

NOTICE FOR EXPRESSION OF INTEREST

Sealed expression of interest are invited from reputed owner's of local outside diagnostic & Investigation centre of **LABORATORY OR RADIO DIAGNOSTIC** centre situated within Tufanganj Sub-Divisional Hospital area(very near to this Hospital) for diagnostic or Radio Diagnostic test pourpose for providing JSSK service to preagent Women & sick infant(up to 1 Year)and other cases of RSBY,Swasthya Sathi,admitted(only IPD)in the Tufanganj Sub-Divisional Hospital from time to time for doing the investigations as advised by concerned Medical Officer/BIC of this Hospital.(As per Enclo Investigation details)

Terms & Conditions:

1. Quotation are to be addressed to the superintendent, Tufanganj S.D Hospital in the prescribed format as per enclose sheet to Speed Post/ by hand in drop Box
2. The Quotation shall have to submit along with xerox copies of Valid Trade Lincense, WestBengal Clinical Establishment Lincense. PNDTLincense(Which ever is applicable), PAN card/ProfessionalTax/IncometaxCertificate, Certificate from pollution control board. Bank Details With quotation.
3. The Successful bidders have to execute an agreement for one year service with the undersigned on NON judicial stamp paper of Rs.100/- (the cost which will born by the party) each JSSK, RSBY, Swasthya Sathi with submission of Bank Draft of Rs.10000/- (Rupees Ten Thousand) only as security deposit to the Rogi Kalayan Samit Tufanganj S.D Hospital
4. **The rate chart of these services: will be consider Highest Flat Discount rate on West Bengal Health Scheme-2008(WBHS-2008) rate as per Annexure- I.** (Investigation in details)
5. For diagnostic & investigation purpose :Mention Size (Small/Medium/Large) Which is Applicable
6. For Radio diagnostic purpose Machine specification should submit along with quotations
7. Sealed quotation shall be received in this office address noted above any working day on and before 12 noon and on or before 24/03/18 within 1 P.M and it will be open on 26/03/18 2 P.M
8. No charge can be collected from the patient's/patient's party.
9. Sample or investigation especially for IPD patients must be collected 24X7 basis from the wards.
10. **The test which are done at this hospital will not be sent outside unless acute emergency.**
11. Bill should be submitted separately (JSSK, RSBY, Swasthya Sathi) every week to the office of the undersigned with the copy of advice of Medical officer and test report along with photo copy of advice of doctor & report of diagnostic test duly verified by the concerned authority. The payment should be made as per approved rate monthly as per availability of Fund.
12. Declaration: This to confirm that no litigation is pending on date and no penal measures were taken against us under applicable acts and laws. This should be written in bidder's letterhead with legible signature with seal.
13. The Investigation which are not in the annexure (List Below) if required (as per doctor's advice) discount rate will be applicable same for other investigation as per west Bengal Health Scheme-2008 with the approval of the undersigned.
14. The Authority has every reserve the right to accept or reject any quotation without assigning any reasons thereof.

Sd/
Superintendent
Tufanganj S.D Hospital
Cooch Behar

Memo No.289/1(7)/18

Dated 12/03/18

Copy forwarded for information to:

01. The Chief Medical Officer of Health.Cooch Behar
02. The Sub-Divisional Officer Tufanganj
03. The Assistant Chief Medical Officer of Health,Tufanganj
04. The Chiarman,Tufanganj Municipality
05. The DIO NIC,Cooch Behar Request to upload the notice to Cooch behar.gov.in
06. Notice Board
07. Office Copy.




Superintendent
Tufanganj S.D. Hospital
Raj Kalyan Samiti
Tufanganj S.D. Hospital
Tufanganj, Cooch Behar

ANNEXTURE: 1
FOR INFANT:

<u>S/N</u>	<u>Investigation</u>	<u>Test Code</u>	<u>West Bengal Health Scheme Rate</u>
1.	Hemoglobin	2011001	50
2.	TC(Total Leucocytes Count)	2011002	50
3.	DC(Differential Leucocytes Count	2011003	50
4.	MICRO ESR	2011004	50
5.	Platelet Count	2011006	80
6.	Total Serum Bilirubin with fraction	2013005	130
7.	Blood Group & RHO Type	2012001	140
8.	Serum Urea	2013002	80
9.	Serum Creatinine	2013003	100
10.	Serum Sodium	2013061	240
11.	Serum Potassium	2013069	150
12.	Serum Calcium	2013010	120
13.	C Reactive Protein(CRP)	2015019	400
14.	Hiv(1&2)-if not done in ICTC	2015147	450
15.	Urine R.E	2010001	60
16.	Packed cell Volume	2011009	50
17.	T3,T4,TSH	2013026	700
18.	G6PD	2011021	220

****** No claim will be valid except the above mention test, without approval from the office of the undersigned if required*******

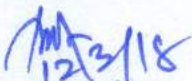

Superintendent
Tufanganj S.D Hospital
Cooch Behar

Annexure-1

FOR PREAGNENT WOMEN

Investigation	Test Code	Rate
Hemoglobin (Hb)	2011001	50
Total Leucocytes Count (TLC).	2011002	50
Differential Leucocytes Count (DLC).	2011003	50
E.S.R.	2011004	50
Platelet count.	2011006	80
Glucose blood- Random.	2013001	70
Blood Urea.	2013002	80
Serum Creatinine.	2013003	100
Blood Group & RHO Type	2012001	140
Bleeding Time.	2011026	40
Clotting Time.	2011027	40
V.D.R.L.	2015004	120
HBsAg	2015096	420
HIV Test (1 & 2) if not Done ICTC	2015147	450
Malaria Parasite (If not done Under National Programme in institute)	2011051	70
Malaria Antigen Detection (If not done Under National Programme in institute)	2011067	450
Quantitative Albumin/Sugar	2010002	50
Urine pregnancy test.	2015008	200
Urine for Culture & Sensitivity.	2010030	250
Urine Routine	2010001	60
Stool Occult Blood	2010012	60
Serum Bilirubin	2013005	130
TSH	2013025	300
USG Obstetric First Scan/Follow up (USG for Pregnancy Profile)	2009002	500

****** No claim will be valid except the above mention test, without approval from the office of the undersigned if required*******


Superintendent
Tufanganj S.D Hospital
Cooch Behar

IN THE PAD OF THE LABORATORY/USG CENTRE

To
The Superintendent
Tufanganj S.D Hospital
Cooch Behar

In reference to the EOI Vide Notice No. _____ Dated _____ we are submitting flat

Discount Rate for USG Centre/Laboratory for investigation(mention separately)

_____ (%) on West Bengal Health Scheme Rate-2008 for the test mention on Annexure-I FOR Infant &

Pregnant Women (List of Investigation) Enclosing Following Document as per EOI.

S/N	DOUCUMENT	Submitted (Yes/No)
01.	TRADE LINCENSE(up-to-date)	
02.	West Bengal Clinical Establishment License(up-to-date)	
03.	PCPNDT License(for USG CENTRE)	
04.	XEROX OF PAN	
05.	P TAX (UPTO DATE)	
06.	INCOME TAX CERTIFICATE	
07.	POLLUTION CONTROL BOARD LINCENSE	
08.	Bank Details. (Cancel Cheque)	
09.	Category of Laboratory(Small/Medium/Large)	
10.	Specification of USG Machine(Make Model)	
11.	Demand Draft of Rs.10,000/- Name of ROGI KALAYAN SAMITI,TUFANGANJ S.D HOSPITAL	

(Signature with Seal)

LABORATORY/USG CENTRE