

M/MD/43/Empanelment/2025

Expression of Interest Application for Empanelment of Private Hospitals & Diagnosis  
Centers with Railway Hospital of the Hubli Division

Medical Department of Hubli Division/ South Western Railway, is inviting the Expression of Interest, for empanelment of Private Hospitals & Diagnostic Centers to provide treatment Facilities including Consulting Services and Diagnostic Facilities to the Railway Beneficiaries including UMID card holders i.e. retired employees and their dependents, from Private Hospitals & Diagnostic Centers situated over jurisdiction of Hubli Division of South Western Railway covering following districts of Karnataka, Goa, Andhra Pradesh and Maharashtra on CGHS rates of that city or nearest city.

1) Districts of Karnataka	1. Dharwad 2. Gadag 3. Haveri 4. Belgaum 5. Karwar 6. Bagalkot 7. Bijapur 8. Koppal 9. Ballari 10. Vijayanagar 11. Chitradurga 12. Davanagere
2) Districts of Goa	1. North Goa 2. South Goa
3) Districts of Andhra Pradesh	1. Ananthapur 2. Hindpur
4) Districts of Maharashtra	1. Sangli 2. Kolhapur

- The applications should be filled in on an A4 Size Paper, in the prescribed format and complete with all the requisite enclosures.
- All the columns in application form must be duly filled properly.
- Applications with incomplete/incorrect information are liable to be rejected summarily.
- All the required certificates duly attested must be attached with the application.
- Submit Expression of Interest applications from duly filling all the requisite documents with enclosure to following email address by e-mail :-  
[empanelment.medubl@gmail.com](mailto:empanelment.medubl@gmail.com)
- Applications received on E Mail address ( [empanelment.medubl@gmail.com](mailto:empanelment.medubl@gmail.com) ) till  
11.00 hours of 1<sup>st</sup> day of every month will be processed for empanelment.
- Other terms and conditions related with this empanelment and the application form can be obtained from the office of Chief Medical Superintendent, Hubli Division, Hubli on any working days from 11.00 hours to 13.00 hours
- Hospital / Center/ Health Care Organization situated in the above mentioned districts may download application format from below mentioned South Western Railway Website. South Western Railway website →  
<http://swr.indianrailways.gov.in>. → About Us → Divisions → Hubli → Medical

Chief Medical Superintendent Hubli Division

PREScribed FORMAT APPLICATION FOR EXPRESSION OF INTEREST (EOI) FOR  
ENTERING INTO TIE UP WITH PRIVATE HOSPITALS & DIAGNOSIS CENTERS IN THE  
JURISDICTION OF HUBLI DIVISION COVERING THE STATE OF KARNTAKA, GOA, ANDHRA  
PRADESH AND MAHARASHTRA FOR THE PATIENTS OF HUBLI DIVISION,  
SOUTH WESTERN RAILWAY.

1.	Name of the Hospital / Center/ Health Care Organization / (IN BLOCK LETTERS)	
2.	Address of the Hospital / Center/ Health Care Organization	
3.	NABH Accreditation Status Whether NABH / NABL Accredited	Yes / No
4.	Details of Accreditation and Validity period (Enclose a scanned copy of relevant Certificate)	
5.	Name of CGHS covered city or nearest CGHS covered city ( Like Mumbai /Pune /Nagpur / Hyderabad )	
6.	Type of the Hospital / Center/ Health Care Organization	Government / Private / Corporate
7.	Management please specify	Individual / Corporate / Trust or any other
8.	Historical Background	
9.	Date of Establishment	
10.	Registered/Not Registered* (with State Health Authorities)	
11.	Empanelled /Not Empanelled * (with CGHS / ESI /ECHS and Government of India / Public Sector Undertaking Hospitals like SAIL, BHEL , Coal India ect.) If yes, then mention names and enclose relevant documents of empanelment)	
12.	Our hospital has been recognized for treatment of the following government organizations/ semi-government organization/ private organization	
13.	Telephone number of Hospital / Center/ Health Care Organization	
14.	Contact Mobile Number of Hospital / Center/ Health Care Organization	
15.	Contact E-mail id of Hospital / Center/ Health Care Organization	

16.	Website address of Hospital / Center/ Health Care Organization	
17.	Name of Contact person of Hospital / Center/ Health Care Organization	
18.	Designation of Contact person of Hospital / Center/ Health Care Organization	
19.	Contact Number of Contact person Hospital / Center/ Health Care Organization	
20.	We agree to provide the services to the Railway beneficiaries	Yes / No
21.	We agree to for those services /investigations/ treatment modalities, which are not listed in the CGHS, our hospital will provide the services on hospital rates with discount in percentage	_____ % discount is offered.
22.	List of those services /investigations/ treatment modalities, which are not listed in the CGHS, our hospital will provide the services as per Annexure - A	Yes / No
23.	Our hospital is offering discount on Medicine /Pharmacy bills in percentage	_____ % discount is offered.
24.	We also agree to provide services on bill system of payment	Yes / No
25.	Our hospital offers to provide free ambulance services for all referral patients.	Yes / No
26.	We enclose complete tariff chart of our hospital comparing with CGHS rate as per Annexure - B	Yes / No
27.	We hereby enclose a list of the facilities which are available with our hospital as per Annexure-C	Yes / No
28.	<p>We agree to furnish PERFORMANCE BANK GUARNATEE as per below mentioned term &amp; conditions.</p> <p>a) For CGHS covered cities/areas, the rates will be:-  (i) Hospitals/Cancer Units: Rupees 10 Lakhs  (ii) Eye Centers/single Specialty Hospitals/Dental Clinic/Diagnostic Centers: Rupees 02 Lakh; and</p> <p>b) For Non-CGHS covered cities/areas, the rates will be:-  (i) Hospitals/Cancer Units: Rupees 02 Lakhs  (ii) Eye Centers/single Speciality Hospitals /Dental Clinic/Diagnostic Centers: Rupees 0.5 Lakhs</p> <p>Note: PBG for Charitable Hospitals/Organizations would be 50% (fifty percent) of above amount.</p>	Yes / No

	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 too and other Railways can simply sign the MoU with them on same terms and conditions for beneficiaries from their Railways	
29.	Agree to all the conditions mentioned in the standard MOU & amendment done by Railway Board time to time	Yes / No
30.	Agree to all additional conditions at ANNEXURE "E", in this E.O.I.	Yes / No

All documents are to be signed and stamped by Authorized Signatory on all pages.

I / We hope our organization will be considered for tie up with Hubli Division, Hubli for providing services to the Railway beneficiaries

I / We, hereby solemnly declare that statements made above by me / us are correct and true to the best of my knowledge and belief.

Further, I/ We, do undertake that the above statements, if found false at any stage in future, empanelment shall be cancelled by the Railway Administration and me / us shall be liable for punitive and disciplinary action whatever applicable.

Any incidence of offences of professional misconduct and professional negligence during course of treatment, we will be solemnly responsible for attending any Legal / Medico Legal disputes including compensation and or punishment.

Name of Authorized Signatory	
Contact number of Authorized Signatory	
Signature of Authorized Signatory of Hospital / Center/ Health Care Organization	
Seal Stamp of Hospital / Center/ Health Care Organization	

## ANNEXURE – A

- If CGHS introduce / publish rates of those services /investigations/ treatment modalities, which are not listed in the CGHS rate list currently then latest rates of empanelled Hospital / Center/ Health Care Organization whichever is less will be applicable for the same.
- Rates of Hospital / Center/ Health Care Organization those services /investigations/ treatment modalities, which are not listed in the CGHS will be applicable for MOU period.
- Hospital / Center/ Health Care Organization cannot be revise below mentioned rates without approval of Railway Administration.
- Each page may be countersigned by Authorized Signatory of Hospital / Center/ Health Care Organization.

SN	Name of those services /investigations/ treatment modalities, which are not listed in the CGHS which are available in our Hospital / Center/ Health Care Organization	Rate of Hospital / Center/ Health
1.		
2.		
3.		
4.		
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Signature of Authorized Signatory of Hospital / Center/ Health Care Organization

**ANNEXURE – B**

Each page may be countersigned by Authorized Signatory of Hospital / Center/ Health Care Organization.

SN	CGHS TREATMENT/PROCEDURE/INVESTIGATION LIST	Non- NABH / Non- NABL	NABH / NABL	Rates of Hospital / Center/ Health
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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19.				
20.				

Signature of Authorized Signatory of Hospital / Center/ Health Care Organization

## ANNEXURE – C

### Technical and Infrastructure Specifications of the Hospital / Center/ Health Care Organization

1. Details of availability of Beds including ICU beds
2. Details of Nursing Care
3. Details of Para-medical staff
4. Details of In-house Doctors
5. Details of Specialist/Consultant as per Annexure – D
6. Details of Dental & Physiotherapy services
7. Details of other Supportive Services Blood Bank (Inhouse), Pharmacy and
8. Details of Operation Theatre (General Surgery / Specialized procedures)
9. Details of specialized features for special OTs e.g. Joint Replacement, Cardio Thoracic & Neurosurgery
10. Details of Imaging facilities
11. Details of Super Special Facilities
12. Details of Endoscopic Surgeries
13. Details of Dialysis units
14. Details of Laboratory facilities (Pathology, Biochemistry & Microbiology)
15. Details of Supportive Services like Ambulance, Mechanized Laundry, Housekeeping, Canteen, Gas plant, Dietary (Inhouse / Visiting Dietician) and Waste disposal system as per prescribed rules
16. Details of any other facilities / services which are not mentioned above.

Signature of Authorized Signatory of Hospital / Center/ Health Care Organization

**ANNEXURE – D**

SN	Name of visiting specialist/Consultant	Specialty	Qualification	Experience	Permanent / Temporary
1.					
2.					
3.					
4.					
5.					
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19.					
20.					

Signature of Authorized Signatory of Hospital / Center/ Health Care Organization



## ANNEXURE – E

### Additional Conditions for Empanelment of Private Hospitals & Diagnosis Centers with Railway Health Units and Railway Hospitals of the Hubli Division and South Western Railway.

- 1) MOU will be executed as per terms and conditions mentioned in Railway Board L. No. 2021/H-1/11/10/MoU dated 20.11.2023 or latest Railway Boards circulars.
- 2) Preference will be given to CGHS/ECHS/ ESI empanelled Hospital located in Hubli Division/South Western Railway Jurisdiction.
- 3) Should provide medical care in identified specialties (Annexure –C) round the clock (24 x 7).
- 4) Provision of early registration, examination and admission of Railway patients referred by, Railway Health Units and Railway Hospitals of South Western Railways.
- 5) For emergency cases, admission is to be done immediately.
- 6) Adequate medical attention is to be provided for serious patients.
- 7) The Hospital(s) recognized should display prominently in the website/ notice board etc. indicating specialties for which they recognized for tie up with Railway Health Units and Railway Hospitals of South Western Railways so that Railway beneficiaries are well aware of the availability of such hospitals for referral.
- 8) The Railway beneficiaries will be referred to a particular Private Hospitals & Diagnosis Centers as his/her preference/choice.
- 9) The rates to be charged by CGHS/ECHS/ESI empanelled hospitals should be as per CGHS prescribed rates for the CGHS covered city / nearest CGHS covered city, based on the classification of the Hospitals or the Hospital tariff, whichever is lower and for those items/procedures/investigations which are not covered under CGHS Rate list, the hospital should offer some discounts for the same on their hospital rates & offer some discount on Medicine/Pharmacy bills as also free ambulance services to the Railways.
- 10) The tie up arrangements will be for a period of two years till it is empanelled under CGHS/ECHS/ESI, whichever is earlier.
- 11) It is accepted to treat the Private Hospitals & Diagnosis Centers, as an empanelled hospital to provide medical advice and treatment including investigations, drugs, surgeries etc. to the railway employees and their dependent family members in view of the better facilities and conveniences provided in the said hospital.
- 12) The Railway employees and their dependent family members referred to Private Hospitals & Diagnosis Centers are eligible for being admitted to the category of bed as mentioned in the authorization letter from the signatories of Chief Medical Superintendent / Addl. Chief Medical Superintendent / Sr Divisional Medical Officer / Divisional Medical Officer and Assistant Divisional Medical Officer of Railway Hospital.
- 13) Private Hospitals which are neither empanelled by CGHS, ECHS & ESI should be empanelled after approval of Search Committee report.
- 14) Patients will be referred to the empanelled hospital with a referral letter.
- 15) Patient should submit the medical health book identity card or his department identity card at the time of admission containing the patient's photograph, signature/LTI.
- 16) The empanelled Hospital must send the bills in duplicate directly to jurisdictions of Railway Health Units and Railway Hospitals of South Western Railways. The bills should be submitted for arranging payment once in a month.

- 17) The MOU is valid for two years until the validity of CGHS/ECHS/ESI empanelment and should be sent for renewal well in advance before the expiry date. In case of procedures to be conducted package rates as agreed to will be apply.
- 18) Payment of the bills shall be made after due scrutiny and certification by Railway Health Units and Railway Hospitals of South Western Railways, within one month from the date of receipt of the bill by NEFT (electronic payment) to Account details given by empanelled Hospital / Center/ Health Care Organization as per Annexure-F by Sr. Divisional Finance Manager, of respective Divisions of South Western Railways.
- 19) The schedule of rates shall form an integral part of this agreement. The rates mentioned in the schedule are inclusive of all taxes, including the service tax, duties, charges or levies which may be assessed, imposed or levied in connection with the MOU.
- 20) The empanelled Hospital shall treat the patients referred by Railways in a courteous manner and accordingly the good business practices and shall extend priority admission facilities wherever possible to the Railway employees referred by Railway Hospital.
- 21) The empanelled Hospital will have their facility covered by proper indemnity policy including error, omission and professional indemnity and agrees to keep such policies in force during the term of MOU.
- 22) Visit by Railway Officials and check the indoor papers, treatment being given to the patients referred by them shall be allowed by the empanelled Hospitals.
- 23) The Railway shall reserves the right to discuss the treatment plan with the treating Doctor.
- 24) The empanelled hospital shall oversee that best medical treatment facility is extended to the Railway beneficiaries referred by them.
- 25) At the time of discharge, discharge card / original intimation, all original prescriptions and pharmacy records are to be forwarded to concerned Railway Hospitals, with the bill. Photo copies may be given to the patients on request at their own expenses.
- 26) The bills are to be sent in duplicate by the hospital giving full details of treatment availed, investigations done and drugs supplied along with the serial number, type of the service and rate which are mentioned in the rate list to the patient along with the signature of the treating doctor for the treatment done and drugs prescribed.
- 27) There shall be no refusal of services, once the patient is referred to by Railways for treatment.
- 28) In case of any court cases due to negligence / deficiency of service, penalty and cost of Litigation if any, awarded / ordered by any Hon'ble Court / forums shall be borne by the Service provider.

**ANNEXURE – F**

Hospital / Center/ Health Care Organization Bank Account details to be provided.

**RTGS/NEFT FORM**

I hereby agree to get my payment through NEFT/RTGS.

SN	Particulars	
01.	Name of A/C holder (Firm).	
02.	Name of Bank	
03.	Branch Name.	
04.	Account Number.	
05.	Account Type	Current / Saving
06.	IFSC Code.	
07.	MICR Code.	
08.	Address of Bank	
09.	Telephone No. of Bank	
	Mobile No. of Bank	
	E-mail No. of Bank	
10.	Address of A/C holder (Firm)	
	Telephone No. of A/C holder (Firm)	
	PAN No. of A/C holder (Firm)	
	E-mail No. of A/C holder (Firm)	

I hereby certify that above information is correct & true to my knowledge.

Signature and Seal  
of Bank

Signature and Seal of Firm  
(Hospital / Center/ Health Care Organization)