultant AYURVEDA to)
Medical Superintendent, KKNPP Hospital, AVTS Town ship, Kudankulam- P.O,
Radhapuram – Taluk; Tirunelveli Dist, Tamilnadu – 627102.)

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

Advertisement Notice No.	EOI No. NPCIL/KKNPP/HOSP/EOI/2026/02	Photograph
Name of the Post	VISITING CONSULTANT – **AYURVEDA**	
1. Applicant Full Name (In Capital Letters)	DR._____	
2. Date of Birth		
3. Gender:	Male / Female	
4. Address		
5. Mobile No.		
6. e-mail Address		
7. Medical Qualifications		
8. Registration Number		

9. Qualification details -

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
1				
2				
3				
4				
5				

10	Total experience in Years post qualification		
11	DESCRIPTION OF WORK	AMOUNT IN WORDS	AMOUNT IN FIGURES
i.	Consultation charges for first 20 patients. **Note:** This is minimum consultation charges that will be paid for 02 hrs stay in KKNPP hospital up to 20 patients.		
ii.	Consultation beyond 20 patients (quote the rate per patient).		
iii.	Transportation charges	1. Travelling expenses at the rate per kilometre prescribed under NPCIL TA Rules for the actual distance in KM travelled (to & fro) will be reimbursed for own car. Wherever travel is performed by taxi, the fare will be restricted to entitlement as per own car or actual expenditure incurred whichever is lower.	
12	Period of Contract	03 (Three) years.	

Date: **Signature:**

Place: **Name:**

Seal with Regn. No.

(Note- All the copies of the submitted certificates / documents should be Self attested, e.g- Qualification certificates/ work experience certificate/ self declaration of experience in case of own clinic along with registration of clinic /registration certificate etc.)

ANNEXURE-C

APPLICATION FORM

(FOR VISITING ALLIED AND HEALTHCARE SPECIALIST PROFESSION)
SPEECH THERAPIST, OCCUPATIONAL THERAPIST AND BEHAVIOURAL THERAPIST

(To be sent in a sealed cover mentioning-'EOI for Visiting Consultant.....' for Medical Superintendent, KKNPP HOSPITAL, Anuvijay Township., P.O.Kudankulam, Radhapuram Taluk; Tirunelveli - Dist.Tamilnadu. PIN CODE: 627 120.)

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

Advertisement Notice No.	: EOI NO: NPCIL/KKNPP/HOSP/EOI/2026/02	Photograph
Name of the Post applied for		
1. Applicant Full Name (In Capital Letters)	: DR.	
2. Age & Sex:	_____years, Male / Female	
3. Address		
4. Mobile No.		
5. e-mail Address		
6. Medical Qualifications		
7. Registration Number		

8. Medical Qualification details –

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
1.				
2.				
3.				
4.				

9. Total Years of post-qualification Experience:__years

10. Experience Details (starting from present/ last employment):

Sr. No.	Name of the Employer	Post Held	From Date	To Date	Total	
					Year	Month
1.						
2.						
3.						
4.						
DESCRIPTION OF WORK		AMOUNT IN WORDS			AMOUNT IN FIGURES	
11. Quote your expected Remuneration **(a). "Per visit up to 05 Patients".** **(b). "Per Patient Beyond 05 Patient".**						
12. Expected Transportation charges per visit		1. Travelling expenses at the rate per kilometre prescribed under NPCIL TA Rules for the actual distance in KM travelled (to & fro) will be reimbursed for own car. 2. Wherever travel is performed by taxi, the fare will be restricted to entitlement as per own car or actual expenditure incurred whichever is lower.				
15. Period of Contract		03 (Three) years.				

Date: **Signature with seal**

Annexure II

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 are 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-freshener

d) Eau-de-cologne

e) Diapers

f) Food served to the 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/ Laboratory/ 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

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 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.

Signed by

2.

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. 2.