



दक्षिण पश्चिम रेलवे/ SOUTH WESTERN RAILWAY

ए.सी.एमा.एस कार्यालय/ Office of ACMS

रेलवे स्वास्थ्य केन्द्र / Railway Health Unit

हरिहर 577601. कर्नाटक / Harihar 577601. Karnataka

सूची. सं/No. MD/HU/HRR/ Lab Empanelment

Dt. 04/05/2026

Quotation Notice

Sub: Empanelment of Laboratories / Diagnostic centres with
Railway Health Unit Harihar.

Quotations are invited by Chief Medical Superintendent, South Western Railway, Mysore Division, Mysore – 570020 for & behalf of the President of India, for the empanelment of Laboratories / Diagnostic centres operating at Harihar Town, Davangere Dist, Karnataka for undertaking the Clinical investigations for the patients of Railway Health Unit Harihar, Davangere Dist, Karnataka for a period of 03 years for following investigations **Urine Routine- pH, Specific Gravity, Sugar, Protein and Microscopy, Stool Routine and Microscopy, Stool for Occult Blood, Semen Analysis (Automated/Manual), Haemoglobin (Hb), Complete Haemogram/CBC, Hb, RBC Count and Indices, TLC, DLC, Platelet, ESR, Peripheral Smear Examination), Platelet Count, Smear for Malaria/Filaria Parasite, Bleeding Time, Clotting Time, Rapid Test for Malaria (Card Test)/QBC Malaria Test, Blood Group & Rh Type, Hepatitis B Surface Antigen (HBsAg), Hepatitis C Virus (HCV), Blood Glucose Random / Blood Glucose Fasting /Blood Glucose PP, Blood Urea Nitrogen (BUN) / Urea, Serum Creatinine, Urine Ketones, Urine Total Proteins, Urine Total Proteins, Rheumatoid Factor / Rh Factor Test, Serum Uric Acid, Serum Bilirubin total & direct, C-Reactive Protein (CRP), Glucose (Fasting & PP), Serum Glutamic Pyruvic Transaminase (SGPT) / Alanine Aminotransferase (ALT), Serum Glutamic Oxaloacetic Transaminase (SGOT) /Aspartate Aminotransferase (AST), Serum Amylase, Triglycerides, Troponin I, Troponin T, Glycosylated Haemoglobin (HbA1c), Kidney Function Test (KFT)- (Sr.Creatinine, Blood Urea, BUN, Sr.UricAcid, Sr.Sodium, Sr.Potassium, Urine R/E), Liver Function Test (LFT), Lipid Profile (Total cholesterol ,Triglycerides, LDL, HDL,VLDL), T3, T4, TSH -Thyroid Function Test (TFT), Widal Test, Dengue NS1 Ag, Dengue IgM and Ig G under the following terms and conditions.**

Terms and conditions:

1. The upper permissible limit for the cost of investigations is as per Non-NABH CGHS 2025 rates (Z city). For un-coded tests the center has to intimate the percentage of discount offered with lab rates.
2. The diagnostic lab / Laboratory center must have been registered with State Government/ Local bodies, wherever applicable.
3. The Diagnostic lab / Laboratory center should have complied with statutory requirements including that of Waste Management & Fire safety etc.

4. Taxes, if any, as applicable (like GST) should be included in rate as per the existing norms.
5. The Diagnostic lab / hospital should submit the duly filled application form, Annexure I and Annexure II along with the Quotation within the prescribed time.
6. Lab which offers maximum total discount over CGHS rates and lab rates will be considered for empanelment.
Total discount means sum of discounts offered for all investigations.
7. Laboratory having quality control will be preferred.
8. Lab investigation reports submitted preferably within 24 hrs of collection of sample.
9. Any revision of CGHS rates will be applicable.
10. Performance of lab will be assessed periodically in terms of reporting, quality assurance.
11. Services of empanelled lab may be terminated for any false information and other valid reason with prior notice.

Last date and time for submission of quotation: - Quotations along with application form, annexure and necessary supporting documents in a sealed cover super-scribed as, **“QUOTATION FOR EMPANELMENT OF LABORATORY / DIAGNOSTIC CENTER FOR RAILWAY HEALTH UNIT HARIHAR”** should be submitted to the office of Additional Chief Medical Superintendent, South Western Railway, Health Unit, Harihar – 577601. On or before 02/06/26 17:00 hrs.

ACMS/HU/HRR

Copy: All the Laboratory centres of HARIHAR town.

Notice board – 1) HU/HRR 2) SMR/o/HRR

Newspaper and railway website

ANNEXURE-1

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given above are correct and minimum eligibility criteria are satisfied.
2. That the Hospital/Diagnostic laboratory shall not charge CGHS beneficiaries higher than the CGHS notified rates or the rates charged from other patients who are not CGHS beneficiaries.
3. That the rates have been provided against a facility/procedure/investigation actually available at the Organization.
4. That if any information is found to be untrue, Hospital/Diagnostic Centre would be liable for de- recognition by Railway. The Organization will be liable to pay compensation for any financial loss caused to Railway or physical and or mental injuries caused to its beneficiaries.
5. The Hospital/Diagnostic Centre will be liable to pay damage to the beneficiaries if any injury, deterioration of health or death occurs due to gross negligence or due to faulty medical reports.
6. That the Hospital/Diagnostic Centre has not been derecognized by CGHS or any State Government or any other Organizations.
7. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital/Diagnostic Centre.
8. Agree for the terms and conditions prescribed in the Application document.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT WITH SEAL

ANNEXURE-II

Following documents are to be submitted along with Application

1. Willingness letter for the CGHS/Non-NABH, 2025 rates (Z city) for the list of investigations to be done at Health unit to be submitted
2. For un-coded tests the centre has to submit the lab rates.
3. Copy of the additional documents full filling necessary statutory requirements (If applicable)

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT WITH SEAL

The following lab investigations are proposed to be conducted at outsourced laboratory.

SI No.	Particulars of Clinical investigation	Rate quoted
01	Urine Routine- pH, Specific Gravity, Sugar, Protein and Microscopy	
02	Stool Routine and Microscopy	
03	Stool for Occult Blood	
04	Semen Analysis (Automated/Manual)	
05	Hemoglobin (Hb)	
06	Complete Haemogram/CBC, Hb, RBC Count and Indices, TLC, DLC, Platelet, ESR, Peripheral Smear Examination)	
07	Platelet Count	
08	Smear for Malaria/Filaria Parasite	
09	Bleeding Time	
10	Clotting Time	
11	Rapid Test for Malaria (Card Test)/QBC Malaria Test	
12	Blood Group & Rh Type	
13	Hepatitis B Surface Antigen (HBsAg)	
14	Hepatitis C Virus (HCV)	
15	Blood Glucose Random / Blood Glucose Fasting /Blood Glucose PP	
16	Blood Urea Nitrogen (BUN) / Urea	
17	Serum Creatinine	
18	Urine Ketones	
19	Urine Total Proteins	
20	Rheumatoid Factor / Rh Factor Test	
21	Serum Uric Acid	
22	Serum Bilirubin total & direct	
23	C-Reactive Protein (CRP)	
24	Glucose (Fasting & PP)	
25	Serum Glutamic Pyruvic Transaminase (SGPT) / Alanine Aminotransferase (ALT)	
26	Serum Glutamic Oxaloacetic Transaminase (SGOT) /Aspartate Aminotransferase (AST)	
27	Serum Amylase	
28	Triglycerides	
29	Troponin I	
30	Troponin T	
31	Glycosylated Haemoglobin (HbA1c)	
32	Kidney Function Test (KFT)- (Sr.Creatinine, Blood Urea, BUN, Sr.Uric, Acid, Sr.Sodium, Sr.Potassium, Urine R/E)	
33	Liver Function Test (LFT)	
34	Lipid Profile (Total cholesterol ,Triglycerides, LDL, HDL,VLDL)	
35	T3, T4, TSH -Thyroid Function Test (TFT)	
36	Widal Test	
37	Dengue NS1 Ag	
38	Dengue IgM and Ig G	