

**NOTICE INVITING EXPRESSION OF INTEREST FOR EMPANELMENT OF  
HOSPITALS/ DIAGNOSTIC CENTRES LOCATED IN GUWAHATI CITY**

**EOI No. MD(SEC)/04-320/2019  
Date: 14.11.2019**

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 Guwahati.

**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 option of OIL.

**4.0 SCOPE OF WORK:**

Scope of work will be as per sample MOU as per 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 details herein are invited to submit their EOI, addressed to **General Manager (Medical Services), OIL India Hospital, Duliajan, Assam 786602** in sealed envelope superscribed as **"EOI for Empanelment of Hospitals in the city of Guwahati"**, 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	: 12.12.2019
Closing Time	: 13:00 Hrs (IST)
Opening Time	: 13:15 Hrs (IST)

In case, the above mentioned date happens to be a non-working day for OIL in Guwahati to Bandh/holiday or for any other reasons, 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 **22.11.2019 at 2:00P.M.** at Pipeline Headquarter of OIL at **Narengi, Guwahati.**

## 5.3 PLACE FOR SUBMISSION OF EOI:

The Applicants should drop their EOI in the **"Tender Box"** placed in the Administrative Building of Pipeline Headquarter at the following address:

**OIL INDIA LIMITED**  
**Pipeline Headquarter**  
**P.O. Udayan Vihar, Narengi,**  
**Guwahati - 781171**

## 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](http://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:

Prospective Applicants requiring any clarification on this document may send their queries to the following persons through email 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, Chief Medical Officer  
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, 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, Orthopaedics, ICU and Critical Care Units, ENT, Ophthalmology, 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 (OBS)	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 has scored 80 out of 100 marks, technical score of the Applicant for evaluation purpose shall be calculated as  $0.7 \times 80 = 56$ .*
- (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 two 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).*

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**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
OIL INDIA LIMITED  
AND  
.....HOSPITAL/DIAGNOSTICS  
CENTRE,  
GUWAHATI, 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'/ 1<sup>st</sup> 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'/2<sup>ND</sup> 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 Guwahati. 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) – HoD  
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.

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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 LIMITEDDIBRUGARH**

\_\_\_\_\_  
(.....)

\_\_\_\_\_  
(.....)  
General Manager (Medical Services) HoD

*Witnesses:*

*Witnesses:*

1. \_\_\_\_\_  
(.....)

1. \_\_\_\_\_  
(.....)

2. \_\_\_\_\_  
(.....)

2. \_\_\_\_\_  
(.....)

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

<b>S. No.</b>	<b>Specialty</b>
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): \_\_\_\_\_

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

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

<b>Sl. No.</b>	<b>Specialty</b>	<b>Indicate Yes/No</b>
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**

<b>Sl. No.</b>	<b>Diagnostic Services</b>	<b>Indicate Yes/No</b>
<b>1.</b>	<b>Pathology</b>	
<b>2.</b>	<b>Radiology &amp; Imaging</b>	

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

1. Whether -
  - Multispecialty
  - Single Specialty
  - Diagnostic Center (Pathology)
  - Diagnostic Center (Radiology & Imaging).
2. If applied for Multispecialty, please indicate the specialties in the **Table- B** above.
3. If applied for Single Specialty, indicate specialty.

## 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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
1.	The hospital should have minimum 50 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. 2.5 Crores	
20.	Fire and Safety Certificate	

**C. General Criteria for Diagnostic Centers**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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 Optometrician	
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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):**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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):**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Indicate Yes/No</b>
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:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Private – Corporate | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> PSU                 | <input type="checkbox"/> Trust        |
| <input type="checkbox"/> Government          | <input type="checkbox"/> 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)	<b>Radiology and Imaging Total Score 07 (One point for each facility)</b> 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**

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

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

				<b>Points Scored</b>
(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**

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

## 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

☐ 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**

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

**SECTION III****Services Available****Total Score: 30**

				<b>Points Scored</b>
<b>(a)</b>	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**

	<b>Facilities</b>	<b>Score</b>	<b>YES</b>	<b>NO</b>
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**

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

**SECTION VII**

**ACCREDITATION (Any One)**

**Total Score: 05**

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

**SECTION VIII**

**STAND-ALONE/BRANCHES**

**Total Score: 05**

			<b>Points Scored</b>
<b>a.</b>	<b>Pan India</b>	<b>05</b>	
<b>b.</b>	<b>Stand alone</b>	<b>03</b>	

## 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** Mobile

[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**

	<b>DOCTORS (On payroll)</b>				<b>Points Scored</b>
<b>(a)</b>	Qualified Radiologist – with minimum 3 years post degree experience	>5 (10)	3-5 (05)	<3 (03)	
<b>(b)</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)	
<b>(c)</b>	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**

				<b>Points Scored</b>
(a)	<b>Radiology and Imaging</b>			
	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**

	<b>Facilities</b>	<b>Score</b>	<b>Yes</b>	<b>NO</b>
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**

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

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

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

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

			<b>Points Scored</b>
a.	Pan India	05	
b.	Stand alone	03	

## **BASE RATE OF SERVICES**

The Base Rates are given in a separate MS Excel file. The MS Excel file comprises of 43 worksheets with 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.

\*\*\*

**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

☐ 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:**

.....

.....

**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**

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

**INFRASTRUCTURE**

		<b>Please furnish information below</b>
<b>(a)</b>	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>(b)</b>	Total Number of Beds in Hospital	
	A/C Semi-private wards (Nos)	
	A/C Private wards (Nos)	
<b>(c)</b>	Hospital Kitchen (Indicate In-house or Outsourced)	
<b>(d)</b>	Number of OTs	
	(i) General OT (Nos)	
	(ii) Super specialty OT (Nos)	
<b>(e)</b>	*Housekeeping	-



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

### **SUPPORT SERVICES**

		<b>Please furnish information below</b>		
(a)	Radiology and Imaging (Yes/No)			
	i)	Digital X-ray		
	ii)	Usg		
	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	<b>In-house</b>	<b>Out Sourced</b>
	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**

**Annexure-VI (A)** (Page-6)

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

☐ 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:**

.....

.....

**MANPOWER**

	<b>DOCTORS (On payroll)</b>	<b>Please provide numbers</b>
(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**

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

**Facilities available**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Please indicate Yes/No</b>
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**

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

**ACCREDITATION**

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

**STAND-ALONE/BRANCHES**

<b>Sl. No.</b>	<b>Branches</b>	<b>Yes/No</b>
(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** Mobile

[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:**

.....

.....



**MANPOWER**

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

**Imaging Modalities Present**

<b>Sl. No.</b>	<b>Imaging Modalities Present</b>	<b>Please Indicate Yes/No</b>
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**

<b>Sl. No.</b>	<b>Facilities</b>	<b>Please Indicate Yes/No</b>
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**

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

### **ACCREDITATION**

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

### **STAND-ALONE / BRANCHES**

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

**List of Documentary Evidence**

<b>SL. No</b>	<b>NAME OF DOCUMENT</b>	<b>Please Indicate Yes/No/Not Applicable</b>
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 <b>Annexure V</b> for providing services as per the scope.	In figure (Percentage) :
		In Words (percentage) :

**LIST OF ANNEXURES**

<b>Annexures</b>	<b>Particulars</b>
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
IX	List of annexures

## **Checklist for Documents to be Submitted by the Applicants**

<b>Sl. No.</b>	<b>CHECKLIST</b>	<b>Please tick</b>
<b>1.</b>	Covering Letter	
<b>2.</b>	Annexure II	
<b>3.</b>	Annexure III	
<b>4.</b>	Annexure VI A/B/C	
<b>5.</b>	Annexure VII	
<b>6.</b>	Annexure VIII	
<b>7.</b>	Documents as per Annexure VII	