



क.रा.बी.नि
E.S.I.C.

कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
**Employees' State Insurance
Corporation**



सत्यमेव जयते



क्षेत्रीय कार्यालय पंचदीप भवन
नन्दानगर, इंदौर - 452011 (म.प्र.) Regional
Office Panchdeep Bhawan,
Nanda Nagar, Indore-452011 (M.P.)
फोन / Phone: 0731-2550485,

Notice Inviting Expression of Interest (EOI) for empanelment of Health Care Organizations (HCOs) (Hospital/ Diagnostic Centre/ Imaging Centre/ Dialysis Centre/ Blood Bank) located in the Madhya Pradesh State for providing Super Specialty Services (Tertiary care only)

मध्यप्रदेश राज्य में स्थित स्वास्थ्य सेवा संस्थानों (HCOs) — अस्पताल/ डायग्नोस्टिक सेंटर/ इमेजिंग सेंटर/ डायलिसिस सेंटर/ ब्लड बैंक — को अधिसूचित करते हुए सुपर स्पेशियलिटी सेवाएँ (केवल तृतीयक देखभाल) प्रदान करने हेतु अभिरुचि अभिव्यक्ति (EOI) आमंत्रित

Regional Director, ESI Corporation, Regional Office, Madhya Pradesh invites Expression of Interest (EOI) from Health Care Organizations (HCOs) (Hospital/ Diagnostic Centre/ Imaging Centre/ Dialysis Centre/ Blood bank) located in all districts of the Madhya Pradesh State for empanelment for Two years for Super Specialty services and Blood Bank services (mentioned in clause no. 14.7 and 14.8 of Referral policy) for ESI beneficiaries / Staff / Pensioners (Only for ESIC staff and pensioners whose ESIC contributions are deducted) of Madhya Pradesh State on cashless basis. The application window will open Interested HCOs may submit their application within the stipulated periods, as per the schedule outlined below:

कर्मचारी राज्य बीमा निगम, क्षेत्रीय कार्यालय मध्यप्रदेश के क्षेत्रीय निदेशक द्वारा मध्यप्रदेश राज्य के सभी जिलों में स्थित स्वास्थ्य सेवा संस्थानों (HCOs) — अस्पताल/ डायग्नोस्टिक सेंटर/ इमेजिंग सेंटर/ डायलिसिस सेंटर/ ब्लड बैंक — से दो वर्षों के लिए पैनेल में शामिल किए जाने हेतु अभिरुचि अभिव्यक्ति (EOI) आमंत्रित की जाती है। यह सुपर स्पेशियलिटी सेवाओं एवं ब्लड बैंक सेवाओं (रेफरल नीति के क्लॉज़ 14.7 और 14.8 में उल्लिखित सभी सुविधाओं) को ESIC लाभार्थियों/स्टॉफ/पेंशनरों (केवल ऐसे क.रा.बी.नि. स्टॉफ एवं पेंशनर्स जिनका ईएसआईसी अंशदान कटौत होता है) को कैशलेस आधार पर उपलब्ध कराने हेतु है। इच्छुक HCO निर्धारित समयावधि में नीचे दिए अनुसार आवेदन कर सकते हैं:

विवरण / Particulars	तिथि एवं समय / Date & Time
अभिरुचि अभिव्यक्ति (EOI) जमा करने की प्रारंभिक तिथि	29 .01.2026 (9.00AM) Open date
EOI जमा करने की अंतिम तिथि	27.02.2026 (6.00 PM) End date
अनुबंध की अवधि	02+1 वर्ष (For 02 Years extendable further for 01 years)
कार्य क्षेत्र	मध्यप्रदेश के सभी 55 जिलों में कहीं भी / Anywhere in all 55 districts of Madhya Pradesh

Note- See pages **65 to 239** of the **Referral Policy** to view the standard RFP with attachments.

नोट- संलग्नों के साथ मानक प्रस्ताव अनुरोध रेफरल पालिसी का पेज 65 से 239 देखें।

The applicants shall have to submit their application as per Annexure A1, A2, A3 and A4 whichever is applicable duly filled along with required documents mentioned in referral policy.

आवेदकों को रेफरल नीति में उल्लिखित आवश्यक दस्तावेजों सहित संबंधित Annexure — A1, A2, A3 या A4 — जो भी लागू हो, पूर्ण रूप से भरकर जमा करना होगा।

A1 - For Hospitals (Page no. 96 to 103)

A1 – अस्पतालों हेतु (पृष्ठ सं. 96 से 103)

A2 - For Diagnostic Laboratories/ Imaging Centers (Page no. 104 to 109)

A2 – डायग्नोस्टिक लैब/ इमेजिंग सेंटर हेतु (पृष्ठ 104 से 109)

A3 - (Exclusive Dialysis Centers/Eye Centre (for vitreo-retinal Procedures) (Page no. 110 to 115)

A3 – (केवल डायलिसिस सेंटर/ नेत्र केंद्र (विट्रियो-रेटिनाल प्रक्रियाओं हेतु)) (पृष्ठ 110 से 115)

A4 - For Blood Bank Services (Page no. 116 to 121)

A4 – ब्लड बैंक सेवाओं हेतु (पृष्ठ 116 से 121)

This interested and eligible Health Care Organizations (HCOs) having necessary expertise and experience shall have to submit their Application form along with Earnest Money Deposit (EMD). The EMD to be submitted by the HCOs is detailed below:-

आवश्यक विशेषज्ञता और अनुभव रखने वाले इच्छुक और पात्र स्वास्थ्य सेवा संगठनों (एचसीओ) को अपना आवेदन पत्र बयाना राशि (ईएमडी) के साथ जमा करना होगा। एचसीओ द्वारा जमा की जाने वाली ईएमडी का विवरण नीचे दिया गया है:-

Type of Institution	EMD	PBG
1. Multi-Specialty Hospital	Rs. 2,00,000/- (Rs Two Lakhs only)	Rs 10,00,000 (Rs Ten Lakhs only)
2. Stand Alone / Diagnostic /Imaging Centre /Eye/ Dialysis Centre	Rs. 1,00,000/- (Rs One Lakh only)	Rs. 2,00,000/- (Rs Two Lakhs only)
3. Blood Bank Centre	Rs. 1,00,000/- (Rs One Lakh only)	Rs. 1,00,000/- (Rs One Lakh only)

Districwise link of EMD & PBG

https://drive.google.com/file/d/1Jjj_kaTedUCdXCr5ghJUDDZB8hGpL54u/view?usp=sharing

The bidder has to pay the above said amount through online mode (RTGS) Only. Bank details as below.

Account Name	EMPLOYEES STATE INSURANCE II.
Bank Name & Branch	STATE BANK OF INDIA BRANCH NEAR GPO, INDORE
Account No.	10612352669
IFSC Code	SBIN0000387
MICR NO	452002002

Note 1- The transaction report generated online including UTR number must be uploaded with application form

ऑनलाइन जनरेट की गई लेनदेन रिपोर्ट, जिसमें यूटीआर नंबर शामिल हो, को आवेदन फॉर्म के साथ अपलोड करना अनिवार्य है।

Note 2- The bidder who qualifies for empanelment but not approaching for signing the agreement in stipulated time period, the EMD of said bidder(s) shall be forfeited.

यदि कोई बोलीदाता नियोक्ता बनने के योग्य है लेकिन निर्धारित समय अवधि में समझौते पर हस्ताक्षर करने के लिए उपस्थित नहीं होता है, तो उस बोलीदाता की ईएमडी जब्त कर ली जाएगी।

HCOs are requested to go through the contents of referral policy for the terms and conditions, as available on ESIC Website while applying for empanelment for super specialty services. The link of referral policy is as under:

स्वास्थ्य सेवा प्रदाताओं से अनुरोध है कि वे सुपर स्पेशियलिटी सेवाओं के लिए पैनल में शामिल होने हेतु आवेदन करते समय ईएसआईसी वेबसाइट पर उपलब्ध रेफरल पॉलिसी की शर्तों और नियमों को ध्यान से पढ़ें। रेफरल पॉलिसी का लिंक इस प्रकार है:

<https://www.esic.gov.in/attachments/publicationfile/5fee10bf1dfc893ca1b9e04db75d4323.pdf>

“The Referral Policy shall be read with the Amendment Letter No. U-16/30/649/2020-SST dated 01.07.2025.”

https://nta.esic.gov.in/attachments/circularfile/Amendment_of_ESIC_Reference_Policy_2023_for_Super_Specialty_amp_Specialty_Services_reg_1751886884.pdf

आवेदन प्रक्रिया / Application Process

Bidders have to apply online with all annexure & necessary documents as per checklist through the Central Public Procurement Portal (CPPP):

बोली लगाने वालों को जाँच-सूची के अनुसार सभी संलग्नक एवं आवश्यक दस्तावेजों सहित NIC के माध्यम से केंद्रीय सार्वजनिक खरीद पोर्टल (CPPP) पर ऑनलाइन आवेदन करना होगा:

<https://eprocure.gov.in/eprocure/app>

Only online documents and annexure will be considered for evaluation. Physical documents will not be entertained in any case. All scanned documents being uploaded should be ensured to be duly filled (if required) /signed and stamped compulsorily by authorized signatory.

मूल्यांकन के लिए केवल ऑनलाइन दस्तावेज़ और अनुलग्नक ही स्वीकार किए जाएंगे। भौतिक दस्तावेज़ किसी भी स्थिति में स्वीकार नहीं किए जाएंगे। अपलोड किए जा रहे सभी स्कैन किए गए दस्तावेज़ विधिवत भरे हुए (यदि आवश्यक हो) हों और अधिकृत हस्ताक्षरकर्ता द्वारा अनिवार्य रूप से हस्ताक्षरित और मुहरबंद हों, यह सुनिश्चित करना आवश्यक है।

Referral Policy — Para 14.3 to 17.8

Para 14.3 — Tie-up Arrangement/ टाई-अप व्यवस्था (Order of preference/ वरीयता क्रम)

Tie-up arrangements shall be carried out as per Item No. 17 and as per the guidelines of the Corporation.

टाई-अप की व्यवस्था मद संख्या 17 तथा निगम के दिशा निर्देशों के अनुसार की जाएगी।

Under these arrangements, agreements shall be executed as follows:

इन व्यवस्थाओं के अंतर्गत निम्नानुसार अनुबंध किए जाएंगे:

1. Central and State Government / Public Sector Undertakings / Public Sector Hospitals.

केंद्र एवं राज्य सरकार / सार्वजनिक क्षेत्र उपक्रम / सार्वजनिक क्षेत्र अस्पताल ।

2. PM-JAY empanelled Central/State Government / PSUs / Public Hospitals.

प्रधानमंत्री जन आरोग्य योजना नामित केंद्र एवं राज्य सरकार / सार्वजनिक क्षेत्र उपक्रम / सार्वजनिक क्षेत्र अस्पताल ।

3. Hospitals/institutions empanelled under the Central Government Health Scheme (CGHS).

केंद्र सरकार स्वास्थ्य योजना (सीजीएचएस) के नामित अस्पताल ।

4. If the HCO's falling in the category 1, 2 & 3 above mention are insufficient / inadequate or Unavailable to provide services tie up arrangement of eligible private hospital shall be done.

उपरोक्त क्रमांक 1, 2 एवं 3 की श्रेणी में आने वाले HCO's की अनुपलब्धता/अपर्याप्त अथवा सुविधाओं की कमी होने पर निजी चिकित्सा संस्थानों के साथ नामिकायन किया जावेगा।

Regional Director, Madhya Pradesh reserves the right to accept or reject any Expression of Interest and to cancel the call for EOI or call for EOI afresh without assigning any reason, therefore.

"क्षेत्रीय निदेशक, मध्य प्रदेश को यह पूर्ण अधिकार सुरक्षित है कि वह किसी भी रुचि की अभिव्यक्ति (EOI) को स्वीकार या अस्वीकार कर सकता है, और बिना कोई कारण बताए EOI आमंत्रण को रद्द करने या पुनः आमंत्रित करने का अधिकार भी रखता है।"

यह रुचि की अभिव्यक्ति (EOI) क्षेत्रीय निदेशक के अनुमोदन उपरांत किया गया है।


State Medical Officer,

राज्य चिकित्सा अधिकारी,

Employees' State Insurance Corporation- Madhya Pradesh
कर्मचारी राज्य बीमा निगम मध्यप्रदेश

EMD & PBG विवरण (बीमित व्यक्तियों की आबादी के अनुसार)

IP Population (Relaxation to be given to Z category)	10000 तक	10000 से 50000	50000 से 1 लाख	1 लाख से अधिक
PBG Amount	1 लाख	2.5 लाख	5 लाख	10 lakh

Sr No	Name of District	Category	IP Population	EMD	PBG
1	Agar	"Z"	1232	2 लाख	1 लाख
2	Alirajpur	"Z"	108	2 लाख	1 लाख
3	Ashok Nagar	"Z"	2767	2 लाख	1 लाख
4	Barwani	"Z"	947	2 लाख	1 लाख
5	Bhind	"Z"	493	2 लाख	1 लाख
6	Burhanpur	"Z"	7228	2 लाख	1 लाख
7	Datia	"Z"	80	2 लाख	1 लाख
8	Dewas	"Z"	48085	2 लाख	2.5 लाख
9	Dhar	"Z"	155385	2 लाख	10 lakh
10	Guna	"Z"	262	2 लाख	1 लाख
11	Gwalior	"Y"	78767	2 लाख	10 lakh
12	Indore	"Y"	359878	2 लाख	10 lakh
13	Jhabua	"Z"	937	2 लाख	1 लाख
14	Khandwa (East Nimar)	"Z"	4632	2 लाख	1 लाख
15	Khargone (West Nimar)	"Z"	17967	2 लाख	2.5 लाख
16	Mandsaur	"Z"	12007	2 लाख	2.5 लाख
17	Morena	"Z"	10906	2 लाख	2.5 लाख
18	Neemuch	"Z"	5159	2 लाख	1 लाख
19	Ratlam	"Z"	25571	2 लाख	2.5 लाख
20	Shajapur	"Z"	3002	2 लाख	1 लाख
21	Sheopur	"Z"	345	2 लाख	1 लाख
22	Shivpuri	"Z"	1160	2 लाख	1 लाख
23	Ujjain	"Y"	33980	2 लाख	10 लाख
24	Anuppur	"Z"	597	2 लाख	1 लाख
25	Balaghat	"Z"	3354	2 लाख	1 लाख
26	Betul	"Z"	1108	2 लाख	1 लाख
27	Bhopal	"Y"	258141	2 लाख	10 lakh
28	Chhatarpur	"Z"	1689	2 लाख	1 लाख
29	Chhindwara	"Z"	6530	2 लाख	1 लाख

30	Damoh	"Z"	1347	2 लाख	1 लाख
31	Dindori	"Z"	513	2 लाख	1 लाख
32	Harda	"Z"	863	2 लाख	1 लाख
33	Hoshangabad	"Z"	17972	2 लाख	2.5 लाख
34	Jabalpur	"Y"	65221	2 लाख	10 lakh
35	Katni	"Z"	12770	2 लाख	2.5 लाख
36	Mandla	"Z"	756	2 लाख	1 लाख
37	Narsinghpur	"Z"	1845	2 लाख	1 लाख
38	Panna	"Z"	714	2 लाख	1 लाख
39	Raisen	"Z"	51323	2 लाख	10 lakh
40	Rajgarh	"Z"	594	2 लाख	1 लाख
41	Rewa	"Z"	10363	2 लाख	2.5 लाख
42	Sagar	"Z"	25943	2 लाख	2.5 लाख
43	Satna	"Z"	27257	2 लाख	2.5 लाख
44	Sehore	"Z"	5052	2 लाख	1 लाख
45	Seoni	"Z"	1224	2 लाख	1 लाख
46	Shahdol	"Z"	5658	2 लाख	1 लाख
47	Sidhi	"Z"	772	2 लाख	1 लाख
48	Singrauli	"Z"	22634	2 लाख	2.5 लाख
49	Tikamgarh	"Z"	1145	2 लाख	1 लाख
50	Umaria	"Z"	288	2 लाख	1 लाख
51	Vidisha	"Z"	2501	2 लाख	1 लाख
52	Pandurna	"Z"	—	2 Lakh	1 लाख
53	Mahuganj	"Z"	—	2 Lakh	1 लाख
54	Maihar	"Z"	—	2 Lakh	1 लाख
55	Niwari	"Z"	—	2 Lakh	1 लाख

नोट-

1. IP Population की जानकारी मुख्यालय के द्वारा प्रदान जानकारी वर्ष 2025 के Districwise data से ली गई है।
2. पांडुरना (छिन्दवाडा जिले से), मेहर (सतना जिले से) महूगंज (रीवा जिले से) पृथक कर नवीन जिले बनाए गये है अतः उनका डाटा प्राप्त नहीं है
3. निवारी जिला अव्याप्त जिला है।
4. उपरोक्त छूट केवल "Z" Cetegoery शहरों के लिए लागू है। (इन्दौर, भोपाल, जबलपुर, उज्जैन एवं ग्वालियर जिले "Y" केटोगेरी में है इन जिलों में कोई छूट नहीं मिलेगी)

APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS(Hospitals)

(For Super Speciality Services)

1. Name of the city, district and state where the HCO is located

City	Dis- trict	State

2. Name of the HCO

3. Address of the HCO

4. Distance from nearest ESI Hospital

Name & Location of ESIC Hos- pital	Distance in KM

5. E-mail

Telephone no.				
e-mail address				
Name and con- tact	de- tails	of	Nodal	1.
persons of HCO				2.

**Whether empanelled with
CGHS.** (if yes, enclose approval
along with scope of services&
validity period)

Yes	No
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Whether NABH Accredited

(if yes, enclose approval along with scope of services& validity period)

Yes	No
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Whether NABL Accredited

(if yes, enclose approval along with scope of investigations& validity period)

Yes	No
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A. Details online payment of the EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

- B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. Mandate form

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. The Multispecialty Hospital shall offer all service available inclusive of all SST facilities Super specialties/specialities.

7. Diagnostic services available

- I. In house Imaging facilities Yes/No
- II. In house Diagnostic Lab facilities Yes/No
- III. Super-specialty investigations: - CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations (Yes/No)

8. a.) Total no. of beds

b.) Total No. of ICU beds

9. Nursing Care

Total no. of Nurses	
Total No. of para-medical staff	
Category of Bed/ Nurse Ratio (acceptable Actualbed/nurse standard ratio)	
High dependency unit 1:1	

10. Alternate power source Yes/No

11. Availability of Doctors

1.	Number of in-house doctors	
2.	Number of in-house specialists/consultants	

12. Laboratory facilities available

Pathology	Yes/ No
Biochemistry	Yes/ No
Microbiology	Yes/ No
Any other	Yes/ No

13. Imaging facilities available

14. No. of Operation Theatres

15. Whether there is separate OT for Specific cases Yes/No

16. Support Services

Name of the Services	Yes/No
Autoclave/sterilizers	
Ambulance	
Laundry	
Medical Gas plant	
Canteen	
Dietary	
Blood Bank	
Pharmacy	
Physiotherapy	
Others (please specify)	

17. Bio Medical Waste & General Waste disposal system as per statutory requirements

Yes/No

18. Any other additional facility in which Hospital specializes/ any other additional facilities for which hospitals willing to offer for ESI patients.

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant Name

Date & Stamp

Annexure 'A2'

APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS (DIAGNOSTIC LABORATORIES/IMAGING CENTRES)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO

3. Address of the HCO

4. Distance from nearest ESI Hospital

Name & Location of ESIC Hospital	Distance in KM

5. E-mail

Telephone no.				
e-mail address				
Name and contact	details	of	Nodal	1.
persons of HCO				2.

**Whether empanelled with
CGHS.** (if yes, enclose approval
along with scope of services &
validity period)

Yes	No
-----	----

Whether NABH Accredited

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

Whether NABL Accredited

(if yes, enclose approval along with scope of investigations & validity period)

Yes	No
-----	----

A. Details online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

- B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. Mention the NABH/NABL accredited diagnostic facilities/specialties/Super-Specialty (Enclose the detail of Specialties, and enclose Annexure 'D' for details)

I.

II.

III.

IV.

Note: Super-specialty investigations includes CT Scan, MRI, PET Scan, Echocardiography, scanning of other body parts, Specialized bio-chemical and immunological investigations and any other investigations costing more than Rs. 3,000/- per test.

7. Any other additional facility in which Diagnostic Laboratory / Imaging Centres specializes/ any other additional facilities for which the Centre is willing to offer for ESI patients.



I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant

Name,

Date & Stamp

Annexure 'A3'

APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HEALTH
CARE ORGANISATIONS

(Exclusive Dialysis Centres/ Eye Centre (for vitreo-retinal Procedures)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name of the HCO

3. Address of the HCO

4. Distance from nearest ESI Hospital,

Name & Location of ESIC Hospital	Distance in KM

5. EF-mail

Telephone no.				
e-mail address				
Name and contact	details	of	Nodal	1.
persons of HCO				2.

**Whether empanelled with
CGHS.** (if yes, enclose approval
along with scope of services &
validity period)

Yes	No
-----	----

Whether NABH Accredited

(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

A. Details online payment of the EMD: -

<u>Transaction No.</u>	
<u>Transaction Amount</u>	
<u>Transaction Date</u>	

- B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

6. Applied for empanelment: -

7. Total no. of Dialysis Units

--

Additional Requirement for exclusive dialysis centre

Number of Hemodialysis Units	
Number of Hemodialysis done (please mention sero-positive and negative separately in last oneyear (.....))	
Availability of Nephrologist	Yes/No.
Arrangement of ICU Facility	Yes/No.
Availability of Dialysis unit for sero positive patient.	Yes/No.

The HCO should have good dialysis unit neat, clean and hygienic. It should have facility of giving bicarbonate Haemodialysis, water purifying unit equipped with reverse osmosis (RO). The unit should be regularly fumigated. It should have facility for providing dialysis to sero-positive cases also. The facility should be available round the clock. The dialysis unit must function under the supervision of a nephrologist (please mention deficiency, if any).

Additional Requirement for exclusive Eye Centre

• No. of Operation Theaters	
• In-house facility of Vit-reo-retinal surgery available or not	Yes/No

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

Signature of the Applicant

Name

Date & Stamp

Annexure 'A4'

APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EM-
PANELMENT OF HEALTH CARE ORGANISATIONS
(For Blood Bank Services)

1. Name of the city, district and state where the HCO is located

City	District	State

2. Name and Address of the HCO

3. License no. with validity

--

4. **Infrastructure and Facilities details:**

5. Distance from nearest ESI Hospital,

Name & Location of ESIC Hospital	Distance in KM

6. E-mail

Telephone no.					
E-mail address					
Name and contact	details	of	Nodal	1.	
persons of HCO				2.	

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

Whether NABH Accredited
(if yes, enclose approval along with scope of services & validity period)

Yes	No
-----	----

A. Details online payment of the application fee and EMD: -

Transaction No.	
Transaction Amount	
Transaction Date	

B. The HCO should have been operational for at least two complete years as on last date of submission of interest Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted. (To be uploaded as per Annexure 'C').

C. ECS Transfer Details

Bank Account number of the applicant (Cancelled cheque to be attached)	
Name of Bank	
Branch Address	
IFSC of Branch	
ICMR Code	
PAN/GST number of firm/proprietor (Photocopy to be attached)	
PAN No.	
GST No.	

7. Name of products

I undertake that the blood bank has all the facilities of collection, storage, processing, component separation and transport of blood and blood products. The information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by ESIC as deemed fit. I do agree with the terms and conditions mentioned in the tender document.

**Signature of the
Applicant Name, Date
& Stamp**

Certificate of Undertaking

(On a Non-Judicial Stamp paper of Rs. 100/-)

1. It is certified that particulars furnished in the Expression of Interest are correct and the eligibility criteria are satisfied and also fully understood. I/we understand that, in case any incorrect information/misrepresentation, the EMD/ Performance Security Deposit will be forfeited.
2. I/We shall be providing cashless facilities to all ESI beneficiaries referred through proper ESIC referral system.
3. That the rates have been provided against a facility/Procedure/investigation actually available and performed within the HCO.
4. I/We have gone through the Annexure "F" detailing ESIC-SOP for online bill processing and agree to the same and further undertake that the HCO has the capability to submit the bills through BPA and medical cards in digital format and that all billing will be done in electronic format.
5. That the HCO has neither been de-empanelled/derecognized/blacklisted by CGHS or any other state Govt. or other Govt. organizations on the date of uploading the bid and signing of agreement.
6. That the hospital will pay damage to the ESIC beneficiary or the attendant or ESIC Staff who accompanies the patient, if any injury/ loss of part or death occurs due to any negligence.
7. That no investigation by Central Government/ State Government or any other statutory investigation agency is pending or contemplated against the hospital.
8. I/We agree to the terms & conditions prescribed in Tender Document.
9. The hospital is fulfilling all special conditions_____(*please mention*) that have been imposed by _____(*please mention the authority*) authority in lieu of special land allotment or custom duty exemption.
10. That the hospital agrees to implement EMR (electronic medical record) & HER (electronic health record) as per the standards approved by Ministry of health & Family Welfare.
11. That if any information is found to be untrue at any time before and during the period of empanelment, the hospital would be liable for de-empanelment or blacklisting by ESIC. The hospital organization will be liable to pay compensation for any financial loss caused to ESIC or Physical/mental injuries to its beneficiaries.
12. All the papers of tender document and all the papers submitted along with TENDER document have been signed and stamped on each page by the authorized person.

13. The hospital has the requisite approval of AERB/NOTTA registration/PC PNDT Act registration/Fire safety (as applicable).
14. The hospital undertakes to abide by norms of Pollution Control Authority for Bio- Medical Waste Disposal.
15. The Hospital shall at all times, indemnify and keep indemnified ESIC against all actions, suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under the Agreement and against any loss or damage to ESIC in consequence to any Action or suit being brought against the ESIC in the course of the execution of the Agreement.
16. That HCO will inform the office of competent authority about any changes in status of empanelment with CGHS/state Govt. from time to time.
17. That HCO will inform the office of competent authority about any changes in status of NABH/NABL accreditation from time to time.

Signature of the Applicant

Name

Date & Stamp

Annexure 'C'

Documents to be uploaded in the tender.

- 1) Signed, stamped and scanned copy of transaction report of EMD deposited through RTGS to be uploaded.
- 2) Application Form as per Annexure 'A1/A2/A3/A4' whichever is applicable duly filled, signed, stamped & scanned to be uploaded.
- 3) Certificate of undertaking as per Annexure 'B' Duly certified, signed & stamped with date to be uploaded.
- 4) Signed stamped and scanned Copy of partnership deed / memorandum / owner ship / articles of association (as applicable).
- 5) State registration certificate/registration with local bodies should be included where applicable
- 6) Signed, stamped with date and scanned Copy of recent Authority Letter in favour of person applying on behalf of HCO on the official letter head of the HCO with date along with the ID proof of the authorized person.
- 7) Signed stamped and scanned Copy of cancelled cheque with mention of Valid Account Number, IFSC code, MICR Number.
- 8) Signed, stamped and scanned Copy of PAN and GST number of the HCO.
- 9) Signed, Stamped & Scanned copy of Fire Clearance Certificate issued by Govt authorities as per Local Bylaws of the location concerned.
- 10) Signed, stamped and scanned Copy of valid pollution control board registration and agreement with Bio Medical Waste Management agency.
- 11) Copy of valid accreditation by NABH/NABL as applicable along with scope of services & validity period if applicable.
- 12) Signed stamped and scanned Copy of empanelment with CGHS/State Govt mentioning the scope of services with validity period if applicable.
- 13) Complete signed and stamped copy of all Hospital services/ diagnostic facilities/ laboratory investigations (NABH/NABL accredited) available in-house along with rate- list of facilities/investigations with rate-list as per annexure "D' duly signed & stamped to be uploaded.
- 14) The HCO should have been operational for at least two complete years as on last date of submission of bid Signed, stamped and scanned Copy of the audited balance sheet, profit and loss account for the financial year (.....) should be submitted as proof of being in business. In case, the audited financial statement pertaining to the previous financial year is not available, certificate of the chartered accountant for annual turnover to be submitted.

- 15) Signed stamped and scanned Copy of License for running (If Applicable)-Multiple documents may be joined and uploaded as single file.
- 1). Blood Bank 2). Imaging Centre 3). Organ& Tissue transplantation centre. 4). Radiotherapy Centre.5). Any other (Please Mention)
- 16) Signed stamped and scanned Copy of Certificate issue by AERB / BARC/PC PNDT etc. (which ever applicable)

Signature of the Applicant

Name, Date & Stamp

Annexure 'D'

- Complete Rate list of hospital/diagnostic centre for facility/investigation.
- Complete list of investigations available in-house which are NABL/NABH accredited.

Date:

Place

**Name & Signature
of proprietor/authorized
person with office
seal/rubber stamp)**

Annexure “E”

Instructions for Online Bid Submission

(Department User may attach this Document as an Annexure in their Tender Document which provides complete Instructions for on line Bid submission for Bidders)

The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal.

More information useful for submitting online bids on the CPP Portal may be obtained at: <https://eprocure.gov.in/eprocure/app>.

REGISTRATION

- 1) Bidders are required to enrol on the e-Procurement module of the Central Public Procurement Portal (URL: <https://eprocure.gov.in/eprocure/app>) by clicking on the link “Online bidder Enrolment” on the CPP Portal which is free of charge.
- 2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.
- 3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.
- 4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / nCode / eMudhra etc.), with their profile.
- 5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSC's to others which may lead to misuse.
- 6) Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / e-Token.

SEARCHING FOR TENDER DOCUMENTS

- 1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, Organization Name, Location, Date, Value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as Organization Name, Form of Contract, Location, Date, Other keywords etc. to search for a tender published on the CPP Portal.

- 2) Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / email in case there is any corrigendum issued to the tender document.
- 3) The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain any clarification / help from the Helpdesk.

PREPARATION OF BIDS

- 1) Bidder should take into account any corrigendum published on the tender document before submitting their bids.
- 2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.
- 3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR / DWF/JPG formats. Bid documents may be scanned with 100 dpi with black and white option which helps in reducing size of the scanned document.
- 4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Space" or "Other Important Documents" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

Note: My Documents space is only a repository given to the Bidders to ease the uploading process. If Bidder has uploaded his Documents in My Documents space, this does not automatically ensure these Documents being part of Technical Bid.

SUBMISSION OF BIDS

- 1) Bidder should log into the site well in advance for bid submission so that they can upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.
- 2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.
- 3) Bidder has to select the payment option as "offline" to pay the tender fee / EMD as applicable and enter details of the instrument.
- 4) Bidder should prepare the EMD as per the instructions specified in the tender document.

The bidder has to pay the EMD through Online mode only and will upload the transaction report generated online including UTR number.

- 5) Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. If the price bid has been given as a standard BoQ format with the tender document, then the same is to be downloaded and to be filled by all the bidders. Bidders are required to download the BoQ file, open it and complete the white coloured (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.
- 6) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.
- 7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128-bit encryption technology. Data storage encryption of sensitive fields is done. Any bid document that is uploaded to the server is subjected to symmetric encryption using a system generated symmetric key. Further this key is subjected to asymmetric encryption using buyers/bid opener's public keys. Overall, the uploaded tender documents become readable only after the tender opening by the authorized bid openers.
- 8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.
- 9) Upon the successful and timely submission of bids (i.e. after Clicking "Freeze Bid Submission" in the portal), the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.
- 10) The bid summary has to be printed and kept as an acknowledgement of the submission of the bid. This acknowledgement may be used as an entry pass for any bid opening meetings.

ASSISTANCE TO BIDDERS

- 1) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender.
- 2) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk.
