

## SOUTH WESTERN RAILWAY

Office of the  
Medical Director  
Central Hospital, Hubli  
Dt: 09.12.2023.

No.CH/MD.43/Spl Radio Invs

**TENDER NOTICE NO 01/MD.43/SPL RADIOLOGICAL  
INVESTIGATIONS/CH/UBL/23-24**

Offers are invited by Medical Director, Central Hospital, South Western Railway, Gadag Road, Hubli-580020 on behalf of the President of India for below mentioned work.

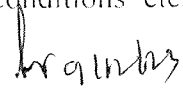
| Item No. | Description of Work  | Approx Value   | Cost of Tender Form Rs.               | Date of opening the tender | Period of tie up |
|----------|--|--|---------------------------------------|----------------------------|------------------|
| 01       | <p>"Expression of Interest" (EOI) from the interested and reputed Local Diagnostic Centers for entering into tie up for providing services of Radiological Investigations CT/MRI/PET Scan and other special Investigations to Railway beneficiaries/ patients of Central Hospital, South Western Railway, Gadag Road, Hubli, as per CGHS 2014 Bengaluru Rates &amp; updated 2021 CGHS rate list and as and when rates are revised the same will be permitted.</p> <p>The latest CGHS rates as per MOHFW, Department of Health &amp; Family Welfare, O.M. dtd. 19.06.2023 through MOU (Memorandum of Understanding) is also applicable. (Period of tie up 02 years)</p> | <p>Rs.<br/>1,42,81,428/-<br/>(Rupees One Crore forty two lakhs eighty one thousand four hundred and twenty eight only)</p> | <p>5,900/-<br/>(Inclusive of GST)</p> | 24.01.2024                 | 02 years         |

The EOI forms must be downloaded from the website only. The EOI Forms will be available for download at Website from 18.12.2023, up to 15.00 hrs on 24.01.2024 on payment of Rs.5,900/- through DD drawn in favour of Sr. Divisional Finance Manager/SWR/Hubli and DD to be submitted along with EOI.

The documents submitted should be in a sealed cover with "Name of Work" vide TENDER NOTICE 01/MD.43/SPL RADIOLOGICAL INVESTIGATIONS/CH/UBL/23-24 may either be dropped in the Tender box kept at office of Medical Director, Central Hospital, South Western Railway, Gadag Road, Hubli-580020 or sent by Registered post with Acknowledgement up to 15.00 hours on 24.01.2024. In respect of offers submitted through post, the Railway will not be responsible for delay in transit. The offers will be opened on 24.01.2024 at 15.30 hrs.

Full details of the EOI Form, Terms and Conditions contact are available in Office of the Medical Director, Central Hospital, South Western Railway, Gadag Road, Hubli-580020.

For further details of EOI Form, Documents, terms and conditions etc, log on to [www.swr.indianrailways.gov.in](http://www.swr.indianrailways.gov.in)

  
MEDICAL DIRECTOR  
CENTRAL HOSPITAL, HUBLI  
Central Hospital, S.W. Div., HUBLI

C/- PCMD/SWR for kind information

C/- SDGM/SWR for information

C/- ACHD/Admn/CH/UBL for Publicity

C/- Sr.DFM/UBL for information and to please depute Accounts representation on 24.01.2024 without fail for opening of tenders

## EOI (Expression of Interest)

Sub: For Radiological Investigation Service Provider for Railway Patients of Central Hospital, South Western Railway, Gadag Road, Hubballi-580020 through MOU (Memorandum of Understanding).  
Ref: Ministry of Railways/Rail Board's Letter No.2011/II/6-4/Policy Dtd.03.02.2015.

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Medical Director, Central Hospital, South Western Railway, Gadag Road, Hubballi-580020 hereby invites "Expression of Interest (EOI)" from the interested and reputed local diagnostic centers/ hospitals for short-listing the interested parties to provide Radiological investigation facility to the railway beneficiaries of Central Hospital, South Western Railway, Gadag Road, Hubballi-580020 as per the Annexure A. The successful service provider (s) will formulate a mutual agreement with the Medical Director 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 The Medical Director, Central Hospital, South Western Railway, Gadag Road, Hubballi-580020 on or before 24.01.2024 upto 15 hrs.

### SPECIAL TERMS AND CONDITIONS FOR RADIOLOGICAL INVESTIGATIONS:

1. Should be a Diagnostic Centre.
2. Should preferably provide services of Clinical Investigations round the clock (24x7).
3. Scanning facilities may be available in house. Rare Investigations, if done from other centre must be mentioned.
4. All Investigations must be carried out by highest model, For all the investigations listed in CGHS-2014 Bengaluru Rates & updated 2021 CGHS rate list and as and when rates are revised the same will be permitted. The CGHS rates as per MOHFW, Department of Health & Family Welfare, O.M. dtd. 19.06.2023 is also applicable and other non-listed Special Investigations as per the Annexure-I. List of instruments available in the Scanning centre may be submitted with EOI.
5. The tie up arrangement will be for a period of Two years.
6. The rates to be charged by the Diagnostics Center/Hospital should be as per CGHS 2014 Bengaluru Rates, & updated 2021 CGHS rate list and as and when rates are revised the same will be permitted. The CGHS rates as per MOHFW, Department of Health & Family Welfare, O.M. dtd. 19.06.2023 is also applicable, based on the classification of the Scan Centre/Hospital, in case CGHS rate for particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable. In case no government rate is available those items/ procedures/Investigations which are not covered under CGHS rate List/AIIMS rate list, the Hospital should offer uniform discounts on their Hospital rates. The consent may be given in Annexure 'A'.
7. Discount in uncoded CGHS procedure may be provided.
8. PERFORMANCE BANK GUARANTEE (PBG)

Health Care Organizations that are recommended for empanelment after the initial assessment shall also have to furnish a performance Bank Guarantee (PBG) as per details given below:-

- a) For CGHS covered cities/areas, the rates will be:-
  - (i) Hospitals /Cancer Units: Rupees 10 Lakhs
  - (ii) Eye Centres/ single Specialty Hospitals/ Dental Clinic/ Diagnostic Centres:- Rupees 02 Lakh; and
- b) For Non-CGHS covered cities/areas, the rates will be:-
  - (i) Hospitals/ Cancer Units : Rupees 02 Lakhs
  - (ii) Eye Centres/ Single Speciality Hospitals/Dental Clinic/Diagnostic Centres: Rupees 0.5 Lakhs.

Note:- PBG for Charitable Hospitals/Organizations would be 50% (fifty percent) of above amount.

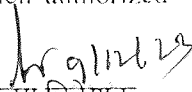
PBG will be valid for a period of 30 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default. If they have given the same to one Railway then they need not give to other Railway since if one hospital is empanelled with a particular Railway then it is deemed empanelled by other Railway

विभिन्न विभाग  
MEDICAL DIRECTOR  
केन्द्रीय अस्पताल, ग. रा. रोड, हुबल्ली  
Central Hospital, G. R. Rd., HUBBALLI

too and other Railways can simply sign the MoU with them in same term and conditions for beneficiaries from their Railways.

9. **General Condition of Contract (service) of SWR** All the terms and conditions of General conditions of (service contract) of South Western Railway as amended from time to time shall be applicable to the present contract unless repugnant to context and meaning thereof. In case of conflict with conditions provided herein and the General conditions of (service contract) of South Western Railway, the conditions provided herein shall prevail.
10. **Penalty clause:** In case of premature withdrawal of services a penalty of Rs.1000/- (Rupees One Thousand) will be imposed on the 'Service Provider' which will be recovered from his Pending bills. In addition to that Rs.500/- will be imposed, in case of the occurrence each of the following aspects.
  - i. Precautions regarding delay in delivery of samples and reports etc.
  - ii. Mishandling of the samples and reports.
  - iii. Unsatisfactory services of the firm etc.
11. **Labour Laws:** The employees/labours employed by the contractor are at any case shall not be treated as Railway employees and would not be eligible for any benefits available to Railway employees. The service provider is solely responsible for compliance of legal provision of all labour Laws, as per GCC service contract/SWR
12. Preferential treatment should be given to the Railway patients.
13. Free Ambulance services to be provided for Railway Patients.
  - (a) Payment of GST shall be made by the provider and railway shall not be responsible for GST payment.
  - (b) All taxes applicable shall be as per GST ACT and provisions from time to time, income Tax & their TDS provisions respectively.
  - (c) The firm should be registered with GST Department, if GST provisions are applicable. All Taxes should be borne by the contractor.
14. **Diagnostic centre must be NABL accredited and preferable having ISO 9001: 2008 certification. Testing centre should have all necessary valid documents issued by regulatory bodies to operate such centres and minimum 2 years experience with NABL certificate.**
15. Payment to the Scan Centres/ Hospital (s) through billing system, by Railways will be through ECS (Electronic Clearing system) to the account monthly.
16. The responsibility under negligence /CPA and other acts of the land as applicable will be of the diagnostic centres/Hospital(s). Railways should be indemnified against such proceedings and consequences.
17. Railway beneficiaries are not to be rejected for any investigation facilities. The services are to be given on top priority to the Railway beneficiaries.
18. No money should be charged from the Railway beneficiaries by the Scan Centres/ Hospital(s) on any account.
19. Name and educational qualification of Doctors, Technicians etc., who are appointed/ engaged at the scanning centre, may be submitted with EOI.
20. Routine reports to be delivered within 24 hours for the patients.
21. The reports will be delivered to the patient. The delivery of report shall be done under clear signature of receipt.
22. There shall be alternative backup arrangements in case of mechanical failure and scanning not to be refused on the ground.

On receiving the EOIs, a nominated team of doctors from the Railways will inspect the Scan/Diagnostic Centres, if necessary. On being the selected for empanelment, the Scan/ Diagnostic centres will be informed over phone or/ and by speed post. The Scan/ Diagnostic centres may depute their authorized representative for signing of MOU.


  
चिकित्सा निदेशक  
ME Medical Director TOR  
केन्द्र केन्द्रीय अस्पताल, हुबली  
Cent@Central Hospital, Hubli  
UBBAA

ANNEXURE-A

| I | For CGHS Listed items | Willingness |  |
|---|-----------------------|-------------|--|
|   | As per CGHS Rates     | YES / NO    |  |

| II | For Non CGHS Listed items | -- | % of discount on Hospital Rates.<br>(Rate discount quoted should be uniform on all items) |
|----|---------------------------|----|---|
|    |                           |    |   |

SIGNATURE.....  
HEAD OF THE INSTITUTION.....  
ADDRESS:.....  
.....  
.....  
PHONE NUMBER:.....  
E MAIL ID:.....  
SEAL / STAMP

  
चिकित्सा निदेशक  
**MEDICAL DIRECTOR**  
केन्द्रीय अस्पताल, द. म. रेलवे, मुम्बली  
Central Hospital, D. M. Rly, MUMBAI  
HURBALLI


EOI (Expression of Interest) for Radiological tests /Investigation Service for CT/MRI/PET CT/SPECIAL INVESTIGATIONS etc., Provider for Railway Patients of Central Hospital, South Western Railway, Gadag Road, Hubli-580 020 through MOU (Memorandum of Understanding).

**ANNEXURE-B**  
**PRESCRIBED FORMAT FOR APPLICATION**

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01. Name of the Scan Centres/Organization /Address/Telephone Number/ Email ID  
.....  
.....
02. Experience of working in the MOU Format in Private Sector/ Govt Sector/Attach Details.....  
.....
03. Proposed Rate for Various Radiological Tests i.e. CT/MRI/PET CT/Special Investigation etc., As per CGHS 2014 Bengaluru rates and latest CGHS rates as per MOHFW, Department of Health & Family Welfare, O.M. dtd. 19.06.2023 .....  
.....  
.....
04. Proposed Rate for various Radiological Tests i.e. CT/MRI/PET CT/Special Investigation etc., for non CGHS listed rates for the test available at the Diagnostic Centre, along with rate of discount .....  
.....
05. Details of the Machines in use.....  
.....
06. Should have NABL Accredited and preferable having ISO 9001: 2008 certification with minimum 2 years experience with NABL certificate to be enclosed.....  
.....
07. Proposed Terms & Conditions for operation of the Radiological Tests i.e. CT/MRI/PET CT/Special Investigation facility.....  
.....
08. Any Other useful information the scan centre wants to give regarding Operation of Radiological tests/Investigation.....  
.....  
.....

SIGNATURE.....  
HEAD OF THE INSTITUTION.....  
ADDRESS:.....  
.....  
.....  
PHONE NUMBER:.....  
E MAIL ID:.....  
SEAL / STAMP

  
चिकित्सा निदेशक  
MEDICAL DIRECTOR  
केन्द्रीय अस्पताल, स. प. रेलवे, हुबल्ली  
Central Hospital, S. W. Ry., HUBBALLI

दक्षिणपश्चिमरेलवे  
SOUTH WESTERN RAILWAY

ANNEXURE-I

LIST OF INVESTIGATIONS, REQUIRED FOR CENTRAL HOSPITAL, HUBBALLI

| Sl.No | Name of the Investigation                      | Rate for Railway |
|-------|--|------------------|
| 01    | CT SCAN OF BRAIN                               |                  |
| 02    | CT SCAN OF BRAIN WITH CONTRAST                 |                  |
| 03    | CT SCAN OF ABDOMEN WITH PELVIS WITH CONTRAST   |                  |
| 04    | CT WHOLE ABDOMEN                               |                  |
| 05    | CT WHOLE ABDOMEN WITH CONTRAST                 |                  |
| 06    | CT SCAN OF LS SPINE                            |                  |
| 07    | CT SCAN OF CERVICAL SPINE                      |                  |
| 08    | CT CORONARY ANGIO                              |                  |
| 09    | CT SCAN OF CHEST                               |                  |
| 10    | CT SCAN OF CHEST WITH CONTRAST                 |                  |
| 11    | CT SCAN OF PELVIS                              |                  |
| 12    | CT SCAN OF ORBIT'S                             |                  |
| 13    | CT SCAN OF ORBIT'S WITH CONTRAST               |                  |
| 14    | CT SCAN OF PNS                                 |                  |
| 15    | CT GUIDED BIOPSY                               |                  |
| 16    | CT GUIDED FNAC BIOPSY                          |                  |
| 17    | CT SCAN OF TM JOINT                            |                  |
| 18    | CT SCAN OF NECK                                |                  |
| 19    | CT SCAN OF NECK WITH CONTRAST                  |                  |
| 20    | CT SCAN ANY ONE JOINT WITH 3D                  |                  |
| 21    | CT SCAN OF FACIOMAXILLARY REGION 3D            |                  |
| 22    | CT SCAN DENTAL                                 |                  |
| 23    | CT UROGRAPHY                                   |                  |
| 24    | CT SCAN BONE DENSITOMETRY                      |                  |
| 25    | HRCT TEMPORAL BONE (EAR)                       |                  |
| 26    | HRCT LUNGS                                     |                  |
| 27    | SINGLE SHOT WHOLE BODY SCREENING IN POLYTRAUMA |                  |
|       | <b>MRI SCAN TEST</b>                           |                  |
| 01    | MRI BRAIN                                      |                  |
| 02    | MRI LUMBOSACRAL SPINE                          |                  |
| 03    | MRI CERVICAL SPINE                             |                  |
| 04    | MRI THORACIC SPINE                             |                  |
| 05    | MRI SCREENING OF SPINE                         |                  |
| 06    | MRI WHOLE SPINE                                |                  |
| 07    | MRI SCREENING OF BRAIN                         |                  |
| 08    | MRI PELVIS                                     |                  |
| 09    | MRI ABDOMEN                                    |                  |
| 10    | SCREENING OF ABDOMEN/PELVIS/JOINTS             |                  |
| 11    | MRI PER JOINT                                  |                  |
| 12    | MRI OF BRAIN + SPSECTROSCOPY                   |                  |
| 13    | MRI ORBIT'S                                    |                  |
| 14    | MRCP   |                  |
| 15    | MRI UROGRAPHY                                  |                  |
| 16    | FETAL MRI                                      |                  |
| 17    | MRI PERIPHERAL ANGIOGRAPHY (WITH CONTRAST)     |                  |

चिकित्सा निदेशक

MEDICAL DIRECTOR

केन्द्रीय अस्पताल, हुबल्लि

Central Hospital, Hubballi

HUBBALLI

|    |  |  |
|----|--|--|
| 18 | MRI RENAL ANGIO  |  |
| 19 | MRI CEREBRAL ANGIOGRAPHY   |  |
| 20 | MRI CEREBRAL VENOGRAPHY  |  |
| 21 | MRI BREAST   |  |
| 22 | MRI BREAST WITH CONTRAST   |  |
| 23 | MRI FISTULOGRAPHY  |  |
| 01 | IF CONTRAST STUDY PERFORMED CHARGES  |  |
| 02 | MRI SCAN SCREENING PER ANY PART  |  |
| 03 | SCREENING WILL BE DONE AS ON ADDITIONAL STUDY TO A FULL STUDY IF REQUIRED AS REQUESTED FOR |  |
| 04 | MRI SCAN PER SINGLE STUDY ANY PART   |  |
|    | <b>ANGIOGRAPHY</b>   |  |
| 01 | AORTOGRAM  |  |
| 02 | CORONARY CT ANGIOGRAPHY  |  |
| 03 | PERIPHERAL CT ANGIOGRAPHY  |  |
| 04 | CEREBRAL CT ANGIOGRAPHY  |  |
| 05 | CAROTID CT ANGIOGRAPHY   |  |
| 06 | RENAL CT ANGIOGRAPHY   |  |
| 07 | PULMONARY CT ANGIOGRAPHY   |  |
| 01 | <b>CT CONTRAST CHARGES (ANY PART)</b>  |  |
| 02 | <b>MRI CONTRAST CHARGES (ANY PART)</b>   |  |
| 01 | <b>MAMMOGRAPHY/SONOGRAPHY/X-RAY</b>  |  |
|    | <b>ULTRASONOGRAPHY</b>   |  |
| 01 | <b>ABDOMEN</b>   |  |
| 02 | PELVIS   |  |
| 03 | ABDOMEN + PELVIS   |  |
| 04 | ANTENATAL  |  |
| 05 | ANTENATAL + DOPPLER  |  |
| 06 | DOPPLER STUDIES- CAROTID   |  |
| 07 | GUIDED FNAC/ BIOPSY  |  |
| 08 | SCROTUM  |  |
| 09 | NECK   |  |
| 10 | USG ANY REGION   |  |
|    | <b>PERIPHERAL DOPPLER</b>  |  |
| 01 | ARTERIAL BOTH LIMBS  |  |
| 02 | VENOUS BOTH LIMBS  |  |
| 03 | ARTERIAL/ VENOUS BOTH LIMBS  |  |
| 01 | <b>ECHOCARDIOGRAPHY</b>  |  |
| 02 | TREAD MILL TEST  |  |
| 03 | PULMONARY FUNCTION TEST  |  |
| 04 | ANAESTHESIA CHARGES  |  |
| 01 | HOLTER   |  |
|    | <b>DENTAL</b>  |  |
| 01 | OPG X-RAY  |  |
|    | <b>DTP SCAN</b>  |  |
| 01 | NUCLEAR SCAN (RADIO ACTIVE ISOTOPES SCAN)  |  |
| 02 | ENDOCRINE STUDY  |  |
| 03 | THYROID UPTAKE WITH TC 99m   |  |
| 04 | PARATHYROID SCAN   |  |
|    | <b>RENAL STUDIES</b>   |  |
| 01 | VESICO URETER REFLUX (VUR)   |  |
| 02 | RENOGRAM WITH DTPA   |  |
| 03 | RENAL SCAN WITH DMASA-3  |  |
| 04 | CAPTOPRIL RENOGRAM WITH DTPA   |  |

चिकित्सा निदेशक  
 MEDICAL DIRECTOR  
 केंद्रीय अस्पताल, मुंबली  
 Central Hospital, MUMBAI

|    |   |  |
|----|---|--|
| 05 | TESTICULAR SCAN (SCORTAL)                         |  |
|    | <b>GASTROINTESTINAL STUDIES</b>                   |  |
| 01 | GASTRO ESOPHAGEAL REFLUX                          |  |
| 02 | G I BLEED SCAN                                    |  |
| 03 | MECKEL'S DIVERTICULUM SCAN                        |  |
|    | <b>HEPATOBIILIARY STUDIES</b>                     |  |
| 01 | HEPATOBIILIARY SCAN                               |  |
| 02 | LIVER/ SPLEEN SCAN WITH SULPHUR COLLOID           |  |
|    | <b>SKELETAL STUDIES</b>                           |  |
| 01 | W/B BONE SCAN                                     |  |
| 02 | BONE SCAN WITH SPECT                              |  |
|    | <b>PULMONARY STUDIES</b>                          |  |
| 01 | LUNG PERFUSION SCAN                               |  |
|    | <b>CARDIAC STURIES</b>                            |  |
| 01 | MYOCARDIAL PERFUSION SCAN WITH MIBI (STRESS/REST) |  |
| 02 | MUGA SCAN   |  |
|    | <b>CEREBRAL STUDIES</b>                           |  |
| 01 | SPECT BRAIN SCAN                                  |  |
|    | <b>OTHERS SCANS</b>                               |  |
| 01 | W/B SCAN WITH I-131 (IMAGING FOR CA FOLLICULAR)   |  |
| 02 | W/B SCAN WITH DMSA-5 IMAGING FOR Ca-MEDULLARY     |  |
|    | <b>TREATMENTS</b>                                 |  |
| 01 | IODINE-131 Rx FOR THYROTOXICOSIS 10m Ci           |  |
| 02 | IODINE-131 Rx FOR THYROTOXICOSIS UP TO 14.9m Ci   |  |
| 03 | P-32 Rx FOR BNE PALLATION UP TO 12m Ci            |  |
|    | <b>DEXA SCAN</b>                                  |  |
| 01 | EACH PART SCANNING                                |  |
| 02 | WHOLE BODY SCANNING                               |  |
| 01 | ECG   |  |
| 02 | EEG   |  |
| 03 | EMG   |  |
| 04 | NCV STUDY   |  |
| 05 | PET SCAN  |  |
|    | <b>X-RAY CONTRAST STUDIES</b>                     |  |
| 01 | X-RAYS ANY PART                                   |  |
| 02 | BARIUM SWALLOW                                    |  |
| 03 | BARIUM UPPER GI STUDY                             |  |
| 04 | BARIUM UPPER GI STUDY (DOUBLE CONTRAST)           |  |
| 05 | BARIUM MEAL FOLLOW THROUGH                        |  |
| 06 | BARIUM ENEMA (SINGLE CONTRAST/ DOUBLE CONTRAST)   |  |
| 07 | SMALL BOWEL ENTEROCYSIS                           |  |
| 08 | INTRAVENOUS PYELOGRAPHY (IVP)                     |  |
| 09 | MICTURATING CYSTOURETHROGRAPHY (MCU)              |  |
| 10 | RETRPGRADU URETHROGRAPHY (RGU)                    |  |
| 11 | CONTRAST HYSTERO-SALPINGOGRAPHY (HSG)             |  |

*krishna*

MEDICAL DIRECTOR  
CENTRAL HOSPITAL, HUBBALLI  
केन्द्रीय अस्पताल, द. व. रेलवे, हुबल्लि  
Central Hospital, S.W. Rly., HUBBALLI