

**Government of West Bengal
Office of the Superintendent
Mathabhanga S.D. Hospital
Cooch Behar**

Memo No.: 147/MTB/SDH/18

Date: 24th January, 2018

NOTICE INVITING EXPRESS OF INTEREST

Sealed expressions of interest are invited from the reputed owner of

1) Pathological Laboratory:

for the pathological test under JSSK Programme

Interested laboratories are hereby requested to submit their mentioning discount rate on west Bengal Health Scheme rate Order Notification No. 796-F (MED) dated 31-01-2011 for the following test(in the Annexure-A).

Terms & Condition

- (a) Clinical Establishment license **up-to-date**
- (b) Valid Trade license **up-to-date**
- (c) Certificate from pollution control board
- (d) Pan Card
- (e) IT Clearance Up-to-date
- (f) BMW License.

The owner of laboratory should be submit the rate for each test separately and copies of the relevant paper / certificate as stated under eligibility criteria to the office of the undersigned with in 31/01/18 up to 2.00 pm in sealed envelope superscripted "EOI for Lab by hand / **registered post / speed post ,any such EOI reached after the stipulated date and time** will be ignored which will be opened for finalization on 31.01.18 the at 3.00 pm. **The Selection will be on the basis of Highest Discount rate on Base Rate provided by Dept. of Health & FW** The successful party will have to execute an agreement with the undersigned on Non Judicial Stamp of Rs.50/- (the cost of which be borne by the party) with submission of DD of Rs.10,000/- (Rupees ten thousand) only as security money in the name of Rogi Kalayan samity Mathabhanga S.D Hospital

The undersigned reserves the right to accept or reject any rates of all of a party without assigning any reason thereof.

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Superintendent & Member secretary of RKS
Mathabhanga S.D. Hospital
Cooch Behar

Memo No.: 147/5(5)/MTB/SDH/18

Date: 24/01/18

Copy forwarded for information and wide circulation please to:-

1. The Honorable MIC & Chairman RKS Mathabhanga S.D Hospital, Coochbear
2. The Chief Medical Officer of Health, Cooch Behar
3. The Sub-Divisional Officer, Mathabhanga, Cooch Behar.
4. The Notice Board of this Office.
5. The DIO NIC Cooch Behar to upload in Coochbehar.gov.in

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24.1.18
Superintendent & Member secretary of RKS
Mathabhanga S.D.Hospital,
Cooch Behar

As per G. O Notification No. 796-F (MED) dated 31-01-2011

A. FOR PREGNANT WOMEN

Sl. No.	Code	Name of Tests / Investigation	Mention flat Discount on West Bengal Health Scheme Rate-2008 Revised on 19.09.2013 (in Rs.)
01	02011041	Blood Hb%, TC, DC	120/-
02	02011004	ESR	50/-
03	02011039	TC, DC,ESR	120/-
04	02011006	Platelet Count	80/-
05	02013001	Blood Sugar (Fasting / PP / Radom)	70/-
06	02013002	Blood Urea	80/-
07	02013003	Blood Creatinine	100/-
08	02012001	Blood Grouping & RH Factor	140/-
09	02011026	Bleeding Time	40/-
10	02011027	Clotting Time	40/-
11	02015004	Blood VDRL	120/-
12	02012006	Blood Australia Antigen	200/-
13	02010002	Urine Albumin / Sugar	50/-
14	02015008	Urine Pregnancy Test	200/-
15	02010030	Urine Culture	250/-
16	02015012	Blood Culture	250/-
17	02015024	Pus Culture	250/-
18	02015029	Throat Swab Culture	250/-
19	02010001	Urine for RE	60/-
20	02010011	Stool for RE	60/-
21	02010012	Stool for Occult Blood	60/-

As per G. O Notification No. 796-F (MED) dated 31-01-2011

B. For Infants

Sl. No.	Code	Name of Tests / Investigation (with Health Scheme Code)	Mention flat Discount Rate on West Bengal Health Scheme Rate-2008 Updated on 19.09.2013 (in Rs.)
01	02011041	Blood Hb%, TC, DC	120/-
02	02011004	ESR	50/-
03	02011039	TC, DC,ESR	120/-
04	02011006	Platelet Count	80/-
05	02011018	Complete Haemogram	180/-
06	02012001	Blood Grouping & RH Factor	140/-
07	02011026	Bleeding Time	40/-
08	02011027	Clotting Time	40/-
09	02013005	Serum Bilirubin	130/-
10	02012005	Coombs test(Direct)	200/-
11	02015009	CRP Test	220/-
12	02013061	Serum Sodium	240/-
13	02013069	Serum Potassium	150/-
14	02013010	Serum Calcium	120/-
13	02010002	Urine Albumin / Sugar	50/-

To be submit in the pad of Interested Pathological Lab

To
The Superintendent & Member Secretary, R.K.S
Mathabhanga S.D Hospital
Cooch Behar

Date _____

In reference to you EOI No. _____ Dated _____ I am submitting my rates for Pathological Test/USG

As per your EOI as follows with mentioning **flate discount rate (_____ %) of the revised health scheme rate-2008** & required document as per your notice.

Attached document as follows (Tick in the Box Y/N)

- A. Clinical Establishment License Up-to-date
- B. VALID TRADE LINCENSE
- C. PAN CARD
- D. POLLUTION CERTIFICATE
- E. BIOMEDICAL WASTE LINCENSE
- F. Demand Draft of Rs.10,000.00 in the Name of **Rogi Kalayan Samiti, Mathabhanga S.D Hospital**
- G. Cancelled Cheque