

**SOUTHERN RAILWAY DIVISIONAL HEAD QUARTERS HOSPITAL,
PONMALAI, TIRUCHCHIRAPPALLI – 620 004.**

EXPRESSION OF INTEREST

Chief Medical Superintendent, Southern Railway Divisional Headquarters Hospital, Ponmalai, Tiruchchirappalli – 620004 invites applications for Radiological Investigations / Procedures at CGHS Chennai – 2014 Rates from Institutions / Hospitals who are interested to express their willingness.

1	EOI Notice No	T/ MD. 43 / CT & MRI dated. 05. 09.2019
2	Name of the E O I	Radiological investigations / Procedures
3	Terms and Conditions	To be down loaded from the Website – www.sr.indianrailways.gov.in
4.	Period of Empanelment	For a period of Two Years from the date of entering into the Agreement.
5.	Date and Time of submission of EOI	Upto 15.00 hrs on 10.10.2019.
6.	Date and Time of Opening of EOI Bids.	15.30 hrs on 10.10.2019.

**Chief Medical Superintendent.,
Railway Hospital / Ponmalai
Tiruchchirappalli – 620 004.**

**RECOGNITION OF NON GOVERNMENT INSTITUTIONS FOR RADIOLOGICAL
INVESTIGATIONS TO RAILWAY BENEFICIARIES AT RH / GOC.**

Preamble :

Divisional Headquarters Railway Hospital, Ponmalai / Tiruchchirappalli Division / Southern Railway is a 197 bedded hospital offering Medical services to railway employees and beneficiaries totaling 83710. Though Divisional Headquarters Railway Hospital / GOC has a functioning Radiology Department for routine X Rays, the hospital plans to outsource the high end radiological investigations. An approximately **141 types of tests** (Annexure – I) are to be performed through private radiology centers. DRH / GOC is planning to empanel radiology diagnostic centers / hospitals in Tiruchchirappalli for engaging to provide the above investigative facilities to the railway beneficiaries as per Railway Board guidelines on “Standard Operating Procedure in outsourcing work of radiology / Pathological Investigations vide Rly. Bd’s L.No.2011/H/6 – 4 / Policy dtd.03.02.2015”.

Expression Of Interest (EOI) is invited through sealed application from the radiology diagnostic centres / Hospitals in Tiruchchirappalli intending to enter into **mutual agreement (MOU)** with DRH/GOC for providing the above services.

Terms and conditions :

1. The centre should provide preference for Railway employees and beneficiaries.
2. Minimum Qualifying Criteria / Technical Condition – The Centre should have **MRI equipment of capacity of minimum of 1.5 Tesla and the CT facility should have 16 slices or higher capacity** for better resolution of Images, Digital X – ray with minimum of 100 mA, Ultra Sound – Colour Doppler, 3D, 4D, ECHO and other facilities like Mammogram, Bone Scans, Radioisotope scans, TMT, ECHO, EEG, PFT etc.
3. Reporting should be done by a radiologist with MD / DNB qualification with 3 years of Post MD/DNB experience.
4. The Radiology Diagnostic Centre should have registration with local / State Govt. Health authority.
5. The Radiology Diagnostic Centre should have **GST** No (PAN based) or have to submit the same before Empanelment (If applicable)
6. Emergency scans done during night hours have to be reported immediately by the qualified radiologist.
7. Total time limit for the scan including reporting should not exceed 6 hours from the time of entry of patient to centre.

8. Emergency requisitions during odd hours and on Holidays shall be accepted.
9. The Radiology diagnostic Centre should be available / approachable over phone and otherwise on all the days. In emergencies, the Radiology diagnostic Centre should be prepared to inform Reports over the telephone / e-mail.
10. Serving / Retired employees and their dependents will be accepted on production of Payment agreement form from Chief Medical Superintendent, or his Authorised signatory from Divisional Head quarters Railway Hospital, Ponmalai.
11. The offer shall hold good for a period of **Two years from 01.12.2019 to 30.11.2021** or two years from the date of finalization of the empanelment, whichever is later.
12. The rate quoted in your offer will be valid for a period of 90 days, until the offer is finalised.
13. The CGHS Rates offered is inclusive of all taxes, levies and duties. No additional charges shall be charged except as provided in the **CGHS Chennai Rates 2014**.
14. The rates to be paid by Railway to the firms shall be as per the CGHS Rates of Chennai or lower. In case CGHS for a particular investigation is not available, then nearest City CGHS rate or CGHS / Delhi rate shall be applicable. In case, If the above rates are not available, AIMS rate or any other Govt. shall be applicable. In case, Govt. Hospital rate is not available for a particular investigation, then reasonable rate as per mutual agreement between railway and the centre shall be payable.
15. Pre – receipted bills in triplicate should be submitted on 5th of each month covering the requisitions done from 1st to 30/31st of the previous month. Bills should be signed only by the Authorised signatory. The monthly payment will be done only through NEFT.
16. Along with each bill, one typed copy of the report should be attached.
17. Payment towards cost of Investigation is liable to tax deduction at source in terms of Income Tax Act.
18. No enhancement of tariff will be permitted during the contract period.
19. **Penalty** – In case of delay in submitting the reports, penalty of Rs.50/- per day will be imposed for each day. In case of delay in submitting the reports, penalty of Rs.50/- per day will be imposed for each day. In case of Invalid / spurious reports etc., the payment for the investigation will not be considered and the penalty of Rs.200/- will be imposed. If tests are done at any other Lab due to the inability of the nominated lab, the excess amount paid over the approved rate for the test will be added as penalty and recovered from the

bill. In case of dispute in any reports, repetition of investigations will be done without charges.

20. Detailed list of Radiology Investigations / Procedures and the tariff as downloaded from CGHS website is enclosed herewith for your guidance. However, the institutions are advised to visit the CGHS website for any clarifications.
21. Award of contract may be given to one or more participants.
22. Committee members of railway hospital shall visit the Radiology Diagnostic Centre at any time either before entering into MoU, or at any time during the period of contract. The tenderer shall be prepared to explain / demonstrate to the queries of the members.
23. Once the EOI bids are received, CMS/GOC will finalized the most suitable firms for its empanelment after evaluation and technical scrutiny of EOI's and negotiation of rates by members of a technical committee nominated by CMS/GOC. The process of inviting EOI is for ascertaining various options available to CMS/GOC. After evaluation / examination of the offers, CMS/GOC may at its sole discretion decide for the course of action.
24. **Documents may be dropped either in the box earmarked for the purpose or be sent by Register post. Documents received by Ordinary post shall not be accepted at all. Documents received after the scheduled date and time shall be rejected out rightly. EOI document will be out rightly rejected if any technical condition is not fulfilled. Photo copy of necessary certificate should be attached with technical bid. Participants will be informed about date and time of inspection of their centre by a duly constituted committee on the address given in Document form.**
25. Divisional Head Quarters Hospital, Ponmalai reserves the right to reject any or all the Expressions Of Interest without assigning any reason thereof. CMS/GOC reserves the right to deal with the proposal in any manner without assigning any reason for the same. The decision of CMS / GOC in this regard shall be final.
26. MoU will be terminated in fifteen days notice in case of unsatisfactory work.

Annexure - 2

MINIMUM REQUIREMENTS (to be submitted duly filled along with document form)

1. Name of the Radiology Diagnostic Centre / Hospital with complete address
2. Telephone No. (Land line & Mobile No.)
3. Fax No.
4. Name, Designation along with contact No's (Land line & Mobile) of Proprietor / Partner(s)/Director(s) (attach supportive documents also).
5. Distance from (a) Divisional Headquarters Railway Hospital (b) Tiruchchirappalli Railway Station.
6. Necessary Radiology certification and standardisation – Date and year of accreditation, latest validation report. (Certificate to be enclosed).
7. Scope of work and detailed execution methodology.
8. List of available equipments – Name and year of Mfg/installed: (separate sheet be attached).
9. Name of existing empanelled organizations / institutions: (Separate sheet be attached).
10. List of availability of specialists / Doctors along with their degrees / certificates.
11. No. of Technical staff and expertise.
12. Actual rate list of hospital / empanelled centre for various investigations.
13. Background about the bidder.
14. The core competencies / core area of working of the Organizations.
15. Experience in India, and / or other key markets.
16. Evidence of previous proven record in management and execution of large scale projects in concerned domain.
17. Photocopy of the PAN / TAN No. of firm / proprietor.
18. State Pollution Control Board Registration numbers (Please attach proof).
19. Any other Statuary Registration(s), if applicable, under various Acts of Central and State. Govt.
20. Name of Banker and Account No.(ECS Transfer Details)

Enclosure : List as per Index : (Name and signature of Proprietor / Partner / Director)

NOTE : TECHNICAL evaluation of the centres shall be based on information provided by the participants on the above mentioned points and the participants will have to mandatorily provide documentary proof for the same. No future correspondence in this regard shall be entertained.

List of Investigations (CGHS – Chennai Rates)

SN	Code No	Name of Investigations	Non NABH / Non NABL Rates	NABH / NABL Rates
1	1590	USG for Obstetrics – Anomalies Scan	323	371
2	1591	Abdomen USG	323	371
3	1592	Pelvic USG – (Prostate, Gynaec, Infertility etc)	255	293
4	1593	Small parts USG (Scrotum, thyroid, parathyroid etc)	349	401
5	1596	Contrast enhanced USG	810	932
6	1597	USG Breast	349	401
7	1598	USG Hystero – Salpaingography (HSG)	255	293
8	1599	Carotid Doppler	765	880
9	1600	Arterial Colour Doppler	635	730
10	1601	Venous Colour Doppler	635	730
11	1602	Colour Doppler, renal arteries / any other organ	720	828
12	1603	USG guided intervention – FNAC	490	564
13	1604	USG guided intervention - biopsy	720	828
14	1605	USG guided intervention – nephrostomy	800	920
15	1618	Barium Swallow	510	587
16	1619	Barium Upper GI Study	800	920
17	1620	Barium Upper GI study (double contrast)	935	1075
18	1621	Barium meal follow through	935	1075
19	1622	Barium Enema (Single contrast /double contrast)	850	978
20	1623	Small bowel enteroclysis	1020	1173
21	1624	ERCP(Endoscopic Retrograde Cholangio – Pancreatography)	2500	2875
22	1625	General.: Fistulography / Sinography / Sialography/ Dacrocystography / T-Tube Cholangiogram / Nephrostogram	638	734
23	1626	Percutaneous transhepatic cholangiography (PTC)	1440	1656
24	1627	Intravenous Pyelography (IVP)	1190	1369
25	1628	Micturating Cystourethrography (MCU)	680	782
26	1629	Retrograde Urethrography (RGU)	680	782
27	1630	Contrast Hystero-Salpingography (HSG)	918	1056
28	1634	Diagnostic Digital Subtraction Angiography(DSA)	1749	2011
29	1635	X-Ray Mammography	315	362
30	1636	MRI Mammography	2550	2933
31	1637	C.T Head-Without Contrast	900	1035
32	1638	C.T Head With Contrast	1350	1553

33	1638	C.T Head With Contrast (+/- CT angiography)	1350	1553
34	1639	C.T. Chest – without Contrast (for lungs)	1700	1955
35	1640	C.T. Scan Lower Abdomen (Incl. Pelvis) With Contrast	1700	1955
36	1641	C.T. Scan Lower Abdomen(incl. Pelvis) Without Contrast	1500	1725
37	1642	C.T.Scan Whole Abdomen Without Contrast	3000	3450
38	1643	C.T.Scan Whole Abdomen With Contrast	4050	4658
39	1644	Triple Phase CT Abdomen	4500	5175
40	1645	C.T Angiography Abdomen / Chest	4500	5175
41	1646	C.T Enteroclysis	5400	6210
42	1647	C.T. Scan Neck – Without Contrast	1500	1725
43	1648	C.T. Scan Neck – With Contrast	1870	2151
44	1649	C.T. Scan Orbits – Without Contrast ***	1190	1369
45	1650	C.T.Scan Orbits – With Contrast	1615	1857
46	1651	C.T.Scan of Para Nasal Sinuses – Without Contrast	900	1035
47	1652	C.T.Scan of Para Nasal Sinuses – With Contrast	1600	1840
48	1653	C.T.Spine (Cervical, Dorsal, Lumbar, Sacral) – Without Contrast	1500	1725
49	1654	C.T. Temporal Bone – Without Contrast	893	1027
50	1655	C.T. Dental	1275	1466
51	1656	C.T.Scan Limbs – Without Contrast	1700	1955
52	1657	C.T.Scan Limbs – With Contrast including CT angiography	2253	2591
53	1658	C.T.Guided intervention - FNAC	1200	1380
54	1659	C.T.Guided Trucut Biopsy	1200	1380
55	1660	C.T.Guided intervention percutaneous catheter drainage/ tube placement	1305	1501
56	1661	MRI Head – Without Contrast	1998	2298
57	1662	MRI Head – With Contrast	2848	3275
58	1663	MRI Orbits – Without Contrast	1445	1662
59	1664	MRI Orbits – With Contrast	2000	2300
60	1665	MRI Nasopharynx and PNS – Without Contrast	2450	2818
61	1666	MRI Nasopharynx and PNS – With Contrast	3500	4025
62	1667	MRI for Salivary Glands with Sialography	3000	3450
63	1668	MRI Neck - Without Contrast	3000	3450
64	1669	MRI Neck - With Contrast	5000	5750
65	1670	MRI Shoulder – Without Contrast	2000	2300
66	1671	MRI Shoulder – With Contrast	2600	2990
67	1672	MRI Shoulder Both Joints – Without Contrast	3000	3450
68	1673	MRI Shoulder Both Joints – With Contrast	4000	4600
69	1674	MRI Wrist Single Joint – Without Contrast	2125	2444

70	1675	MRI Wrist Single Joint – With Contrast	4000	4600
71	1676	MRI Wrist Both Joints – Without Contrast	2125	2444
72	1677	MRI Wrist Both Joints – With Contrast	5000	5750
73	1678	MRI Knee Single Joint – Without Contrast	2125	2444
74	1679	MRI Knee Single Joint With Contrast	5000	5750
75	1680	MRI Knee Both Joints Without Contrast	2125	2444
76	1681	MRI Knee Both Joints With Contrast	5000	5750
77	1682	MRI Ankle Single Joint – Without Contrast	2125	2444
78	1683	MRI Ankle Single Joint – With Contrast	5000	5750
79	1684	MRI Ankle Both Joints – With Contrast	5000	5750
80	1685	MRI Ankle Both Joints – Without Contrast	2500	2875
81	1686	MRI Hip With Contrast	2500	2875
82	1687	MRI HIP Without Contrast	2125	2444
83	1688	MRI Pelvis Without Contrast	2125	2444
84	1689	MRI Pelvis With Contrast	5000	5750
85	1690	MRI Extremities With Contrast	5000	5750
86	1691	MRI Extremities Without Contrast	2125	2444
87	1692	MRI Temporo mandibular – Bilateral – With Contrast	4000	4600
88	1693	MRI Temporo mandibular – Bilateral – Without Contrast	2125	2444
89	1694	MR Temporal Bone – inner ear with Contrast	4000	4600
90	1695	MR Temporal Bone – inner ear without Contrast	2500	2875
91	1696	MRI Abdomen without Contrast	2125	2444
92	1697	MRI Abdomen with Contrast	5000	5750
93	1698	MRI Breast with Contrast	4250	4888
94	1699	MRI Breast Without Contrast	2125	2444
95	1700	MRI Spine Screening Without Contrast	1000	1150
96	1701	MRI Chest Without Contrast	2125	2444
97	1702	MRI Chest With Contrast	4000	4600
98	1703	MRI Cervical / Cervico Dorsal Spine Without Contrast	2125	2444
99	1704	MRI Cervical / Cervico Dorsal Spine With Contrast	4000	4600
100	1705	MRI Dorsal/Dorso lumbar Spine Without Contrast	2125	2444
101	1706	MRI Dorsal/Dorso lumbar Spine With Contrast	4000	4600
102	1707	MRI Lumbar / Lumbo Sacral Spine Without Contrast	2125	2444
103	1708	MRI Lumbar / Lumbo Sacral Spine With Contrast	5000	5750
104	1709	Whole Body MRI (For Oncological workup)	5100	5865
105	1710	MR Cholecysto - pancreatography	4950	5693
106	1711	MR Angiography – With Contrast	5000	5750
107	1712	MR Enteroclysis	2125	2444
108	1713	Dexa Scan Bone Densitometry – Two sites	1500	1725

109	1714	Dexa Scan Bone Densitometry – Three Sites (Spine, Hip & Extremity)	2000	2300
110	1715	Dexa Scan Bone Densitometry Whole Body	2400	2760
111	1716	EEG / Video EEG	298	343
112	1717	EMG (Electro myography)	638	734
113	1718	Nerve conduction velocity (at least 2 limbs)	638	734
114	1719	Decremental response (before and after neo stigmine)	536	616
115	1720	Incremental response	595	684
116	1721	SSEP (Somato Sensory evoked potentials)	638	734
117	1722	Poly somnography	638	734
118	1359	Thyroid Uptake measurements with 131 - Iodine	1500	1725
119	1360	Thyroid scan with Technetium 99m Pertechnetate	1466	1686
120	1361	Iodine – 131 Whole Body Scan	2933	3373
121	1362	Whole Body Scan with M.I.B.G	15836	18211
122	1363	Parathyroid Scan	4500	5175
123	1372	Stress thallium / Myocardial Perfusion Scintigraphy	8505	9781
124	1373	Rest thallium / Myocardial Perfusion Scintigraphy	7200	8280
125	1374	Venography	3300	3795
126	1375	TMT	489	567
127	1376	TEE	489	562
128	1380	FDG Whole body PET / CT Scan	18475	21246
129	1381	Brain I Heart FDG PET / CT Scan	13197	15177
130	1382	Gallium -68 Peptide PET / CT imaging for Neuroendocrine Tumor	15000	17250
131	1339	Dental IOPA X Ray	50	58
132	1340	Occlusal X Ray	78	90
133	1341	OPG X Ray	196	225
134	1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	3240	3726
135	1343	Lung Perfusion Scan	1800	2070
136	592	2 D Echocardiography	1080	1242
137	593	3 D Echocardiography	1263	1452
138	594	Fetal ECHO	1260	1449
139	595	2 D TEE	1263	1452
140	596	3 D TEE (Transoesophageal echo)	1263	1452
141	586	Holter Analysis	850	978

