

**EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF
HOSPITALS/ DIAGNOSTIC CENTRES LOCATED IN DIBRUGARH**

EOI No. EOI/O/742

Date: 19/03/2021

1.0 Oil India Limited (OIL) is a Navratna Company under the Ministry of Petroleum and Natural gas, Government of India engaged in the business of Exploration, Production and Transportation of Crude Oil and Natural gas. OIL invites Expression of Interest (EOI) from eligible Hospitals/ Diagnostic Centres located in the city of Guwahati to empanel for extending the medical facilities to the beneficiaries and their dependents.

2.0 OBJECTIVE:

OIL has a total executives and workforce of around seven thousand in the northeast and is providing free medical facilities to all its employees and their dependent family members. In addition, OIL is also providing post-retirement free medical facilities for executives as well as non-executives. As an exercise for empanelment of hospitals for treatment of existing employees and their dependant family members as well as the retired employees (and their dependants) of OIL stationed in various locations of North-Eastern India, EOIs are invited from reputed hospitals/ Diagnostic Centres located in different parts of Dibrugarh.

3.0 PERIOD OF EMPANELMENT:

OIL shall enter into a Memorandum of Understanding (MOU) for a period of 02 (two) years with the shortlisted hospitals with provisions for further extension by another one year at mutually agreed terms and conditions at the sole discretion of OIL.

4.0 SCOPE OF WORK:

Scope of work will be as per sample MOU enclosed as Annexure-I which will be signed between OIL India Limited and the selected Specialty/Multi-specialty Hospital/Diagnostic Centers.

5.0 SUBMISSION OF EOI:

Interested Hospitals/Nursing Homes (hereinafter referred to as 'Applicant') fulfilling relevant criteria as detailed herein are invited to submit their EOI, addressed to **Chief General Manager - Medical Services (I/C), OIL India Hospital, Duliajan, Assam**

786602 in sealed envelope superscribed as “**EOI for Empanelment of Hospitals in Dibrugarh**”, on or before stipulated time and date. Any EOI received after the stipulated closing time and date will be summarily rejected. Submission of EOI in the manner detailed herein will be the sole responsibility of the Applicant. Any EOI received in a manner other than that detailed herein will not be considered and will be summarily rejected.

5.1 LAST DATE & TIME FOR SUBMISSION & OPENING OF EOI:

Date	: 30/04/2021
Closing Time	: 13:00 Hrs (IST)
Opening Time	: 14:00 Hrs (IST)

In case, the above mentioned date happens to be a non-working day for OIL in Duliajan due to Bandh/holiday or for any other reason, EOIs shall be received upto the next working day till 13:00 Hrs. (IST) and opened accordingly. The EOIs will be opened at the place of submission and Applicants may depute their authorized representative, if interested.

5.2 PRE-BID CONFERENCE:

A Pre-bid conference will be held at the following address on **09/04/2021 at 2:00 p.m.** at OIL India Hospital, Duliajan.

The applicants are requested to send their queries to the following e-mail IDs on or before **01/04/2021**:

Email ID: devakduara@oilindia.in

Email ID: h_bhattachariya@oilindia.in

5.3 PLACE FOR SUBMISSION OF EOI:

The Applicants should drop their EOI in the “**Tender Box**” placed in OIL India Hospital administrative wing at the following address:

**OIL INDIA HOSPITAL
Duliajan
Pin 786602
Dibrugarh**

6.0 **CORRIGENDA, ADDENDA, AMENDMENTS TO THE EOI:**

All Corrigenda, addenda, amendments, time extensions to the EOI, if any, will be hosted on the website of OIL (www.oil-india.com) and no separate notification shall be issued. Prospective participants against the EOI are requested to visit the website regularly to keep themselves updated.

7.0 **QUERIES/CLARIFICATIONS:**

The Pre-bid queries as mentioned in Para 5.2 above may be sent to the following persons through email on or before **01.04.2021**. If the applicants need any further clarification on this document even after the pre-bid conference, they may send their queries at least one week before the closing date of the EOI:

1. Dr. Deva Kumar Duara, DGM (Medical Services)
Mobile No. 9435050820
Email ID: devakduara@oilindia.in
2. Dr. Hiranmay Bhattacharjya, DGM-MS (Anaesth)
Mobile No. 9435102054
Email ID: h_bhattacharjya@oilindia.in

8.0 **GENERAL TERMS AND CONDITIONS:**

- 8.1 A sample Memorandum of Understanding (MoU) as per Annexure-I of this EOI detailing all terms and conditions for availing the medical facility shall be signed between OIL and the selected hospital/diagnostic centre.
- 8.2 Applicants are expected to examine the EOI document carefully before submission of the application. No deviation in the terms and conditions indicated in this document shall be accepted. Incomplete applications will be summarily rejected.
- 8.3 OIL reserves the right for the following:
 - a) To accept or reject any/all EOIs submitted by parties; and
 - b) To cancel the process at any time without any liability and assigning any reason thereof to the applicants.

9.0 **CATEGORIES OF HOSPITALS/DIAGNOSTIC CENTRES:**

- 9.1 The empanelment of Hospital/Diagnostic Centre will be under the following categories:

Category	Specialty
A	Single Specialty Hospital
B	Multi-speciality Hospital
C	Diagnostic Centre (Pathology)
D	Diagnostic Centre (Radiology & Imaging)

Applicants should indicate their option for empanelment in the format enclosed as Annexure-II.

Note:

- A. **Single Specialty Hospital:** This denotes an establishment specialising in and providing services for a single specialty e.g. Eye, ENT, Oncology, Orthopaedics, Urology etc. Hospitals opting for this category should offer themselves for only one specialty. **Any offer with more than one specialty in this category will be liable for rejection.**
- B. **Multi-speciality Hospital:** This denotes a hospital which offers more than one specialty under one roof. Multispecialty shall include General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Paediatric Surgery, Orthopaedics, ICU and Critical Care Units, ENT, Ophthalmology, Neurology, Neurosurgery, Cardiology, Urology, Dental, and facilities for Radiology, Laboratory and Blood Bank. These hospitals will not be considered for ONE Specialty. However, they can be considered for additional specialties in addition to General Purpose treatment.
- C. **Diagnostic Center (Pathology):** This denotes establishments specialising in diagnostic services in Pathology.
- D. **Diagnostic Center (Radiology & Imaging):** This denotes establishments specialising in diagnostic services in Radiology & Imaging.

Sub-note for C and D: Irrespective of empanelment in a particular category (C or D), OIL reserves the right to avail radiology or pathology services in those centers having combined services depending upon requirement.

10.0 MINIMUM ELIGIBILITY CRITERIA:

- 10.1 **The Hospitals/Diagnostic Centers participating in the EOI must fulfil the minimum criteria (in whichever category applicable) as per Annexure-III to qualify for selection. Any Hospital/Diagnostic Center not meeting the required minimum criteria will not qualify for selection.**

11.0 **AWARD CRITERIA:**

11.1 OIL shall empanel the Hospitals/Diagnostic Centers whose evaluated EOI has been determined to be technically and financially suitable and is substantially responsive to the EOI document, provided further that the applicant is determined to be qualified to execute the agreement satisfactorily. Hospitals/Diagnostic Centers for empanelment will be initially shortlisted as per the terms and conditions laid down in the prequalifying criteria. Qualified applications (meeting the minimum prequalifying criteria) will be considered as responsive and shall be considered for further evaluation as per the QCBS Evaluation Criteria. Applications will finally be ranked according to their combined technical and financial scores as specified herein.

12.0 **COMBINED QUALITY & COST BASED SELECTION (QCBS):**

12.1 Applications shall be evaluated both in terms of **QUALITY** as well as **QUOTED PRICE** i.e. **Combined Quality & Cost Based Selection (QCBS)** methodology. The relative weightage assigned for *Quality* is 70 and the weightage for the *Quoted Price* is 30 out of a total of 100, i.e. Quality: Quoted Price = 70:30.

12.2 **EVALUATION FOR QUALITY:**

The score/marks allocated against various subsections under *Quality* of Bid shall be as per Annexure-IV (A) /IV (B)/IV(C).

Note:

- a) The Applicants should furnish the information in the format as per Annexure- VI (A)/VI (B)/VI (C) as applicable for the offered category.
- b) It shall be the responsibility of the Applicants to ensure submission of unambiguous/clear information and sufficient documentary evidence as per Annexure-VII in support of their qualification.
- c) A committee of OIL shall inspect the Hospital/Diagnostic Center and verify all data/document/information provided by the Applicants. Applications shall be rejected outright in case of any non-compliance with the information furnished by the Applicant.
- d) OIL reserves the right to seek clarification against the EOI offered by the Applicants, if considered necessary. In case the Applicant fails to indicate 'Yes' or 'No' erroneously or indicates wrongly against **Minimum Criteria for Eligibility in**

Annexure-III, OIL may ask clarification and verify the same during inspection of the Hospitals/ Diagnostic Centres.

12.3 EVALUATION OF PRICE-BID:

12.3.1 BASE RATES:

Base Rates for different procedures/services are given in Annexure-V. The applicants should indicate/quote their offered rates in terms of percentage (%) above or below the Base Rates in the format as per Annexure-VIII. If the percentage of the discount/premium is below 10% or above 20% of the Base Rates, the offer will be rejected outright.

There are few "Base Rates" of package services for treatment. The Package Rates shall mean and include lump sum cost of inpatient treatment / day care/ diagnostics procedure for which a company beneficiary has been permitted by the competent authority. Package Rates shall include the following:

- i) Registration charges
- ii) Admission charges
- iii) Accommodation charges including patients diet
- iv) Operation charges
- v) Injection charges
- vi) Dressing charges
- vii) Doctor / consultant visit charges
- viii) ICU / ICCU charges
- ix) Monitoring charges
- x) Transfusion charges
- xi) Anaesthesia charges
- xii) Operation theatre charges
- xiii) Procedural charges / surgeon's fee
- xiv) Cost of surgical disposables and all sundries used during hospitalization
- xv) Cost of medicines unless otherwise mentioned as extra.
- xvi) Related routine and essential investigations
- xvii) Physiotherapy charges etc.
- xviii) Nursing care and charges for its services.

- xix) Any other charges for services, medicine or materials required for complete treatment of the patient during the specified period in the particular package.

Package Rates envisaged are up to a maximum duration of indoor treatment as follows:

Sl. No.	Item Description	Maximum duration of stay
1	Specialized (Super Specialties) Treatment	10 days
2	Other Major Surgeries	7 days
3	Laparoscopic Surgeries	3 days
4	Normal delivery (Obstetrics)	3 days
5	Pacemaker Implant	3 days
6	Minor (OPD) surgeries	1 day

Note:

- a) Stay beyond the maximum duration mentioned above shall be considered on case to case basis and should be approved by referral board/competent authority.
- b) Any additional procedures beyond those mentioned in the referral document shall be allowed only after prior approval from referral board/competent authority.

12.3.2 Evaluation of price bid shall be done on the basis of percentage of premium/discount quoted against the Base Rates by Applicant.

13.0 INTER-SE RANKING OF THE QUALIFIED OFFERS:

13.1 Inter-se ranking of qualified offers shall be done after inspection of Hospitals/Diagnostic and verification of the data/documents provided by the shortlisted applicants by a committee from OIL India Limited.

13.2 To ascertain the inter-se ranking of the bids the Quality & Cost Based Selection (QCBS) methodology as mentioned below shall be adopted:

The evaluation of applications shall be done on the ratio of 70:30 i.e. 70% weightage to quality and 30% weightage to cost. During the technical evaluation stage, each bidder shall be assigned marks out of a total 100 marks, as per the example given below:

(a) *Calculation of technical score (St) - If a bidder scores X marks out of 100 marks, technical score of the Applicant for evaluation purpose shall be 0.7X (i.e. Mark scored multiplied by 0.7).*

(b) *Calculation of financial score (Sf) - The Applicant with highest percentage of discount shall be assigned full 30 marks. Financial scores of the other Applicants shall be computed as $30 \times \text{Quoted Discount} / \text{Highest Discount}$. The premium over the base Package Rates will be considered as negative discount.*

(c) *Calculation of Total score (S) = Technical score (St) + Financial score (Sf)*

13.3 *Applicants will be evaluated in the category opted for i.e. Single specialty, Multi-specialty, Diagnostic Center (Pathology) and Diagnostic Center (Radiology & Imaging) and the Applicants will be selected for empanelment as under:*

a) *The top five applicants will be considered for empanelment in case of Multispecialty Hospitals.*

b) *The top three applicants will be considered for empanelment in case of each specialty of Single Specialty Hospitals.*

c) *The top three applicants will be considered for empanelment in case of Diagnostic Centers (Pathology).*

d) *The top two applicants will be considered for empanelment in case of Diagnostic Center (Radiology & Imaging).*

LIST OF ANNEXURES

Annexures	Particulars
I	Draft MOU
II	Options to be quoted by Applicant for Empanelment
III	Minimum Eligibility Criteria
IV A/B/C	Quality Score Card
V	Package Rates
VI A/B/C	Format for information by Applicant
VII	List of documentary evidence
VIII	Format for Price Bid

**MEMORANDUM OF UNDERSTANDING
BETWEEN
OIL INDIA LIMITED
AND
.....HOSPITAL/DIAGNOSTICS
CENTRE,
DIBRUGARH, ASSAM**

This memorandum of Understanding [MoU] is made in Duliajan on this the day of March' 2019.

Between

OIL INDIA LIMITED, A Government of India Enterprise, a company registered under the Companies Act, 1956 having its registered office at Duliajan, PO & PS, Duliajan, in the District of Dibrugarh, hereinafter referred to as 'OIL' / 1st Party represented through its General Manager-Medical Services, which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors, administrator, executor and assignee of the FIRST PART.

And

..... having its Registered Office duly incorporated under Companies' Act, 1956 represented through its Directors duly authorized on this behalf, hereinafter referred to as 'HOSPITAL/DIAGNOSTICS CENTRE' / 2ND Party, which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors, administrator, executor and assignee of the SECOND PART.

WHEREAS, OIL is desirous of availing medical facilities / treatment for its employees / retired persons and their dependents family-members in accordance with Oil India [Medical Attendance] Rules, 2008 (as amended).

AND WHEREAS,HOSPITAL/DIAGNOSTICS CENTRE is ready and willing to provide medical services [Outdoor and Indoor] to the said employees / retired persons and their dependent family members as agreed by and between them and appearing herein below :

NOW THIS AGREEMENT WITNESS AS UNDER:

Article 1 : Effective Date.

- 1.1 That, agreement shall be effective for a period of **03 (three) years** with effect from with provisions for further extension by another one year at mutually agreed terms and conditions at the sole option of OIL.

Article 2 : General Provisions.

- 2.1 That, the HOSPITAL/DIAGNOSTICS CENTRE hereby warrants and declares that it has all the required facilities, competent medical/paramedical persons and infrastructures for performing the enlisted surgeries / procedures / therapies as per standard protocols.
- 2.2 That, the HOSPITAL/DIAGNOSTICS CENTRE hereby agrees to extend medical treatment to the patients as referred by OIL, through their competent doctors in a courteous manner and according to good medical practice.
- 2.3 That, the HOSPITAL/DIAGNOSTICS CENTRE will extend priority admission facilities to the beneficiaries/ patients referred by OIL.
- 2.4 That, the HOSPITAL/DIAGNOSTICS CENTRE hereby undertakes that the best medical treatment / facility shall be extended to OIL employees and their dependents and also undertakes that the pathological tests / other investigations carried out are only the essential tests which are required to diagnose the disease.
- 2.5 That, the terms and conditions including the detailed schedule of fees / package submitted by the above named 2nd Party vide their proposal dated.....shall be the part of this MoU subject to the acceptance of the same by OIL.
- 2.6 That, the HOSPITAL/DIAGNOSTICS CENTRE shall ensure to maintain the cleanliness & hygiene in and around the accommodating room.
- 2.7 That, the HOSPITAL/DIAGNOSTICS CENTRE confirms that their facility is covered by proper indemnity policy including error, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of this agreement.

Article 3 : Procedure for Admission.

- 3.1 That, the HOSPITAL/DIAGNOSTICS CENTRE shall allow/entertain the patients of OIL for getting treatment on production of 'Authorisation-cum-Credit Letter' issued by OIL. The HOSPITAL/DIAGNOSTICS CENTRE shall ensure the identity of the referred patients before extending medical services.
- 3.2 That, the HOSPITAL/DIAGNOSTICS CENTRE shall admit or attend the patient immediately on his reporting by producing valid authorization-cum-Credit letter issued by OIL.
- 3.3 That, in the event of any emergency, when a patient is required to be admitted, the HOSPITAL/DIAGNOSTICS CENTRE shall admit such patient immediately without insisting on the 'Authorization-cum-Credit Letter', and extend required medical treatment, but on verification of identity of such patient, provided the Authorized Medical Attendant [AMA] of OIL informs the HOSPITAL/DIAGNOSTICS CENTRE over phone or through e-mail for extending medical services through credit facility to such a patient. In such emergency admission of the patient, the 'Authorisation-cum-Credit Letter' shall be issued by OIL within following two working days.
- 3.4 That, the 'Authorisation-cum-Credit Letters' issued by OIL shall mention the entitlement under which the patient will get various medical and other facilities in the hospital. The details of pathological test/other investigation for the day care patient shall be mentioned specifically in the letter.
- 3.5 That, the HOSPITAL/DIAGNOSTICS CENTRE shall ensure that there is no deviation from the facilities including entitled accommodation as covered under such package and/or investigation/test mentioned in the said Credit letter. The HOSPITAL/DIAGNOSTICS CENTRE shall provide treatment of the patients other than the disease mentioned in the Credit Letter only after taking prior approval from OIL. The OIL shall not make any payment to the HOSPITAL/DIAGNOSTICS CENTRE for

treatment of any other disease including any associated disease unless Company approves treatment of such disease in advance on being informed by the HOSPITAL/DIAGNOSTICS CENTRE.

- 3.6 That, any deviation from the facilities/treatment entitled under the package mentioned in the letter shall be at the risk and cost to HOSPITAL/DIAGNOSTICS CENTRE. However, if the same is essentially required for safety of the patient, immediate prior consent of OIL must be obtained except in emergency situation, in which case, such consent must be obtained from OIL within 48 hours after extending the required medical facilities to the patients with proper justifications.
- 3.7 That, the 'Authorisation-cum-Credit Letter' shall have fixed validity period, which will start from the date of admission of the patient in the hospital and not from the date of issue of the letter.

Article 4 : Cashless Services under Package.

- 4.1 That, the HOSPITAL/DIAGNOSTICS CENTRE agrees to provide total cashless services to the patient of OIL from the date of his/her reporting at the Hospital to the date of discharge on the basis of Authorisation-cum-Credit letter.
- 4.2 That, the HOSPITAL/DIAGNOSTICS CENTRE agrees to provide treatment and other services as per the package. The package rate includes all expenditures from registration to discharge from the hospital excluding (or including? It contradicts Clause-5.3 & 6.5) cost of medicines and relevant investigation. However, cost of treatment of associated conditions like hypertension, DM or cardiac problem will be extra as per actual.
- 4.3 That, the treatment cost of various procedures will be as per the rates signed & attached along with this MoU.
- 4.4 That, the rates (as per Appendix A) are maximum rates exclusive of GST indicated for each procedure. However, settlement of claims will be made on the basis of actual bills submitted by the HOSPITAL/DIAGNOSTICS CENTRE.
- 4.5 That, the tariff so offered by the HOSPITAL/DIAGNOSTICS CENTRE in their offer letter dated.....shall remain same for the entire period of this MoU and neither party can demand any enhancement of the agreed tariff during the continuation of this MoU.

Article 5 : Quality and Standard of Service.

- 5.1 That, the HOSPITAL/DIAGNOSTICS CENTRE will ensure that the best and complete diagnostic, therapeutic and follow up services based on standard medical practices/protocol are extended to the patients.
- 5.2 That, the HOSPITAL/DIAGNOSTICS CENTRE agrees to provide best quality service to the patient by following standard protocols of diagnosis, indications for surgery/therapy, surgical procedures and treatment.
- 5.3 That, the HOSPITAL/DIAGNOSTICS CENTRE agrees to provide best quality medicines, blood bank services, standard prosthetics, implants and disposables in treating the patient.
- 5.4 That, the HOSPITAL/DIAGNOSTICS CENTRE must be kept clean and hygienic with standard linen etc. and in an ambient environment. In the event of any complaint by the patient, the HOSPITAL/DIAGNOSTICS CENTRE shall formally enquire into the complaint of the patient and shall sort out the complaint to the satisfaction of the patient with intimation to OIL.

Article 6 : Billing Procedure/Checklist for the Provider at the time of discharge of the patient.

- 6.1 That, the original 'discharge card' and photocopies of final bills must be given to the patient by the HOSPITAL/DIAGNOSTICS CENTRE while discharging the patient from the Hospital.
- 6.2 That, the 'discharge card' must mention the duration of treatment and operative notes in case of surgery. The clinical details should be sufficiently informative.
- 6.3 That, the signature or thumb impression of the patient/authorized attendant must be obtained on the discharge card and final bills.
- 6.4 That, the final bill in duplicate with seal and signature of the authorized signatory of HOSPITAL/DIAGNOSTICS CENTRE along with original 'Authorisation-cum-Credit Letter' of OIL, discharge card, original prescription & pharmacy receipt shall be forwarded by the HOSPITAL/DIAGNOSTICS CENTRE to OIL addressing **General Manager (MS), Duliajan**, within thirty days from the date of discharge of the patient. The bills must be accompanied by supporting documents duly certified by the Authorized Signatory of the HOSPITAL/DIAGNOSTICS CENTRE.
- 6.5 That, the final Bill forwarded to the OIL shall include cost of surgery, Doctor's fees, medicines, investigations, artificial appliances, prosthesis, consumables, pacemakers, room charge and any other charges as per package, but shall not include without limitation telephone charges, food charge for attendants.

Article 7 : Payment Terms & Conditions.

- 7.1 Applicable deduction as per Income Tax Act, 1961 shall be made from the final payable amount of the bill.
- 7.2 Payments shall be made by cheque of the Company (OIL) favouring _____, A/c No. _____, OR e-payment in favour of _____, A/c No. _____ in _____, _____, Branch Code: _____, IFSC Code: _____, MICR Code: _____, PAN No. _____. Details of payment will be provided separately.
- 7.3 That, the Bills will be cleared by OIL within 30 (thirty) days from the date of receipt, subject to submission of all supporting documents, provided there is no deviation from the MoU.

Article 8 : Limitations of Liability and Indemnity.

- 8.1 That, the HOSPITAL/DIAGNOSTICS CENTRE shall be responsible for all commissions and omissions in treating the patients referred by the OIL and shall also be solely responsible for all legal consequences that may arise in connection with the treatment of the patient referred by OIL. The OIL shall not be held responsible for outcome of the treatment or quality of the care extended by the HOSPITAL/DIAGNOSTICS CENTRE.
- 8.2 That, the HOSPITAL/DIAGNOSTICS CENTRE admits and agrees that if any claim arises out of alleged deficiency in service on their part or on the part of their men and agents, then the HOSPITAL/DIAGNOSTICS CENTRE shall alone be liable to pay the costs, damages and/or compensation to the claimant. In the unlikely event of the Company(OIL) being proceeded against for such cause of action and any liability imposed on them by any competent authority and/or court, by virtue of its relationship with the HOSPITAL/DIAGNOSTICS CENTRE, then HOSPITAL/DIAGNOSTICS CENTRE shall step in and meet such liability on their own and shall relieve OIL from such liability.

Article 9 : Confidentiality.

- 9.1 That, all the stakeholders undertake to protect the secrecy of all the data of the patients and trade or business secrets and will not share the same with any unauthorized person for any reason whatsoever with or without consideration.

Article 10 : Regulatory Requirements.

- 10.1 That, the HOSPITAL/DIAGNOSTICS CENTRE confirms that the hospital shall comply with all regulatory and government norms required to be followed under various applicable Acts and Rules in force during the subsistence of this MoU and also possess a valid license issued by the Government during the continuation of this contract.
- 10.2 That, the HOSPITAL/DIAGNOSTICS CENTRE must be recognized by the Commissioner of Income Tax under Income Tax Act, 1961 for exemption of Income Tax on the cost of treatment of the patient.

Article 11 : Termination.

- 11.1 That, OIL shall reserve the right to terminate this MoU/ Agreement by giving 30 days prior notice in writing to HOSPITAL/DIAGNOSTICS CENTRE if :-
- i) The HOSPITAL/DIAGNOSTICS CENTRE violates any of the terms and conditions of this Agreement; or
 - ii) The OIL comes to know about commission of any wrongful or fraudulent act and/or medically unethical practices by the HOSPITAL/DIAGNOSTICS CENTRE; or
 - iii) Non fulfillment of any regulatory/legal requirement and/or violation of any laws of the land in force. Or
 - iv) Competent authority cancels the license of the HOSPITAL/DIAGNOSTICS CENTRE. Or
 - v) If such services are no longer required by OIL.
- 11.2 That, the HOSPITAL/DIAGNOSTICS CENTRE can also terminates the Agreement after giving 30 days' prior notice in writing to OIL stating the valid reason to do so.

Article 12 : Non-Exclusivity.

12.1 That, OIL reserves the right to shift any patient at any point of time with the consent of the patient to other Hospitals/Hospital/Diagnostics Centre if the services of the 2nd party are not as per the medical standards or causing undue delay in providing service to patient on other than medical reason(s) to the detriment of the health of the patient or the patient requires better specializes treatment. In such an event, the HOSPITAL/DIAGNOSTICS CENTRE shall only claim for services already provided. Concurrently, the Authority of the HOSPITAL/DIAGNOSTICS CENTRE may also shift or refer any patient to other Hospital/Hospital/Diagnostics Centre empaneled with OIL for their better treatment subject to the taking of prior written consent from OIL.

Article 13 : Jurisdiction.

- 13.1 Any disputes arising out of this MoU shall be subject to Arbitration as per Arbitration and Conciliation Act, 1996. Such dispute shall be referred to Sole arbitrator, to be appointed by OIL with the consent of the HOSPITAL/DIAGNOSTICS CENTRE. The place of Arbitration shall be at Dibrugarh. The Courts of _____ shall have the sole and exclusive jurisdiction to adjudicate all and any dispute arising out of this MoU

Article 14 : Amendment

- 14.1 Any amendment to any of the Articles of this MoU will be proposed and sent in writing by the proposing Party to the other Party and if both the Parties agree to such an

amendment then the same shall be incorporated in the MoU and shall become binding on both the Parties from the date of agreement unless otherwise agreed to.

Article 15 : Address of the Parties:

15.1 Any notice required to be given under this MoU including all correspondence shall be addressed to the respective Parties at their addresses given below. Any change in the addresses shall be communicated by the respective Parties in writing under registered covered at least 14 (fourteen) days prior to the proposed date of change. The addresses of the Parties hereto unless changed by the written communication, shall be as follows:

OIL : GENERAL MANAGER - MEDICAL SERVICES (I/C)
Oil India Limited,
Duliajan – 786602,
Assam.

HOSPITAL/DIAGNOSTICS CENTRE:

Article 16 : Prior Agreement

This MoU supersedes and replaces any and all previous agreements & MoUs between the parties for providing medical facilities/treatment.

IN WITNESS WHEREOF the parties hereto have put their respective signatures on this Agreement on the day, month and year first above written in presence of the below mentioned witness.

For and on behalf of
.....HOSPITAL/DIAGNOSTICS CENTRE,

For and on behalf of
OIL INDIA LIMITED, DIBRUGARH

(.....)

(.....)
General Manager (Medical Services) I/C

Witnesses:

Witnesses:

1. _____
(.....)

1. _____
(.....)

2. _____
(.....)

2. _____
(.....)

EMPANELMENT APPLIED FOR**Category:****Table-A: Single Specialty (Specify specialty below)**

S. No.	Specialty
1.	Cardiology
2.	Neurology
3.	Urology - including Dialysis and Lithotripsy (Renal Transplant, if available)
4.	Orthopaedic Surgery - including arthroscopic surgery and Joint Replacement
5.	Gastroenterology and GI-Surgery (Liver Transplant, if available)
6.	Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)
7.	Paediatrics and Paediatrics surgery
8.	E.N.T. including specialised surgeries
9.	Eye
10.	Cardiovascular and Cardiothoracic surgery
11.	Neurosurgery
12.	Dental specialties

Any other (specify the name of the Specialty): _____

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

Table-B: Details of Multispecialty (Specify specialties available)

Sl. No.	Specialty	Indicate Yes/No
1.	General Medicine	
2.	General Surgery	
3.	Obstetrics and Gynaecology	
4.	Paediatrics	
5.	Orthopaedics	
6.	ICCU and Critical Care Units	
7.	Cardiology	
8.	Neurology	
9.	Urology - including and Lithotripsy (Renal Transplant, if available)	
10.	Orthopaedic Surgery - including arthroscopic surgery and Joint Replacement	
11.	Gastroenterology	
12.	Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)	
13.	Paediatrics surgery	
14.	E.N.T. including specialised surgeries	
15.	Neurosurgery	
16.	Cardiovascular and Cardiothoracic surgery	
17.	Nephrology including Dialysis	
18.	Accident and Trauma Care (Emergency Medicine)	

Table-C: Diagnostic Center

Sl. No.	Diagnostic Services	Indicate Yes/No
1.	Pathology	
2.	Radiology & Imaging	

Please mention the category and specialty for empanelment in the box below:

<p>1. Whether -</p> <ul style="list-style-type: none"> • Multispecialty • Single Specialty • Diagnostic Center (Pathology) • Diagnostic Center (Radiology & Imaging). <p>2. If applied for Multispecialty, please indicate the specialties in the Table- B above.</p> <p>3. If applied for Single Specialty, indicate specialty.</p>

Minimum Criteria for Eligibility

A. STATUTORY REQUIREMENTS

SL. No	NAME OF DOCUMENT	Indicate Yes/No
1.	Registration under Medical Establishment Act	
2.	AERB Licenses	
3.	Documents relating to PNDT Act	
4.	Documents relating to MTP Act	
5.	Ambulance (if Applicable)	
(a)	Commercial Vehicle Permit	
(b)	Commercial Driver Licenses	
6.	Income Tax Exemption Certificate Section 17 of Act 1961	
7.	Clinical establishment and registration (if applicable)	
8.	Municipal Corporation Licences	
9.	Fire and Safety Certificate	
10.	Bio-medical Waste Management Licenses	
11.	No objection certificate under Pollution Control Act (Air/Water)	
12.	Sales tax registration	
13.	PAN	

Note:

- a) If valid certificates are not available, proof of application for renewal should be provided.
- b) Valid certificates should be furnished within 15 days of closing of the EOI.

B. General Criteria for Single/Multispecialty Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	The hospital should have minimum 30 beds	
2.	The hospital should have adequate doctors, nursing and paramedical 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 24x7	
6.	It should have pathology and radiology facilities.	
7.	It should have operation theatre with all necessary equipment and monitoring devices	
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	
12.	Registration / Help Desk & billing	
13.	Pharmacy & Stores	
14.	CSSD / Sterilization area	
15.	Linen management	
16.	Kitchen & Dietary Services	
17.	Waste Management Services (General & Biomedical)	
18.	Integrated Medical Gas Supply	
19.	Total average annual turnover in the last three financial years should be more than Rs. 2.0 Crores	
20.	Fire and Safety Certificate	

C. General Criteria for Diagnostic Centers

Sl. No.	Facilities	Indicate Yes/No
1.	Registration / Help Desk & Billing	
2.	Waste Management Services (General & Biomedical)	
3.	Power back up 24x7	
4.	Waiting area	
5.	Total average annual turnover in the last three financial years should be more than Rs. 50 lacs	
6.	Fire and Safety Certificate	

D. Criteria for Cardiology Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	The hospital should have full time qualified Cardiologists	
2.	A qualified Cardio thoracic surgeon with an equipped cardio thoracic unit as a back up	
3.	A Cardiac ICU with adequate infrastructure and manpower	
4.	An accredited Cath lab with all the mandatory requirements	
5.	Having performed a minimum 50 angioplasties or more per year	
6.	Having performed a minimum 100 angiographies or more per year	

E. Criteria for Urosurgery Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	The hospital should have a full time qualified Urologist and Nephrologist	
2.	It should have specialized OT for Urosurgery	
3.	An ICU back up facility for post-operative patient care	
4.	A certified Blood Bank or tie up with the nearest accredited blood bank	
5.	Dialysis Unit with qualified paramedics	

F. Criteria for Hospitals with Nephrology and Haemodialysis facility:

Sl. No.	Facilities	Indicate Yes/No
1.	The hospital should have a good dialysis unit manned by a Nephrologist and resident doctors.	
2.	Should be equipped with at least two Haemodialysis machines.	
3.	A water-purifying unit with reverse osmosis.	
4.	Haemodialysis unit should be subjected to Regular aseptic and antiseptic measures.	
5.	A separate facility to provide dialysis for Sero-positive cases.	
6.	Adequate number of trained dialysis Technician	
7.	Facility for Dialysis should be available 24*7	

G. Criteria for Neonatal / Paediatric Surgery Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	The Hospital should have full time / on call paediatric surgeons	
2.	A specialized O.T. for Paediatric surgery	
3.	Paediatric and neonatal ICU support	
4.	Neonatal ICU equipped with ventilators, Phototherapy unit, Transport incubators, Nebulizer, Pulse oximeter, Multi-para monitors, syringe pumps, Infusion pumps and resuscitation trolley	
5.	Support services of paediatrician	
6.	Availability of mother room and feeding area	
7.	Radiology, Laboratory as well as accredited Blood Bank facility	

H. Criteria for Neurology / Neurosurgery Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Qualified full time Neurologist / Neurosurgeon, Physician, Anaesthetist trained in Neuro-anaesthesia and Radiologist	
2.	Facility for EEG and imaging (CT/MRI)	
3.	Well-equipped physiotherapy with a physiotherapist on board	
4.	Specially designed operation theatre with OT Table for neurosurgery with monitors like BIS.	
5.	Neuro ICU with qualified / experienced intensivist and nursing staff. Blood Bank facility along with Pathology services.	

I. Criteria for Oncology Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	A tumour board which decides on a comprehensive plan towards multi-modal treatment of the patient	
2.	Qualified Oncologists, Onco-surgeons, Physician, Anaesthetist, Psychiatrist, and trained Paramedical and nursing staff	
3.	Operation theatre for Oncology Surgery	
4.	Facilities for Chemotherapy	
5.	Facilities for Radiotherapy and adequate manpower as per guidelines of AERB	

J. Criteria for Orthopaedic & Trauma Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Qualified full time Orthopaedic Surgeon, a qualified Physician as well as anaesthetist.	
2.	Specialized Orthopaedic operation theatre.	
3.	Radiology and imaging as well as accredited Blood Bank facility.	
4.	Equipped emergency and trauma care facility.	
5.	Full time Physiotherapy support.	

K. Criteria for E.N.T. Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Qualified full time E.N.T. surgeons	
2.	Audiology technician	
3.	Pure tone audiometry / Impedence audiometry	
4.	Endoscopy clinic	
5.	Specialized ENT OT with support staff	

L. Criteria for Eye Care Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Qualified and experienced full time Ophthalmic Surgeons	
2.	Performed minimum 500 IOL implants in one year	
3.	Phaco emulsifier unit	
4.	YAG laser for capsulotomy	
5.	Qualified Optometrist	
6.	Back up facilities of a Vitro-Retinal Surgeon	
7.	Adequate OT facilities	
8.	Adequate nursing staff as per laid down norms and guidelines	
9.	Facilities for Glaucoma management	

M. Criteria for Burn, Plastic & Reconstructive Surgery Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Full time services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.	
2.	Isolation ward having monitor, defibrillator, central oxygen line and all OT equipment.	
3.	Well equipped Operation Theatre.	
4.	Surgical Intensive Care Unit.	
5.	Post-operative ventilator support	
6.	Trained paramedics and post-operative rehabilitation / physiotherapy support / psychology support	

N. Criteria for Dental Hospitals:

Sl. No.	Facilities	Indicate Yes/No
1.	Qualified full time Dental Surgeon	
2.	Facility for Dental X-ray including OPG (Orthopantomogram)/ Radio Visio Graph (RVG)	
3.	Adequate qualified nursing staff	
4.	Dental O.T., Motorized Dental Chair, Hygienic / aseptic piping unit, fitted with LED 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.	
5.	Provision for minor OT with support staff	
6.	Provision for emergency care services with support staff	
7.	Provision for proper biomedical waste disposal	

O. Criteria for Diagnostic Centre (Pathology):

Sl. No.	Facilities	Indicate Yes/No
1.	NABL accredited laboratory	
2.	Qualified doctor with MD in pathology / microbiology with minimum experience of 3 years.	
3.	Qualified laboratory technician with support staff with minimum 2 years' experience.	

P. Criteria for Diagnostic Centre (Radiology):

Sl. No.	Facilities	Indicate Yes/No
1.	A qualified Radiologist with MD in Radiology with minimum 3 years' experience.	
2.	Following mandatory facilities: a) Digital X-rays. b) CT scan. c) Ultrasonography (USG)	
3.	Qualified full time Radiographer with support staff	

Quality Score Card for Single Specialty/ Multispecialty Hospital

SECTION: I

GENERAL INFORMATION

1. Name of the Hospital :

[illegible]

2. Contact No. of Hospital :

[illegible]

Name of the contact person:

[illegible][illegible]

3. Location of Hospital:

Metro ☐

Non-Metro ☐

Does the hospital have split location(s):

Yes ☐

No ☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐ Private

☐ Corporate

☐ PSU

☐ Trust

☐ Government

☐ Charitable

Others (Specify)

)

5. Year and month in which registered and under which authority (as per state and central requirements)

.....

.....

6. Year and month in which clinical functions started:

.....

.....

SECTION: II

Following are the categories of health care facilities for empanelment:

- 1) Single Specialty Hospital**
- 2) Multi-Specialty Hospital**

SECTION: III

MANPOWER

Total Score: 30

(a)	DOCTORS (On Hospital Payroll) - Total Score: 10				Points Scored
	i. Super specialists	>5 (04)	3-5 (03)	<3 (01)	
	ii. Specialists	>10 (03)	5-10 (02)	<5 (01)	
	iii. GDMOs	>10 (03)	5-10 (02)	<5 (01)	
(b)	NURSES - Total Score: 10				
	i. Specialist Nurses	>10 (04)	5-10 (03)	<5 (01)	
	ii. BSc Nurses	>10 (03)	5-10 (02)	<5 (01)	
	iii. GNM Nurses	>20 (03)	10-20 (02)	<10(01)	
(c)	PG Students Total Score: 01	Yes (01)		No (0)	
(d)	PARAMEDICS Total Score: 05	>20 (05)	10-20 (03)	<10 (02)	
(e)	DIETICIAN Total Score: 02	Yes (02)	No (0)		
(f)	Housekeeping Personnel Total Score: 02	Yes (02)	No (0)		

SECTION: IV
INFRASTRUCTURE
Total Score: 30

					Points Scored
(a)	Building Built up Area	1,50,000 Sq Ft (02)	1,00,000 Sq Ft (01)	< 1,00,000 Sq Ft (0.5)	
	Triage	Yes (02)	No (0)		
	Parking Space	>20 Vehicles (01)	10-20 Vehicles (0.5)	<10 Vehicles (0)	
	Reception	>5 Personnel (02)	3-5 Personnel (01)	<3 Personnel (0)	
	Waiting area/Sitting Capacity	>30 (02)	20-30 (01)	<20 (0)	
	Independent Billing Counter	Yes (01)	No (0)		
(b)					
	i. A/C Semi-private wards	>15 (04)	10-15 (03)	<10 (02)	
	ii. A/C Private wards	>10 (04)	5-10 (03)	<5 (02)	
(c)	Hospital Kitchen	In-house (02)	Outsourced (01)		
(d)					
	i. General OT	>5 (04)	2-5 (02)	<2 (0)	
	ii. Super-specialty OT	>3 (03)	2-3 (02)	<2 (0)	
(e)	*Housekeeping	Good (03)	Average (01)	Poor (0)	

*Note: **The score for housekeeping will be based on inspection of the facility by a committee from OIL India Limited.**

SECTION V

SUPPORT SERVICES

Total Score: 25

				Points Scored
(a)	Radiology and Imaging Total Score 07 (One point for each facility) i) Digital X-ray ii) Usg iii) Echo iv) Doppler v) CT scan vi) MRI vii) Mammogarphy	Yes (1) Yes (1) Yes (1) Yes (1) Yes (1) Yes (1) Yes (1)	No (0) No (0) No (0) No (0) No (0) No (0) No (0)	
(b)	CSSD	Yes (01)	No (0)	
(c)	Pharmacy	In-house (02)	Outsourced (01)	
(d)	Ambulance i) ATLS ii) General	Yes (01) >2 (01)	No (0) <2 (0.5)	
(e)	Blood Bank	In-house (02)	Outsourced (01)	
(f)	Laboratory Services i) Pathology ii) Biochemistry iii) Microbiology iv) Histopathology	In-house(02) Yes (01) Yes (01) Yes (01) Yes (01)	Outsourced(01) No (0) No (0) No (0) No (0)	
(g)	Waste Management according to PCB guidelines	Yes (01)	No (0)	
(h)	Physiotherapy	Yes (01)	No (0)	
(i)	Laundry	Yes (01)	No (0)	
(j)	Canteen	Yes (01)	No (0)	
(k)	Integrated Medical Gas Supply System	Yes (01)	No (0)	

SECTION VI**NUMBER OF YEARS IN SERVICE****Total Score: 05**

		Points Scored
i. >10 years	05	
ii. 5-10 years	04	
iii. <5 years	03	

SECTION VII**ACCREDITATION (Any One)****Total Score: 05**

				Points Scored
(a)	NABH	YES (05)	NO (0)	
(b)	NABL	YES (05)	NO (0)	
(c)	Any other, indicate if any	YES (05)	NO (0)	

SECTION VIII**STAND-ALONE/BRANCHES****Total Score: 05**

			Points Scored
a.	Pan India	05	
b.	Within Assam	04	
c.	Stand alone	03	

SCORE CARD FOR DIAGNOSTIC CENTER (PATHOLOGY)

SECTION: I

GENERAL INFORMATION

1. Name of the Diagnostic Center:

[illegible]

2. Contact No. of Diagnostic Center:

[illegible]

Name of the contact

[illegible][illegible]

3. Location of Diagnostic Center:

Metro ☐

Non-Metro ☐

Does the Diagnostic Center have split location(s):

Yes ☐

No ☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐ Private

☐ Corporate

☐ PSU

☐ Trust

☐ Government

☐ Charitable

Others (Specify)

5. Year and month in which registered and under which authority (as per state and central requirements)

.....

.....

6. Year and month in which clinical functions started:

.....

.....

SECTION II

MANPOWER
Total Score: 30

Sl. No.	MANPOWER				Points Scored
(a)	DOCTORS (On Payroll) Qualified doctor with MD in pathology / microbiology – with minimum 3 years post degree experience	>5 (10)	3-5 (05)	<3 (03)	
(b)	Technicians – full time, holding degree/diploma from recognized institutions with minimum 2 years' experience	>10 (10)	05-10 (05)	<05 (03)	
(c)	Adequate workload: Samples per day	>100 (10)	100-50 (05)	<50 (03)	

SECTION III

Services Available
Total Score: 30

				Points Scored
(a)	Services Provided			
	Biochemistry	Yes (09)	No (0)	
	Microbiology	Yes (09)	No (0)	
	Histopathology	Yes (09)	No (0)	
	Blood Bank	Yes (03)	No (0)	

SECTION IV

Facilities available

Total Score: 25

	Facilities	Score	YES	NO
1.	Availability of Personal Protective Devices (PPD)	3		
2.	Display of statutory safety signage.	3		
3.	Waiting area	2		
4.	Equipment for resuscitation of patients available	3		
5.	Provision for sterilized instrument, disposable syringes & needles, catheter etc	4		
6.	Backup of generator, UPS, emergency lights etc.	2		
7.	Medical records (manual/electronic)	2		
8.	Provision for home collection of samples	2		
9.	Ambulance services	2		
10.	Specialty trained nurses	2		

Note: The compliance of the above will be assessed through observations, interviews and/or documentary evidence.

SECTION VI

NUMBER OF YEARS IN SERVICE

Total Score: 05

		Points Scored
i. >10 years	05	
ii. 5-10 years	04	
iii. <5 years	03	

SECTION VII

ACCREDITATION (Any One)

Total Score: 05

				Points Scored
(a)	NABL	YES (05)	NO (0)	
(b)	Any other, indicate if any	YES (05)	NO (0)	

SECTION VIII

STAND-ALONE/BRANCHES

Total Score: 05

			Points Scored
a.	Pan India	05	
b.	Stand alone	03	

SCORE CARD FOR DIAGNOSTIC CENTER (RADIOLOGY)

SECTION: I

GENERAL INFORMATION

1. Name of the Diagnostic Center:

[illegible]

2. Contact No. of Diagnostic Center:

[illegible]

Name of the contact

[illegible][illegible]

3. Location of Diagnostic Center:

Metro

☐

Non-Metro

☐

Does the Diagnostic Center have split location(s):

Yes

☐

No

☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐

Private – Corporate

☐

Armed Forces

☐

PSU

☐

Trust

☐

Government

☐

Charitable

Others (Specify)

5. Year and month in which registered and under which authority (as per state and central requirements)

.....

.....

6. Year and month in which clinical functions started:

.....

.....

SECTION II
MANPOWER
Total Score: 30

	DOCTORS (On payroll)				Points Scored
(a)	Qualified Radiologist – with minimum 3 years post degree experience	>5 (10)	3-5 (05)	<3 (03)	
(b)	Technicians – full time, holding degree/diploma (2 years) from recognized institutions. with minimum 3 years post qualification experience	>10 (10)	05-10 (05)	<05 (03)	
(c)	Adequate workload (Average of last 3 years)	>300 USGs/month (03)	200-300 USGs/month (02)	<200 USGs/month (01)	
		>150 CT Scans/month (03)	100-150 CT Scans/month (02)	<150CT Scans/month (01)	
		100 MRI/ month (03)	50-100 MRI/ month (02)	<50 MRI/ month (01)	
		>50 bone densitometry/month (01)	25-50 bone densitometry/month (0.5)	<25 bone densitometry/month (0)	

SECTION III
Imaging Modalities
Total Score: 30

				Points Scored
(a)	Radiology and Imaging			
	i. Digital X-ray	Yes (3)	No (0)	
	ii. Ultrasound	Yes (3)	No (0)	
	iii. Doppler studies	Yes (3)	No (0)	
	iv. Echocardiography	Yes (3)	No (0)	
	v. Mammography	Yes (3)	No (0)	
	vi. CT scan minimum 64 slice CT	Yes (3)	No (0)	
	vii. MRI minimum 1.0 TESLA	Yes (3)	No (0)	
	viii. DEXA scan	Yes (3)	No (0)	
	ix. OPG	Yes (3)	No (0)	
	x. PET Scan	Yes (3)	No (0)	

SECTION IV
Facilities available
Total Score: 25

	Facilities	Score	Yes	NO
i)	Availability of Personal Protective Devices (PPD)	02		
ii)	Compliance to AERB requirements and PNDT Act	02		
iii)	Availability of Personal Monitoring Devices (PMD) like TLD badges	01		
iv)	Display of statutory safety signage.	02		
v)	Waiting area separate from the radiation area	02		
vi)	Provision of changing room for patients	01		
vii)	Equipment for resuscitation of patients available	02		
viii)	Provision for sterilized instrument, disposable syringes & needles, catheter etc.	01		
ix)	Provision for washed clean linens	01		
x)	Provision for radiation monitoring of all technical staff & doctor through DRP/BARC	03		
xi)	Coverage by Anaesthetist during procedures involving sedation	02		
xii)	Backup of generator, UPS, emergency lights etc.	01		
xiii)	Female Radiographer/attendant	01		
xiv)	Emergency recovery facilities for patients undergoing interventional procedures like drainage of Abscess & Collections etc. with infrastructure for the procedure	02		
xv)	Medical records (manual/electronic)	01		
xvi)	Ambulance services	01		

Note: The compliance of the above will be assessed through observations, interviews and/or documentary evidences.

SECTION V**NUMBER OF YEARS IN SERVICE****Total Score: 05**

		Points Scored
i. >10 years	05	
ii. 5-10 years	04	
iii. <5 years	03	

SECTION VI**ACCREDITATION (Any One)****Total Score: 05**

				Points Scored
(a)	NABL	YES (05)	NO (0)	
(b)	Any other, indicate if any	YES (05)	NO (0)	

SECTION VII**STAND-ALONE/BRANCHES****Total Score: 05**

			Points Scored
a.	Pan India	05	
b.	Stand alone	03	

Category	Particulars	Rates
Accommodation	Semi Private Cabin on Twin Sharing Basis	361.00
	Non AC Cabin with Attached Bath Room	522.50
	AC Cabin with Attached Bath Room	779.00
	Deluxe AC Cabin	883.50
	Super Deluxe AC Cabin	1358.50
	ICU accommodation	855.00
	N.I.C.U.Charges	1558.00
	Executive Suit	1320.50
		0.00
Services	Registration fee	104.50
	Consultant charges (one visit per day)	256.50
	Super Specialist charge (one visit per day)	418.00
	Resident doctor charges	104.50
	Oxygen charges by mask per hour	180.50
	Oxygen charges by ventilator per hour	456.00
	Ventilator Charge for each subsequent hour	456.00
	Cardiac Monitor charge per day	1805.00
	Oxygen charge per day	1805.00
	Ventilator per day	4911.50
	Cardiac Monitor charge per hour (for ICU / ICCU patient)	180.50
	Menthol inhalation,, enema (each)	133.00
	Gastric lavage	323.00
	Catheterisation	218.50
	Nebulisation charge	133.00
	Glucometer charge	323.00
	Caurtery	541.50
	Diathermy use during surgery	541.50
	Esculap Dril	4370.00

	ETT	2185.00
	Harmonic Scalpel use during Surgery	2185.00
	Head Clamp	541.50
	Leyla Retractor	541.50
	Microscope	4370.00
	Rines Clip	541.50
	Spinal Prothesis	6555.00
	Suction	541.50
	Dressings, (Big)	323.00
	Dressings, (Small)	218.50
	Services charge for one unit of whole blood	275.50
	Stationary charges	95.00
	Vessel Seal	3163.50
	C Arm charge	3163.50
	IUI (per sitting)	4693.00
	IVF (excluding cost of drugs & disposables)	54150.00
	Holmium Laser use during surgery(Urology)	13537.50
	CPAP Per Hour	275.50
	CPAP Monitoring Charge Per Day	1358.50
	BIPAP Per Hour	275.50
	BIPAP Monitoring Charge Per Day	1358.50
	Oxygen by Mask (paediatric) per hour	180.50
	Oxygen by Hood (paediatric) per hour	228.00
	Oxygen by Mask (adult) per hour	180.50
	Oxygen by Tube (adult) per hour	228.00
	Intubation charge	1805.00
	Central Line charge	2707.50
	EJV Cannulization	2707.50
	Cardiac Monitor charge (in cabin) per hour	133.00
	TPA (paediatric) per hour	361.00
	Surfactant Therapy	6773.50

	Exchange Transfusion in paediatric	7676.00
	Partial Transfusion in paediatric	6317.50
	Umbical Cannulization	2261.00
	Lumbar Puncture	541.50
	Pleural Tapping	541.50
	ABG	1358.50
	Ryles Tube	3610.00
	Chest Tube	3277.50
	Ligasure	3163.50
	Infusion pump	456.00
	Nasal Pacing per sitting	2185.00
	Ascitic Tapping	532.00
	Chemotherapy charge	541.50
	Special Air / Water Mattress per day	323.00
	NBP per day	541.50
		0.00
C.T. Scan	C.T.scan plain : brain / head	1748.00
(Plain)	C.T.scan nasopharynx / larynx	2346.50
	C.T.scan Sella	1748.00
	C.T.CV Junction / C.T. Femur	2840.50
	C.T.scan orbits plain	2346.50
	C.T.scan neck plain	2840.50
	C.T.scan cervical spine plain / L S Spine	2840.50
	C.T.scan upper spine plain	2346.50
	C.T.scan thoracic spine plain	2441.50
	C.T.scan upper abdomen plain	2840.50
	C.T.scan lower abdomen plain	2840.50
	C.T.scan thorax / chest (plain)	2840.50
	C.T.scan guide FNAC / biopsy procedures	1311.00
	C.T.scan PNS (plain)	1748.00
	C.T.scan shoulder	2840.50

	C.T.scan in 3D	3249.00
	C.T.scan urethra two regions	4512.50
	C.T.scan whole abdomen	5681.00
	C.T.scan knee joint	2840.50
	C.T.scan maxillary region	1748.00
	C.T.scan ankle joint	2346.50
	C.T.scan dorsal spine	2346.50
	C.T.scan hip joint	2840.50
	C.T.scan pelvis	2840.50
	C.T.scan Hand	2840.50
	C.T.scan Wrist	2840.50
	C.T.scan Foot	2840.50
	C.T.scan Thigh	2840.50
	C.T.scan Forearm	2840.50
	C.T.scan S.I.Joint	2840.50
	C.Thoracis Spine	2840.50
	C.T.scan Elbow	2840.50
	C.T.scan Carpal	2840.50
	C.T.scan other parts	2840.50
	C.T. Angio Lower Limb	5462.50
	C.T. Angio Brain	3819.00
	C.T. Angio Chest	4911.50
	C.T. Angio Leg	4911.50
	C.T. Angio Coronary Calcium	3819.00
	C.T. Angio Pelvic area	3819.00
	C.T. Angio Spine/Joints	5462.50
		0.00
C.T.scan with	C.T.scan contrast : brain / head / Mastoid	2888.00
CONTRAST	C.T.scan nasopharynx with contrast	2888.00
	C.T.scan upper abdomen with contrast	3344.00
	C.T.scan lower abdomen with contrast	3344.00

	C.T.scan thorax / chest (contrast)	2888.00
	C.T.scan myelogram / myelography	3344.00
	C.T.scan any other parts	3163.50
	CT Angiography	5690.50
	C.T.scan PNS/ Orbit/ Nasoparynx (Contrast)	2888.00
	C.T. Scan Shoulder / Knee / Elbow / Wrist Joint	2888.00
	C.T. Scan Myelogram / Myelography	3344.00
	C.T.scan whole abdomen	5871.00
		0.00
M.R.I.	M.R.I (ANY PART)	6555.00
CHARGES OF CONTRAST MEDICINES IS EXTRA AT ACTUAL & QUANTITY USED		0.00
		0.00
		0.00
Ultrasonography	U/S of pelvic	931.00
	U/S obstetrical	769.50
	U/S Trans-cranial (Pediatric)	769.50
	U/S upper abdomen / HBS	769.50
	U/S lower abdomen / KUB	655.50
	U/S whole abdomen (HBS + KUB)	760.00
	U/S screening only	769.50
	U/S breast / chest	931.00
	U/S both breast	1852.50
	U/S forearm	655.50
	U/S of TVS	541.50
	U/S of Brain	712.50
	U/S Knee Joint	712.50
	U/S Spine Joint	712.50
	U/S KUB & Prostate	1415.50
	U/S scrotum / testis / eyeball / other parts	769.50
	U/S thyroid	769.50
	U/S parotids / other salivary glands	769.50

	U/S guided	1311.00
	U/S guided tap / drainage of abscess, cyst	1634.00
	U/S guided FNAC	1444.00
	U/S Foot	655.50
	U/S Hand	712.50
	U/S Leg	712.50
	U/S Limb	712.50
	U/S Thigh	712.50
	U/S Liver	655.50
	U/S Penis / Prostate	712.50
	U/S Hepatobiliary System	598.50
	U/S Finger	655.50
	U/S Eye	655.50
	U/S any joints	769.50
	Bed Side USG	1748.00
	USG-Biopsy	1634.00
	USG-FNAC Biopsy	1634.00
	Bed Side Echocardiography	1748.00
		0.00
Colour Doppler	OBSTERIC - COLOR DOPPLER	1444.00
	PAEDIATRIC BRAIN	769.50
	PENILE COLOR DOPPLER	1444.00
	COLOR DOPPLER-any parts	1311.00
	Echocardiography with Colour Doppler	1444.00
	Both EYEBALLS	1444.00
	Electro Cardio Trophography (ECT)	1415.50
	Eye - Sonography	655.50
		0.00
X-RAY (Plain)	Plain picture abdomen / pelvis	456.00
	X-Ray ankle joint (single)	266.00
	X-Ray chest	266.00

	X-Ray L.S. spine lat	266.00
	X-Ray elbow joints AP & lat (single)	437.00
	X-Ray ankle Lat	171.00
	X-Ray Arm	266.00
	X-Ray foot (single)	266.00
	X-Ray foot (both)	494.00
	X-Ray fore arm (single)	437.00
	X-Ray hip joint (single)	266.00
	X-Ray humerus (single)	437.00
	X-Ray hand & wrist single	266.00
	X-Ray knee joint AP & lat (single)	437.00
	X-Ray both extremities	437.00
	X-Ray leg including ankle & lat view	437.00
	X-Ray lower extremities (single)	437.00
	X-Ray LS.spine (AP & lat view)	266.00
	X-Ray mandible / jaw / parotid per view	437.00
	X-Ray mastoids (both)	494.00
	X-Ray bothe fore arm	437.00
	X-Ray orbit per view	437.00
	X-Ray patella per view	437.00
	X-Ray pituitary fossa cone view (single)	437.00
	X-Ray both hand / wrist	494.00
	X-Ray PNS (single)	437.00
	X-Ray ribs per view	437.00
	X-Ray skull / head (AP & lat view)	266.00
	X-Ray Limb	266.00
	X-Ray scapula / shoulder per view	437.00
	X-Ray both hip joints	494.00
	X-Ray skull lat view	437.00
	X-Ray cervical spine / neck (AP & lat view)	237.50
	X-Ray cervical spine lat	437.00

	X-Ray sterno clavicle joint per view	437.00
	X-Ray thoraco lumber spine	437.00
	X-Ray thoraco spine (AP & lat view)	437.00
	X-Ray T.M joint (single)	437.00
	X-Ray toes per view joints pe view	437.00
	X-Ray upper extremity (clavicle)	437.00
	X-Ray shoulder AP & lat view	437.00
	X-Ray elbow joints both	266.00
	X-Ray leg including ankle (single)	437.00
	X-Ray lower extremities both	437.00
	X-Ray chest with AP & lat view	266.00
	X-Ray wrist	266.00
	X-Ray Tibia	266.00
	X-Ray SI Joint	266.00
	X-Ray Calcunus	266.00
	Finger X-Ray (single) / AP & lat view obl	266.00
	Sternum AP & lat view	437.00
	Mamography	769.50
	X-Ray MCU	722.00
	X-Ray dorsal spine / Clavical	266.00
	X-Ray Neck	437.00
	BMD	1311.00
	Sonohysterography	1358.50
	X-Ray Thigh	437.00
	X-Ray other parts	456.00
		0.00
X-Ray	Bronchogram / bronchography	1444.00
with CONTRAST	Hystersalpingrography	769.50
	Sialography / sinography / fistulography	589.00
	Cystrourethoraphy / MCU / retro. Urethrography	636.50
	Barium enema	912.00

	Barium meals enteroclysis	912.00
	Barium meal upper GIT	323.00
	Ba appendix	323.00
	Ba UGIT appendix	760.00
	Ba UGIT follow up	712.50
	Barim swallow (oesophagogram)	285.00
	Intravenous urogram (IVP)	2888.00
	Myelography / myelogram	1444.00
	Angiogram	3819.00
	Lumbar myelogram	1444.00
	Cervical myelogram	1624.50
	Thoracic myelogram	1083.00
	Ventriculogram	674.50
		0.00
Gen. Pathology	Complete Hemogram	323.00
(blood)	Haemoglobin estimation	19.00
	Peripheral blood smear	85.50
	ESR	38.00
	Packed cell volume	66.50
	Absolute eosinophil count	57.00
	Absolute netrophil count	57.00
	Absolute lymphocyte count	57.00
	ABO & Rh blood grouping	28.50
	Abnormal cell	57.00
	Abscess for C/S	76.00
	Cross matching	636.50
	Bleeding time	57.00
	Clotting time	57.00
	Renal function test (urea, creatinine, bun,)	456.00
	Blood urea	66.50
	Creatinine	47.50

	RH antibody titre	104.50
	Non-protein nitrogen (BUN.)	104.50
	Acid phosphates	161.50
	Serum Albumin	47.50
	Acetone (ketonebodies) rother's test	104.50
	Amylase	218.50
	Eximination of blood for MP	275.50
	Test for Falciparium Malaria	228.00
	Reticulocyte count	104.50
	Platelet count	228.00
	Prothrombin time	228.00
	Widal test	228.00
	Electrolyte	266.00
	Esonophil	57.00
	Montoux test	228.00
	Test for Blood transfusion (donor) as per required tests.	598.50
	Australia antigen	228.00
	Direct vaginal smear examination	218.50
	Excision biopsy of inguinal gland	218.50
	Hepatitis Virus (HCV / HVC)	1263.50
	VDRL	161.50
	HIV test	760.00
	Liver Function test (Bilirubin, SGOT, SGPT)	418.00
	SGPT	66.50
	SGOT	66.50
	Bilirubin T & D	85.50
	Serum protein with fraction	104.50
	Alkaline phosphates	66.50
	CRP	275.50
	(BGA) Blood Gas Analysis (PC2,PCO2,PH,SHC03,TC03,PA02,PA-A02 & Others)	228.00
	ASO titre	161.50

	L.E. cell demonstration	57.00
	Rheumatoid factor	85.50
	RBC Count	19.00
	Uric acid	66.50
	Folic acid	1254.00
	Bence jones protein	47.50
	Bile for phy,chem,cysto	161.50
	Bile salts & pigment	19.00
	Bile for c/s	76.00
	Billary fluid for analysis	161.50
	Creatinine phosphokinase (CPK)	218.50
	Serum lipase	712.50
	HB%	95.00
	CA125	1263.50
	Anti CCP	1092.50
	Anti glutamic acid decarboxylase	6555.00
	Troponin test	1092.50
	Elisa tests	1092.50
	Optimal Test	380.00
	Lipid profile (Cholesterol, HDL, LDL, Triglyceride)	275.50
	Cholesterol	57.00
	LH	494.00
	LDH	437.00
	Le Cell Test	57.00
	RBS / FBS / PPBS	28.50
	Glycosylated HbA1C	931.00
	Glucose tolerance test (GTT)	275.50
	HbsAg	161.50
	HBV	712.50
	HCV	655.50
	Paracheck Test	218.50

	GGIP	228.00
	Blood R/E	95.00
	Urine for Microalbumin	437.00
	HAV	1358.50
	HEV	1358.50
	Skin Biopsy	1358.50
	Dengue virus IGG anti	1634.00
	Dengue virus IGM anti	1634.00
	Gamma GT	133.00
	Toxo	931.00
	Procalcitonin	1358.50
	Torch	3714.50
	Liver elastography	1358.50
	G6PD	323.00
	Vitamin D	4208.50
	Vitamin B12	1254.00
		0.00
Serum	Potassium	85.50
Electrolytes	Sodium	85.50
	Chloride	85.50
	Calcium	66.50
	Magnesium	95.00
	KOH-Fungus	57.00
	Bicarbonates	95.00
	ADA	712.50
		0.00
Serum	T3, T4, TSH	817.00
Horomones	T3	323.00
	T4	323.00
	TSH	323.00
	Insulin	636.50

	Female fertility panel (FSH, LH, Prolactin, TSH)	1444.00
	Male Fertility panel (FSH, LH, TSH, Free & Total Testosterone)	1444.00
	FSH	494.00
	Prolactin	494.00
	Serum hCG	589.00
	Beta Estodiol	1178.00
	APL Syndrem	3610.00
	Anti DS DNA	1358.50
	TB Feron	2707.50
	Mycoreal test for myco TB	2261.00
	Myco 3 PCR	1805.00
	Mycotect	1805.00
	PCOD panel	2261.00
	Serum estoiadiol	1083.00
	Renal/uretric calculus analysis	1805.00
	Menstrual blood for PCR	2707.50
	Chromosomal analysis	3163.50
	Anti Diuretic Hormone	3163.50
	Hepatitis Profile	6602.50
	Acute hepatitis virus evaluation	3439.00
	Acute hepatitis virus 1	3933.00
	ACTH	1852.50
	Anemia profile	3163.50
	Anti HB core	655.50
	Anti HB core IGM	874.00
	Beta 2	1529.50
	TB Panel	3439.00
	Growth hormone estimation	1368.00
	Myco 3 plex	3819.00
	PCR for Myco	3819.00
	Peritoneal fluid for myco 3	3819.00

	Pleural fluid for myco 3	3819.00
	Sputum for myco 3	4427.00
	Thyroid panel	2185.00
		0.00
Sp. Pathology	TB IGG / IGM	978.50
(blood)	Serum phosphorus / iron	47.50
	Serum electrophoresis	931.00
	HB. Typing	494.00
	Serum iron & TIBC	1634.00
	Serum protein electrophoresis	275.50
	Sickling test	57.00
	Foetal haemoglobin	133.00
	Hems acid test	95.00
	Serum Ferritin	1197.00
	Coomb's test direct	104.50
	Coomb's test indirect	104.50
	Thombo test	95.00
	Platelet function test	57.00
	Antinuclear antibody (ANA) / ANF	598.50
	Anticlotic Sensitivity Test	76.00
	Antibody for Brucellosis	2726.50
	Thyroid auto antibodies (ATA)	275.50
	Bone marrow examination	218.50
	Serum Iron Profile	722.00
		0.00
Fluid & excretion	Stool for RE	85.50
(CSF, urine, stool,	Occult blood (guaicum / benzidine test)	85.50
semen etc.)	Microscopic fresh stool for amoeba, trophozoites	85.50
	Urine RE	19.00
	Urine for bile pigment, bile pigment	85.50
	Urine sugar (F / PP / R)	9.50

	HCG in urine (pregnancy)	247.00
	Urine for albumin	57.00
	24 hrs. urinary protein	57.00
	24 hrs. urinary creatinine	104.50
	24 hrs. urinary albumin	57.00
	24 hrs. urinary for calcium	104.50
	Urine sodium or potassium (24 hrs. quantitative)	142.50
	Specific gravity of urine	95.00
	CSF for ADA	712.50
	Ascitic fluid / Pleural fluid exam	161.50
	Ascitic fluid for ADA	712.50
	Ascitic fluid for bacterial count	19.00
	Ascitic fluid for cytology	28.50
	Ascitic fluid for cplony count	57.00
	Ascitic fluid for lipase	57.00
	Ascitic fluid for c/s	76.00
	Ascitic fluid for amylase	218.50
	Ascitic fluid for TC DLC	57.00
	Ascitic fluid for malignant cell	57.00
	Ascitic fluid for phy,che,cyst	161.50
	Semen analysis (Count, motility & morphology)	332.50
	CAPD fluid for analysis	161.50
	CAPD fluid for ADA	712.50
	CAPD fluid for AFV	47.50
	Gram stain	57.00
	AFB stain (sputum / pus)	47.50
	ANF	598.50
	APTT	218.50
	AFP (Alfa Feto Protein)	1130.50
	PSA	674.50
	Free PSA	1178.00

	ANA	1263.50
	Urine for ACR	902.50
	Pleural fluid for ADA	712.50
	Pleural fluid for AFB/AFB culture	2726.50
	Fluid analysis	722.00
		0.00
Microbiology	Sputum concentration and culture	95.00
	Antibiotic sensitivity	95.00
	Urine culture	180.50
	Pus culture	180.50
	Pus for ADA	712.50
	Pus for Analysis	161.50
	Pus for fungus	161.50
	Pus for AFB	47.50
	Pus smear examination	95.00
	CSF (culture)	95.00
	Swab for C/S	76.00
	Eye Swab Both	57.00
	Blood culture	275.50
	Throat swab culture sensitivity	180.50
	Stool culture	95.00
	ABD Test	161.50
	Skin / hair etc. for microscopic fungus	95.00
	Vaginal swab culture	95.00
	Fluid for fungus	57.00
	Pap Smear	218.50
	Hepatitis profile	3933.00
	Hepatitis B virus evaluation	3382.00
	HBV DNA	4208.50
	HCV 4	4911.50
	HCV RNA Qualitative	4693.00

	OCT	2707.50
	Allergen Food Panel	3163.50
	Allergy panel (comprehensive)	8958.50
	Alpha 1 antitrypsin	2023.50
	Ca 125	1254.00
	Ca 19.9	1529.50
	HIV DNA Detector Qualitative)	2726.50
	HPE	218.50
	HPE uterus	1092.50
	Punch Biopsy	1634.00
	Biopsy / FNAC	541.50
	HPE (Bombay)	655.50
	HPE (kidney)	3771.50
	Bone Marrow Biopsy	541.50
	HPE (Big Sample)	1805.00
		0.00
Others	Audiometry (computerised)	1358.50
	IMP Audiometry	275.50
	Caloric test	902.50
	Impendence / ERA (evoke response audiometry)	902.50
	Slit lamp exam / indirect ophthalmoscope	902.50
	EEG (electroencephalgram)	655.50
	EEG -bed side	1748.00
	EMG	2185.00
	PFT	218.50
	Stress Echo Cardiogram	1083.00
	Montox test	28.50
	Myco3	3819.00
	A-Scan	323.00
	Both A-Scan	655.50
	Both B-Scan	1311.00

	NCV	1311.00
		0.00
Endoscopy	Upper G.I endoscopy	712.50
	Upper G.I endoscopy with biopsy	1358.50
	Oesophagoscopy with biopsy / removal of FB	1358.50
	Diagnostic bronchoscopy	1805.00
	Bed Side Endoscopy	1852.50
	Bronchoscopy	4370.00
	Bronchoscopy with biopsy / removal of FB	1805.00
	Sclerotherapy for oesophageal varices	2261.00
	Nasopharyngoscopy	997.50
	Colonoscopy	1529.50
	Colonoscopy Polypectome	5462.50
	DL Exam	712.50
	E R C P	3819.00
	Endoscopy Foreign Body	1529.50
	Endo Anaesthesia	2185.00
	Proctosigmoidoscopy Proctoscopy	218.50
	Fundoscopy	218.50
	Sclerotherapy	1852.50
	Videosigmoidoscopy	1083.00
	G.I.Endoscopy with Varices Banding	7220.00
	Colonoscopy with biopsy	1358.50
	Upper GI Endoscopy with H Pylori Test	1083.00
	Full length Colonoscopy	1358.50
	ERCP and Papillotomy	6317.50
	ERCP with Papillotomy and removal of CBD stones	13537.50
	Protoscopy	902.50
		0.00
Cardiology	ECG (electrocardiography)	104.50
	ECG (bed side)	218.50

	Echocardiography / color doppler	1178.00
	Tread mill / exercise ecg	1311.00
	BERA	1311.00
	Holter	1311.00
	Cardiac Panel	874.00
	Echocardiogram screening	997.50
	Defibrillator charge	722.00
	Temporary pacing charges	13100.50
	Permanent pacing charges	26210.50
	General OT Gases	2460.50
	Operation Room fee (per Hour) for cardiac Surgery	2261.00
	Surgeon's Fee for temporary pacing	3610.00
	Surgeon's fee for Permanent pacing	7220.00
	Monitor charge for first 2 Hrs	313.50
	Monitor charge subsequent hour	133.00
	Difibriliator charge for ardicgery	769.50
	PPI Programming	4512.50
		0.00
Cardio - Thoracic	Pulmonary function Test	228.00
	Pleural biopsy with specialist	674.50
	Pleural aspiration	769.50
	Pleural aspiration ultra sound guide	1358.50
	Chest tube drainage with specialist	2707.50
		0.00
Psychiatry	I.Q. testing	180.50
	Memory / personality testing	180.50
	Ability / aptitude assessment	180.50
	Test for attention and concentration	133.00
	Test for thinking function	313.50
	Personality assessment (full)	456.00
	Electro convulsive therapy (ECT) without G.A	456.00

	Electro convulsive therapy with G.A	180.50
		0.00
Pediatrics	Resuscitation of New Born Baby	2185.00
	General Care of new Born Baby	275.50
	Incubator Charges (per day)	769.50
	Radiant Warmer Charges (per hour)	275.50
	Phototherapy (per day)	541.50
	Partial Exchange	1092.50
	Surfactant therapy in neonates	3819.00
	Exchange transfusion in neonates	4512.50
	DVET	4370.00
	ICWD	4370.00
	EVD	4370.00
		0.00
Physiotherapy**	Electrotherapy	133.00
	Ultrasound therapy (UST)	180.50
	Short wave diathermy (SWD)	180.50
	Infra-red Therapy	180.50
	Cervical traction	133.00
	Limbar traction	133.00
	Wax bath up to 2 joint	133.00
	Physiotherapy at bed side (indoor)	133.00
	Speech therapy	456.00
	** At per actuals or a Maximum of Rs. 400.00 per day whichever is less	0.00
Orthopaedics	Upper extremity fracture: closed reduction & POP bandage	6317.50
	Inclusive of surgeon, assistant, anesthetist and OT charges	0.00
	Lower extremity fracture : closed reduction & POP bandage	8122.50
	Inclusive of surgeon, assistant, anesthetist and OT charges	0.00
	Charges for use of IITV	2261.00
	Hip spica / plaster jackets.	3163.50

	Bone grafting	19114.00
	Tendon repair	13537.50
	Amputation of limb	16245.00
	Amputation of finger / toe / foot	13537.50
	Joint aspiration	3610.00
	Intra-articular injections	6555.00
	External fixation of bones	19855.00
	Open Reduction & Internal Fixation	21840.50
	Closed Reduction & POP	16929.00
	Patellectomy / wiring of patella	10830.00
	Arthroscopic lavage / removal of loos bodies etc.	22562.50
	Diagnostic arthroscopy	19855.00
	Arthroplasty	22382.00
	Amputation	19655.50
	Nailing and External Fixation	21840.50
	Application of POP for upper & lower limb	6004.00
	Application of Skelton Traction	8740.00
	Excision of tumour bones	21299.00
	SP Nailing for Fracture Neck Femur	21299.00
	Open Reduction Fracture Dislocation & Fixa	21299.00
	DHS for Trocharoctic # Femur	22562.50
	Arthrodesis	19855.00
	Other major orthopedic operation	21840.50
	Other minor orthopedic operation	18021.50
Urology	Pyelolithotomy	19408.50
	Nephrolithotomy	22116.00
	Partial nephrectomy	27075.00
	Radical nephrectomy	32490.00
	Nephrostomy	13537.50
	End to end anastomosis ureter	16245.00

	Supra Pubic cystolithotomy	16245.00
	Dilatation (urethra)	5415.00
	Testicular biopsy (scrotum & test)	5415.00
	Varicolectomy (scrotum & test)	10830.00
	Urethroscopy (endoscopy)	16245.00
	Cystoscopy (endoscopy)	16245.00
	Systoscopy & ureteric catheter	19408.50
	A.H.pheloplasty	19408.50
	Uretetic reimplantation	23465.00
	Boas proceddure	27075.00
	Augmentation of bladder	25270.00
	Urethroplasty	18506.00
	Meatoplasty	18050.00
	Orchiopexy	18050.00
	Ureterolithotomy	22382.00
	Other major operation	34399.50
	Other minor operation	27303.00
	Lithotripsy / Stone up to 9mm (Under G.A)	21660.00
	Lithotripsy / Stone up to 10mm to 14mm (Under G.A)	24367.50
	Lithotripsy / Stone up to 14mm to 15mm (Under G.A)	27075.00
	TURP	37905.00
	URSL	43320.00
	PCNL	43320.00
	Removal of DJ Stent	9025.00
		0.00
Plastic surgery	Skin grafiting	16245.00
	Release of burn contracture	18952.50
	Cleft palate repair	18952.50
	Cleft lip repair	16245.00
	Repait of ear / nose / facial deformity	18952.50
	Excision of cyst / lumps	12635.00

	Tendon repair	16245.00
	Foot drop tendon transplant	16245.00
	Repair / reconstruction of facio-maxillary injury	21660.00
	Hypospadias repair	16245.00
	Nerve grafting	15342.50
	Burn dressing small	541.50
	Burn dressing big	1263.50
	Reconstruction of limbs	21660.00
	Correction of Syndactyly	22562.50
	Parotidectomy	22562.50
	Wide excision & primary reconstruction with flap	18050.00
	Wide excision & primary reconstruction without flap	18050.00
	Wide excision of Ca of oral cavity	16245.00
	Carcinoma of tongue	13537.50
	Carcinoma of lip	13537.50
	Other major operation	21660.00
	Other moderate operation	16245.00
	Other minor operation	10830.00
		0.00
Gen. Surgery	Appendicectomy	22382.00
	Appendicular Abscess Drainage	15285.50
	Cholecystectomy	18563.00
	Cholecystectomy and exploration of CBD	22382.00
	Choledocholithotomy	23465.00
	Choledochoduodenostomy	27075.00
	Laparoscopic appendicectomy	18050.00
	Laparoscopic Cholecystectomy	27075.00
	Splenectomy	22382.00
	Hiatus Hernia Repair	22382.00
	Hernia Repair	22382.00
	Deaphamatic hernia	16245.00

	Incisional hernia / Ventral hernia	16245.00
	Congenital hernia	16245.00
	Femoral hernia	16245.00
	Obstructed hernia	21660.00
	Inguinal hernia	18563.00
	Oesophago-gastrectomy	24367.50
	Gastrectomy	24367.50
	Partial gastrectomy	25270.00
	Gastro-jejunostomy	18952.50
	Duodenojejunostomy	18563.00
	Operation for intussusception, volvulus etc.	18952.50
	Intestinal resection & anastomosis	27075.00
	Hemicolecotomy	27075.00
	Abdomino perineal resection	31587.50
	Fissure-in-ano repair	14744.00
	Fistulectomy	13537.50
	Colostomy	12635.00
	Exploratory laparotomy	18563.00
	Repair of CBD	20748.00
	Orchidectomy	12635.00
	Vasectomy	12635.00
	Total Cystectomy	20748.00
	Repair urinary vagina fistula	20748.00
	Pancreatic cyst excision	23465.00
	Total Amputation penis	20748.00
	Rectal prolapse repair	21660.00
	Rectal polypectomy	10830.00
	Hemorrhoidectomy	16245.00
	Foreign body removal	16245.00
	Band ligation	16245.00
	Glue sclerotherapy / piles injection	1624.50

	Varicose vein resection (unilateral)	16245.00
	Varicose vein resection (bilateral)	32490.00
	Excision of breast lumps	17147.50
	Mastectomy (unilateral)	17147.50
	Mastectomy (bilateral)	27075.00
	Radical mastectomy	27075.00
	Hydrocele repair	14744.00
	Circumcision	6317.50
	Removal of polyps	6317.50
	Removal of cyst	6317.50
	Removal of lump	6317.50
	Thyroidectomy	22382.00
	Drainage of abscesses	18563.00
	Aspiration of Liver Abscess	18563.00
	Open Drainage of Liver Abscess	18563.00
	Tumour	18563.00
	Adrenalectomy	22382.00
	T Tube Drainage	13537.50
	Debridement	10830.00
	Excision Biopsy	10830.00
	Other major operation	27075.00
	Other moderate operation	21660.00
	Other minor operation	16245.00
		0.00
Dental	Fracture reduction of jaw bones (Under L.A.)	9025.00
	Removal of impacted tooth (Under L.A.)	6773.50
	Removal of growth or dentigerous cyst. (Under L.A.)	8122.50
	Root canal therapy with apicectomy. (Under L.A.)	12635.00
	Gingivectomy & gingivoplasty (Under L.A.)	12635.00
	Tooth extraction (per tooth) (Minor Operation) (Under L.A.)	1624.50
	Filling (per tooth per setting) (Minor Operation) (Under L.A.)	1624.50

	Scalling & Polishing (per sitting) (Under L.A.)	1624.50
	Fracture Reduction of Jaw Bones (Under G.A.)	14440.00
	Removal of impacted tooth (Under G.A.)	14440.00
	Removal of growth or dentigerous cyst. (Under G.A.)	14440.00
		0.00
ENT	Laryngectomy	21660.00
	Rhinoplasty	18952.50
	Myringoplasty	18952.50
	Mastoidectomy : modified	21660.00
	Mastoidectomy : radical	23465.00
	Mastoidectomy : cortical	18952.50
	Stapedectomy	16245.00
	Excision of submandibular salivary gland	16245.00
	Adenotonsillectomy	16245.00
	Reconstruction of chonal	16245.00
	Ethmoidectomy	17147.50
	Ethmoidal decompression	16245.00
	Radical maxilectomy	21660.00
	Open deduction of nasal bones/ maxilla/mandible	18952.50
	Cal-dwell-luc operation without INA	17147.50
	Cal-dwell-luc operation with INA	18952.50
	Lateral rhinotomy	15342.50
	Tracheostomy : emergency	12635.00
	Tracheostomy : elective	10830.00
	Ligation of external carotid artery	12635.00
	Thyroidectomy	16378.00
	Partial thyrodectomy	14440.00
	Excision of thyroid cyst / thyroglossal cyst	16245.00
	Tonsillectomy	14193.00
	D. N. S	16378.00
	Adenoidectomy	16245.00

	Nasal polypectomy : unilateral	16245.00
	Nasal polypectomy : bilateral	16245.00
	Transnasal ethmoidectomy : unilateral	12635.00
	Transnasal ethmoidectomy : bilateral	12635.00
	S.M.R.	16245.00
	Septoplasty	16245.00
	Rhinotomy	12635.00
	Excision of tumour and skin grafting	18952.50
	Exploratory tympanectomy	18952.50
	Sinuous washing : unilateral	2707.50
	Sinuous washing : bilateral	4066.00
	E.C. of H.I.T.	2261.00
	Syringing of audioty canal (per sitting)	2261.00
	Repair of split ear lobule (per ear)	2707.50
	Direct laryngoscopy	1624.50
	Myringotomy	8122.50
	Reduction of nasal bones : closed	16245.00
	Reductin of nasal bones : open	18952.50
	Reduction of nasal bones : with osteotomies	18952.50
	Reduction of nasal bones : with septoplasty	18952.50
	Grommet insertion	15342.50
	Nasal Endoscopy	12635.00
	Endoscopy sinus surgery (FESS)	13537.50
	Nasal Endoscopy polypectomy	13537.50
	Nasal Endoscopy haemostasis in epistaxis	14440.00
	Other major operation	18563.00
	Other minor operation	13651.50
		0.00
Obst & Gynae	Abdominal hysterectomy	16929.00
	Abdominal hysterectomy with salphingo oophorectomy	36100.00
	Redical hysterectomy	40612.50

	Vaginal hysterectomy - with / without oophorectomy	16378.00
	PFR operation (both anterior and posterior)	27075.00
	Posterior coplo-perineorrhphy	16245.00
	Ovariotomy	19114.00
	Ovarian cystectomy	19114.00
	Laparotomy for ectopic pregnancy	27075.00
	Tuboplasty	36100.00
	Metroplasty / Vaginoplasty	36100.00
	Repair for stress incontinence / incisional hernia	36100.00
	Broad ligament cyst removal	21660.00
	RVF repair	10830.00
	LSCS Delivery	19655.50
	Caesarean section with tubectomy	27075.00
	Myomectomy	16929.00
	Vaginoplasty	16378.00
	Laparotomy	16929.00
	Simple vulvectomy	21660.00
	Radical vulvectomy	16378.00
	VVF / RVF	16378.00
	ICRE	16378.00
	Removal of IUCD	16378.00
	Tubectomy (abdominal or vaginal)	10830.00
	Excision of vaginal wall cyst	19114.00
	Posterior colpotomy	5415.00
	Marsupilisation / excision of bartholin cyst	6317.50
	Repair of old complete perineal tear	10830.00
	Cervical / vaginal polypectomy	6317.50
	Foetal craniotomy / decapitation	8122.50
	Salphingostomy / salphingectomy	10830.00
	Hysterotomy	12635.00
	Hymenoplasty	12635.00

	Normal delivery	12559.00
	Normal delivery with episiotomy	12635.00
	Twin delivery	16245.00
	Manual removal of placenta	8122.50
	Forceps delivery / vacuum delivery	16245.00
	Breech extraction/ assisted breech delivery	18952.50
	D & C / D & E	5415.00
	2nd trimester termination of pregnancy	16245.00
	Endometrial biopsy	3163.50
	Cervical biopsy - wedge / punch	2261.00
	Cervical cauterisation - elctro	2261.00
	Cervical cauterisation - cryo	2261.00
	Amniocentesis	3163.50
	Application ring pessary	1083.00
	IUCD insertion / removal	1083.00
	Cervical dilatation	1083.00
	Drainage for vulval abscess	2261.00
	Intrauterine Insemination (IUI)	5415.00
	Fallopian tube patency testing / Hydrotubation	1083.00
	Drainage of haematoma	18050.00
	Caesarean Hysterectomy	36100.00
	Operative Hysteroscopy	36100.00
	Cord Dressing	456.00
	Hysteroscopic cannulation of tubal ostium	22562.50
	Normal / Forceps delivery under epidural analgesia labour	22562.50
	Manual Rotation of head & forcep delivery	18050.00
	Adhesiolysis	22382.00
	Uterus Removal	19655.50
	Other major operation	19114.00
	Other minor operation	16378.00
		0.00

Laparoscopy	Diagnostic Laparoscopy	10830.00
	Laparoscopic sterilisation (LTO)	12635.00
	Laparoscopic adhesiolysis	23465.00
	Laparoscopic tuboplasty / fimbrioplasty	23465.00
	Laparoscopic assisted Vaginal Hysterectomy (LAVH)	36100.00
	Laparoscopic Salpingectomy	27075.00
	Laparoscopic ovarian cystectomy	31587.50
	Laparoscopic ovariectomy	29782.50
	Laparoscopic myomectomy	31587.50
	Laparoscopic ablation of endometriotic patches	31587.50
	Laparoscopic removal of ectopic pregnancy	31587.50
	Laparoscopic laser ablation of endometriotic patches	36100.00
	Colposcopy	12635.00
	Diagnostic hysteroscopy	12635.00
	Hysteroscopic polypectomy / myomectomy	18952.50
	Hysteroscopic total ablation of endometrium	31587.50
	Hysteroscopic removal of septum	27075.00
	Hysteroscopic procedure under Laparoscopic control	36100.00
	Laparoscopic Surgery for Ectopic Pregnancy	31587.50
	Total Laparoscopic Hysterectomy	36100.00
	Laparoscopic Surgery for Endometriosis	31587.50
	Laparoscopic Procedure (any procedure)	21840.50
		0.00
Eye	Trabeculectomy	9481.00
	Repair of Ocular injuries	9481.00
	Retinal detachment repair	9481.00
	Vitrectomy	9481.00
	Removal of intraocular foreign body	9481.00
	Cyclodialysis	6317.50
	Squint Surgery	9481.00
	Oculoplasty	9481.00

	Cryopaxy	8578.50
	SICS + IOL	10374.00
	DCR	10374.00
	ECCE with IOL / ICCE	10925.00
	DCY	10925.00
	Phaco with IOL	16245.00
	Phaco with foldable IOL	18952.50
	Paracentesis	7220.00
	Dacrocystectomy	7220.00
	Dacrocystorhinostomy	7220.00
	Curettage of chalazion	7220.00
	Iridectomy	9927.50
	Cornical Repair	9025.00
		0.00
Neuro-Surgery	V.P. Shunt	37677.00
	Elevation of depressed fracture	23465.00
	Craniotomy	37677.00
	Head Injury Craniotomy	37677.00
	Burr Hole + tapping	46930.00
	Tapping of Subdural / Intraventricular Haemorrhage	63175.00
	Aspiration of Scalp Hematoma	46930.00
	Repair of Scalp Injury	54150.00
	Brain Abcess drainage	54150.00
	Ligation of Intracranial Aneurysm	58662.50
	Intracranial Biopsy	41515.00
	Excision of Intracranial Tumours / cyst	75810.00
	Decompressin operation Cervical spine	8122.50
	Durplasty	63175.00
	Microvascular Surgery	72200.00
	Oesophageal Surgery	58662.50
	Subdural Haematoma	37677.00

	Tumour	37677.00
	Microdisectomy	37677.00
	Evacuation of brain abscess	37677.00
	Neuro Instrument charge	11466.50
	Neuro OT gases	8189.00
	Charges for Laminectomy	46930.00
	Extradural Hematoma	58662.50
	Charges for Subdural (Burrhole)	46930.00
	Laminectomy & Discoidectomy	46930.00
	Spinal Fusion	54150.00
	Sterotactic Surgery (Needle / Small Biopsy)	16245.00
	Costotranversectomy	27075.00
	C-1 To C-2 Fusion Posteriorly	36100.00
	Anterior Approach without bone graft	31587.50
	Charges for Laminectomy plus Intramedullary	31587.50
	Charges for Lamenectomy plus Extradural/ Intradural	36100.00
	Anterior Approach with bone graft	36100.00
	Other major operation	81225.00
	Other moderate operation	72200.00
	Other minor operation	63175.00
Hemodialysis	PER DIALYSIS	8125.00

BASE RATE OF SERVICES

The Base Rates are given in a separate MS Excel file [Annexure V(A)]. The MS Excel file comprises of the Base Rates for medical treatment of patients referred by Oil India Limited. These rates are exclusive of GST which will be payable extra by Oil India Limited.

Applicants against the invitation for Expression of Interest are required to indicate discount or premium below or above these rates in terms of percentage as their offer.

The Applicants should offer their discount/premium on the Base Rates in the format vide Annexure-VIII.

Note: The list is indicative and not exhaustive. The tests and procedures not mentioned in the annexure [Annexure V(A)] shall be at actuals.

**Information to be provided by the applicant for evaluation of Quality:
Single Specialty/ Multispecialty Hospital**

GENERAL INFORMATION

1. Name of the Hospital :

[illegible]

2. Contact No. of Hospital :

[illegible]

Name of the contact person :

[illegible][illegible]

3. Location of Hospital:

Metro ☐

Non-Metro ☐

Does the hospital have split location(s):

Yes ☐

No ☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐ Private

☐ Corporate

☐ PSU

☐ Trust

☐ Government

☐ Charitable

Others (Specify)

)

**5. Year and month in which registered and under
which authority (as per state and central
requirements)**

.....

.....

6. Year and month in which clinical functions started:

.....

.....

1) CATEGORY OF HEALTH CARE FACILITY

Following are the categories of health care facilities for empanelment:

1) Single Specialty Hospital

2) Multi-Specialty Hospital

MANPOWER

	DOCTORS (On hospital payroll)	Please furnish numbers below
(a)	Super specialists	
	Specialists	
	GDMOs	
(b)	NURSES	
	Specialist Nurses	
	BSc Nurses	
	GNM Nurses	
(c)	PG Students	
(d)	PARAMEDICS	
(e)	DIETICIAN	
(f)	Housekeeping Personnel	

INFRASTRUCTURE

		Please furnish information below
(a)	Building Built up Area (Sq. Ft.)	
	Triage (Yes/No)	
	Parking Space (No. of cars)	
	Reception (No. of receptionists)	
	Waiting area/Sitting Capacity (No. of Persons)	
	Independent Billing Counter (Yes/No)	
(b)	Total Number of Beds in Hospital	
	A/C Semi-private wards (Nos)	
	A/C Private wards (Nos)	
(c)	Hospital Kitchen (Indicate In-house or Outsourced)	
(d)	Number of OTs	
	(i) General OT (Nos)	
	(ii) Super specialty OT (Nos)	
(e)	*Housekeeping	-

***Note:** The score for housekeeping will be based on inspection of the facility by a committee from OIL India Limited

SUPPORT SERVICES

		Please furnish information below		
(a)	Radiology and Imaging (Yes/No)			
	i)	Digital X-ray		
	ii)	Ultrasound		
	iii)	Echo		
	iv)	Doppler		
	v)	CT scan		
	vi)	MRI		
	vii)	Mammography		
viii)	CSSD (Yes/No)			
ix)	Pharmacy (In-house or Out Sourced)			
x)	Ambulance (indicate Nos)			
	i)	General		
	ii)	ATLS		
xi)	Blood Bank (In-house or Out Sourced)			
xii)	Laboratory Services			
		In-house or Out Sourced	In-house	Out Sourced
	i)	Pathology (Yes/No)		
	ii)	Biochemistry (Yes/No)		
	iii)	Microbiology (Yes/No)		
	iv)	Histopathology (Yes/No)		
i)	Waste Management according to PCB guidelines (Yes/No)			
ii)	Physiotherapy(Yes/No)			
iii)	Laundry (Yes/No)			
iv)	Canteen (Yes/No)			
v)	Integrated Medical Gas Supply System (Yes/No)			

NUMBER OF YEARS IN SERVICE

Number of Years	Please furnish information below
i. >10 years	
ii. 5-10 years	
iii. <5 years	

ACCREDITATION

	Accreditation	Please furnish information below (Yes/No)
(a)	NABH	
(b)	NABL	
(c)	Any Other	

STAND-ALONE/BRANCHES

	Branches	Yes/No
a.	Pan India	
b.	Within Assam	
c.	Stand alone	

Information to be provided by the applicant for evaluation of Quality:
Diagnostic Center (Pathology)

GENERAL INFORMATION

1. Name of the Diagnostic Center:

[illegible]

2. Contact No. of Diagnostic Center:

[illegible]

Name of the contact

[illegible][illegible]

3. Location of Diagnostic Center:

Metro ☐

Non-Metro ☐

Does the Diagnostic Center have split location(s):

Yes ☐

No ☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐ Private – Corporate

☐ Corporate

☐ PSU

☐ Trust

☐ Government

☐ Charitable

Others (Specify)

5. Year and month in which registered and under which authority (as per state and central requirements)

.....

.....

6. Year and month in which clinical functions started:

.....

.....

MANPOWER

	DOCTORS (On payroll)	Please provide numbers
(a)	Qualified doctor with MD in pathology / microbiology – with minimum 3 years post degree experience	
(b)	Technicians – full time, holding degree/diploma from recognized institutions with minimum 2 years' experience	
(c)	Adequate workload: Samples per day (Average of last 3 years)	

Services Available

Sl. No.	Services Provided	Please indicate Yes/No
(a)	Biochemistry	
(b)	Microbiology	
(c)	Histopathology	
(d)	Blood Bank	

Facilities available

Sl. No.	Facilities	Please indicate Yes/No
1.	Availability of Personal Protective Devices (PPD)	
2.	Display of statutory safety signage.	
3.	Waiting area	
4.	Equipment for resuscitation of patients available	
5.	Provision for sterilized instrument, disposable syringes & needles, catheter etc.	
6.	Backup of generator, UPS, emergency lights etc.	
7.	Medical records(manual/electronic)	
8.	Collection centers	
9.	Ambulance services	
10.	Specialty trained nurses	

NUMBER OF YEARS IN SERVICE

Sl. No.	Number of Years	Please furnish information below
(a)	>10 years	
(b)	5-10 years	
(c)	<5 years	

ACCREDITATION

Sl. No.	Accreditation	Please furnish information below (Yes/No)
(a)	NABL	
(b)	Any Other	

STAND-ALONE/BRANCHES

Sl. No.	Branches	Yes/No
(a)	Pan India	
(b)	Stand alone	

Information to be provided by the applicant for evaluation of Quality:
Diagnostic Center (Radiology)

GENERAL INFORMATION

1. Name of the Diagnostic Center:

[illegible]

2. Contact No. of Diagnostic Center:

[illegible]**Name of the contact**[illegible][illegible]

3. Location of Diagnostic Center:

Metro

☐

Non-Metro

☐

Does the Diagnostic Center have split location(s):

Yes

☐

No

☐

If yes, address of the other location(s) and distance from main location

4. Ownership:

☐

Private

☐

Corporate

☐

PSU

☐

Trust

☐

Government

☐

Charitable

Others (Specify)

5. Year and month in which registered and under which authority (as per state and central requirements)

.....

.....

6. Year and month in which clinical functions started:

.....

.....

MANPOWER

		Please Indicate numbers
(a)	Qualified in-house Radiologists with minimum 3 years post degree experience	
(b)	Technicians – full time, holding degree/diploma (2 years) from recognized institutions. with minimum 3 years post degree experience	
(c)	Number of Ultrasounds per month (last financial year)	
(d)	Number of CT Scans per month (last financial year)	
(e)	Number of MRIs per month (last financial year)	
(f)	Number of Bone densitometries per month (last financial year)	

Imaging Modalities Present

Sl. No.	Imaging Modalities Present	Please Indicate Yes/No
i.	Digital X-ray	
ii.	Ultrasound	
iii.	Doppler studies	
iv.	Echocardiography	
v.	Mammography	
vi.	CT scan minimum 64 slice CT	
vii.	DEXA scan	
viii.	OPG	
ix.	MRI minimum 1.0 TESLA	
x.	PET Scan	

Facilities available

Sl. No.	Facilities	Please Indicate Yes/No
i)	Availability of Personal Protective Devices (PPD)	
ii)	Compliance to AERB requirements and PNDT Act	
iii)	Availability of Personal Monitoring Devices (PMD) like TLD badges	
iv)	Display of statutory safety signages.	
v)	Waiting area separate from the radiation area	
vi)	Provision of changing room for patients	
vii)	Equipment for resuscitation of patients available	
viii)	Provision for sterilized instrument, disposable syringes & needles, catheter etc	
ix)	Provision for washed clean linens	

x)	Provision for radiation monitoring of all technical staff & doctor through DRP/BARC	
xi)	Coverage by Anaesthetist during procedures involving sedation	
xii)	Backup of generator, UPS, emergency lights etc.	
xiii)	Female Radiographer/attendant	
xiv)	Emergency recovery facilities for patients undergoing interventional procedures like drainage of Abscess & Collections etc with infrastructure for the procedure	
xv)	Medical records(manual/electronic)	
xvi)	Ambulance services	

Note: The compliance of the above will be assessed through observations, interviews and/or documentary evidences.

NUMBER OF YEARS IN SERVICE

Number of Years	Please furnish information below
i. >10 years	
ii. 5-10 years	
iii. <5 years	

ACCREDITATION

	Accreditation (Yes/No)	Please furnish information below
(a)	NABL	
(b)	Any Other	

STAND-ALONE/BRANCHES

	Branches	Please Indicate Yes/No
a.	Pan India	
b.	Stand alone	

List of Documentary Evidence

SL. No	NAME OF DOCUMENT	Please Indicate Yes/No/Not Applicable
1.	Registration under Nursing Home Act/ Medical Establishment Act	
2.	Bio-medical Waste Management Licenses	
3.	AERB Licenses	
4.	NOC from Fire Department	
5.	Ambulance	
(a)	Commercial Vehicle Permit	
(b)	Commercial Driver Licenses	
6.	Income Tax Exemption Certificate Section 17 of Act 1961	
7.	Lift licenses for each lift	
8.	Building Completion Licence	
10.	Retail of bulk drug license	
12.	Narcotic Drug Licenses	
14.	Clinical establishment and registration (if applicable)	
15.	Blood Bank Licenses	
18.	Municipal Corporation Licences	
19.	Fire and Safety Certificate	
20.	Documents for MTP Act	
21.	Documents PNDT Act	
22.	Sales tax registration	
23.	PAN	
24.	No objection certificate under Pollution Control Act (Air/Water)	

Price-Bid Format

Sl. No.	Item Description	Premium/discount in terms of percentage only up to two decimal point
1	Premium/discount in terms of percentage offered against base Package Rates for different procedures followed by OIL as per Annexure V for providing services as per the scope.	In figure (Percentage):
		In Words (percentage) :