



राजस्थान सरकार
निदेशालय चिकित्सा स्वास्थ्य एवं परिवार कल्याण सेवाएं
(एनएचएम) स्वास्थ्य भवन, सी-स्कीम, तिलक मार्ग, जयपुर

No. F. (42)/NHM/RBSK/2015/ 337

Date: - 14/08/2015

निदेशक,
सूचना एवं जनसम्पर्क निदेशालय,
राजस्थान, जयपुर।

विषय: RFP सूचना प्रकाशित करने के बाबत।

उपरोक्त विषयान्तर्गत पत्र के साथ संलग्न RFP सूचना को एक राष्ट्रीय स्तर दैनिक (समस्त संस्करण), एक प्रमुख राज्य स्तरिय दैनिक समाचार पत्र जो कि 50,000 से अधिक प्रतियों का परिचालन रखने वाले हो तथा भारतीय ट्रेड जनरल में दिनांक 18.08.2015 तक आवश्यक रूप से प्रकाशित करवाने का श्रम करावे तथा इसे आपके विभाग की वेबसाईट पर भी प्रसारित कराने की व्यवस्था करावे।

संलग्न :- 1. RFP सूचना पत्र (छः प्रतियों में)
2. RFP की सॉफ्ट कॉपी

निदेशक (आरसीएच)

No. F. ()/NHM/RBSK/2015/337

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प्रतिलिपि निम्न को सूचनार्थ एवं अग्रिम कार्यवाही हेतु प्रस्तुत है:-

1. प्रबंध निदेशक, आरआईएसएल, योजना भवन, जयपुर को ई-पोर्टल पर प्रसारण हेतु।
2. निजी सचिव, विशिष्ट शासन सचिव एवं मिशन निदेशक, एनएचएम, राजस्थान जयपुर।
3. निजी सहायक, निदेशक आरसीएच।
4. प्रभारी सर्वर रूम को भेजकर लेख है कि निविदा सूचना को विभागीय वेबसाईट व SPPP पोर्टल पर दिनांक 18.08.2015 तक जारी करावे।

निदेशक (आरसीएच)



Government of Rajasthan
State Health Society, National Health Mission
Rajasthan, Jaipur

Notice Inviting Bid-e-tender

Request for proposal (RFP)

***For empanelment of Tertiary Care/ Super Specialty Hospitals for Treatment of Children
screened under RBSK Programme***

Date and time for downloading RFP document	19.08.2015 at 11:30 AM
Last date and time for submission of online proposals	21.09.2015 at 03:00 PM
Date and time for opening of proposals	22.09.2015 at 12:00 noon
Estimate Amount	Rs 6 lac in favour of RSHS jaipur
Cost of Tender Form	Rs 500 in favour of RSHS Jaipur
Bid Processing fees	Rs. 1000 in favour of MD RISL Jaipur

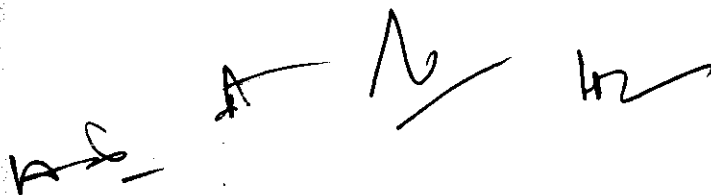
Note :- Technical Bid & financial Bid should be uploaded separately on e-proc.rajasthan.gov in before prescribed date.



Disclaimer

The information contained in this Request for Proposal (RFP) document or subsequently provided to Applicant(s), whether verbally or in documentary form by or on behalf of the National Health Mission, or any of their employees or advisors, is provided to Applicant(s) on the terms and conditions set out in this RFP document and any other terms and conditions subject to which such information is provided.

This RFP document is not an agreement and is not an offer or invitation by the NHM or its representatives to any other party. The purpose of this RFP document is to provide interested parties with information to assist the formulation of their Application and detailed Proposal. This RFP document does not purport to contain all the information each Applicant may require. This RFP document may not be appropriate for all persons, and it is not possible for the NHM, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP document. Certain applicants may have a better knowledge of the proposed Project than others. Each applicant should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this RFP document and obtain independent advice from appropriate sources. NHM, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the RFP document. NHM may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this RFP document.

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Government of Rajasthan
National Health Mission
Department of Medical, Health & Family Welfare
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

F. No.

Date:

NOTICE INVITING TENDERS (NIT) FOR EMPANELMENT OF TERTIARY CARE/ /SUPERSPECIALTY TREATMENT.

Mission Director, National Health Mission, Deptt. Of Medical, Health & Family Welfare, Swasthya Bhawan, Jaipur (Raj.) invites sealed quotation for empanelment/ making tie-up arrangements with reputed private/charitable Hospitals for providing treatment to children screened under RBSK programme initially for one year. Desirous hospital located in state may submit application in sealed double stage two envelope unconditional bids on e portal up to 17.09.2015 .

SUBJECT	Bid Processing fees	Tender Document Fee	Estimated Consolidated Cost	Earnest Money Deposit (EMD)	Security Deposit (SD)	Last Date Of Receiving of online proposals	Date and time for opening of technical proposals
Empanelment for Tertiary/super specialty treatment of children screened under RBSK	1000/-	500/-	300.00 Lacs 2015-16	6 Lac	5% of tender Value	21.09.2015 up to 03:00 PM	22.09.2015 At 12:00 noon

E tender application forms along with Terms and Conditions duly filled, complete in all respect along with scanned copy of EMD and tender cost & bid processing fee should upload on state public procurement portal before last date of receiving tender .The bid shall be signed by a person duly authorized on behalf of the bidder firm.

Bids will be opened on 22.09.2015 at (12:00 noon) in the office of MD,NHM. If the opening date happens to be a holiday, it will be accepted & opened on the next working day. Tenderer/authorized person may choose to be present at the time of opening of bids.

EMD and TENDER COST fees will be accepted through Banker's cheque/Demand Draft /Pay Order only in favour of "State Health Society payable at Jaipur" and & bid processing fees will be accepted through Banker's cheque/Demand Draft in favour of RISL Jaipur. Empanelment submission received without EMD/ will be rejected out rightly.

The Mission Director, NHM reserves or right to accept or reject any or all tenders without assigning any reason thereof. Incomplete conditional or delayed bids will not be considered & summarily rejected.

Project Profile

1. **Name of the Project**

"Treatment of children at tertiary care/super specialty hospitals screened under RBSK "

2. **Objectives**

The key objectives to be achieved through this project are:

- To provide tertiary care to the children screened and found suffering from diseases included in RBSK programme/guidelines.

3. **Project Authority**

Mission Director, National Health Mission
Rajasthan State Health Society
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur

4. **Brief Description of the Project**

The Rashtriya Bal Swasthya Karayakam (RBSK) is a systemic approach to early identification of 4D's that is, Defects at birth, Diseases, Deficiencies and Developmental delays including Disabilities prevalent in children 0 to 18 years of age

- Health conditions identified for coverage :-

Defects at birth

1. Neural Tube Defects
2. Down's syndrome
3. Cleft Lip & Palate/Cleft Palate alone
4. Talipes (Club foot)
5. Developmental Dysplasia of the Hip
6. Congenital Cataract
7. Congenital Deafness
8. Congenital Heart Diseases
9. Retinopathy of Prematurity

Childhood Diseases

10. Skin conditions (Scabies, Fungal infection and Eczema)
11. Otitis media
12. Rheumatic Heart Disease
13. Reactive Airway Disease
14. Dental Caries
15. Convulsive Disorders

Deficiencies

16. Anaemia especially Severe Anaemia
17. Vitamin-A Deficiency (Bitot spot)
18. Vitamin-D Deficiency (Rickets)
19. Severe Acute Malnutrition
20. Goiter

Developmental Delays and Disabilities

21. Vision Impairment
22. Hearing Impairment
23. Neuro- Motor Impairment
24. Motor Delay
25. Cognitive Delay
26. Language Delay
27. Behaviour Disorder (Autism)
28. Learning Disorder
29. Attention Deficit Hyperactivity Disorder
30. Congenital Hypothyroidism Sickle cell Anaemia, Beta Thalassemia (Optional)

Health conditions requiring surgical interventions

1. Neural Tube Defects (Spina Bifida)
2. Cleft lip and cleft palate
3. Talipes
4. Developmental Dysplasia of the Hip
5. Congenital Cataract
6. Congenital Deafness
7. Congenital Heart Disease
 - Atrial Septal Defects and AV Canal Defect
 - Ventricular Septal Defect
 - Patent Ductus Arteriosus
 - Truncus Arteriosus
 - Total Anomalous Pulmonary Venous Connection
 - Tetralogy of Fallot
 - Pulmonary Atresia/Stenosis
 - Tricuspid Atresia/Stenosis and Ebstein's Anomaly
 - Aortic Stenosis
 - Transposition of the Great Arteries
 - Coarctation of the Aorta
8. Retinopathy of Prematurity
9. Otitis Media
10. Rheumatic Heart Disease
11. Dental Caries
12. Vision Impairment
 - Strabismus

REQUIREMENTS FOR SUBMISSION OF TECHNICAL BID

1. Minimum Fifty bedded hospital situated in Rajasthan with intensive care unit of minimum ten beds. A single specialty hospital should have at least 15 beds. In case where private dental colleges are interested in bidding they should have minimum 30 dental chairs and their own mobile van fitted with dental chairs and other equipments.
2. 24 hours emergency services managed by technically qualified staff.

1. GENERAL TERMS AND CONDITIONS:-

- a. Package rate shall mean and include lump sum cost of in-patient treatment/day care/diagnostic procedure for which a beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including :-
- (1)Registration charges (2) Admission charges (3) Accommodation charges including patient's diet (4)Operation charges (5) Injection charges (6) Dressing charges (7)Doctor/consultant visit charges (8) ICU/CCU charges (9) Monitoring charges (10) Transfusion charges (11) Anesthesia charges (12) Operation Theatre charges (13) Procedural charges/ Surgeon's fee (14) Cost of surgical disposable and all sundries used during hospitalization (15) Cost of medicines (16) All of other related routine and essential investigation (17) Physiotherapy (18) Nursing care and charges for its services and all other incidental charges related thereto.
- b. Hospital/diagnostic centers empanelled shall not charge more than package rate/rates.
- c. Expenses on toiletries, cosmetics, telephone bills etc. are not reimbursable and are not included in package rates.
- d. Increased duration of inpatient treatment due to infection, or the consequences of surgical procedure or due to any improper procedure will not be reimbursed.
- e. During the treatment in ICCU/ICU, no separate room rent will be admissible, wherever package rate is admissible.
- f. The empanelled hospital shall honor permission letter (P1 form) issued by the competent authority and provide treatment/investigation, facilities as prescribed in permission letter. The hospital shall provide treatment/investigation on cashless basis.
- g. If one or more minor procedures form part of a major treatment procedures than package charges would be permissible for major procedure.
- h. Any legal liability arising out of such services shall be the sole responsibility of the hospital and shall be dealt with by the concerned empanelled hospital. Services will be provided by the hospital as per the terms of agreement.
- i. Patient will be referred with a proper referral form signed by the competent authority.
- j. Direct admission without referral form should not be entertained at all except in life saving conditions. Such cases may be reported to the competent authority immediately and latest within 24 hours positively. However, Ex-facto approval shall be given by competent authority. In case EX-FACTO approval not approved by competent authority for reasons not providing valid justification by Hospital, responsibility lies with Hospital for any disputes regarding payment from patients.
- k. During the Inpatient treatment of beneficiary, the hospital will not ask the beneficiary or his attendant to provide separately the medicine/sundries/equipment or accessories from outside and will provided the treatment within the package rates.
- l. The empanelled Centre will investigate/treat the beneficiary patient only for the condition for which they are referred and for any additional procedures planed, a separate permission is to be taken. In case of unforeseen emergencies of these patients during admission for approved purpose/ procedure necessary lifesaving measures to be taken and concerned authorities may be informed accordingly later with justification.
- a) The tie-up hospital will not refer the patient to other hospital without prior permission of authorities.
 - b) Patient can't be denied treatment on the pretext of non availability of beds, failing which treatment may be arranged from other hospital and extra expenditure incurred on treatment of IP will be recovered from empanelled hospital against incoming/pending

bills/security money. Refusal either in writing or verbal communication will form the basis of deduction.

- m. The contract tender will be valid for one year from the date of award of contract and may be extended on satisfactory performance of contract with mutually agreeable terms and conditions & as per provision of RTPP act & rules.
- n. The tenderer or his representative should be available/approachable over phone and otherwise on all the days.
- o. An undertaking as given in Annex-III will have to be submitted with the tender documents.

The tenderer should Upload following documents/Information with Technical Bid :-

- 1. Registration Certificate
- 2. PAN & TIN Number details. .
- 3. Undertaking regarding de-empanelled/debarment.
- 4. Submit a list for related empanelled Hospital/Organization/Deptt.
- 5. Name and address, Email, Fax/Phone No.
- 6. Name of the authorized contact person
- 7. State registration certificate/Registration with local bodies wherever applicable.
- 8. Registration under PNDT Act, If Ultrasonography, Wherever applicable.
- 9. Photo copy of PAN card
- 10. Proof regarding hospital having 50 bedded hospital with ICU unit of three beds or single specilicity hospital 15 bedded or in case of dental college 30 dental chairs and their own mobile van fitted with dental chairs & others equipments.
- 11. In case of any dispute regarding bid process first appeal may be filed before Principal Secretary Medical & health Dept. & If required second appeal may be filed before Executive Committee of NHM.
- 12. Tender condition & Provision of RTPP Act & Rules are applicable to bidder .I understand & agree to accept all above tender conditions.

Signature of Tenderer
Name of Firm/Hospital
Contact No. -

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PRICE SCHEDULE

OFFERS TO BE SUBMITTED ON LETTERHEAD OF THE HOSPITAL

The tenderers should offer the detail of specialties/procedures for empanelment in following mentioned format:-

S. No.	Health Condition	Diseases	Surgical Procedure	Package Rate offered by hospital inclusive all taxes
1.	Neural tube defects	Spina Bifida	Spina Bifida Surgery	
			Ventriculoperitoneal shunt for hydrocephalus	
2.	Cleft lip and Cleft palate	Cleft lip	Repair of Cleft lip	
		Cleft palate	Correction of Cleft palate	
3.	Club foot	Talipes	CTEV correction Casting (UL)	
			CTEV correction Casting (BL)	
			CTEV correction Tenotomy (UL)	
			CTEV correction Tenotomy (BL)	
			CTEV correction Bracing	
			CTEV correction Ponseti (Total)	
4	Developmental Dysplasia of the Hip (DDH)		Pavlik Harness	
			Closed reduction and Hip spica	
			Open reduction and and Hip spica	
			Open reduction with Femoral Osteotomy	
5	Congenital Cataract		Paediatric Cataract Surgery (Phacoemulsification IOL)	
6	Congenital Deafness		Behind Ear Analogue Hearing Aid	
7	Congenital Heart Disease (CHD)*		ASD Device Closure	
			PDA coil closure : multiple coil	
			Surgical Closure of PDA (PDA ligation)	
			PDA stenting	
		Truncus Arteriosus	Truncus Arteriosus Surgery	
		TAPVC	Surgical correction of TAPVC	
8	CHD (-contd.)	Tetrology of Fallot (TOF)	Total correction of TOF	
			Systemic Pulmonary Shunts with graft	



	CHD (-contd.)	Pulmonary/Atrisia	Open pulmonary valvotomy	
		Pulmonary Stenoiss	Balloon pulmonary valvotomy	
		Tricuspid	Glenn procedure	
		Atrisia/Tricuspid Stenosis nad Ebstein's Anomaly	Fontan procedure	
		Aortic valve Stenosis	Aortic valve replacement (with valve)	
			Aortic valve replacement (with Bioprosthetic vlave)	
			Open aortic valvotomy	
			Ross procedure without conduits	
		Aortic valve Stenosis (-cont-)	Ross procedure with conduits	
			Balloon aortic valvotomy	
		Hypoplastic Left Heart Syndrome	Surgery not covered under RBSK	
		Transposition of the great arteries (TGA)	TGA Arterial Switch	
			TGA Sennings Procedure	
			TGA Mustards Procedure	
		Coarctation of the aorta (COA)	Coarctation dilatation	
			Coarctation dilatation with stent	
			Coarctation aorta repair with graft	
			Coarctation aorta repair without graft	
9	Retinopathy of Pre-maturity		Photocoagulation for ROP	

IMPORTANT INSTRUCTIONS TO THE TENDERERS

1. The original tender document must be uploaded on e proc. rajasthan.gov.in duly digital signed and stamped by the authorized signatory on each page.
2. Only those applications will be considered for award of contract which fulfill all conditions and also have satisfactory report of the selection committee.
3. ALL SERVICES WILL BE PROVIDED CASHLESS TO THE BENEFECIARIES.

PAYMENT SCHEDULE

The empanelled hospital will send bills along with necessary supportive documents to the State Health Society on monthly basis. Copy of the discharge slip incorporating brief history of the case, diagnosis, details of procedure done, reports of investigations, discharge summary, original receipt of medicines/implants, sticker of implant, wrappers of costly medicines/equipment (costing more than Rs.5000/-), treatment given shall be submitted by the hospital along with the bill in triplicate in prescribed Performa . The bills must be submitted to this office/concerned CM&HO within 15 to 30 days of discharge.

PERFORMANCE SECURITY:

5% of bid value ie Rs. 15 lac will be retained as performance security. The same will be released only after satisfactorily completion of the contract period. No interest shall be payable on said deposit (Security money) in any circumstances.

DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITALS

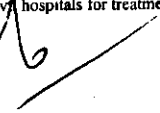
It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration and high quality and standard of its services and healthcare and to have all statutory/mandatory licenses, permits or approvals of the concerned authorities as per the existing laws.

INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Hospital is responsible to provide all facilities in accordance with the Agreement, using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Hospital is abide by the directives issued by the State Health Society. The hospital is responsible for managing the activities of its personnel and will hold itself responsible for their negligence, misconduct or deficiency in services, if any.

LIQUIDATED DAMAGES

Empanelled centre/hospital shall provide the services as specified under terms & conditions of agreement. In case of violation of the provisions of the agreement by the empanelled centre/hospital there will be deduction by way of penalty up to 10% of payment of the corresponding month. For over billing and unnecessary procedures, the extra amount so charged will be deducted from the bills and the State Health Society shall have exclusive right to terminate the contract at any time, and also render forfeiture of security amount.

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TERMINATION FOR DEFAULT

a. Mission Director (NHM) Deptt. Of Medical, Health & Family Welfare GoR Jaipur may, without prejudice to any other remedy and for breach of Agreement in whole or part may terminate the contract.

b. The Second Party will not terminate the agreement without giving notice of three (3) months. If they do so security money will be forfeited.

c. The Institution shall be de-empanelled:-

(i) If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement,

(ii) If the hospital fails to follow instruction, guidelines, repeated submission of bills as per Instt. own way and repeated deficiencies etc, the Institution shall be de-empanelled without giving any opportunity.

d. If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement will be summarily suspended without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply, if any, received within 10 days of the receipt of show cause notice. Terms and conditions can be modified at sole discretion of the First Party only.

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PENALTY CLAUSE

Patient can't be denied treatment on the pretext of non availability of beds/Specialists failing which treatment may be arranged from other hospital and any excess payment made to the other centre/hospital for the management of such cases will be deducted from the pending bills/Security money.

ARBITRATION

If any dispute or difference of any kind what so ever (the decision whereof is not being otherwise provided for) shall arise between the State Health Society and the Empanelled centre/hospital upon or relation to or in connection with or arising out of the Agreement, it shall be referred to for arbitration by the Mission Director (NHM) Rajasthan who will give written award of his decision to the Parties. The decision of the Mission Director (NHM) will be final.

TDS DEDUCTIONS

TDS will be deducted as per Income Tax Rules.

EXIT FROM THE PANEL:

The rates approved and fixed by the RSHS shall continue to hold good unless revised by RSHS. In case the notified rates are not acceptable to the empanelled private hospital, or for any other reason, the private hospital no longer wishes to continue on the list of empanelled private hospital, it can apply for exclusion from the panel by giving three months notice.

Empanelment of Hospital:-

MD, NHM has to right to accept or reject any Bid rates without assessing any reason for approval of Empanelment of Hospital MD, NHM may give counter offer on low of/approved rates to(negotiate) all other hospital upon acceptance of which that hospital may be include in the empanelled list of hospital.MD, NHM may give counter offer on negotiated rates to include other hospitals for empanelment if required.

NOTICES

- (i) Any notice given by one Party to other pursuant to this Agreement shall be sent to other party in writing by Registered Post at the official address given in tender form.
- (ii).A notice shall be effective from the date on which it is served or on the notice's effective date, which ever is later.
- (iii) Bidder must upload technical bid with required documents offer signature on each page before prescribed period & financial bid upload separately.
- (iv) Any assistance regarding D.S.C (digital signature certificate) & uploading of tender document, bidder may take assistance from e-procurement cell of Department of Information & technology Yojna Bhawan, Jaipur or contact Sh. Summesh, Co-IT, NHM mobile no 9887283641 in office hours.

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INFORMATION TO BE GIVEN MANDATORILY BY THE FIRM

1	Name of the bidder:	
2	Address of the bidder :	
3	Contact Details of the bidder :	
a)	Tel. No. with STD (0) (Fax) (R)	
b)	Mobile No ; E-mail ;.....	Website
c)	Email Address	
4	Name of Proprietor/Partners/Directors of the hospital:	
5 a)	Bidder's Bank and Place of the Branch:	
b)	Current Account Number:	
c)	RTGS/NIFT number:	
d)	IFSC Code:	
6	Registration and incorporation particulars of the bidder indicating legal status such as company partnership / proprietorship concern copies of the relevant documents/ certificates)	

Bidders to ensure that

- i) All pages have been signed and stamped by the authorized person.
- ii) Pages have been numbered.
- iii) Documents are legible (clearly readable)

I/we certify that the information furnished above is true and correct. The terms and conditions are acceptable to us and I have the authority to bid a tender.

Dated.....

Place.....

Name & Address of
Authorized Signatory & Seal of the Hospitals

DECLARATION

1. I, Son / Daughter of Shri
.....Proprietor / Partner / Director / Authorised
Signatory of competent to sign this declaration and execute
this tender document.
2. I have carefully read and understood all the terms and conditions of the tender and hereby convey my
acceptance of the same.
3. The information / documents furnished along with the above application are true and authentic to the
best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false
information / fabricated document would lead to rejection of my tender at any stage besides liabilities
towards prosecution under appropriate law.

Signature of Authorized Person

Date:

Place:

Full Name:

Seal of Hospital

Handwritten signature

ANNEXURE-3

To be used by empanelled hospital
(On letterhead of Hospital with Address & Email/Fax/Tel. no.)

Consolidated Bill Format

Bill No Date of Submission.....

Bill Details (Summary)

S.N	Name of Patient	Ref.No	Diag/Procedure for which referred	Procedure performed /Treatment Given	Amount claimed with date	Amount entitled with date	Remarks

Certified that the treatment/procedure has been done/performed as per laid down norms and the charges in the bill has/ have been claimed as per the terms & conditions laid down in the agreement signed with State Health Society.

Further certified that the treatment/ procedure have been performed on cashless basis. No money has been received /demanded/ charged from the patient/ his/her relative.

The amount may be credited to our account no _____ RTGS no _____ and intimate the same through email/fax/hard copy at the address.

Date:

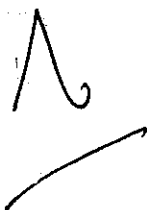
**Signature of the competent authority of the
Center/Hospital with seal**

[Handwritten signatures and marks]

UNDERTAKING

I/We _____ (name of proprietor) have carefully gone through and Understood the contents of the Documents form and I/We undertake to abide myself/ourselves by all the terms and conditions set in form. I/We are legally bound to provide services to children under RBSK and conditions of tender documents failing which Mission Director, NHM Deptt. Of Medical, Health & Family Welfare, Swasthaya Bhawan, Jaipur is authorized to take action as deemed fit. I/We undertake to provide uninterrupted services or alternative arrangement will be made at the risk of our institute. We undertake that the information submitted along with document and annexures -1, 2, 3 is correct and also fully understand in case of default by the empanelled hospital, our empanelment may be terminated by the Mission Director, NHM, Deptt. Of Medical, Health & Family Welfare, Swasthaya Bhawan, Jaipur.

Signature of the competent authority of the
Center/Hospital with seal



Application form
(for empanelment of super specialty Hospitals)

To,

The Mission Director (NHM)
State Health Society
SwasthyaBhawan, Jaipur (Raj.)

Sub. :- Expression of interest (EOI) for Empanelment for super specialty treatment to RBSK beneficiaries.

Sir,

In reference to your advertisement in the news paper/website dated I/We wish to offer super specialty treatment to RBSK beneficiaries on cashless basis.

I/We pledge to abide by the terms and conditions of the tender documents and I/We also certify that the above information as submitted by me/us in Annexures is correct and I/We fully understand the consequences of default, if any.

(Name and signature of the Proprietor
with seal)

Place :

Date :

Enclosures : duly filled Annexures and Demand Draft.

