दक्षिणपूर्वरेलवे / **South Eastern Railway**

कार्यालय / Office of the
मुख्य चिकित्सा अधीक्षक /चक्रधरपुर
Chief Medical Superintendent/Chakradharpur
Rly.Tel.No.72470(O) – 72471(R)
Fax No. & 72259 & 72495 (Rly.) – 06587-239998 (P&T)
Email address: cmsckpser@gmail.com

No. CMS/CKP/Pathology/1321 Date:29.10.2021

To
The CPRO
S.E.Railway., Garden Reach,
Kolkata-43

Sub:-Publication of Expression of Interest (EOI) for the under mentioned work.

Applications are invited from various Hospitals /Investigation centers near Divisional Railway Hospital,Chakradharpur ,Sub. Divisional Railway Hospital, TATA & BNDM and Health units Jharsuguda, Dangoaposi etc, S.E.Railway. For under taking investigations, like pathological, CT scan, MRI,USG etc for Railway beneficiaries on CGHS(Non-NABH) rates Ranchi for a period of 01 One year. Interested Hospitals/Investigation centers should apply to Chief Medical Superintendent, Divisional Railway Hospital, Chakradharpur, Dist-West Singhbhum,Jharkhand,Pin-833102 by post /by hand at CMS Office, Chakradharpur along with relevant documents in sealed cover.

Closing date and time :- 17:00 Hrs. of 18.11.2021

Details are available at the website-www.serailway.gov.in –Medical

Two copies of expression of interest (EOI) notice for the above mentioned works are enclosed herewith for publishing in ten news papers as follows:-

Fund exists under head of allocation J-356-21 (CMS/CKP)

Srl. No.	Name of the News paper	Place	Version
1.	The Telegraph	Kolkata	English
2.	Prabhat Khabar	Chaibasa	Hindi
3.	The Times of India	New Delhi	English
4.	The Times of India	Mumbai	English
5.	The Times of India	Chennai	English
6.	The Hindustan Times	Jamshedpur	English
7.	Prabhat Khabar	Jamshedpur	Hindi
8.	Dainik Jagaran	Rourkela	Hindi
9.	The Samaj	Cuttack	Oriya
10	The Samaya	Rourkela	Oriya

9.	The Samaj	Cuttack	Oriya
10	The Samaya	Rourkela	Oriya

CPRO/GRC is requested to publish the expression of interest (EOI) Notice in the above news papers and intimated to the under signed.

29.10.20

Chief Medical Superintendent
Chakradharpur

Copy to:- PCMD/SER/GRC for kind information please.

Copy to:- Sr. DFM/CKP for information .

Copy to:- ACMS/TATA &BNDM for information.

EOI NOTICE

South Eastern Railway

Medical Department, Chakradharpur Division

For & behalf of President of India,Divisional Railway Manager (Medical),Chakradharpur,S.E.Railway invites with "Expression of Interest (EOI) for tie – up with various hospitals/Helath units of S.E.Railway,Chakradharpur Division for the under mentioned work.

Srl. No.	Description of Work
1.	Applications are invited from various Hospitals /Investigation centers near Divisional Railway Hospital,Chakradharpur ,Sub. Divisional Railway Hospital, TATA & BNDM and Health units Jharsuguda, Dangoaposi etc, S.E.Railway. For under taking investigations, like pathological, CT scan,MRI,USG etc for Railway beneficiaries on CGHS(Non-NABH) rates Ranchi for a period of 01 One year. Interested Hospitals/Investigation centers should apply to Chief Medical Superintendent, Divisional Railway Hospital, Chakradharpur, Dist-West Singhbhum,Jharkhand,Pin-833102 by post /by hand at CMS Office, Chakradharpur along with relevant documents in sealed cover. **Closing date and time :- 17:00 Hrs. of 18.11.2021** **Details are available at the website-www.serailway.gov.in –Medical**

29.10.2021.

CMS/CKP

EOI (Expression of Interest)

Sub: For Pathological tests/ Investigation Service Provider for Railway Patients of Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA, HU/JSG & DPS etc ,S E Railway, Chakradharpur, West Singhbhum -833102 through MOU (Memorandum of Understanding).

Ref: Ministry of Railways/Rail Board's Letter No 2011/H/6-4/Policy dated 03/02/2015

Chief Medical Superintendent, S. E. Railway, Chakradharpur, East Singhbhum Jharkhand 833102 hereby invites "Expression of Interest (EOI)" from the interested and reputed diagnostic centers/ hospitals for short listing the interested parties to provide Pathological tests/ investigation facility (as detailed in annexure A) to the railway beneficiaries of Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA,HU/JSG & DPS etc . The successful service provider(s) will formulate a mutual agreement with the Chief Medical Superintendent , Chakradharpur and will work on the basis of terms and condition of the MOU (Memorandum of understanding) immediately from the date of finalization of the MOU. The responses on the prescribed format (as enclosed in annexure-B) **may be submitted to Chief Medical Superintendent, S. E. Railway, Chakradharpur, East Singhbhum Jharkhand 833102 on or before 18.11.2021 at 17.00 hrs. in sealed cover by post/by hand** Special terms and conditions: (1) Testing centre must be NABL accredited, and preferably having ISO 9001:2008 certification. Testing center should have all necessary valid documents issued by regulatory bodies to operate such centre. (2) Testing facilities may be available in house. Rare investigations, if done from other centre must be mentioned. (3) All tests must be carried out by highest model & automated Instruments available in the market on date maintaining the quality controls. List of instruments available in the testing center may be submitted with EOI. (4) Name & educational qualification of Doctors, Technicians etc. who are appointed/ engaged at the testing center may be submitted with EOI. (5) Samples to be collected mainly from Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA, HU/JSG & DPS etc. S E Railway at regular working hours i.e. from 9a.m. to 5 p.m. on daily basis at their own cost. For emergency cases outside working hours, samples are to be collected whenever required. (6) Routine reports to be delivered within 24 hours in Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA,HU/JSG & DPS etc, S E Railway. However, special Investigation reports are to be delivered within stipulated time as per NABL guidelines. (7) For emergency cases, e-reports to be sent to the concerned Ward In-charge immediately along with copy to Pathology Department followed by routine delivery of reports on the next day. (8) The firm's representative will collect the pathology samples/ specimens' etc. from the OPD and IPD patients of this hospital. Phlebotomy will be performed by the firm's representative. The firm's representative will inform the Sister-in-charge or patient / patient party of the date, time and place of delivery of reports. (9) The test reports will be delivered to the (i) Pathology dept., Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA,HU/JSG,DPS etc S E Railway in case of IPD patients and (ii) The patients/patient party in case of OPD patients. The delivery of report shall be done under clear signature of receipt. (10) There shall be alternative backup arrangement in case of mechanical failure, and testing not to be refused on that ground. (11) MOU will be valid for 01 (One) year. MOU may be entered with more than one testing centers. (12) The services will be cashless for the patients duly referred by the Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA,HU/JSG& DPS etc. S E Railway, South Eastern Railway. Bills to be submitted every month along with a copy of the referral letter & report. Payment will be arranged by the Railway administration through RTGS/ NEFT. Details about the bank's name, account no., branch, IFSC code etc. to be provided for this purpose. (13) The rate offered by the centers will be as per CGHS rate, Ranchi (NABL/NABH rates) via letter No. 16-2/2013-14/Dev/Empanelment/Vol-II/3134 dtd. 14.11.2014 or Govt. Hospital (incl. railway) rate as per current revised rate available at AIIMS site

CGHS Kolkata or AIIMS rate not available. On receiving the EOIs, a nominated team of doctors from the Railways will inspect the diagnostic centres, if necessary. On being selected for empanelment, the diagnostic centres will be informed over phone or/and by speed post . The diagnostic centres may depute their authorised representative for signing of MOU. The Railway beneficiary / patient will be referred to the diagnostic centre (as per choice of the patient) with a referral letter indicating the name of the patient, designation, office, station, name of investigation to be conducted. The patient's ID Card No/ Medical Treatment Identity Card Number will be mentioned on the said referral letter. The diagnostic centre will verify the identity card of the Rly. patient/Rly. beneficiary and satisfy themselves prior to conducting the tests/investigations. In case of any doubt, the diagnostic centre will contact the authorised person from the Railways whose name(s) and telephone number(s) will be provided at the time of signing of MOU. The bills to be prepared in triplicate by the Diagnostic Centre on monthly basis and submitted to the office of the Chief Medical Superintendent, S. E. Railway, Chakradharpur, West Singhbhum Jharkhand 833102 along with copies of referral letter, for arranging payment. Payment will be made through NEFT/RTGS. For any other information, the office of the undersigned may be contacted. For specific queries, Dr. S.K.Mishra, Chief Medical Superintendent, Divisional Railway Hospital (Mob no: 9771482500 & email: cmsckpser@gmail.com may also be contacted.

Chief Medical Superintendent, S. E. Railway, Chakradharpur, East Singhbhum Jharkhand 833102

EOI (Expression of Interest) : for Pathological tests/ Investigation Service Provider for Railway Patients of Divisional Railway Hospital, Chakradharpur, Sub-Divisional Hospital ,BNDM & TATA, S. E. Railway, through MOU (Memorandum of Understanding).

ANNEXURE-B

PRESCRIBED FORMAT FOR APPLICATION

1. Name of the HOSPITAL,DIAGNOSTIC CENTRE/ORGANIZATION /ADRESS/TELEPHONE NUMBER/E-MAIL ID

.....

.....

2.EXPERIENCE OF WORKING IN THE MOUFORMAT IN PRIVATE SECTOR/GOVT SECTOR/ATTACH DETAILS:

.....

.....

3.PROPSED RATES FOR VARIOUS PATHOLOGICAL TEST/INVESTIGATION AS PER FOLLOWING FORMAT WITH MENTIONING % OF DISCOUNT OFFERED FOR ITEMS NO COVERED NO CGHS(NABL/Non-NABL) Rate:

Srl. no	Name of the test	CGHS		Institutional Area	Rate for CGHS/Ranchi
		(NABL	Non-NABL		

4.DETAILS OF THE MACHINE AVAILABLE WITH YOUR FACILITY.

.....

.....

5. ANY SPECIAL TERMS AND CONDITIONS FOR OPERATION OF THE PAATHOLOGICAL TESTS/INVESTIGATION FACILITY.

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6. ANY OTHER USEFUL INFORMATION THE TESTING CENTRE WANTS WANT TO DECLARE REGARDING OPERATION OF PATHOLOGICAL TESTS/INVESTIGATION.

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7.APPROXIMATE DISTANCE FROM DIVISIONAL RAILWAY HOSPITAL, CHAKRADHARPUR, SUB-DIVISIONAL HOSPITAL ,BNDM & TATA IN KM.

.....

SIGNATURE
HEAD OF THE INSTITUTION
ADDRESS
PHONE NO
E-MAIL ID
SEALS/STAMP

232391/2021/O/o CMS/CKP/SER

List of Investigation

S.no	Name of investigation
1.	Histopathology
2.	Frozen section
3.	FNAC
4.	Body Fluids
5.	Malignant cell
6.	Sugar, protein,LDH etc
7.	Cx Smear(PAP smear)
8.	Complete hemogram (DC,HB,RBC,count and indices, TLC, DLC Platelets, ESR, Peripheral Smear, examination
9.	Hb
10.	TLC
11.	Differential count
12.	Platelet count
13.	Red cell count with MCV, MCH,MCHC,RDW,(Red cell width)
14.	Packet cell volume(PVC)
15.	Comment on peripheral smear examination body
16.	ESR 1592
17.	L.e cell
18.	Sickling
19.	Combs test
20.	OFT
21.	PT
22.	APTT
23.	BT,CT
24.	Bleeding disorder panel, PT, APTT, Thrombin time, Fibringogen D-dimeer, FDP
25.	Malaria Parasite(side test)
26.	Bone marrow smear exam
27.	Bone marrow smear exam withIron
28.	Bone marrow smear exam with cyto chemistry.
29.	Bone marrow Biopsy
30.	HIV I &II
31.	Hb S Ag
32	HCV
33.	ASO quantitative
34.	H CRP
35.	VDRL
36.	RA factor
37.	Pregnancy test
38.	Malaria Antigen(card test)
39.	Semen Analysis
40.	Urine RE
41.	Stool RE
42.	Stool Occult Blood
43.	Free T3, T4. & TSH
44.	Electrolytes (Na^+, K^+,C^+)
45.	Urine culture &sensitivity
46.	Pus culture & sensitivity
47.	Other body fluids etc culture and sensitivity.
48.	Blood culture and sensitivity

	Widal test for tube agglutination method
	HBA1C
51	ANA
52	PSA –Total
53	CA 125
54	PRL
55	LH
56	FSH
57	Serum Ige
58	Ferritin
59	Hb Electrophoresis
60	Serum Protein Electrophoresis
61	FBS
62	Urea
63	Creatinine
64	Total cholesterol
65	SGPT/SGOT
66	TRIGLYCERIDE
67	HDL/LDL/VLDL
68	S.Bilirubin
69	Uric Acid
[redacted]	Blood grouping & typing
71.	Anti CCP antibody
72.	Serum AMYLASE
73.	Serum Lipase
74.	Serum Ferritin
75	Urinary Microalbumin
76.	Serum Calcium ,Phosporous, Alkaline Phosphatase Parathormone
77.	CD3/CD4/CD8 cell count
78.	Vitamin D
79.	Vitamin B12 Assay
80.	Folic Acid Assay
81.	Serum Parathormone phosphate
82.	Serum Benstones Protein
83.	Serum insulin
84.	Testing Groth Harmone assay
85.	Serum Cortisol
[redacted]	Dengue Card test IGM
[redacted]	Digital X-ray(Skull & other body parts)
88	CT scan brain plain
89	CT scan (contrast) Brains
90.	CT scan Thorax & Abdomen & pelvis
91	MRI any part with contrast
92.	MRI any part without contrast
93	IVP
94.	MCU(Micturating Cysto urethrogram)
95	Upper GL endoscopy
96.	Total colonoscopy
97.	Echo cardiogram
98.	Thread Mill test
99	12 lead ECG Multichannel
100.	Digital ECG
101.	24 hours Holtr Monitoring
102.	Liver function test

103.	Nerve conduction velocity (at least 2 limbs)
104.	Iron/Iron binding capacity
105.	Karyotyping
106.	CD3,CD4,CD8, count
107.	CD3,CD4,CD8, percentage
108.	Growth Hormone estimation
109.	Serum PTH
110.	Tropinin (quantitative) assay
111.	HBeAg
111.	HBeAg
112.	Echinococcus ig/Hydalic Serology
113.	24 hours urinary for protein sodium & creatinine
114.	Mycobacterium Tuberculosis for PCR
115.	Procalcitonin/Calcitonin

MANDATE FORM (Must be filled up)

BY

VENDER / CONTRACTOR / EMPLOYEE FOR

EFT / ECS / RTGS / NEFT PAYMENT

1. NAME OF THE FIRM / PERSON /PARTY .....
2. ADDRESS .....

   .....

   TELEPHONE NO. & FAX .....

   CELL PHONE: ..... E. MAIL .....
3. P. A. N NO. .....
4. PARTICULARS OF BANK ACCOUNT .....

   BANK NAME .....

   BRANCH NAME & ADDRESS .....

   .....

   BANK BRANCH TELEPHONE NO. .....

   ACCOUNT TYPE (whether SB or Current): .....

   ACCOUNT NO. .....

   BANK'S MICR CODE: .....

   BANK'S IFS CODE: .....
5. DECLARATION OF THE PARTY :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete and incorrect information, the user institution i.e., S. E. Railway will not be held responsible. I have understood the scheme and agree to discharge the responsibility for which i am liable as a participant under the scheme.

Date:

Signature of the supplier /party /Employee

NB: One cancelled cheque / photocopy of the cheque is to be enclosed {where the cheque does not carry IFS code, an attestation from the bank attesting the IFS code should be given}.

SIGNATURE OF BANK OFFICIAL