



GOVT. OF WEST BENGAL  
OFFICE OF THE SUPERINTENDENT  
NORTH 24 PARGANAS DISTRICT HOSPITAL  
BARASAT - 700 124

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Memo no.BH/15/1500

Dated: 26/6/15

EXPRESSION OF INTEREST

Expression of Interest is invited from bonafied agencies for setting up of pathological and radiological service with a collection centre through PPP model at the North 24 Pargana District hospital, Barasat.

Tender forms, specifications along with terms and conditions to be handed over on TR-7 payment of Rs 500.00( Five hundred) only from the Accounts Personnel of Rogi Kalyan Samity of the office of the undersigned which will be available on and from 26.6.15 to 11.7.15 in between 11am to 2pm and the same will be received till 11.7.15 upto 1pm and opened on 13.7.15 the at 1pm, submitted directly in the tender box or through speed post in sealed covers addressing " Superintendent, North 24-Parganas District Hospital, Barasat".

Details of tender documents can also be downloaded from the website: [www.north24parganas.gov.in](http://www.north24parganas.gov.in)

Sd/-

SUPERINTENDENT  
NORTH 24 PARGANAS DISTRICT HOSPITAL  
BARASAT

EOI FOR DIAGNOSTIC AND  
RADIOLOGICAL TEST  
FACILITIES UNDER PPP  
MODEL

AT

NORTH 24 PARGANAS  
DISTRICT HOSPITAL,  
BARASAT.

(VIDE MEMO NO BH/15/1500 DT 26.6.15)

Considering the requirement, the Rogi Kalyan Samiti (RKS) of the hospital has felt the need for **Introducing facilities for pathological and radiological Collection Centre (Pathology/Bio-Chemistry etc), USG as well as ECG and ECHO under PPP engaging competent organization selected through defined selection criteria.**

**The existing services provided by this hospital for Clinical Laboratory (Pathological/Bio-chemical etc) and radiology will continue to function as per present practice.**

#### **Description of the Scheme**

##### **A) Partnership Model**

- a) The partnership would be governed by a legal agreement with detailed terms and conditions to be signed by the selected Private Sector Partner (PSP) with the Superintendent of the Hospital for establishment and running of the pathological and radiological Collection Centre with prescribed services
- b) The initial duration of the agreement will be for a period of **two years** there will be an annual review of performance. The renewal of the contract at the end of two years will be subject to satisfactory consecutive annual review reports during the contract period.
- c) Under this agreement, the selected PSP will set up pathological and radiological **Collection Centre for 8am -10pm services.**
- d) As per terms of the agreement, the Hospital Authority will provide ready-to-use space as per requirement of The West Bengal Clinical Establishment Act 1950 as amended hereafter and The West Bengal Clinical Establishment Rules 2003 as modified hereafter. Water supply will also be provided free of cost. The PSP will be required to install separate electric meter and pay consumption charges directly to the energy supplier as per prevailing rules of the energy supplier. The PSP shall be responsible for the entire operation and management of the centre.
- e) The PSP shall install necessary equipment for setting up the Centre at their own cost in the hospital for round the clock operation and management of the services.
- f) The PSP may also extend the services to patients referred from private practitioners/private hospitals and charge, collect and retain user charges at the market rate. However, it is to be noted that patients referred from the hospital will be done as per the rates mentioned in **schedule no A**.
- g) The patient's referred from the hospital under different schemes like RSBY, RBSK, JSSK and JSY will also be treated as free cases. At the end of the month the PSP will bill the Superintendent with supporting documents for such cases which are made free.

##### **Causes for Termination**

Any of the following events shall constitute an event of default by the PSP entitling the Hospital Authority to terminate this agreement:

- a) Failure to commence services in the Hospital within **two months** of signing the agreement.
- b) Collecting charges from the patients in violation of the Policy on User Charges
- c) Failure by the PSP to deliver timely reports in respect of the Standard Diagnostic Services (mandatory tests) on more than five occasions in a month
- d) Inaccuracy detected in at least three occasions in a period of three months in the diagnostic reports delivered to the patients
- e) Error detected in more than two occasions in six months in recording the correct entry of the number of patients referred from the concerned hospital as well as by the private practitioners/private hospitals in each month
- f) Failure to comply with the statutory requirements, Clinical Establishment Acts, Rules and other applicable norms
- g) Engagement of unqualified persons for running of the Services

Upon occurrence of any of the defaults, the Hospital Authority would follow the procedures of issuing time bound Notice/Show Cause before deciding on termination of the agreement. The decision of the Hospital Authority shall be final and binding on the PSP.

**WHOM TO APPLY:**

*'Application for establishment of Diagnostic and radiological collection centre under PPP model at the North 24 Parganas District hospital, Kolkata-124'.*

**The application is to be submitted in the following address:**

*The Superintendent,*

*North 24 Parganas District Hospital*

*Banamalipur, barasat -124*

**The last date for submission of application is 11.7.15. Applications received after 4.00 pm on 11.7.15, will not be opened / accepted. The EOI will be opened on 13.7.15 at 1:00 pm. One representative from each bidder shall be allowed to attend the same.**

**If any of the documents as asked for are not submitted along with the application, the application form submitted by the applicant may be rejected.**

**Interested Organizations desiring to undertake physical inspection of the Hospital before submission of EOI as well as for any clarification, if required, relating to filling of application may contact the Assistant Superintendent of the hospital on Mobile no. 9836991193 (between 10 am to 4 pm)**

**Annexure I (Application form)**

(\*Please fill up the form with relevant documents and legible handwriting)

*Superintendent*  
**N-24 Pargs. Dist. Hospital**  
**BARASAT**

**1. Name of the Organization:**

\_\_\_\_\_

**2. Status of the Organization:** \_\_\_\_\_ Limited Co./Private Limited Co./  
Partnership Firm/Proprietorship Firm /NGO /Trust/Others (specify):

\_\_\_\_\_

**2. Nature of Business/Activities of the Applicant :**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**3. Complete address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Phone & Fax number:** \_\_\_\_\_

\_\_\_\_\_

**5. E-Mail ID:** \_\_\_\_\_

**6. Web site (if any):** \_\_\_\_\_

**7. Registration details of the Organization:** \_\_\_\_\_

**8. Number of years of experience in Health Care:** \_\_\_\_\_

9. Name and Address of the Hospital/Nursing Home/Diagnostic center: (If the name/address is different than that of the Organization)

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10. Year of Incorporation of the Hospital /Nursing Home/Diagnostic center:

11. Services/Facilities provided in-house (Please Tick)

- Clinical Laboratory (Pathology, Biochemistry etc) : Yes/no
- USG facilities : Yes/No
- ECG : Yes/No
- Echo: Yes/No

12. Annual turnover of the Organization for the last two financial years ending March 2015:

Financial year ending 2013: \_\_\_\_\_

Financial year ending 2014: \_\_\_\_\_

Total: \_\_\_\_\_

13. Details of License for the diagnostic unit (CE) of the organization under WB CE Act & Rules (Enclose copies of license) :

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

14. Other information as required in terms of Eligibility Criteria & Selection Process described above (Supporting documents need to be submitted):

A). Accreditation: ISO Certification: Yes/No; NABL: Yes/No

B.) Number of Specialists with the existing diagnostic unit for clinical laboratory

Microbiologist: Yes/No

Pathologist: Yes/No

Bio-chemist: Yes/No

Sonologist/s in the existing centre: yes/no

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15) The existing centre is operational round the clock: Yes/No

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16) Experience of running diagnostic unit under PPP, if any : Yes/No

If yes, name of the hospital and services provided: \_\_\_\_\_  
Number of years of experience under PPP: \_\_\_\_\_

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17) Whether the PSP will operate on its own or through authorised facilitator:

If through facilitator, Name of the facilitator firm:

(Please submit relevant documents)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

18) Payment to be released to the PSP or the Authorised vendor. Please mention the details of bank account:

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19). List of documents submitted with the application (please tick)

- Copy of Registration Details of the Organization
- Memorandum & Article of Association (if applicable)
- Copy of the partnership deed if it is a partnership firm
- Copy of audited Balance Sheet and accounts statements for the last two financial years ending the financial year March 2015
- Copies of all relevant licenses
- Supporting documents for information required if any.
- Specifications & Make of the equipment proposed to be installed in the diagnostic units for USG(with Services), if selected

Signature:

Name in full:

Designation:

**ANNEXURE A**

Price Notification applicable for patients referred from the North 24 Parganas district Hospital, Government of West Bengal

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SL NO	SERVICES	RATE (in Rs)
<b>BIO-CHEMISTRY</b>		
1	Sugar (Blood/CSF/Ascitic fluid) each	15
2	Urea	15
3	Uric Acid	15
4	Creatinine	15
5	CPK	90
6	CPK with MB	100
7	LDH	90
8	Aldolase	90
9	Blood Gas Analysis	170
10	Amylase (Serum)	75
11	Serum Triglyceride	60
12	Serum Cholesterol	15
13	HDL Cholesterol/VLDL Cholesterol	30
14	LDL Cholesterol	60
15	Lithium	70
16	Alfa fetoprotein	100
17	Serum Iron	100
18	Acid Phosphatase	40
19	Alk Phosphatase	25
20	Urine VMA	100
21	Catecholamines	100
22	SGOT/SGPT/Bilirubin	25
23	Na/K/Ca/bicarbonate/Choride	30
24	Fecal fat estimation	100
25	Doxylase Excretion of urine	100
26	Protein Electrophoresis	110
27	Urinary Copper	100
28	Lactose Intolerance	20
29	Phosphate	30
30	Ceruplasmin	150
31	IBI	110
32	Blood Ammonia Level	140



33	Hb Electrophoresis	100
34	Glycosylated Hb	90
35	NPN/BUN	25
36	Liver Function Test	100
37	Lipid Profile	150
38	Glucose Tolerance with Curve	60
39	Gastric Analysis	60
40	Urine Creatinine Clearance (3 hrs/24	50
41	) Urinary Protein 24 hrs (Quantitative)	30
42	CSF- Protein, Chloride (each)	30
43	Stone Analysis	80
44	Urine-Urea	15
45	Urine-Creatininie	20
46	Urine-Albumin/Sugar(each)	10
47	Urine Calcium	25
48	Urine BJ Protein	25
49	T3/T4 each	75
50	T3 T4 TSH combined	200
51	TRH Stimulation	100
52	Prolactin / Oestrogen / LH / FSH / Progesterone	120
53	Testosterone 110	110
54	Urine Corticosteroids	80
55	Cortisol	120
56	DHEA 115	115
57	HCG/Urine Estriol	115
58	Urine Na/Cl/K	30
59	Thymol Turbidity	20
60	Vanden Berg Reaction	25
60	Urine-Bile Salt/Pigment	10

#### HAEMATOLOGY

1	Haemoglobin (Hb)	10
2	TC,DC,Hb& & ESR	20
3	Platelet Count/ Reticulocyte Count/Clot	20
4	Complete Hemogram	50
5	PCV,ESR,	10
6	Abs Eosinophil Count	15
7	LE Cells	25

8	Osmotic Fragility	40
9	BT/CT	15
10	Prothrombine Time	35
11	Coombs Test	50
12	Bone Marrow Aspiration	100
13	Coagulation Profile	100
14	G6PD	75
15	Foetal Hb	30
16	Blood Grouping	20

#### HISTOPATHOLOGY & CYTOLOGY

1	Each Specimen block & slide	60
2	Frozen Section Report	100
3	Cytology with PAP Stain	50
4	PAP Stain for Cytochrome assay	85
5	Peritoneal/Pleural/Ascitic Fluid/Other Body Fluids for Cytology	40
6	FNAC	150
7	Sex Chromatin (Buccal Smear)	35
8	Cytogenetics	150

#### MICROBIOLOGY

1	Blood Culture	50
2	Urine/Pus/Any other Culture (other than TB)	50
3	Culture for TB	50
4	Sputum/other smears for AFB or Gm stain	25
5	Throat/Conjunctival/other swab & culture	30
6	Drug sensitivity	30
7	R.A. Test (Latex)	30
8	Australian Antigen	50
9	Australian Antigen	50
10	VDRL	20
11	Mantoux Test	20
12	Kahn/Aldehyde Test	10
13	Hbc/Ag/Anti Hbc 1 gm Anti HD/Anti HAV 1 gm	160
14	Anti Mitochondrial/Anti smooth muscle/Anti maternal antibody	200
15	ASO Titre	70
16	ANF (Agglutination)	200

17	Widal Test	30
18	C Reactive Protein	55
19	Toxoplasma (Toxo IgG,IgM)	100
20	Brucella	100
21	Casoni's Test	25
22	TORCH	300
23	Pregnancy Test	25
<b>CLINICAL PATHOLOGY</b>		
1	Stool Routine	10
2	Stool Occult Blood	10
3	Urine Routine	10
4	CSF-Cell count, Gram Stain, AFB, Cell	60
5	Semen Analysis	50
6	Elisa Test: TB (IgG, IgM,IgA)	80
<b>CARDIOLOGY</b>		
1	ECG	30
3	ECHO without plate	200
4	EEG	60
<b>RADIOLOGY</b>		
1	USG Upper Abdomen	225
2	USG Lower Abdomen	225
3	USG Whole Abdomen	350
4	USG Liver/Gall Bladder/Pancreas/Spleen	225
5	USG Pregnancy	200
6	USG (KUB) & Prostate	225
7	USG Trans vaginal/Trans rectal	250
8	USG Screening	150
9	USG Muscle/tendon/joints	225
10	USG Folliculometry	325
11	USG Breast: Both	250
12	USG Thyroid	150
13	USG Soft Tissue	225
14	USG Testis: Both	250
15	X-ray per plate	35

Superintendent  
N-24 Pargs. Dist. Hospital  
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