न्युक्लिअर पॉवर कॉर्पोरेशन ऑफ इंडिया लिमिटेड
NUCLEAR POWER CORPORATION OF INDIA LTD
भारत सरकार का उद्यम A Government of India Enterprise
तारापुर महाराष्ट्र स्थल Tarapur Maharashtra Site
तारापुर परमाणु बिजलीघर चिकित्सालय
Tarapur Atomic Power Station Hospital
डाक - टीएपीपी, बोईसर (प.रे.), जिला – पालघर, महाराष्ट्र ४०१५०४
PO: TAPP, Boisar (WR), Dist. Palghar, Maharashtra – 401 504
CIN:U40104MH1987GOI149458
Email – medicalsupdt.tms@npcil.co.in

अभिरुचि की अभिव्यक्ति EXPRESSION OF INTEREST

विजिटिंग कंसल्टेंट्स (हड्डी रोग, मनोचिकित्सक, ईएनटी, फिजिशियन, त्वचा रोग विशेषज्ञ, आहार विशेषज्ञ, होम्योपैथी एंव आयुर्वेदिक) के नामिकायन के लिए

न्यूक्लियर पॉवर कॉरपोरेशन ऑफ इंडिया लिमिटेड
भारत सरकार का उद्यम
तारापुर परमाणु बिजलीघर, पोस्ट-टीएपीपी, जिला, पालघर, महाराष्ट्र
द्वारा जारी

For Empanelment of Visiting Consultants (Orthopaedician, Psychiatrist, ENT, Physician, Dermatologist, Dietician, Homeopathy & Ayurvedic)

Issued by
NUCLEAR POWER CORPORATION OF INDIA LTD.
A Government of India Enterprise
Tarapur Atomic Power Station, Post -TAPP, Dist. Palghar, Maharashtra.

परमाणु ऊर्जा विभाग, भारत सरकार के प्रशासनिक नियंत्रणाधीन न्यूक्लियर पॉवर कॉरपोरेशन ऑफ इंडिया लिमिटेड (एनपीसीआईएल) भारत सरकार का सार्वजनिक क्षेत्र का उपक्रम है। भारत में नाभिकीय विद्युत के उत्पादन हेतु एनपीसीआईएल एक विशेषज्ञ उद्योग है।

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.

एनपीसीआईएल तारापुर महाराष्ट्र साइट (तामस्थ) में चार प्रचालरत बिजलीघर हैं। तामस्थ, एनपीसीआईएल के अधीन तापबिघ अस्पताल, टाउनशिप में स्थित लगभग 15,000 लाभार्थियों को प्राथमिक चिकित्सा सुविधा प्रदान करता है। तापबिघ अस्पताल में ओपीडी और इंडोर चिकित्सा सुविधाएं उपलब्ध हैं।

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.

तापबिघ अस्पताल के सीएचएसएस लाभार्थियों के लिए बोईसर पालघर जिला से-निम्नलिखित विशेष चिकित्सा सेवाओं का विस्तार करने के लिए तापबिघ अस्पताल अभिरुचि की अभिव्यक्ति ईओआई (आवेदन आमंत्रित करता है) –

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

विजिटिंग परामर्शदाता Visiting Consultants -
(तापबिघ अस्पताल में अपनी सेवाएं प्रदान करने के लिए to provide their services at TAPS Hospital)

क्र.सं. SN	**परामर्शदाता अनुशासन Discipline of Consultants**	**योग्यता Qualification**	**Experience**
1	हड्डी रोग विशेषज्ञ Orthopaedician	एमएस/डीएनबी/डिप्लोमा हड्डी रोग MS/DNB Orthopaedics	
2	मनोचिकित्सक Psychiatrist	एमडी/डीएनबी/डिप्लोमा मनश्चिकित्सा MD/DNB/Diploma Psychiatry	
3	ईएनटी ENT	एमएस/डीएनबी/डिप्लोमा ईएनटी MS/DNB ENT	

4	फिजिशियन Physician	एमडी/डीएनबी मेडिसीन MD/DNB Medicine	Minimum 5 years post qualification
5	त्वचा रोग विशेषज्ञ Dermatologist	एमडी/डीएनबी/डिप्लोमा त्वचाविज्ञान MD/DNB/Diploma Dermatology	
6	आहार विशेषज्ञ Dietician	बिएचएससी/पीजी डिप्लोमा न्युट्रिशण और डायटेटिक्स BHSC/PG diploma/MSC in nutrition & dietetics	
7	होम्योपैथी Homeopathy	बिएचएमसी/ एमडी (होम्योपैथी) BHMS/MD (Homeopathy)	
8	आयुर्वेदिक Ayurvedic	बिएएमसी/ एमडी (आयुर्वेदिक) BAMS/MD (Ayurvedic)	

टिप्पणी Note

१. फिजिशियन एव ईएनटी कंसल्टेंट्स को तापबिघ अस्पताल में चिकित्सा आपात स्थिति में मरीज को देखना पड़ सकता है।
२. उपरोक्त विजिटिंग विशेषज्ञ के पास उनकी संबंधित परिषद से वैध पंजीकरण होनी जरुरी है।
३. उपरोक्त सभी योग्यताएं मान्यता प्राप्त विश्व विद्यालय से पूर्णकालिक पाठ्यक्रम होनी चाहिए।
४. बोली के समय योग्यता और अनुभव के संबंध में सहायक दस्तावेज प्रस्तुत किए जाना जरुरी है।

1. Physician and ENT Consultant may have to attend to medical emergencies at TAPS Hospital.
2. The applicants should have valid registration from their respective councils.
3. All the above qualifications should be full time courses from recognised universities.
4. Supporting documents in respect to qualification and experience to be submitted at the time of bid.

जो इच्छुक पार्टियां एनपीसीआईएल तापबिघ अस्पताल, बोईसर में अपनी सेवाएं प्रदान करने के इच्छुक है, वे इस ईओआई को जारी करने की तारीख से 10 दिनों के अंदर **चिकित्सा अधीक्षक कार्यालय, तापबिघ अस्पताल, बोईसर** से व्यक्तिगत रूप में किसी भी कार्य दिवस के दौरान **सुबह 08:00 बजे से दोपहर 12:00 बजे तक और अपराह्न 04:30 बजे से शाम 07:00** तक आवेदन प्रपत्र प्राप्त कर सकते है या वेबसाइट http://npcil.nic.in से डाउनलोड कर सकते है।

सीलबंद्ध लिफाफे में **"विजिटिंग परामर्शदाता (हड्डी रोग विशेषज्ञ, मनोचिकित्सक, ईएनटी, फिजिशियन, त्वचा रोग विशेषज्ञ, आहार विशेषज्ञ, होम्योपैथी एंव आयुर्वेदिक)** हेतु ईओआई आवेदन" (जो भी उचित हो) पर सुपर स्क्राईब करते हुए विधिवत रूप से भरे हुए आवेदन प्रपत्र को किसी कार्य दिवस को शाम 5 बजे तक इस नोटिस के प्रकाशन से 15 दिनों के अंदर व्यक्तिगत रूप से या **चिकित्सा अधीक्षक कार्यालय, तापबिघ अस्पताल, पी.ओ. टीएपीपी, बोईसर, जिला-पालघर, महाराष्ट्र, पिन- 401504** को पंजीकृत/स्पीड पोस्ट के द्वारा प्रस्तुत किया जाना चाहिए। चिकित्सा अधीक्षक, तापबिघ अस्पताल को बिना कोई कारण बताएं एक या सभी ईओआई को निरस्त करने के सभी अधिकार प्राप्त है।

Interested parties, who are willing to provide their services to NPCIL TAPS Hospital, Boisar 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** or http://npcil.nic.in/main/expression_of_interest.aspx.

Duly filled in application form in sealed covers super scribing "EOI Application for- Visiting Consultants (Orthopaedician, Psychiatrist, ENT, Physician, Dermatologist, Dietician, Homeopathy & Ayurvedic)" (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.

(डॉ. पारस कुमार जैन Dr. Paras Kumar Jain)
चिकित्सा अधीक्षक Medical Superintendent
तापबिघ अस्पताल TAPS Hospital
न्यूक्लियर पावर कॉरपोरेशन ऑफ इंडिया लिमिटेड के लिए और उनकी ओर से
For and on behalf of Nuclear Power Corporation of India Limited.

अस्वीकरण
DISCLAIMER

यह अभिरुचि की अभिव्यक्ति (ईओआई) भारत सरकार के परमाणु ऊर्जा विभाग के केंद्रीय सार्वजनिक क्षेत्र के उद्यम न्यूक्लियर पावर कॉरपोरेशन ऑफ इंडिया लिमिटेड (एनपीसीआईएल) द्वारा जारी की जाती है।

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.

यह ईओआई विजिटिंग कंसल्टेंट्स के लिए है, ईओआई दस्तावेजों में निर्धारित संबंधित नियम और शर्तों के अनुसार जो अपनी प्रत्ययपत्र जमा करने का अभिप्रेत रखते हैं। हालांकि इस ईओआई में दी गई जानकारी सद्भाव से तैयार की गई है, यह व्यापक या स्वतंत्र रूप से सत्यापित होने के लिए नहीं है और न ही इसका अभिप्राय है।

This EOI is meant for Visiting Consultants who 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.

इस ईओआई में जानकारी चयनात्मक है। प्रत्येक इच्छुक बोलीदाता को इस ईओआई में निहित जानकारी का अपना विश्लेषण करना चाहिए या उसमें किसी भी अशुद्धि को ठीक करना चाहिए जो इस ईओआई में शामिल हो सकता है और उसे प्रस्तावित नामिकायन में अपनी जांच करने की सलाह दी जाती है।

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.

इच्छुक पार्टी अनुलग्नक-I में दिए गए निर्धारित प्रारूप में आवेदन कर सकती है। विजिटिंग परामर्शदाता को अनुलग्नक- I के अतिरिक्त संलग्न " विजिटिंग सलाहकार के लिए आवेदन पत्र" भरना होगा। चिकित्सा सुविधा का लाभ उठाने के लिए सभी नियमों और शर्तों का विवरण देने वाले इस ईओआई के समझौते पर एनपीसीआईएल और पार्टी के बीच हस्ताक्षर किए जाएंगे।

The interested party may apply in the prescribed format as given at **Annexure I**. Visiting consultant will have to fill attached “application form for 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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विजिटिंग परामर्शदाता के लिए आवेदन पत्र'

APPLICATION FORM FOR 'VISITING CONSULTANT'

(for Orthopaedician, Psychiatrist, ENT, Physician & Dermatologist)

(अनुलग्नक- I के अतिरिक्त भरा जाना है To be filled in addition to Annexure – I)

(कृपया सभी कॉलम भरें। Kindly fill up all the columns.)

1.	नाम Name :	
2.	पता Address:	
3.	संपर्क नंबर और ईमेल आईडी : Contact No. & Email ID:	
4.	विशेषज्ञता Speciality:	
5.	योग्यता Qualifications:	
6.	चिकित्सा परिषद पंजीकरण संख्या : Medical council Registration No:	
7.	योग्यता हासिल करने के बाद का अनुभव : Experience Post Qualification:	
8.	क्या सीजीएचएस दरें स्वीकार्य हैं। Whether CGHS rates acceptable	हाँ Yes ☐ **नहीं** No ☐
a.	**यदि हाँ IF YES –** प्रति विजिट न्यूनतम २० ओपीडी मरीजोंके लिए परामर्श शुल्क पर विचार किया जा सकता है। Consultation charges for minimum 20 OPD patients may be considered per visit)	
b.	**यदि नहीं IF NO –** प्रति रोगी अपेक्षित पारिश्रमिक Expected Remuneration per patient	**a.** ओपीडी OPD _____ **b.** आईपीडी IPD _____
9.	आपातकालीन विजिट Emergency visit (only for ENT & Physician)	शुल्क Charges _____
10.	कोई अन्य विवरण जो आप जोड़ना चाहेंगे Any other details which you would like to add	

स्व घोषणा Self Declaration:

मैं एतद्द्वारा घोषणा करता हूं कि मेरे पास उपर्युक्त योग्यता हासिल करने के बाद का अनुभव है। उपर्युक्त दी गई सूचना मेरी जानकारी के अनुसार सत्य और सही है। मैं इसकी शुद्धता की पूरी जिम्मेदारी लेता हूं।

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.

दिनांक Date: _____ **हस्ताक्षर Signature: _____**

स्थान Place: _____ **नाम Name: _____**

पंजीकरण संख्या सहित मुहर Seal with Registration No.

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विजिटिंग परामर्शदाता के लिए आवेदन पत्र'

APPLICATION FORM FOR 'VISITING CONSULTANT'

Dietician, Homeopathy & Ayurvedic

(अनुलग्नक–I के अतिरिक्त भरा जाना है To be filled in addition to Annexure–I)

(कृपया सभी कॉलम भरें। Kindly fill up all the columns.)

1.	नाम Name :	
2.	पता Address:	
3.	संपर्क नंबर और ईमेल आईडी : Contact No. & Email ID:	
4.	विशेषज्ञता Speciality:	
5.	योग्यता Qualifications:	
6.	चिकित्सा परिषद पंजीकरण संख्या : Medical council Registration No:	
7.	योग्यता हासिल करने के बाद का अनुभव : Experience Post Qualification:	
8.	विजिट शुल्क प्रति रोगी अपेक्षित पारिश्रमिक Visit Charges expected Remuneration per patient	
a.	आहार विशेषज्ञ के लिए For Dietician	**a.** ओपीडी OPD _____ **b.** आईपीडी IPD _____
b.	होम्योपैथी एंव आयुर्वेदिक के लिए For Homeopathy & Ayurvedic	ओपीडी OPD _____
9.	कोई अन्य विवरण जो आप जोड़ना चाहेंगे Any other details which you would like to add	

स्व घोषणा Self Declaration:

मैं एतद्द्वारा घोषणा करता हूं कि मेरे पास उपर्युक्त योग्यता हासिल करने के बाद का अनुभव है। उपर्युक्त दी गई सूचना मेरी जानकारी के अनुसार सत्य और सही है। मैं इसकी शुद्धता की पूरी जिम्मेदारी लेता हूं।

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.

दिनांक Date: _____ **हस्ताक्षर Signature: _____**

स्थान Place: _____ **नाम Name: _____**

पंजीकरण संख्या सहित मुहर Seal with Registration No.

1. सामान्य परिस्थितियां GENERAL CONDITIONS:

1.1 आवेदन पत्र में बताई गई आवश्यकता को पूरा करने पर इस ईओआई को पैनल में शामिल करने के लिए एनपीसीआईएल टीएमएस साइट जारी करती है।
NPCIL TMS Site floats this EOI for empanelment subject to fulfilling the requirement as stated in the application form.

1.2 पैनल तीन (03) साल की अवधि के लिए होगा।
Empanelment will be for a period of three (03) years.

1.3 आवेदकों से अपेक्षा की जाती है कि वे आवेदन जमा करने से पहले ईओआई दस्तावेज की सावधानीपूर्वक जांच करें। अपूर्ण आवेदनों को सरसरी तौर पर खारिज कर दिया जाएगा।
Applicants are expected to examine the EOI document carefully before submission of the application. Incomplete applications will be summarily rejected.

1.4 यह माना जाएगा कि आवेदन जमा करने से पहले , आवेदक के पास :
It would be deemed that prior to the submission of the Application, the applicant has:

- इस ईओआई अनुरोध दस्तावेज़ में निर्धारित आवश्यकताओं और अन्य सूचनाओं की पूरी और सावधानीपूर्वक जांच की गई।
  Made a complete and careful examination of requirements and other information set forth in this EOI request document.
- एनपीसीआईएल टीएमएस साइट से अनुरोध की गई ऐसी सभी प्रासंगिक जानकारी प्राप्त की।
  Received all such relevant information as it has requested from NPCIL TMS Site.

1.5 आवेदक अपने आवेदन को तैयार करने और जमा करने से संबंधित सभी लागतों को वहन करेगा।
The applicant shall bear all costs associated with the preparation and submission of their application.

1.6 आवेदक एनपीसीआईएल टीएमएस साइट के पूर्व लिखित अनुमोदन के बिना किसी तीसरे पक्ष को गोपनीय जानकारी का खुलासा नहीं करेगा।
The applicant shall not disclose confidential information to any third party without prior written approval of NPCIL TMS Site.

1.7 एनपीसीआईएल टीएमएस साइट सत्यापन के लिए सहायक दस्तावेजों के लिए कॉल करने का अधिकार सुरक्षित रखती है यदि ऐसा समझा जाता है तो आवेदक द्वारा अपने पिछले क्लाइंट आदि से प्रस्तुत किसी भी विवरण को क्रॉस-चेक भी कर सकती है। इस संबंध में आवेदकों को कोई आपत्ति नहीं होगी।
NPCIL TMS 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 applicants shall not have any objection whatsoever in this regard.

2. पुरस्कार का मानदंड AWARD CRITERIA:

विजिटिंग परामर्शदाता को पैनल में शामिल करेगा जिसका मूल्यांकित ईओआई तकनीकी रूप से उपयुक्त और वित्तीय रूप से सबसे कम निर्धारित है और ईओआई दस्तावेज पर्याप्त रूप से उत्तरदायी है ,बशर्ते कि आवेदक समझौते को संतोषजनक ढंग से निष्पादित करने के लिए योग्य होने के लिए निर्धारित किया गया हो। परामर्शदाता/विजिटिंग परामर्शदाता के पैनल में शामिल होने के नियम और शर्तों पर नेगोशियसन की जा सकती है।

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. दरें/टैरिफ RATES / TARIFF:

3.1 आवेदकों को मौजूदा सीजीएचएस पुणे के दरों की स्वीकृति के लिए निर्दिष्ट करना होगा।
Applicants need to specify for acceptance of Prevailing CGHS Pune rates.

3.2 सीजीएचएस पुणे दरों को स्वीकार न करने पर उन्हें दरों की अपनी अनुसूची प्रस्तुत करनी होगी।
For non acceptance of CGHS Pune rates, they need to submit their own schedule of rates.

4. भ्रष्ट और कपटपूर्ण व्यवहार CORRUPT & FRAUDULENT PRACTICES :

यह अपेक्षा की जाती है कि बोलीदाता/ठेकेदार "भ्रष्ट और कपटपूर्ण आचरण" की नीति के अनुसरण में संविदा के निष्पादन के दौरान नैतिकता के उच्चतम मानक का पालन करते हैं, जिसे निम्नानुसार परिभाषित किया गया है:
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 “भ्रष्ट आचरण" का अर्थ है संविदा निष्पादन में किसी सार्वजनिक अधिकारी की कार्रवाई को प्रभावित करने के लिए किसी मूल्यवान वस्तु की पेशकश करना, प्राप्त करना या याचना करना।
“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 "धोखाधड़ी प्रथा" का अर्थ है एनपीसीआईएल के नुकसान के लिए संविदा के निष्पादन को प्रभावित करने के लिए तथ्यों की गलत बयानी और कृत्रिम गैर-प्रतिस्पर्धा स्तरों पर बोली प्रक्रिया स्थापित करने और एनपीसीआईएल मुक्त और खुली प्रतियोगिता के लाभ(बोली प्रस्तुत करने से पहले या बा द में)।
“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 एनपीसीआईएल कार्य प्रदान करने के प्रस्ताव को अस्वीकार कर देगा ,यदि यह निर्धारित किया जाता है कि बोली में भाग लेने वाला कोई बोलीदाता या एजेंसी जिसे कार्य प्रदान किया गया है ,ऊपर परिभाषित भ्रष्ट या कपटपूर्ण प्रथाओं में लिप्त है।
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. किसी भी आवेदन को अस्वीकार करने का अधिकार एनपीसीआईएल सुरक्षित रखता है यदि :
NPCIL RESERVES THE RIGHT TO REJECT ANY APPLICATION IF:

5.1 किसी भी समय,एक फर्म के लिए एक भौतिक गलत बयानी की जाती है या उसका खुलासा किया जाता है।
At any point of time, a material misrepresentation is made or uncovered for a firm.

5.2 आवेदन के मूल्यांकन के लिए आवश्यक पूरक जानकारी के अनुरोधों का फर्म तुरंत और पूरी तरह से जवाब नहीं देता है।
The firm does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the Application.

6. समझौता AGREEMENT :

6.1 एनपीसीआईएल, तामस्थ के उप महाप्रबंधक (मासं) द्वारा विजिटिंग कंसल्टेंट्स द्वारा निर्धारित प्रारूप अनुलग्नक- II में पैनल के लिए अनुमोदित अंतिम समझौते पर हस्ताक्षर किए जाएंगे।
The final agreement will be signed by the Deputy General Manager (HR) of the NPCIL, TMS with Visiting Consultants approved for empanelment in the prescribed format as at **Annexure-II**

6.2 पैनल में शामिल विजिटिंग कंसल्टेंट्स लाभार्थियों से कुछ भी शुल्क नहीं लेंगे और लाभार्थी चिकित्सा उपचार के लिए अस्पताल को कुछ भी भुगतान करने के लिए उत्तरदायी नहीं होंगे।
The empanelled visiting 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 पैनल में शामिल विजिटिंग कंसल्टेंट्स एनपीसीआईएल और अस्पताल के बीच सहमति के अनुसार हर महीने मासिक बिल को तैयार करेंगे और बिल का विस्तृत विवरण एनपीसीआईएल की संतुष्टि के लिए प्रस्तुत किया जाएगा।
The empanelled visiting 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 एनपीसीआईएल बिल प्राप्त होने की तारीख से 60 दिनों की अवधि के भीतर बिल को संसाधित करने के बाद विजिटिंग कंसल्टेंट्स को भुगतान करने का प्रयास करेगा। तथापि, यदि कुछ स्पष्टीकरण,दस्तावेज, बिलों में त्रुटियों के अभाव में, यदि उन्हें वापस कर दिया जाता है, तो 60 दिनों की अवधि की गणना केवल विजिटिंग कंसल्टेंट्स द्वारा बिलों को फिर से जमा करने की तारीख के बाद की जाएगी, जैसा कि बताया गया है।
NPCIL shall attempt to make payment to the visiting consultant 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, 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.

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

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 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.