

(ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ) (श्रम एवं रोजगार मंत्रालय, भारत सरकार)

(Ministry of Labour and employment, Govt. of India) ಪ್ರಾದೇಶಿಕ ಕಛೇರಿ ಕ್ಷೇತ್ರೀಯ ಕಾರ್ಯಾಲಯ / Regional Office



"ಭವಿಷ್ಯನಿಧಿ ಭವನ" "ಭವಿಷ್ಯ ನಿಧಿ ಭವನ" "Bhavishya Nidhi Bhawan"

ಅಂ. ಪೆ. ಸಂ.ಡಾ.ಪೆ.ಸಂ.P.B. No.572 ಹೈಲ್ಯಾಂಡ್ಸ್, ಹೈಲೆಂಡ್ಸ್ Highlands,

ಸಿಲ್ವಾ ರೋಡ್ ಸಿಲ್ವಾ ರೋಡ್ Silva Road, ಮಂಗಳೂರು ಮಂಗಲೂರು Mangaluru -575 002



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No. ಕರ್ನಾ KN/ಎಂಎನ್ MN/ಕ್ಷೇಕಾ RO/ಪ್ರಾಡ್ಮ/ಮಿ.F.231/2025-26 / 233 ದಿನಾಂಕ Date: 01.12.2025

ईपीएफओ पेंशनभोगियों और उनके आश्रित परिवार के सदस्यों को कैशलेस चिकित्सा सुविधाएं प्रदान करने के लिए दक्षिण कन्नड़ में स्थित अस्पतालों और डायग्नोस्टिक केंद्रों को पैनेल में शामिल होने के लिए निमंत्रण।

INVITATION FOR EMPANELMENT OF HOSPITALS AND DIAGNOSTIC CENTRES SITUATED IN DAKSHINA KANNADA DISTRICT FOR PROVIDING CASHLESS MEDICAL FACILITIES TO EPFO PENSIONERS AND THEIR DEPENDENT FAMILY MEMBERS.

ईपीएफओ का इरादा ईपीएफओ स्टाफ पेंशनभोगियों और उनके परिवार के सदस्यों के लिए कैशलेस चिकित्सा सुविधा का विस्तार करने के लिए केंद्र / राज्य सरकार के अस्पतालों, ईएसआई अस्पतालों, सीजीएचएस / सीएस (एमए) मान्यता प्राप्त निजी अस्पतालों और डायग्नोस्टिक केंद्रों (एनएबीएच / एनएबीएल से मान्यता प्राप्त) के साथ समझौता ज्ञापन में प्रवेश करने का है।

EPFO intends to enter into MOU with Central / State Government Hospitals, ESI Hospitals, CGHS / CS(MA) recognized private hospitals and Diagnostic Centres (duly accredited with NABH/NABL) for extending cashless medical facility for EPFO Staff pensioners and their family members.

सीजीएचएस अधिसूचित दरों/नियमों और शर्तों पर सेवाएं प्रदान करने के लिए सहमत होने वाले इच्छुक अस्पताल/डायग्नोस्टिक केंद्र अपने मुहरबंद निविदाएं, जिन पर 'अस्पतालों के पैनेल में शामिल होने के लिए निविदा' लिखा हो, क्षेत्रीय भविष्यनिधि आयुक्त/क प्र, कर्मचारी भविष्य निधि संगठन, पीबी नंबर 572, हिलेण्ड्स, सिल्वा रोड, मंगलूरु-575002 को **15.12.2025 दोपहर 12 बजे** या उससे पहले भेज सकते हैं।

Interested Hospitals/Diagnostic Centres agreeing to provide services at CGHS notified rates / terms and conditions may send their sealed tenders superscribing 'Tender for Empanelment of Hospitals' to the Regional P.F. Commissioner/OIC, Employees' Provident Fund Organisation, PB No.572, Highlands, Silva Road, Mangalore-575002 to reach on or before **15.12.2025, 12 Noon.**

मुहरबंद निविदाएं उपर्युक्त कार्यालय पते पर **15.12.2025 सायं 4 बजे** को खोली जाएंगी। मुहरबंद निविदा खोलने के समय आवेदक या उनके अधिकृत एजेंट उपस्थित रह सकते हैं।

Sealed tenders will be opened in afore mentioned Office address **on 15.12.2025 at 4 PM.** The applicant or their authorized agent can be present at the time of opening the sealed tender.

आवेदन प्रारूप और निविदा विवरण/निर्देशों के लिए, वेबसाइट www.epfindia.gov.in पर लॉगऑन करें, 'Miscellaneous' शीर्षक के अंतर्गत 'Tender/Auctions' पर क्लिक करें। इसे क्षेत्रीय कार्यालय, मंगलूरु से या ईमेल के माध्यम से भी प्राप्त किया जा सकता है।

For application format and tender details / instructions, logon to the website www.epfindia.gov.in, under the head 'Miscellaneous' Click Tender/Auctions. The same can be obtained from Regional Office, Mangalore by personal visit or through Email: ro.mangalore@epfindia.gov.in

क्षेत्रीय आ/क प्र Regional P.F. Commissioner/OIC,
क्षेत्रीय कार्यालय, मंगलूरु Regional Office, Mangaluru

TENDER

NOTICE INVITING APPLICATIONS FOR THE EMPANELMENT OF PRIVATE HOSPITALS AND DIAGNOSTICS CENTRE SITUATED IN DAKSHINA KANNADA DISTRICT WITH THE EPFO FOR PROVIDING CASHLESS MEDICAL FACILITIES TO ALL THE EPFO PENSIONERS AND THEIR DEPENDENT FAMILY MEMBERS

Employees Provident Fund Organisation (EPFO), Ministry of Labour, Government of India, intends to enter into agreement with the Hospitals and Diagnostic centres for availing credit facilities for the purpose of treatment to the retired employees of EPFO and their dependent Family members of Karnataka State at the rate prescribed by CGHS.

2. Interested hospitals and diagnostic centres would be empanelled through open tenders provided they have the prescribed infrastructure and staff, and are willing to accept the charges fixed by CGHS. Such hospitals would be inspected for verification of infrastructure facilities and staff and if found to be complying with the prescribed norms / requirements would be empanelled. Diagnostic labs would be required to be accredited with the N.A.B.L. Similarly EPFO would give preference to those hospitals that have BIS / ISO Certification or are accredited with NABH set up by the quality Council of India or similarly accrediting / certifying professional body of repute.

3. Broadly, EPFO will empanel the following categories of hospitals and diagnostic centres:-

- (i) Multi-speciality (General Purpose) Hospitals (Hundred beds or more)
- (ii) Diagnostic Laboratories.

The guidelines and norms for empanelment alongwith application form and procedure of its submission are enclosed as **Annexure 'A'**

4. An Earnest money of Rs.25,000/- (Rupees Twenty Five Thousand only) in the form of Demand Draft from any Scheduled or Commercial of Nationalized Bank payable to Regional Provident Fund Commissioner-7, Mangaluru has to be submitted alongwith the application form. The details of the Demand Draft are to be indicated in the application form at the prescribed space.

- a) In case the application is rejected on technical grounds like documents not authenticated, serially numbered etc. the application alongwith Earnest Money would be refunded in due course. However the applicant would be eligible to apply afresh.
- b) In case, the application after scrutiny of documents but before the inspection is rejected on grounds like lack of infrastructure as stipulated in the application then 20% of Earnest Money would be deducted and balance would be refunded in due course.
- c) In case, the application is rejected after inspection, then 50% of the Earnest Money would be forfeited and balance would be refunded in due course.

5. The hospitals / diagnostic centres that are recommended for empanelment after necessary inspection shall also have to furnish a performance Bank Guarantee valid for a period of 5 years to ensure efficient service and to safeguard against any default is detailed as under:-

Empanelled hospitals	-	Rs.1,00,000/-
Eye Centre	-	Rs.50,000/-
Dental Clinics	-	Rs.50,000/-
Empanelled Diagnostic Laboratories and imaging centre-		Rs.50,000/-

6. Further the hospitals / diagnostic centres that are selected for empanelment will have to enter into an agreement with EPFO for providing services at rates to be approved by Director, CGHS from time to time.

7. Empanelled hospital will provide all the facilities for which it is empanelled as per package rates agreed to for various procedure, investigation etc. on the CGHS rates and terms and conditions.

8. In case there are not prescribed rates of CGHS for any procedure, the Hospital will charge the rates prescribed by AIIMS. If there is no AIIMS rates for such procedure the hospital will charge as per their rates after providing 20% discount.

9. Interested parties should submit their tender application (in duplicate) in the prescribed format alongwith soft copy on a CD, in complete shape duly following the submission of procedural aspects, alongwith the Earnest money deposit and other relevant supporting documents as detailed in the website superscribing "Tender for Empanelment of Hospitals" to the undersigned at Employees' Provident Fund Organisation, Ministry of Labour & Employment, Govt. of India, Bhavishyanidhi Bhavan, P.B.No.572, Highlands, Silva Road, Mangaluru-575002 **by 15.12.2025 12 Noon.**

10. The sealed tenders shall be opened at Employees' Provident Fund Organisation, Ministry of Labour & Employment, Govt. of India, Bhavishyanidhi Bhavan, P.B. No.572, Highlands, Silva Road, Mangaluru-575002 **on 15.12.2025 4 P.M.** and every applicant or his authorised agent can be present at the time of opening the tender application.

11. The decision of the Competent Authority will be final and the Organisation reserves the right to accept or reject any of the tenders without assigning any reason thereof.

(RAJIB MUKHERJEE)
REGIONAL P.F. COMMISSIONER/ OIC

GUIDELINES FOR THE EMPANELMENT OF PRIVATE HOSPITALS AND DIAGNOSTIC CENTRES WITH THE EPFO

(Please read carefully)

PREAMBLE

EPFO desires of entering into agreement with the hospitals and diagnostic centers for availing credit facilities for the purpose of treatment to the retired employees & their families at the rate prescribed by CGHS. Interested hospitals & diagnostics centers would be empanelled provided they had the prescribed infrastructure & Staff and were willing to accept the changes fixed by CGHS. Such hospitals would be inspected for verification of infrastructure, facilities and ~~staff~~ and if found to be complying with the prescribed norms/requirements would be empanelled. EPFO would in this process also encourage accreditation of hospitals and diagnostic centers with professional bodies. Diagnostic labs would be required to be accredited with the NABL. Similarly, EPFO would give preference to hospitals that have BIS/ISO certification or are accredited with NABH set up by the Quality Council of India or similar accrediting/certifying professional body of repute.

CATEGORIES OF HOSPITALS/DIAGNOSTIC CENTRES

Broadly, EPFO will empanels the following categories of hospitals & Diagnostic Centres:

- i. Multi-specialty (General Purpose) Hospitals (hundred beds or more),
- ii. Diagnostic Laboratories

PROCEDURE FOR EMPANELMENT OF HOSPITALS :-

ACC of the region /zones shall invite application for empanelment through open tenders duly following the laid down procedure as mentioned below :

EARNEST MONEY DEPOSIT

The application shall be submitted with Earnest Money Deposit of Rs. 25,000/- (Twenty Five thousand) in the form of **Demand Draft** from any Scheduled or commercial or Nationalized Bank, payable to EPFO. The details of the draft are to be indicated in the application form at the prescribed space.

IMPORTANT

- a. *In case the application is rejected on technical grounds like documents not authenticated, serially numbered etc, the application along with Earnest Money would be refunded in due course. However, the applicant would be eligible to apply afresh.*
- b. *In case, the application after scrutiny of documents but before the inspection is rejected on grounds like lack of infrastructure as stipulated in the application, then, 20% of the Earnest Money would be deducted and the balance would be refunded in due course.*
- c. *In case, the application is rejected after inspection then 50% of the Earnest Money would be forfeited and the balance would be refunded in due course.*

SUBMISSION OF APPLICATION FORMS

- a. The **Application** must be submitted in duplicate along with a soft copy on a CD.
- b. Application forms should be submitted in one sealed envelope super scribed as 'Application for empanelment of hospital/diagnostic centre'.
- c. All the pages of Application and annexure (each set) shall be serially numbered.
- d. **Every page of application form and annexures need** to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- e. The **application form must be** accompanied with an undertaking in the format at **Annexure III** and a set of necessary substantiating documents as given in **Annexure- IV**.
- f. Applications for empanelment must be submitted only at the office of the respective offices of Additional PF Commissioner of region /Zone concerned in which the hospital/diagnostic center is located.
- g. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as 'not available'; it should not be mentioned as 'not applicable'.
- h. The application is liable to be ignored if the information given on eligibility criteria is not complete.

SCRUTINY OF APPLICATIONS

- a. Applications shall be opened at the office of the Addl. PF Commissioner of the respective State/zone.
- b. Every Applicant or his authorized agent can be present at the time of opening of the Application forms in respect of that State/zone.
- c. The Addl. Central P.F. Commissioner of the respective State / zone. will examine the application to determine whether:
 - i. they are complete,
 - ii. whether any computational errors have been made,
 - iii. whether Earnest Money Deposit has been furnished,
 - iv. whether the documents have been properly signed, and serially numbered and
 - v. whether the application is generally in order.
- d. The application can be submitted afresh as a new application after rectification of defects and after payment of prescribed application form fee.
- e. Addl. CPFC of the region /zone shall be assisted by RC (Adm),AC (Adm), and a technical member of the appropriate level from ESIC for scrutiny of application as well as for verification of facilities/ infrastructure in the hospital before empanelment is made.

MEMORANDUM OF AGREEMENT

The hospital/diagnostic center that are selected for empanelment will have to enter into an agreement with EPFO for providing services at rates to be approved by Director CGHS from time to time.

PERFORMANCE BANK GUARANTEE

Hospitals/Diagnostic Centres that are recommended for empanelment after the inspection shall also have to furnish a performance Bank Guarantee valid for a period of five years to ensure efficient service and to safeguard against any default:

➤ Empanelled Hospitals	Rs. 1,00,000
➤ Eye Centre	Rs. 50,000
➤ Dental Clinics	Rs.50,000
➤ Empanelled Diagnostic Laboratories & Imaging Centres	Rs.50,000
➤ Earnest Money	Rs.25,000

FORFEITURE OF PERFORMANCE BANK GUARANTEE

i. In case of any violation of the provisions of the MOA by the hospitals / Diagnostic Centres such as:

- a. refusal of service,
- b. ~~refusal of credit~~ to ~~eligible~~ beneficiaries ~~and~~ direct charging from the EPFO beneficiaries
- c. undertaking unnecessary procedures,
- d. prescribing unnecessary drugs/tests
- e. deficient or defective service,
- f. over billing,
- g. negligence etc.
- h. reduction in staff/infrastructure/equipment etc. after the hospital/diagnostic centre has been empanelled.

the amount of security money will be forfeited and the EPFO shall have the right to de-recognize the hospitals / Diagnostic Laboratory as the case may be.

DISCOUNT

The hospital/diagnostic centre will allow a discount of 10% on payments that are made within seven days from the date of submission of the bill to EPFO.

APPROVED PACKAGE RATES

- a. The rates fixed by the Director, Central Government Health Scheme shall be binding.

The applicant has to accept the package rate for every existing procedure in the concerned specialty as approved and notified by CGHS from time to time. The rates notified by CGHS shall be available on web site of Min. of Health & Family Welfare at www.mohfw.nic.in. In case of Dental and Eye Specialties the rates for various procedures may be quoted as per format at Annexure V

- b. Package rate is defined as lump sum cost of inpatient treatment/day care for which a patient has been referred by competent authority to Hospital. This includes all charges pertaining to a particular treatment/procedure including:

- i. Registration charges,
- ii. Admission charges.
- iii. Accommodation charges,
- iv. Operation charges
- v. Injection charges,
- vi. Dressing charges,
- vii. Doctor/consultant visit charges,
- viii. ICU/CCU charges,

- ix. Monitoring charges,
- x. Transfusion charges,
- xi. Anesthesia charges,
- xii. Operation theatre charges,
- xiii. Procedural charges/surgeon's fee,
- xiv. Cost of surgical disposables and all sundries used during hospitalization,
- xv. Cost of medicines.
- xvi. Related routine and essential investigations,
- xvii. Physiotherapy charges etc.

from the time of admission to time of discharge. The above list is an illustrative one only.

c. The package rate, however, does not include expenses on:

- i. diet,
- ii. ~~telephone~~,
- iii. tonics,
- iv. cosmetics, etc.

These are not part of the treatment regimen. Cost of these additional items, if provided with the prior consent of the patient, has to be settled with the patient, for which no reimbursement will be admissible.

- e. In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the rate quoted for a particular procedure must be inclusive of all sub-procedures and all related procedures to complete the treatment. As an illustration, it may be noted that, for 'knee replacement' the quoted price shall include the cost of implant, disposables like bandages, anaesthetic drugs, syringes, etc. Similarly, if a case of enlarged prostate is referred for TURP, the procedures such as urethral catheterization, cystoscopy, etc should not be billed separately as they are all part of the procedure. The patient shall not be asked to bear the cost of any such procedure/item.
- f. All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package. For any additional procedure/investigation outside the package rates and other than the condition for which the patient was referred for would require the permission of the competent authority.
- g. The package rate is calculated on the basis of average number of days of stay for a particular procedure by patients. No additional charge on account of extended period of stay shall be allowed if that extension is due to any improper procedure or infection as the consequences of surgical procedure done.
- h. The package rates of indoor treatment are for the following duration of hospitalization

- (a) 12 days for specialized procedure
- (b) 7-8 days for other procedures
- (c) 3 days for laparoscopic surgery
- (d) 1 day for day care/minor procedures (OPD)

TREATMENT REQUIREMENTS:

a. In cases of emergency

- I. all necessary treatment must be provided to the patient on production of a valid Identity Card issued by the office.
- II. The case should immediately be notified to the EPFO Office of the city / zone.
- III. The bills should be submitted for reimbursement to the office within seven working day as per the approved ceiling rates.
- IV. The nature and appropriateness of the "emergency" is subject to verification by EPFO, which would be performed on random basis by the nominated authority.

b. In cases of non-emergency

- i. treatment on credit should be provided to
 - pensioners,

Bill should be submitted to the Office of the Additional CPFC/RPFC of the concerned city. A discount of 10% will be given to EPFO in case payment is made within seven days from the date of submission of the bill.

- ii Treatment / Investigation is to be carried out on the production of valid Identity card
- iii The hospitals are not required to give medicines in the OPD or at the time of discharge of the patient. Medicines so provided shall not be reimbursable.
- iv EPFO has the right to monitor the line of treatment provided in the recognized applicant hospital / Diagnostic Laboratory.

ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

EPFO beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay / pension (Pre-revised). The entitlement is as follows:-

S.No.	Corresponding Basic Pay drawn by Officer in 7 th CPC per month	Ward Entitlement
1.	Upto Rs. 36,500/-	General
2.	Rs. 36,501 to Rs.50,500	Semi-Private
3.	Above Rs.50,500	Private

- i. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
- j. Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.
- k. General ward is defined as halls that accommodate four to ten patients.

Normally the treatment in higher Category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available.

EXIT FROM THE PANEL

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled hospital/diagnostic center, or for any other reason, the hospital/diagnostic center no longer wishes to continue on the list of empanelled hospitals/diagnostic centers, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee equivalent to the average monthly bill submitted by it to the EPFO in the preceding one year.

LIST OF DOCUMENTS AT ANNEXURE IV .

Every application must be accompanied by documents as listed at Annexure IV.

ELIGIBILITY & CONDITIONS FOR EMPANELMENT UNDER EPFO.

- a. **For a super specialty hospital:** Any hospital with less than 100 beds but more than 30 beds per specialty can only apply as a super-specialty hospital. However, hospitals with more than one specialty shall have to apply for empanelment for all available specialties.
- b. **For Multi Specialty (General Purpose Hospital).** It should not have less than 100 beds for in-patients/ Hospitalized Patients. Moreover, the hospital must offer all specialties that are available with the hospital. Multi Specialty hospitals cannot seek empanelment for selective specialties

These hospitals are also expected to have necessary diagnostic facilities. CT Scan and Blood Bank facilities are desirable

Specialized treatment facilities required for Multi specialty & Super Specialty hospitals are detailed in **Section-A**.

- c. **The Dental Care Centers** should have specialized treatment facilities as detailed in **Section B**. All medicines will be part of the package rate.
- d) **Super Specialty Eye Care Hospitals** should have the specialized treatment facilities as detailed in **Section-C**.
- e) **Diagnostic Laboratories** are to be accredited by NABL and facilities as detailed in **Section D**.

Applicants having their hospitals / Diagnostic Centres located in the Concerned city/State only shall apply.

APPLICATION FORMAT

APPLICATION FORMAT FOR EMPANELMENT OF PRIVATE HOSPITALS AND DIAGNOSTIC CENTRES BY EPFO

(Technical and Infrastructure Specifications of the Hospitals and Diagnostic Centres)

1. Name of the city where hospital/Diagnostic Centre is located.

[illegible]

2. Name of the hospital / Diagnostic Centre

[illegible]

3. Address of the hospital

[illegible]

3 Tel / fax/e-mail

[illegible]

4. Empanelment Applied for:

- a) ☐ Multispeciality (General Purpose)^{1*}
- b) ☐ Super Speciality (only one Speciality)
- c) ☐ Dental Care Centre
- d) ☐ Super Specialty Eye Care
- e) ☐ Diagnostic Centre
- (Please tick the appropriate column)

Super Specialty - Specify specialty-

Cardiology , Cardiovascular and Cardiothoracic surgery / ☐

Neurology and Neurosurgery ☐

**Urology - including Dialysis
and Lithotripsy(Renal Transplant , if available)** ☐

**Orthopedic- Surgery - including arthroscopic surgery and Joint
Replacement/** ☐

**Gastro-enterology and GI-Surgery
(Liver Transplant , if available)** ☐

**Comprehensive Oncology(includes surgery,chemotherapy
and Radiotherapy) /** ☐

Paediatrics and Paediatrics surgery ☐

Endoscopic surgery ☐

E.N.T. including Specialized surgeries ☐

**Note: Facilities for Relevant Diagnostic procedures/investigations
should be available-**

Note : 1* . **Multispeciality (General Purpose)** - shall include General Medicine, General Surgery, Obstetrics and Gynecology, Paediatrics, Orthopedics, ICU and Critical Care units (ENT, Ophthalmology, Dental specialties- desirable) , and facilities for Radiology and in house laboratory and Blood Bank . These hospitals will not be considered for ONE Speciality / or selected specialties only. However, they can be considered for additional Specialties in addition to General Purpose treatment.

Dental Care Centre

Applied for :-

General Dentistry
 Special Dental procedures – speciality specified
 Diagnostic procedures / investigations for Dental.

Super Speciality Eye Care -**Applied for -(Specify)**

- a) Cataract/Glaucoma
 b) Retinal – Medical – Vitreo-retinal surgery
 c) Strabismus
 d) Occuloplasty & Adnexa & other specialized treatment

5. Whether the hospital is recognized under any one or more of following

1. Under CGHS

Yes ☐ No ☐

2. Under State Health Authority/Local Body

Yes ☐ No ☐

3 Under any Medical Health Insurance
 Organization

Yes ☐ No ☐

(If, yes, specify)

Please fill up:

- Section A – if applying for Multi-Speciality (General Purpose) or Super Speciality Hospital
- Section-B- if applying for Dental Speciality
- Section-C – if applying for Super Speciality Eye Hospital
- Section-D – if applying for Diagnostic Laboratory

SECTION-A

1.6 Total Number of beds

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Note i. Multi- Speciality Hospitals (General Purpose):

Private hospitals with 100 or more beds will be considered.
Private hospitals with less than 100 beds will not be considered.

ii) Super Speciality :

Private hospitals with 30 or more beds will be considered.
Private hospitals with less than 30 beds will not be considered

1.7 Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward

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ICCU/ICU

--	--

Private

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Semi-Private (2-3 bedded)

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General Ward bed (4-10)

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Total Area of the hospital

Area allotted to OPD

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Area allotted to IPD

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Area allotted to Wards

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1.8 Specifications of beds with physical facilities/ amenities

Dimension of ward length breadth	Number of bed in each category	Sq. Mt. floor area per patient	Furnishing	Amenities
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(Seven Square Metre Floor area per bed required-) (IS:12433-Part 2:2001)

General

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(4- 8 beds)

Semi Private

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--	--

Ward

(2 to 3 beds)

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Private ward

(Single bed with attendant bed)

* Furnishing specify as (a), (b), (c), (d) as per index below

- Index (a) Bedsides table ☐
- (b) Wardrobe ☐
- (c) Dressing table ☐
- (d) Dari/carpet/other floor items ☐
- (e) Telephone ☐

Amenities specify as (a), (b) (c) (d) as per index below

Amenities

- (a) Air conditioner ☐
- (b) T.V. ☐
- (c) Stereo music ☐
- (d) Room service for food etc. ☐
- (e) any other amenities ☐

1.9 Nursing Care

Total No. of Nurses

No. of para-medical staff

Category of bed	Bed/Nurse Ratio(acceptable standard)	Actual bed/nurse ratio
-----------------	--------------------------------------	------------------------

- | | | |
|-------------------------|-----|----------------------|
| a) General | 6:1 | <input type="text"/> |
| b) Semi-Private | 4:1 | <input type="text"/> |
| c) Private | 4:1 | <input type="text"/> |
| d) ICU/ICCU | 1:1 | <input type="text"/> |
| e) High dependency Unit | 1:1 | <input type="text"/> |

1.10 Alternate power source Yes ☐ No ☐

1.11 Bed occupancy rate (Norm 85%) Bed turn over rate

General bed	<input type="text"/>	<input type="text"/>
Semi-Private Bed	<input type="text"/>	<input type="text"/>
Private Bed	<input type="text"/>	<input type="text"/>

Av daily census * 100

Note: Bed occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No. of bed available (i.e. number of authorized bed)}}$

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment (No of authorized bed)}}$

1.12 No. of in house Doctors

1.13 No. of in house Specialists/Consultants

No. of visiting Specialist/Consultants
 (Names and qualifications)
 Attach separate sheet if necessary

1.13.1 Laboratory facilities available -
 Microbiology ☐ or any other
 (statistics for the last three years)

Pathology ☐ Biochemistry ☐

1.14 Imaging facilities available (statistics for the last three years)

1.15 Supportive services

Boilers/sterilizers ☐

Ambulance ☐

Laundry ☐

Housekeeping ☐

Canteen ☐

Gas plant ☐

Waste disposal system as per prescribed rules ☐

Dietary ☐

Others (preferably)

- Blood Bank ☐

- Pharmacy ☐

- Physiotherapy ☐

- No. of Operation Theaters. ☐

SIGNATURES OF THE AUTHORISED APPLICANT

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Yes ☐ No ☐ ☐

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-

HIV markers for Hepatitis (B&C), VDRL

4.1.5 Whether it has a tissue typing unit ☐ ☐
 DTPA/IMSA/DRCG scan facility Yes No
 and the basic radiology facilities

5. **LITHOTRIPSY/TURP**-Essential information reg: -

Whether the hospital has expert employees
 having M.C.I. recognized qualification on Yes ☐ No ☐
 regular and visiting basis

No. of cases treated by lithotripsy
 in last one year (e.g.2005-2006)

Average number of sitting required
 per case

Percentage of cases selected for
 lithotripsy, which required conventional
 surgery due to failure of lithotripsy

6. **LIVER TRANSPLANTATION-** Essential information req.

Technical expert with experience in liver

Transplantation who had assisted in at least fifty liver transplants. Yes ☐ No ☐

(Name and qualifications)

[illegible]

Month and year since Liver Transplantation
is being carried out

--	--	--	--	--	--

No. of liver transplantation done during the last one year

--	--

Success rate of Liver Transplant

Facilities of transplant immunology lab.

--	--

Tissue typing facilities

Yes ☐ No ☐

Blood Bank

Yes ☐ No ☐

Full radio diagnosis

Yes ☐ No ☐

Yes ☐ No ☐

Qualification and of Orthopedic surgeon
(Name and qualifications)

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Yes ☐ No ☐

Yes No ☐ ☐

8. NEUROLOGY _ NEUROSURGERY – Essential information reg.

9.1 Whether the hospital has aseptic

Operation theatre for Neuro Surgery

Yes ☐ No ☐

Whether there is Barrier Nursing for isolation for patient.

Yes

No ☐ ☐

Qualification of Neuro- surgeon
(Name and qualifications)

[illegible]

Whether, it has required instrumentation for Neuro-surgery

Yes ☐ No ☐

Facility for Gamma Knife Surgery ,

Yes

No ☐ ☐

Facility for Trans-sphenoidal endoscopic surgery, if available

Yes

No		
----	--	--

Facility for Stereotactic surgery

Yes

No ☐ ☐

10. **E.N.T.** – Essential information reg.

Whether the hospital has aseptic

Operation theatre for ENT

Yes ☐ No ☐

Qualification of E.N.T. Surgeon

(Name and qualifications)

[illegible]

Whether, it has required instrumentation

for E.N.T. Surgery including diagnostic procedures Yes ☐ No ☐

Facilities for Endoscopy –

Yes

No

Facilities for reconstruction surgery –

Yes

No

11. Oncology – Essential information reg.

11.1 Whether the hospital has aseptic
Operation theatre for Oncology – Surgery

Yes ☐ No ☐

11.2 No. and Names of Oncologists
(with qualifications)

--	--

Surgery

Chemotherapy

Radio-therapy-

11.3 Whether, it has required instrumentation
for Oncology Surgery

Yes ☐ No ☐

11.4 Facilities for Chemotherapy

Yes ☐ No ☐

11.5 Facilities for Radio-therapy (specify)

Yes ☐ No ☐

Radio-therapy facility and Manpower shall be as
per guidelines of BARC

Yes ☐ No ☐

12. Endoscopic / Laparoscopic Surgery:**Criteria for Laparoscopic/Endoscopic Surgery:**

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should carry out at least **225 laparoscopic surgeries** per year.
- The hospital should have at least one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery.

Yes ☐ No ☐**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

SECTION-B**1. Dental Care Centre : (Infrastructure and technical Specifications)****(A) (i) For General Dental Clinic**

(Availability of recovery bed for Dental Clinic)

(if available, specify the number of beds)

(ii) For Specialized Dental Clinic

(Whether beds are available for

Specialized Dental Clinic)...

Yes

If, Yes Number

(B) For specialized Dental surgery:

	Dimension Of ward Length Breadth	Number of bed in each area category	Sq. ft. floor per patient	Furnishing Amenities	/
General	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Semi Private	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ward	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Private Ward	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Furnishing

- (a) Bedsides table
(b) Wardrobe
(c) Dressing table
(d) Dari / Carpet / Other floor items

Amenities

- (a) T.V.
(b) Stereo music
(c) Room service for food etc.
(d) Telephone
(e)

(C) ICU for Specialized Dental Surgery

Yes

- (D)** Whether separate O.T.
available for aseptic / septic cases
(For specialized Dental clinics)

YES

(E) Type of water supply & timings

Municipal Supply

Other sources

(Please specify) like

Distilled water

(F) Alternative Power supply

Yes

No

Give details

(G) Blood Bank facility Yes ☐ No ☐
(In case of emergency cases)

(H) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry,
Microbiology (statistics for the last three years).
..... Yes ☐ No ☐

(b) Routine facilities for X-ray OPG Dental X-ray (statistics for the
last three years)

(I) Oxygen facility -Centralized ☐ cylinder ☐

(J) No. of visiting Specialists / Consultants
(For Dental Care Center)
(Names and Qualifications Specialty-wise).

(a) Oral & Maxillo facial Surgeon

(b) Periodontist

(c) Prosthodontist

(d) Endodontist

(e) Orthodontist

(f) Paedodontist

(K) Number of Specialists available on regular
basis in all Dental specialties:

- (L) Nursing Care
 (Only for the patients admitted in the Dental Care Center)
 Total No. of Nurses
 No. of Dental Technicians
 No. of para-medical staff

Category of bed Bed / Nurse Ratio
 (acceptable standard)

Actual Bed / Nurse ratio

- a) General 6:1
 b) Semi-Private 4:1
 c) Private 4:1
 d) ICU/ICCU 1:1

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(M) Supportive services (To be given in Detail for each item)

- a. Boilers Sterilizers
 b. Glass Bead Sterilizer
 c. Autoclave
 d. Use of disposable Syringes & Needles
 e. Bio-Medical Waste disposal system
 f. Segregation / Needle destruction / Incineration
 g. Distillation plant for use of Distilled water

<input type="text"/>
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<input type="text"/>

(N) Emergency drug kit

Yes

(O) No. of patients admitted for specialized surgery during last 03 years.

(P) Whether all reimbursable items are included in the package rate, if not, please specify the item with cost (in annexure)

(Q) Whether the rate for different items covered in the package rate are on the basis of cost of item.

Yes

No

(R) Physiological working Dental Chair, Electrically operated, hygienic / aseptic piping unit fitted with Halogen Light and other facilities like:

- a) a) Air Rotor
 b) b) Air-Motor / Micro Motor, Oil free medical grade compressor
 c) c) Ultrasonic Scaler
 d) d) Light Cure Machine.
 e) e) Built in High suction apparatus

<input type="text"/>
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<input type="text"/>
<input type="text"/>
<input type="text"/>

- (S) Dental X-ray Machine
IOPA 60-70 Kv, 8 mA, Exposure
(with minimum radiation leakage) Yes ☐ No ☐
time selection 0.01 to 3 seconds
- O.P.G. Machine 60-70 Kv, 8 MA Yes ☐ ☐

- * All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each specialty.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION-C**Super Speciality Eye Care Hospital -****1. FOR IOL IMPLANT:**

Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery

Yes ☐ No ☐

Name and Qualifications

2. Period since IOL is being carried out in the Hospital

3. Number of IOL implants done during the last one year

4. IOL kit of approved standard supplied by hospital

☐

5. (i) Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces

☐

(ii) Flash/rapid sterilizer – one per OT

☐

(iii) YAG laser for capsulotomy

☐

(iv) Digital anterior segment camera

☐

(v) Specular microscope

☐

6. Specification of the kit IOL:

1) National/International standard

☐

2) CE, FDA, ISI approval

☐

3) *PMMA/ACRYLIC/SILICON

☐

* (Polymethyl Meth Acrylate)

- All Specialists employed on regular and visiting basis must possess M.C.I. recognized qualification

YES ☐ NO ☐

-Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications.

Yes ☐ No ☐

Whether beds available

(General, Semi Private, Private or Deluxe Room

Yes ☐ No ☐

(If yes, specify the number)

Gl. ward Semi-Pvt. ward Pvt. ward

7. **O.T. facilities :-**Yes ☐ No ☐

(i) With qualified Anesthetist, Boyle's Apparatus,
Pulse Oximeter, Cardiac Monitor, Basic Resuscitation equipment
Including Defibrillator and Oxygen supply.

(ii) Investigative facility required in OT:(a) **Ultrasound (A & B Scan)**☐(b) **Indirect Ophthalmoscopy**☐8. (a) **Nursing Care –**

Number of Nurses & Paramedical Staff

Yes ☐ No ☐

(Minimum two Nurses + 1 O.T. Technician +

1 Nursing Orderly + 1 Safai Karamchari per OT)

(If Yes Specify the numbers)

(b) **Resident Doctor Support**Yes ☐ No ☐9. **Alternate Power supply/UPS**Yes ☐ No ☐10. **Laboratory facilities available –**(Clinical Pathology, Routine Biochemistry, ECG
and Microbiology)Yes ☐ No ☐(a) **Ocular Pathology**Yes ☐ No ☐(b) **Ocular Microbiology**Yes ☐ No ☐(c) **Imaging facilities for :**(i) **X-ray (ii) CT Scan (iii) MRI Scan**(iv) **Ultrasound (A&B Scan)**Yes ☐ No ☐(d) **Blood Bank support**11. **Supportive Services:**- Boiler/ Sterilizers/Autoclave/**Gas Sterilizers(ETO)**Yes ☐ No ☐

- Telephone facility

Yes ☐ No ☐

- House Keeping

Yes ☐ No ☐

- Waste Disposal System

Yes ☐ No ☐

- Oxygen Supply/Cylinders

Yes ☐ No ☐

- Canteen Facilities

Yes ☐ No ☐☐☐12. **Facilities for Record keeping (Manual/ Computerized)**Yes ☐ No ☐13. **FOR RETINA& VITREOUS:**

1) General – as (1-5) for IOL Implant

Yes ☐ No ☐

2) Specific for Vitreous – Retina Centre:

a) Trained in Vitreous & Retina surgery proficiency: **Yes** ☐ **No** ☐

b) Availability of equipment viz.:

(i) Angiography of Retina – Digital fundus camera/Digital FA System (1/1CG) with software for movements, tension, size
Y/N

(ii) Vitrectomy machine posterior segment –

- Endolaser & LIO	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Facilities for high-speed cutting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt endoilluminator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt air fluid exchange	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt phaco-fragmentation facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(iii) Retinal Lasers – Cryo machine, Argon, Diode, Double frequency YAG with multiple activator mode, Laser indirect Ophthalmoscope for Retina Lab as well as for OT-

YES ☐ NO ☐

(iv) PDT facility, OCT

YES ☐ NO ☐

c) Indoor facilities for admission with Resident Doctor/ Nurse/ Specialist.

☐ ES ☐

NO

14. FOR CORNEAL TRANSPLANT:

1) General as (1-5) for IOL surgery Yes ☐ No ☐

2) Specific for Corneal Surgery:

a) Availability of trained Surgeon in Corneal surgery – Yes ☐ No ☐

(i) trained eye bank technician

☐

(ii) Eye bank specular Microscope

☐

(iii) Culture/storage media

☐

(iv) Grief Counselor

☐

(v) Computerized Record keeping facility

☐

b) Is centre approved by competent authority under human transplant organs Act, 1995

☐

c) Source of procurement of donor material.

☐

d) Facilities for processing, evaluations, Lab investigation.

☐

15. OCULOPLASTY & ADENEXA:

1. General – as (1-5) for IOL surgery Yes ☐ No ☐

2. Specific for Oculoplasty & Adenexa:

Specialised instruments and kits for:

(i) Dacryocystorhinostomy

☐

(ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery

☐

- (iii) *Orbital surgery*
 (iv) *Socket reconstruction*
 (v) *Enucleation/evisceration*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	

(Vi) Availability of Trained, proficient Oculoplasty *surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery*

☐

(VII) Number of Oculoplasty surgery performed

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. *Consultation facility from ENT Neurosurgery, Haematology and oncology*

☐

4. (A) INVESTIGATIVE FACILITIES:

- (i) *Syringing, Dacryocystography*
 (ii) *Exophthalmometry*
 (iii) *Ultrasonography – A&B Scan*

☐
☐
☐

(iv) *Imaging facilities - X-ray, CT Scan & MRI Scan*

☐

(v) *Ocular pathology, Microbiology services*

☐

(vi) *& Blood bank services.*

☐

(vii) *Consultation facilities from related Specialties such as ENT, Neurosurgery, Haematology, Oncology*

☐

(B) OPERATIVE (O.T.) FACILITIES:

Specialized Instruments & Kits for the following surgeries should be available.

- (i) *Dacryo cystorhinostomy*
 (ii) *Lid surgery Including eyelid reconstruction & Ptosis correction.*
 (iii) *Orbital surgery*
 (iv) *Socket reconstruction*
 (v) *Enucleation & Evisceration*
 (vi) *Orbital & Adnexal Trauma including Orbital fractures*

☐
☐
☐
☐
☐
☐

(C) PERSONNEL:

- (i) *Resident Doctor Support*
 (ii) *Nursing care (24 hours)*
 (iii) *Resuscitative facilities*
 (iv) *Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery.*

☐
☐
☐
☐

16. NEUROPTHALMOLOGY/PAEDIATRIC OPHTHALMOLOGY:1) General – as (1-5) for IOL Surgery. Yes ☐ No ☐

2) Specific:

Availability of equipment for Neurophthalmology investigations. ☐3) OPTOMETRIST / ORTHOPTICIAN – *at least 2 trained Orthopticians /Optometrists, with experience of refraction in children :*YES ☐ NO ☐

4) Strabismus Surgery:

*Functional OT with Instruments needed for strabismus surgery*YES ☐ NO ☐a) Availability of set up for Pediatric Strabismus - *Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart*YES ☐ NO ☐

17. GLAUCOMA:

(1) General – as (1-5) for IOL Surgery.

Yes ☐No ☐

(2) Specific: Facilities for Glaucoma investigation & management.

- a) Applanation tonometry ☐
- b) Stereo Fundus photography/OCT/ Nerve fibre Analyser ☐
- c) YAG Laser for Iridectomy ☐
- d) Automated/Goldmann fields (Perimetry) ☐
- e) Electrodiagnostic equipments (VER, ERG, EOG) ☐
- f) Colour Vision – Ishihara Charts ☐
- g) Contrast sensitivity – Pelli Robson Charts ☐
- h) Pediatric Vision testing – HOTV cards ☐
- i) Autorefractometers ☐
- j) Synaptophore (basic type with antisuppression) ☐
- k) Prism Bars ☐
- l) Stereo test (Randot/TNO) ☐
- m) Red – Green Goggles ☐
- n) Orthoptic room with distance fixation targets ☐
- (Preferably child friendly) may have TV/VCR. ☐
- o) Lees/Hess chart ☐

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION-D**CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -**

Indicate (✓) for Yes and (x) for No in the Box

1) Laboratories (Clinical Pathology):

- Space: Minimum 10X12 ft. ☐
- Adequate space for collection of samples and dispatch of reports. Waiting space - Minimum for 10 patients. ☐
- **Equipment:**
 - Microscope ☐ fully automatic hematology cell counter ☐
 - Incubator ☐ centrifuge machine ☐ fridge (300 liters) ☐
 - Automated Electrophoresis apparatus ☐ Automated Coagulation apparatus ☐
 - Cytology and histopathology related set up ☐
 - Needle Destroyer ☐ Trolley for waste disposal with Bags ☐
- **Manpower with Qualification:**
 - MD or DNB Pathology or Diploma in Clinical Pathology (DCP). ☐
 - Technician –
 - Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology. ☐
 - Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998 ☐
- **Quality Control:**
 - Arrangement for Internal and external quality control. ☐
- The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.
- Backup of Generator, UPS, Emergency light ☐
- **General requirements for Pathological Diagnostic Centers:**
 - Minimum workload of 40-50 samples per day (not tests).
 - Slides for Histopathology / Cytology should be preserved a reasonable period.

- Records of patients /investigation should be well maintained and updated.
- Charges should be displayed on the notice board.
- Fire Fighting system should be in place wherever it is necessary.

2) Laboratory (Biochemistry):-

- Space for working lab minimum 10X12 ft. ☐
- Reception and sample collection should have an area for at least 10 patients to sit. ☐
- Laboratory (Preferably air-conditioned) ☐
- Washing area/waste disposal. ☐
- **Equipment:**
 - Refrigerator ☐ Water-bath ☐ Hot-air-oven ☐ Centrifuge machine ☐ Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/auto analyzer ☐ Flame Photometer or ISE Analyzer ☐ Micro-pipettes ☐ All related Lab glasswares and reagents ☐ needle destroyer ☐ standard balance ☐
- **Manpower with qualification:**
 - MD/Ph. D/M.Sc. in clinical Biochemistry ☐
 - MD Pathology/Diploma in Clinical Pathology ☐
 - Technician with DMLT. ☐
- Provision for waste management as per the Biomedical waste Act., 1998: ☐
- **Quality Control:**
 - Should be Internal as well as External ☐
- Backup of Generator, UPS, Emergency light ☐

- 24 hours supply of water, provision for toilet. ☐

Indicate (✓) for Yes and (x) for No in the Box

Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

- In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer ☐ Elisa Reader ☐ HPLC and Electrophoresis apparatus ☐

3) Laboratory (Microbiology):

- Minimum Space required is 10X12 ft. ☐
Receiving samples & labeling, sorting, registration,
minimum waiting space for 10 patients and
dispatch area. ☐
Media room (autoclave, hot air oven, pouring hood) Area
required minimum 6X4 ft. ☐
Processing of samples – staining, cultures etc.
- **Equipment:**
Non-expendable – Autoclave ☐ Hot Air oven ☐ water bath,
incubator ☐ centrifuge ☐ microscopes ☐ vortex ☐
ELISA reader. ☐
Expendable – Chemicals, media, glassware, stationery etc. ☐
- **Manpower with qualification:**
Doctor (MD in Microbiology)/M. Sc. in Medical Microbiology ☐
Technician - DMLT ☐
Provision for waste management as per the
Biomedical waste Act., 1998. ☐
Quality control: ☐
Internal ☐
External tie up with higher institutions. ☐
Backup of Generator, UPS, Emergency light. ☐

Indicate (✓) for Yes and (x) for No in the Box

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER:

Criteria for MRI Center:

- MRI machine minimum 1.0 TESLA ☐
- Adequate space & patient waiting area. ☐
- Qualified Radiologist - with minimum 3 years post degree experience ☐
- Technicians - full time, holding degree/diploma (2 years) from recognized institutions. ☐
- Equipment for resuscitation of patient should be MRI compatible. ☐
- Facilities for computer printer reports. ☐
- Backup of Generator, UPS, Emergency light ☐
- MRI room should be easily approachable ☐
- Automatic Film Processor Unit. ☐
- Adequate workload – minimum 100 MRI per month. ☐

Indicate (✓) for Yes and (x) for No in the Box

Criteria for of CT Scan Center:

- Whole body CT Scan with scan cycle of less than 1 second (sub second). ☐
- Housed in building as per **AERB** guidelines. ☐
- Sufficient workable space. ☐
- **Waiting area** separate from the radiation area. ☐
- Provision for changing room. ☐
- Provision of **Radiation protective devices** like Screen, Lead Apron, Thyroid & Gonads protective shield. ☐
- **Equipment for resuscitation of patients** like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium. ☐
- Provision for sterilized instrument, disposable syringes & needles, catheter etc. ☐
- Provision for washed clean linens. ☐
- **Qualified Radiologist** - having post degree experience of 3 years. ☐
- **Qualified Radiographer** - holding diploma (2 years) /degree in Radiography from recognized Institution. ☐
- Provision of nursing staff/female attendant for lady patient. ☐
- Provision for **radiation monitoring** of all technical staff & doctor through DRP/BARC. ☐
- Coverage by **Anesthetist** during procedures involving contrast media. ☐
- **Disposal of waste.** ☐
- Backup of Generator, UPS, emergency light. ☐
- Center should be easily approachable. ☐
- **Workload** 150 per month. ☐
- **Installation should be approved by AERB.** ☐

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Mammography Center : -

- Standard quality mammography machine with low radiations and biopsy attachment. ☐
- Automatic/Manual film processor. ☐
- Provision for hard copy & computer print out reports. ☐
- Adequate working space. ☐
- Provision for changing room. Privacy for patients. ☐
- Female Radiographer/attendant. ☐
- Clean linen. ☐
- Backup of Generator, UPS, Emergency light. ☐
- Center should be easily approachable ☐
- Workload minimum 100 per month. ☐

Indicate (✓) for Yes and (x) for No in the Box

Criteria for USG/Colour Doppler Center: -

- Registration under the PNDT Act and its status of implementation. ☐
- Machine should be permanently housed in the Diagnostic Center. ☐
- It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz and should also have provision/facilities of Trans Vaginal/ Trans Rectal Probes. ☐
- **Should have minimum three probes.** ☐
- Facilities for print out & hard copies of the image. ☐
- Qualified Radiologist, having experience of three year after Post Graduate qualification, ☐
- Full time Nurse/Female attendant for female patients. ☐
- Size of the room should be adequate 12'X10', adequately ventilated. ☐
- Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure. ☐
- Anesthetics coverage during such procedures. ☐
- Availability of clean linens & disposable consumable & sterilized instruments. ☐
- Backup of Generator, UPS, emergency light. ☐
- Center should be easily approachable. ☐
- Workload 250 per month. ☐

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Diagnostic X-ray Center/Dental X-Ray/OPG Centre:

- ☐ X-ray machine should be of minimum 500 MA with the Image intensifier TV system.
- ☐ The Portable X-ray machine should be minimum of 60 MA.
- ☐ The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA.
- ☐ Automatic film processor.
- ☐ Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board.
- ☐ Separate room for portable X-ray machine, equipment, dark room.
- ☐ Patient trolley should be able to go to equipment room.
- ☐ Boyles trolley should be in X-ray room.
- ☐ Room size approximately 14X14 feet for housing the X-ray machine & dark room size 8X8 feet waiting area, separate from the radiation area.
- ☐ X-ray tube should not be facing the inhabited area.
- ☐ Provision for changing room.
- ☐ Provision of Radiation Protective devices like screen, lead apron, Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions.
- ☐ Manpower: - **Radiologist** -Post Graduate qualification of Radiology from Recognized University,
- ☐ Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients.
- ☐ Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC.
- ☐ Anesthetics Coverage during procedures involving IV contrast media use.

- ☐ Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc.
- ☐ Washed ,clean linen should be provided
- ☐ Disposal of waste.
- ☐ Backup of Generator, UPS, Emergency light.
- ☐ Centers should to be easily approachable.
- ☐ Workload 350 per month.

-contd.

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Bone Densitometry Center :

- ☐ Bone densitometry equipment ultrasound/x-ray based with color printer.
- ☐ Room size 14'X14 feet.
- ☐ Separate waiting area.
- ☐ **Qualified Radiologist** with at least 3 years experience after postgraduate qualification.
- ☐ **Qualified Radiographer** from recognized institution.
- ☐ Radiation safety measures.
- ☐ Disposal of waste.
- ☐ Backup of Generator, UPS, Emergency light.
- ☐ Center should be easily approachable.
- ☐ Workload 50 per month.
- ☐ Quotation should be separately given for Dexa Scan/ Ultrasound.
- ☐ Desirable: Capable of performing 1-3 sites and whole body.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

CERTIFICATE OF UNDERTAKING

(To be signed by head of institution or authorized signatory / agent)

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That the hospital /Diagnostic Center shall not charge higher than the CGHS notified rates or the rates charged from non-CGHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, the Hospital / Diagnostic Laboratory be liable for de-recognition by EPFO. The institution will be liable to pay compensation for any financial loss caused to EPFO or physical injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospitals/Diagnostic Center has the capability to submit bills and medical records in digital format.
7. That the hospital/diagnostic center will allow a discount of 15% on notified rates when payment is made by cash and a discount of 10% on payments that are made within seven days from the date of submission of the bill to EPFO.
8. That in the event of recognition of the Hospital / Diagnostic Laboratory, it will provide all disposable sundries and implants of standard quality and will not get them purchased through EPFO beneficiaries.
9. The Hospital / Diagnostic Laboratory will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence or due to transfusion of improperly checked blood, if such injuries occurred in consequences of treatment in the Dental Care Center.
10. That the center has not been derecognized by CGHS or any state Government or other Organizations, after being empanelled.
11. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital/Diagnostic Center.

Signature
Head of Institution / Authorized Signatory / Agent

Annexure-IV

The following are the minimum documents that are to be submitted along with duly filled application form

- (a) Copy of certificate or memo of State Health authority recognizing the hospital.
- (b) Certified copy of audited balance sheet, profit and loss account for the last three years.
- (c) Certified copy of partnership deed and authorization letter of signatory.
- (d) Copy of the license for running blood bank/diagnostic lab.
- (e) Copy of import exemption certificate and the conditions on which import exemption accorded.
- (f) Sales tax exemption certificate.
- (g) Photo copy of PAN Card.
- (h) Name and address of their bankers.
- (i) The selected hospital/diagnostic center has to deposit 'Performance Bank Guarantee' at the time of signing of MOU.
- (j) An attested copy of the existing list of rates approved by the hospital/diagnostic center for various services/procedures being provided by it.

Note: Applications not containing the above particulars are liable to be ignored.

Signature
Head of Institution / Authorized Signatory / Agent

**Name of Work:- Recognition of Multispeciality (General Purpose)
Hospitals / Single Specialty Hospitals/ Super Speciality Eye Hospitals
/Dental Care Centre or Diagnostic Laboratories under EPFO**

PERFORMANCE SECURITY FORM (PSF)

To
ADDITIONAL CPFC, EPFO

WHEREAS

_____(Name of
Successful Applicant) hereinafter called "the Successful Applicant" has
undertaken, purchase of Contract No. _____
dated, _____ 2008 to

(Description of Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the successful Applicant shall furnish you with a bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Successful Applicant's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Successful Applicant a guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the successful Applicant, up to a total of _____ (Amount of irrevocable guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Successful Applicant to be in default under the contract and without cavil or argument, any sum or sums within the limit of _____ as aforesaid, without your needing to prove or to show this grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the _____ day of _____

Signature and Seal of Guarantors

Date

Address: