Government of Rajasthan
National Health Mission, Rajasthan State Health Society,
Swasthya Bhawan, Tilak Marg, Jaipur-302005

No. F-1008(74)/DoHFW/SBY/uh (m&h)/ New RFP/SP-1 Dated: 31/10/2017

The link of RfP floated vide tender ID 2017_MEDIC_80988_1 has been de-activated due to unavoidable technical issues and fresh link with tender ID **2017_MEDIC_82345_1** having title "**RFP for Implementation of Bhamashah Swasthya Bima Yojna in Rajasthan**" has been created for submission of bid.

The Bid **Submission End Date will be 03/11/2017 05:00 PM.**

भामाशाह स्वास्थ्य बीमा योजना

Rajasthan State Health Assurance Agency
Swasthya Bhawan, Tilak Marg, Jaipur

No.F1008(74)/NHM/BSBY/ New RFP/2016-17/ 1312 Dated:27-10-2017

Addendum No.1

Pre- proposal conference on the RFP of Bhamashah Swasthya Bima Yojana was held on 25th October, 2017 on scheduled time 1100 hrs in Swasthya Bhawan. The addendum w.r.t the RFPis as follow:-

S. No.	Clause No.	Previous Clause	Amended Clause/Addition
1	2.2.2 and 2.2.3	Technical and Financial capacity	In clause no.2.2.2 and 2.2.3 following explanation is added: Explanation Original documents submitted at the time of previous bid 09-08-2017 by Public Sector Insurance Companies are allowed to be considered in this RFP dated 18-10-2017. However; scanned copies of the same original documents are to be submitted on e-portal.
2	2.4	**Cost of Bidding** The Bidders shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Bidding Process. The Authority will not be responsible or in any way liable for such costs, regardless of the conduct or outcome of the Bidding Process. The bidder has to submit RFP document cost of Rs. 5.00 lakh to CEO, SHAA on or before proposal due date and time of the RFP.	**Cost of Bidding** The Bidders shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Bidding Process. The Authority will not be responsible or in any way liable for such costs, regardless of the conduct or outcome of the Bidding Process. The bidder has to submit RFP document cost of Rs. 50000/- to CEO, SHAA on or before proposal due date.

E mail: bsbyraj1@gmail.com www.health.rajasthan.gov.in/bsby

3	1.14.2	Claim approval and payments Addition as point VIII,IX and X after point no.VII.	Added after point VII VIII. Absconding cases will be rejected IX. 75% of the claim amount will be approved in LAMA cases. X. If hospital doesn't reply the query within 15 days of the last query raised even after 2 reminders then the claim will be settled by Insurer on merit basis.
4	1.11.9	Empanelled Hospital shall give a rough estimate to the patient on the likely expenditure before treatment of patient of eligible family. At the time of discharge, hospital will also provide a final bill deducting cost of package done.	Empanelled private Hospitals shall give a rough estimate to the BSBY patients on the likely expenditure on treatment going to done before treatment of patient of eligible family except general ward and ICU procedures. At the time of discharge, hospital will also provide a final bill for all procedures treated deducting cost of BSBY packages done including GENERAL/ICU WARD.
5	1.11.6	The Insurer shall empanel the required number of private hospitals as per the guidelines within 30 days of agreement. Empanelled hospitals shall be operational from the first day of	The Insurer shall empanel the new/ existing private hospitals who applies and fulfills the criteria of eligibility for empanelment as per the guidelines within 30 days of

		the policy.	agreement. Existing empanelled private hospital will continue till the decision of the Insurer. Thereafter any private hospital applies 30 days before end of running quarter shall be empanelled so that Empanelled hospitals will be operational from the first day of the next quarter. No private hospital will be empanelled in last 3 month of agreement/ contract period..
6	1.12.1	The diagnostic procedures leading to surgery / medical treatment under BSBY will be part of the selected package and if any charges/fees collected for diagnostic procedure by empanelled hospital before booking of TID for that selected procedure/ package shall be refunded back to the patient before discharge.	The diagnostic procedures leading to surgery / medical treatment under BSBY will be part of the selected package and if any charges/fees collected for diagnostic procedure by empanelled hospital before booking of TID for that selected procedure/ package shall be refunded back to the patient through recorded means either NEFT or Cheque before discharge of patient.
7	1.13.	Addition of 1.13.8	1.13.8 TID will be Generated in real time (within one hour) of admission for Day-care, Gen Ward & ICU Packages.

8	1.13.5	Swasthya Margdarshak will generate TID in BSBY software immediately after establishing the eligibility of the patient through Identity Card at the hospital desk prior to availing any cashless treatment. Immediate generation of TID means a reasonable time lag, which means generation of TID on the same day of admission.	Swasthya Margdarshak will generate TID capturing Live photograph of patient along with date & time stamping in BSBY software immediately after establishing the eligibility of the patient through Identity Card at the hospital desk prior to availing any cashless treatment. Immediate generation of TID means a reasonable time lag, which means generation of TID on the same day of admission.
9	1.14.2	IV In case of query, the Insurer will settle the claim within 2 days of last query answered or 14 days of submission of the claim whichever is later.	IV. In case of query, the Insurer will settle the claim within 5 days of last query answered or 14 days of submission of the claim whichever is later.
10	1.26.5	Addition	RSHAA may give Bank Guarantee in lieu of 50% amount withheld from the last premium installment.
11	2.1.13	Submission of Bid Security and Performance Security	In light of directives of IRDA and GIC the matter will be got examined by Finance Department (FD). Till then bidders are required to submit

			these as per RFP, however later on if agreed and approved by THE FD then amount deposited will be refunded to Insurance company/s.
12	6.8.1	If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the SHAA or the Insurer may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitrator. The power to appoint the Sole Arbitrator shall vest with the first party i.e. The Authority. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Authority.	If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the SHAA or the Insurer may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India.
13	2.2.1	**Technical Capacity:** For demonstrating technical capacity and experience (the "Technical Capacity"), the Applicant shall, as on March 31st of each of the past 3 (three) financial years preceding the Application Due Date, have	**Technical Capacity:** For demonstrating technical capacity and experience (the "Technical Capacity"), the Applicant shall, as on March 31st of any of the past 3 (three) financial years preceding the Application Due Date, have

		covered 10 lakh (ten lakh) families during each year, through health insurance policies for such families (the "Threshold Technical Capacity").	covered 10 lakh (ten lakh) families through health insurance policies for such families (the "Threshold Technical Capacity").
14		**In annexure 5(B)**	NOTE:- 4. Hip Replacement will be done in case of medical accident/recent injury only.

27/10/17

(B. L. Kothari)
Additional CEO, SHAA

Government of Rajasthan
National Health Mission, Rajasthan State Health Society,
Swasthya Bhawan, Tilak Marg, Jaipur-302005.

No.F-1008(74)/DoHFW/SBY/uh (m&h)/ New RFP/1266 Dated 16/10/17

Short- Term REQUEST FOR PROPOSAL (RFP)

Government of Rajasthan through Rajasthan State Health Assurance Agency (RSHAA) under Department of Medical, Health and Family Welfare is providing Health Insurance Coverage to the eligible beneficiaries of Rajasthan under Bhamashah Swasthya Bima Yojana. To run the scheme, RSHAA invites proposals from the Insurance Companies registered in India eligible as per technical capacity mentioned in the RFP document for the period beginning from 13th December, 2017. For the selection of the preferred insurance company, the RSHAA is adopting a single stage bidding process under which applications are invited from the prospective bidders. The RFP document can be viewed and downloaded from the departmental website http://sppp.rajasthan.gov.in, http://eproc.rajasthan.gov.in, www.rajswasthya.nic.

Cost of RFP is Rs. 500,000/- (Rs. Five Lacs only) shall be payable by way of DD/Banker's cheque/NEFT in **favor of Chief Executive Officer, RSHAA Rajasthan** before the last date and time prescribed for submission of proposals. The last date and time for submission of bids is 2nd Novemeber, 2017 at 5:00 pm. Estimated cost of RFP is Rs. 400 crores per Annum.

16.10.17

Additional Chief Executive, RSHAA

F. No. DoHFW/ SBY/1008 (74)/uh/m&h

Request for Proposal for implementation of Bhamashah Swasthya Bima Yojana in Rajasthan

Last Date for Submission of Proposal

2nd November, 2017

Rajasthan State Health Assurance Agency
Government of Rajasthan

Disclaimer

The information contained in this Request for Proposal document (the "**RFP**") or subsequently provided to Bidder(s), whether verbally or in documentary form or any other form by or on behalf of the Authority or any of its employees or advisors, is provided to Bidder(s) on the terms and conditions set out in this RFP including such other terms and conditions subject to which such information is provided.

This RFP is not an agreement by the Authority to the prospective Bidders or any other person. The purpose of this RFP is to provide interested parties with information that may be useful to them in making their financial offers (Proposals) pursuant to this RFP. This RFP includes statements, which reflect various assumptions and assessments arrived at by the Authority in relation to the Scheme. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require. This RFP may not be appropriate for all persons, and it is not possible for the Authority, its employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this RFP. The assumptions, assessments, statements and information contained in the Bidding Documents, especially the Feasibility Report, may not be complete, accurate, adequate or correct. Each Bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

Information provided in this RFP to the Bidder(s) is on a wide range of matters, some of which may depend upon interpretation of law. The information given is not intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The Authority accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The Authority, its employees and advisors make no representation or warranty and shall have no liability to any person, including any Applicant or Bidder under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in any way for participation in this Proposal Stage.

The Authority also accepts no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from Bidder reliance upon any of the statements contained in this RFP.

The Authority may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this RFP.

The issue of this RFP does not imply that the Authority is bound to select a Bidder or to appoint the Selected Bidder or Concessionaire, as the case may be, for the Scheme and the Authority reserves the right to reject all or any of the Bidders or Proposals without assigning any reason whatsoever.

The Bidder shall bear all its costs associated with or relating to the preparation and submission of its Proposal including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the Authority or any other costs incurred in connection with or relating to its Proposal. All such costs and expenses will remain with the Bidder and the Authority shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Proposal, regardless of the conduct or outcome of the Bidding Process.

INVITATION OF PROPOSAL

Name and Address of the Procuring Entity	• Name: Rajasthan State Health Assurance Agency through Additional Chief Executive Officer. • Address: Ground Floor, Swasthya Bhawan, Tilak Marg, Jaipur- 302050
Name and Address of the Project Officer In-charge	• Name: Sh. B.L Kothari • Designation: Additional CEO,RSHAA • Address: Swasthya Bhawan, Tilak Marg, Jaipur-302050 • E Mail:- bsbyraj1@gmail.com
Nature of RFP	• RFP for selection of Insurer under Bhamashah Swasthya Bima Yojana for providing Health Insurance Coverage to eligible families of Rajasthan.
Bid Procedure	• Single Stage: Two part (envelop) open competitive eBid procedure through http://eproc.rajasthan.gov.in
Bid Evaluation Criteria (Selection Method)	• Least Cost Based Selection (LCBS) i.e. lowest-1 (L1) method
Websites for downloading the bidding document, corrigendums, addendums etc.	• websites: • http://sppp.rajasthan.gov.in, http://eproc.rajasthan.gov.in, www.rajswasthya.nic.in. • Document Fee: Rs. 5.00 lakh (five lakh) in from of Demand Draft/Banker's Cheque/NEFT in favor of CEO, RSHAA payable at Jaipur on or before opening of proposal. • RISL processing fee: Rs. 1000.00 (one thousand only) in form of Demand Draft/Banker's Cheque in favor of MD, RISL payable at Jaipur.
Estimated Cost of Project	• Rupees 400.00 crores (Four Hundred crores) per Annum.

Bid Security and mode of payment	• Amount (INR): 8 Crores in form of Demand Draft/Banker's Cheque/RTGS in favor of CEO, RSHAA payable at Jaipur.
Period of sale of bidding documents (Start/End Date)	• From: 18th October 2017 • to 2nd November 2017 up to 5 pm
Date/ time /place of Pre-bid conference	• 25th October 2017 at 11 am • Room no. 311 third floor Swasthya Bhawan, Tilak Marg Jaipur.
Manner, Start/End Date for the submission of bids	• e_Bid • From: 18th October 2017 • to 2nd November 2017 up to 5 pm
Submission of Banker's Cheque/Demand Draft/RTGS for RFP cost, Bid Security and Processing Fee	• 2nd November 2017 up to 5 pm
Date/ Time/Place of opening of Technical Proposal	3rd November 2017 at 11.00 am
Detail for RTGS	• Bank Name – Bank of Baroda, Udhyog Bhawan, Jaipur • IFSC Code – BARB0JAICOM • A/C No. – 14630100009875 • A/C Holder Name – Rajasthan State Health Assurance Agency.

Contents

State Health Assurance Agency

Government of Rajasthan

1. INTRODUCTION

1.1 Background

The Governor of Rajasthan acting through Principal Secretary, Department of Medical, Health and Family Welfare, Government of Rajasthan through Rajasthan State Health Assurance Agency (the "**Authority**") and having its principal office at Government Secretariat, Jaipur - 302005 is engaged in the delivery of Medical and Health services and as part of this endeavour, is running a Health Insurance Scheme i.e. Bhamashah Swasthya Bima Yojana since 13th December, 2015 for the specified residents of Rajasthan on the terms specified and has therefore, decided to carry on the process for selection of an insurance company to whom the Scheme may be awarded through bidding from 13th December, 2017. Brief particulars of the Scheme are as follows:

Name of the scheme	Indicative number of families to be covered
Bhamashah Swasthya Bima Yojana	**1 Crore approximately**

The scope of work will broadly include implementation, management and operation of the Bhamashah Swasthya Bima Yojana (BSBY) in accordance with the provisions of the Insurance agreement.

1.2 Title

The Scheme shall be called the "Bhamashah Swasthya Bima Yojana".

1.3 Definitions

In this RFP, unless the context otherwise required:

1.3.1 "Bed Strength" means number of beds for which Pollution Control Board has granted certificate to private hospital or private hospital has applied for certificate to be issued by the Pollution Control Board before applying for empanelment under BSBY. For Government hospital bed strength means number of beds sanctioned by the Government for that Hospital.

1.3.2 "Disease Package/ Procedures" these are the packages listed under General illnesses, critical illnesses and procedures reserved for Government/ Private Institutions category as per Ann.5(A) & 5(B) to be treated cashless.

1.3.3 "Eligible family" means a family who is covered under National Food Security Act (NFSA) and any other category of families decided by the GoR having an ID card.

1.3.4 "Empanelled Hospital" means any private institution established for inpatient medical care with sufficient facilities for the disease treatment and surgeries and empanelled under the Scheme by the Insurer as per the Empanelment Guidelines.

1.3.5 "Family" includes each and every person who's name is included in Identity Card of that eligible family and also includes new born child of that family up to the age of one year without his name in the Identity Card. New borne will be identified by her Mother's Name/TID.

1.3.6 "Government" means Government of Rajasthan.

1.3.7 "Government Hospital" means hospitals run by the Govt not below the level of CHC and includes Govt. Hospital running under PPP mode.

1.3.8 "Guidelines" means various guidelines to be issued under **"Bhamashah Swasthya Bima Yojana"** by Government/SHAA from time to time for smooth running of the Scheme.

1.3.9 "Identity card" means Bhamashah Card or Bhamashah Enrolment slip.

1.3.10 "Insurer" means the Insurance Company selected under this RFP for implementation of BSBY in Rajasthan.

1.3.11 "Manpower Agency" means an organization, which will be engaged by the Insurer Company for the purpose of claim processing services provided:-

- The Manpower Agency shall not be an entity of any existing Third Party Administrator (TPA) or in any way under the control of any TPA licensed by IRDA.
- Any promoter/ employee/ stakeholder of any TPA or the TPA should not be a shareholder or exercise control or have any interest in the manpower Agency.

- The Manpower Agency shall not be an entity linked to the TPAs/ members/employees/ stakeholders of the TPA other than the common financial institutions through any kind of financial transactions.

1.3.12 "Minimum Document Protocols" (MDP) are the necessary documents to be submitted by the network hospital to the Insurer for processing pre-auth / claims.

1.3.13 "Network Hospital" means the Government and Private hospitals which are authorised to provide services under the Scheme.

1.3.14 "RSHAA or SHAA" means Rajasthan State Health Assurance Agency registered under Societies Act, 1958.

1.3.15 "Scheme" means the "Bhamashah Swasthya Bima Yojana"

1.3.16 "Sum Assured/ Wallet" means provision of Health Insurance Coverage up to Rs. 30,000/-(rupees thirty thousand only) for general illnesses and Rs 3, 00,000/- (rupees three lakh only) for the critical illnesses per family per year on floater basis.

1.4 Objectives

The main objective of the Scheme is to provide cashless treatment for medical and surgical packages as specified in Ann. 5(A) and 5 (B) in network hospitals to the members of any eligible family up to sum assured/ wallet limit on floater basis in a policy year. It will be the responsibility of the Insurer to put in place a flawless mechanism which will ensure the achievement of this objective.

1.5. Scope of the Scheme.

1.5.1 The Scope of the Scheme shall be to provide cashless coverage for the treatment of procedures listed in the Scheme. The disease packages/procedures includes bed charges in General ward, Nursing and boarding charges, charges of Surgeons, Anaesthetists, Medical Practitioner, Consultant, Anaesthesia, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests etc. It also includes post hospitalisation expenses and medicines (if any) for 10 days after discharge.

1.5.2 Network Hospital will not charge any cash or kind beyond the package cost from the patient.

1.5.3 Families under BSBY are entitled per year per family for listed procedures of General Illnesses up to Rs. 30,000/- (rupees thirty thousand only) as per Annexure 5(A), and for

Rs 300,000/- (rupees three lakh only) as per Annexure 5(B) for certain specified procedures with respect to Critical Illnesses .

1.5.4 Pre-existing conditions/diseases are covered for eligible families from the first day of the commencement of the policy.

1.5.5 SHAA reserves the right to reserve certain procedures for the Government /Private Hospitals and vice versa from the secondary/tertiary packge list.

1.6 Insurance Policy

The Insurer shall execute an agreement with State Health Assurance Agency and in pursuance to the agreement shall issue Health Insurance Policy in the name of BSBY for NFSA beneficiary families.

1. 7 Duration of Contract

The initial duration of the contract is for a period of two years from 13.12.17 subject to issuance of policy before commencement of each policy year. Contract may be extended for another period of one year subject to mutual agreement between the Government of Rajasthan through 'the Authority' and the Insurance Company.

1.8 Hospitals to be covered under the Scheme.

The Hospitals under the Scheme includes both Government and Private hospitals. The empanelment of private hospitals will be done by the Insurer as per the Empanelment guidelines issued by the SHAA.

1.9 Beneficiary and Eligibility

1.9.1 Total families to be covered would be One Crore approximately and the Government at its discretion may increase or decrease the number of beneficiary families.

1.9.2 All NFSA families who have got registered under the Bhamashah Scheme and appearing on Bhamashah card will be eligible.

1.9.3 The Scheme shall be implemented through Identity Card of an eligible family.

1.9.4 The benefit for family will be on floater basis and can be availed of individually or collectively by members of the eligible family during the policy year with no restrictions on the number of times the benefit is availed. The unutilized wallet amount will lapse at the end of every policy year.

1.10 Corpus Fund

In case the wallet of the beneficiary gets exhausted beyond the limit of Rs. 30,000/- and/or Rs. 3.00 lakh then extra amount required for the treatment will be paid to the network hospitals by the Insurer as per the guidelines laid down by SHAA and this extra

amount will be reimbursed to the Insurer at the end of every quarter from the corpus found maintained by SHAA subject to submission of bills by Insurer.

1.11 Implementation of the Scheme.

1.11.1 The Scheme will be implemented by the State Health Assurance Agency, Jaipur and the premium payable will be released by the SHAA to the Insurer.

1.11.2 The Insurer will establish a project office at Jaipur within 15 days of signing the agreement with the RSHAA.

1.11.3 The Insurer will deploy the required manpower within 30 days of signing the agreement.

1.11.4 The hardware required for processing the claims under the scheme shall be procured/ developed within 30 days of agreement by the Insurer.

1.11.5 The web portal of DoIT for transaction/monitoring / processing/payment and other functions of the scheme shall be mapped and be made operational within 30 days of signing of the agreement by Insurer.

1.11.6 The Insurer shall empanel the required number of private hospitals as per the guidelines within 30 days of agreement. Empanelled hospitals shall be operational from the first day of the policy.

1.11.7 The Insurer will sign agreement with the empanelled hospitals under the scheme.

1.11.8 The Government of Rajasthan will provide access to Insurer for the basic profile information related to insured families in BSBY or Bhamashah application platform for viewing purposes after signing of the agreement.

1.11.9 Empanelled Hospital shall give a rough estimate to the patient on the likely expenditure before treatment of patient of eligible family. At the time of discharge, hospital will also provide a final bill deducting cost of package done.

1.12 Diagnostic procedures

1.12.1 The diagnostic procedures leading to surgery / medical treatment under BSBY will be part of the selected package and if any charges/fees collected for diagnostic procedure

by empanelled hospital before booking of TID for that selected procedure/ package shall be refunded back to the patient before discharge.

1.12.2 Any complaint regarding clause 1.12.1 will be enquired and heard by DGRC. Any party aggrieved with the decision of DGRC can appeal to SGRC within 30 days from the date of decision communicated in writting. In case of no appeal to SGRC within given time limit decision of DGRC shall stand final.

1.12.3 If appeal is made then the decision of the SGRC will be final and binding upon both parties. Non-compliance of the decision of SGRC may lead to de-empanelment by the Insurer as per the decision of SGRC.

1.13 Enrolment Process

1.13.1 All the NFSA families linked with Bhamashah Card shall be eligible for the Scheme benefit from the first day of policy year or from the first day of the succeding quarter during the policy year if linked with Bhamasha Card during the currency of the policy.

1.13.2 The beneficiary data in the digital format will be provided by the Government to the Insurer in the beginning of policy year and thereafter in beginning of each quarter regularly on BSBY or BHAMASHA web portal and after on every first day of succeding quarter.

1.13.3 In case any treatment is required under the scheme, the beneficiary will present the doctor's prescription and advisory along with Identity Card and photo identity to the Swasthya Margdarshak.

1.13.4 Identification of the patient as far as possible will be done by using AADHAR linked biometrics. If identification through biometrics is not possible then a photo identity of the patient will be required for identification of patient as specified by the RSHAA and to be uploaded on BSBY portal while registration.

1.13.5 Swasthya Margdarshak will generate TID in BSBY software immediately after establishing the eligibility of the patient through Identity Card at the hospital desk prior to availing any cashless treatment. Immediate generation of TID means a reasonable time lag, which means generation of TID on the same day of admission.

1.13.6 For any medical emergency case where ID card is not available with the patient and treatment is needed to be done immediately or internet facility is not available due to law & order/natural clamity and it is not become possible for network hospital to make entry in the BSBY software; a time limit of 72 hours is allowed to generate the TID. In case of Law and order situation or natural clamity continues beyond 72 hours then limit

of 72 hours will automatically get extended by that period. The hospital will report such cases with justification to the Insurer by fax/telephonically within 24 hours of admission.

1.13.6 Swasthya Margdarshak will block the required packages/procedures in the software as per prescription of treating doctor.

1.13.7 If no package is selected even after three days of generation of the TID then the TID will automatically stand cancelled.

1.14 Claim Processing

1.14.1.1 Claim Submission in case of secondary care packages

I. No preauthorisation will be required.

II. Claim can be submitted within 3 days of discharge but live photograph of the patient is mandatory to be taken at the time of discharge of the patient.

III. Provided in exceptional cases like natural disaster or law & order situation and internet is not available then 3 day period shall be extended for affected period subject to justification to Insurer about the reasons of delay at the time of submission.

IV. The hospital will be required to upload necessary documents as per MDP at the time of submission of the claim.

V. Insurance Company representative may physically check the hospital records at the hospital end or may advise the hospital to upload the desired documents for specific cases.

VI. If claim is not submitted as per clause 1.14.1.1(II) then late submission of claim will attract penalty up to 50% of the package cost by the Insurer for next 30 days. After expiry of 33 days of discharge no payment of the claim will be made to the hospital.

1.14.1.2 Claim Submission in case of the Tertiary care packages

I. The empanelled hospital will be required to send the pre-authorization request to the insurance company. In case of any emergencies, the network Hospital may fill the pre-authorization after providing the necessary life saving treatment to the beneficiary.

II. The Insurer will ensure that pre-authorisation approval is given within 24 hours from its submission.

III. The hospital will be required to upload documents as per MDP at the time of submission of the pre-auth/claim.

IV. If pre-authorization confirmation is not provided by the insurer within 24 hours of the request from networked hospital and if there is no query raised by the Insurer, it will be deemed to be approved. In case of query, time limit will be extended accordingly but providing two hours margin to the Insurer for disposal of pre-auth request as per reply of last query.

V. In case of dialysis, chemotherapy, radiotherapy and thalassemia when patient comes for second time Insurer shall accord pre_ auth approval within 2 hours of request otherwise it will be taken as deemed approval. Only after pre-authorisation from the Insurer, the treatment will be done on selected package/s.

VI. Claim can be submitted within 3 days of discharge but live photograph of the patient is mandatory to be taken at the time of discharge of the patient.

VII. Provided in exceptional cases like natural disaster or law & order situation and internet is not available then 3 day period shall be extended for affected period subject to justification to Insurer about the reasons of delay at the time of submission.

VIII. Insurance Company representative can physically check the hospital records at the hospital end and may advise the hospital to upload the desired documents for specific cases.

IX. If claim is not submitted as per clause 1.14.1.2(VI) then late submission of claim will attract penalty up to 50% of the package cost by the Insurer for next 30 days. After expiry of 33 days of discharge no payment of the claim will be made to the hospital.

1.14.2 Claim approval and payments:-

I. The Insurer can raise queries within next 7 days of claim submission. Insurer cannot raise any query after expiry of 7 days from the date of claim submission.

II. All type of queries should be raised in ONE GO by the Insurer.

III. In case of no query, Insurer shall approve claim within 14 days from the date of claim submission.

IV. In case of query, the Insurer will settle the claim within 2 days of last query answered or 14 days of submission of the claim whichever is later.

V. Insurer should make online payment within 7 working days from the date of claim approval.

VI. In case of delay in payment by Insurer, the insurer shall pay interest to the network hospital interest at bank rate+ 2% above bank rate.

VII. In case of multiple packages taken for the same patient in one hospitalization, highest package will be paid @ 100% to the network hospitals and all subsequent packages will be paid @75% of the package cost. However; in case of packages related to blood transfusion or involves purely medicines/ implants will be paid in full.

1.15 Minimum Document Protocols (MDP):-

1.15.1 Insurer will provide the package specific list of Minimum Documents required for preauthorisation and settlement of claims within 30 days of signing of agreement.

1.15.2 MDP will be implemented after due examination and changes/amendments (if any) and approval of CEO, SHAA.

1.15.3 The network hospital will be required to upload such documents which are prescribed in minimum document protocol (MDP).

1.15.4 Insurance Company representative may physically check the hospital records at the hospital end and may advise the hospital to upload the documents for specific cases for processing of preauthorization/claim.

1.16 Re-Opening and settlement of rejected claims

1.16.1 JCEO, SHAA or any officer authorised by the CEO, SHAA will have the power to re-open a rejected claim within 30 days of rejection on application of the network hospital and supported by documentary evidence or justification.

1.16.2 JCEO will decide the dispute with the help of experts in consultation with the Insurer and if decided for re-opening the rejected case then it will be re-opened within 7 days of decision and will be processed as per clause 1.14. The insurer While deciding about the re-opening cases; no additional document will considered other than already submitted documents by the hospital on IT portal.

1.16.3 In case the affected party do not agree with the decision of the JCEO, then aggrieved party may appeal to SGRC within 7 days of the communication of the decision in writting.

1.17 Monitoring of Scheme

The Insurer shall furnish a daily report for the pre authorization given, pending claims approved and amount paid, procedure/speciality wise and district wise etc to the Chief Executive officer, State Health Assurance Agency in addition to the specific reports as and when required.

1.18 IT platform

1.18.1 All activities related to the scheme shall be carried out through a dedicated portal of Bhamashah Swasthya Bima Yojana.

1.18.2 BSBY portal is already prepared and operational by Department of Information Technology (DoIT) having facility of online payment through Rajasthan Payment Portal (RPP).

1.18.3 The web portal is a repository of information and has the following features and the respective workflows:

I. General Information on the scheme.

II. Patient authentication by Swasthya Margdarshak at Network Hospitals:

III. Patient Information:

(a) Details of patients reporting at any network hospital on daily basis.

(b) Admission/Discharge details

IV. List of Empanelled and De-empanelled Hospitals.

V. Speciality, Facilities and Packages opted by the network hospitals.

VI. Call centre application: All queries related to coverage, benefits, procedures, network hospitals, cashless treatment provided and balance available in the wallet of the eligible family, claim status and any other information under the scheme will be lodged from anywhere in the state and addressed on a 24x7 basis by the call centre.

VII. Claim processing and settlement: The claims processing shall be carried out electronically through the BSBY portal.

VIII. MIS Reporting: Real-time reporting on latest data, active data warehousing and analysis/monitoring system. The monitoring is available on both desktop as well as mobile platforms (Android/iOS).

IX. Grievance and Feedback workflow: Online form and contact information for feedback.

X. Third Party Integration:

(a) Electronic clearance of claims with payment gateway i.e. Rajasthan Payment Portal.

(b) SMS Gateway

(c) Integration with Email Solution (optional)

(d) Biometric and digital signature

(e) Bhamashah database.

Note: - The insurer, if required, will develop its internal claims payment system for payment to the network hospitals and will be responsible for its integration with BSBY portal.

XI. The BSBY application/ website having following details:-

- BSBY guidelines/circulars/FAQ etc.
- List of Network Hospitals
- Claims Status
- Grievance Registration/Redressal
- Feedback by beneficiary
- Beneficiary wallet details
- Speciality, Facilities and Packages opted by the network hospitals.

XII. The website has login facility for network hospital. Data pertaining to the particular logged-in hospital is visible.

XIII. The website also has a login for the scheme monitors and has the following MIS in addition to the above information.

- Claim Trend
- Claim Ratio
- Incidence Ratio
- Anomalies/ exceptions
- Average Claim Size
- Hospital wise claims
- Packages wise claims
- District and block wise trends
- Grievance trends by demographic and region
- Payment status

XIV. The BSBY application at the data centre level has been certified as per cert-in guidelines and is safe to host certified.

XV. The Application have integrated security/ monitoring features with the following:

- Re-defined users and their roles.
- Definite role-wise add/view/delete rights for each user in entry form/ report in all modules
- Digital time and user stamping of each transaction

XVI. Audit trail is also maintained. All cancelled TIDs are traceable and available with MIS reporting of the same.

XVII. The application has Business Continuity Plan so that the operations remain unaffected in the event of any disaster.

1.19 Backup of Data:

Backup of the data is responsibility of the data centre operator in state data centre of DoIT&C.

1.20 HR by Insurer for Scheme

The Insurer shall ensure that proper and appropriate number of staff is deployed at field levels for proper management and efficient delivery of services to the beneficiaries and network hospitals. Manpower to be deployed, but not limited to is following:

i. **PMO Team** – The PMO Team to be deployed at the State HQ Office - To ensure support to various entities that will be involved for everyday smooth functioning of the scheme along with designated Single Point of Contact (SPOC). The PMO team shall also consist of adequate number of doctors for pre-auth approval and claim processing so as to meet the timelines defined in this RFP/guidelines. The PMO team shall also have IT professionals for interacting with M&H Team and DoIT&C team.

ii. **Liaison Officers** – minimum 7 (Minimum 1 per division) – The Liaison Officers will manage the team of district co-ordinators working in that division. He will also have a liaison with the Joint Director, M&H of the zone. The Liaison Officers will report to the Project head on the day to day activities.

iii. **District Coordinators:** Minimum 33 (Minimum 1 Per district) – The main scope of district co-ordinators will be to coordinate with network hospital and guidance to Swasthya Margdarshak and redress grievances of network hospitals and beneficiaries, etc. He will also coordinate with the Chief Medical and Health Officer, M&H of the district. The district co-ordinators will report to the respective Liaison Officer on the day to day activities

iv. **Helpdesk for Network Hospitals:** The insurer shall deploy adequate number of helpdesk operators (24x7) at Project HQ level for pre-auth, any queries related to claims/payment/empanelment.

v. **Training Team:** The training team will be responsible for training and refresher training of various stakeholders involved in the operation of the scheme like:

- **Network Hospitals:** They will be trained on lodging the claims, uploading the claims on BSBY portal, uploading documents to facilitate claim processing.
- **Government Officials at various levels:** The officials will be trained on overall functioning of the scheme and the automated processes which is a part of the scheme at various levels. The Government officials will also be trained in extracting reports, monitoring of scheme and other MIS features.
- **Swasthya Margdarshaks**: These will be trained for assisting patients during their hospital visits, operating the BSBY portal and generating MIS reports.
- **Manpower agency: The m**anpower and monitoring agency will be trained on the various steps and processes that will be involved. The main aim of these will be to settle claims on time and reduce any grievances that may arise.
- **Claim Processing Team**: This team will have the role of monitoring and ensuring that all claims are processed and paid on time. This will include doctors, MIS experts, claim processors and liaison officers

1.21 Swasthya Margdarshaks:

In order to facilitate patient services in network hospitals, both Government and Private, a facilitator known as "Swasthya Margdarshak" (SM) will be placed by the network hospital. SMs have to be available round the clock to attend patient registration, consultation, pre- authorization, discharge and follow-up.

1.22 IEC and monitoring & evaluation activity

i. IEC and monitoring & evaluation activity will be conducted by the Insurer in consultation with SHAA and would be monitored by Director IEC, Medical and Health Department, GoR.

ii. The Insurance company will be required to submit its IEC plan 15 days before the start of the policy period. The IEC activities will necessarily include use of print and electronic media and outdoor publicity.

iii. In case CEO, SHAA is of the view that the IEC and monitoring & evaluation activity are not being conducted as per the approved plan than SHAA can utilize a maximum of 2% of the premium amount for IEC and monitoring & evaluation activities and cost incurred by SHAA either be deducted from the payable premium or will be reimbursable by the Insurer.

1.23 Grievance Redressal Mechanism

1.23.1 Grievance Redressal: - There will be three tier systems for Grievance Redressal

i. **District Grievance Redresal Committee,**

ii. **State Grievance Redresal Committee,**

iii **Appellate Authority.**

1.23.2 District Grievance redressal Committee

Any complaints against the network hospital about any difficulty in availing treatments/denial of treatment/non availability of facilities/ charging money for the opted procedures/packages under BSBY shall be submitted to the District Collector or CMHO for necessary action or to the call centre at State level.

i. The complaints received shall be placed for decision of a District Grievance Redressal Committee (DGRC) at District level.

ii. DGRC will get it enquired and disposed off the complaint within 30 days of its receipt.

iii. Appeal against the decision of the District Grievance Redressal Committee will lie to the State Grievance Redressal Committee within 15 days of the decision. The decision of the SGRC shall be final and binding upon both the parties.

1.23.3 State Grievance redressal Committee

i. Any grievance of network hospital against the Insurer or Vice Versa will be addressed to SGRC.

ii. Any grievance of hospital for empanelment and de-empanelment will be heard in appeal by State Grievance Redressal committee.

iii. Appeal against the decision of SGRC shall lie to Appellate Authority.

iv. Decision of Appellate Authority will be final and binding upon the both the parties.

v. Appellant is required to submit a DD of Rs. 1000/- in favour of CEO, SHAA payable at Jaipur as fee while submitting appeal to SGRC. Without this appeal will not be entertained and no communication will be made to appellant in this regard.

vi. Appellant is required to submit a DD of Rs. 2000/- in favour of CEO, SHAA payable at Jaipur as fee while submitting appeal to Appellate Authority. Without this appeal will not be entertained and no communication will be made to appellant in this regard.

1.24 Network Hospitals

1.24.1 The Scheme includes both Government and Private hospitals; these will be referred as network hospitals.

1.24.2 The private hospitals will be tied up as an empanelled hospital by the Insurer with the approval of SHAA, if it complies with the minimum criteria as follows:

S.No.	Category	Minimum bed strength	Bed strength for eye, ear, dialysis and day care procedures
1	Divisional Head quarter	50	20
2	District HQ (other than 1 and 3)	25	10
3	Banswara, Dungarpur, Pratapgarh, Jaisalmer ,Barmer, Dhaulpur, Sirohi and other than DHQ cities	15	5

1. 'Applications for empanelment will be received online along with required documents.
2. Insurer will be responsible for disposal of applications (issuing User Id and password to applicant hospital) within 30 days of receipt of application.
3. Insurer will undertake inspection of facility within 10 days of submission of application.
4. After inspection approval/disapproval will be done by Insurer within 7 days and signing of agreement with the hospital within 6 days of approval.

5. Training within 7 days of signing Agreement by the Insurer.
6. USER ID and PASSWORD will be given while training.
7. Already empanelled hospitals under BSBY will stand empanelled if they fulfil the criteria mentioned above before commencement of the policy year unless they opt out before a given date.
8. The Authority reserves the rights to relax the criteria of empanelment.

1.24.3 Government Hospitals:-

All Hospitals run by the Govt not below the level of CHC and includes Govt. Hospital running under PPP shall stand included under the Scheme.

1.25 Inspection, penalty and de-empanelment of Hospitals

1.25.1. Regular inspection of hospitals will be undertaken by the Insurer.

1.25.2. Inspection of hospitals will be done as per guidelines jointly prepared by Insurer and SHAA.

1.25.3. Inspection team will be from Insurer but if required a joint team may be constituted having members from Insurer and officers authorized by CEO, SHAA.

1.25.4. Inspection report will be jointly signed by Inspection team and PMO/Superintendent/Management/Duty doctor of the respective hospital.

1.25.5 If there is any irregularity noticed during the inspection or processing the claim/s then a show cause notice may be issued to the network hospital by the Insurer/CEO, SHAA or his authorised officer.

1.25.6. The hospital will be provided a minimum 7 working days time to submit its reply from the date of issue of notice.

1.25.7 If reply of the hospital is satisfactory, then the Insurer will drop the notice and this will not be counted as incidence as mentioned in clause 1.25.8.

1.25.8 In case the hospital is found guilty of the fraudulent practices during the processing of the claim/s then the Insurer may penalize the hospital with the following:

(a)**For Private Hospital:**

If private hospital is found guilty on detailed investigation than-

1st **Incidence**: Show Cause Notice but no suspension and after giving opportunity of personal hearing if found guilty, rejection of said claims/packages and penalty of 5 times of that specific claims/packages amount.

2nd **Incidence**: Suspension of the hospital with issue of notice. After giving the opportunity of personal hearing, if the hospital is found guilty, rejection of said

claims/packages and penalty of 10 times of specific claims/packages amount may be imposed on the hospital. The suspension of the hospital will be revoked immediately after penalty amount is deposited by the said hospital to the Insurer.

3rd Incidence and onwards: Show cause notice with suspension of hospital. After giving the opportunity of personal hearing, if the hospital is found guilty, rejection of said claims/packages and penalty of 20 times of that specific claims/packages amount. The suspension of the hospital will be revoked immediately after penalty amount is deposited by the said hospital to the Insurer.

(b)For Govt hospitals:

1st Incidence: Show Cause Notice but no suspension and after giving opportunity of personal hearing if found guilty, rejection of said claims and penalty of 5 times of specific claims/packages amount.

2nd Incidence and other future incidences: Show cause notice with suspension of hospital. In inquiry if found guilty, rejection of said claims and penalty of 10 times of specific claim amount. The suspension of the hospital will be revoked immediately after penalty amount is deposited by the said hospital to the Insurer.

1.25.9. De-empanelment of private hospitals

De-empanelment of hospital may be done in following cases:-

I. Hospital is not willing to continue its services under the Scheme.

II. Hospital found indulged in incidences of corrupt and fraudulent practices.

III. Hospital does not comply with the orders of DGRC/SGRC/Appellate Authority/Scheme Guidelines.

IV. If any point of time during agreement it is find that the hospital do not fulfil the criteria of empanelment as per clause 1.24.2 and empanelment guidelines and also fails to fulfil the shortcomings within the given prescribed time limit.

V. Any other as decided by the Authority.

1.25.10 De-empanelment is a separate clause and Insurer may initiate the process of de-empanelment irrespective of penalty clause for the hospitals.

1.25.11 Aggrieved party under clause 1.25.8 may appeal as per clause 1.23.3.

1.26 Payment of Premium

1.26.1 SHAA will pay the insurance premium on behalf of the eligible families to the Insurer as mentioned in clause 1.26.2 below.

1.26.2 The premium would be paid every year in four quarterly instalments on or before the first day of the quarter every year. The policy year being reckoned from the date of commencement of the policy. Amount for the premium of first quarter shall be arrived on number of beneficiary families showing on portal 7 days prior to the commencement of first quarter. The premium amount for the first quarter shall be one fourth of the annual premium and for the later quarters, it will be in proportion to the number of beneficiary families showing on portal 7 days prior to the commencement of that quarter, same will be intimated by the Insurer along with the snapshot with invoice/revised invoice for that quarter.

1.26.3 In case any new category is added under the scheme in pursuance to clause 1.6.2 the premium amount shall be paid for the remaining period of the policy year on prorata basis.

1.26.4 The first premium for the first year of the scheme would be paid on or before the date of commencement of the policy year.

1.26.5 Last premium instalment of the agreement period/extended agreement period shall be paid in advance upto 50% of the premium amount of that quarter. Remaining balance of 50% will be released after settlement of all claims, penalties (if any) on the part of the Insurer.

1.27 Refund of Premium

In case the claim ratio works out to be less than 87% of the total premium paid during the year, a refund will be payable to the Government of Rajasthan as per the formula below:

Claim Ratio (in percentage) = {(Claims Paid) / Total Premium*100} + 3-7% of premium maximum for administrative expense of insurance company in running the scheme subject to actual expenses + 2 of premium maximum subject to actual expenses for IEC and monitoring & evaluation activities.

Refund Amount = {87% of total premium – Claim Ratio (in percentage)} of Total Premium

The amount refunded will be kept as corpus with government of Rajasthan and in case the claim ratio next year goes above 100 % then it would be used to compensate the insurance company for Claim ratio above 100 % subject to the amount in the corpus. This process would continue for the entire duration of the agreement.

For Example:

Year 1

If Total Annual Premium is INR 100

Claims Paid: INR 45

Claims Outstanding is INR 10

Administrative Expense= INR 7

Publicity Expense= INR 2

Claim Ratio = {(45+10+7+2)/100}*100 = 64%

Refund = (87%-64 %) of INR 100

= INR 23

Year 2

Annual Premium is INR 100

Claims Paid: INR 120

Claims Outstanding is INR 10

Administrative Expense= INR 7

Publicity Expense= INR 2

Claim Ratio = {(120+10+7+2)/100}*100 = 139%

In this case the government will compensate the insurance company as the claim ratios is above 100 %

Refund to the insurance company = (139-100) % of the annual premium or amount in the corpus (INR 23 in this example), whichever is less

Hence in this scenario the refund to the insurance company is INR 23

In another scenario when in Year 2

The claim ratio is 110 % then the refund would be as below

Refund to the insurance company = (110-100) % of the annual premium or INR 23 whichever is lower

=10 % of INR 100 or INR 23 whichever is lower

Hence= INR 10

The remaining amount in the corpus (INR 13 in this example) is carried forward next year and would work as below

Year 3

Annual Premium is INR 100

Claims Paid: INR 130

Claims Outstanding is INR 10

Administrative Expense= INR 7

Publicity Expense= INR 2

Claim Ratio = {(130+10+7+2)/100}*100 = 149%

In this case the government will compensate the insurance company as the claim ratios is above 100 %

Refund to the insurance company = (149-100) % of the annual premium or amount in the corpus (which is INR 13), whichever is lower

Hence = INR 13

Note: - In case refund clause is applicable –

On the basis of claim paid + outstanding as on the last date of policy , amount to be refunded (as per refund clause) within 15 days of conclusion of policy, Financial adjustments to be carried out fortnightly, on the basis of further rejected or re-opened cases.

1.28 Penalty Clause:-

1.28.1 if the Insurer fails to perform the duties as per agreement; then penalty clause shall be applicable as below:-

S. No.	Service Level Parameters	Penalty
1	If the Insurer fails to establish the project offices in stipulated time period i.e. within 15 days of signing of the agreement.	Rs. 10, 000/- for every day delay after completion of the stipulated time period.
2	If the Insurer fails to constitute a Project Team with the manpower laid down in the RFP within 30 days of signing of the agreement.	Rs. 5,000/- per day after completion of 30 days and Rs. 10,000/- per day after completion of 45 days of the agreement.
3	If the Insurer fails to submit Minimum Document Protocol (MDP) in 30 days of signing of contract.	Rs. 5,000/- per day after completion of 30 days of the agreement.
4	If the Insurer fails to comply with the decisions	Rs. 25000/- per day per decision after

	taken in SGRC/ DGRC within prescribed time limit.	expiry of prescribed time limit.
5	If the Insurer fails to empanel a private hospital within prescribed time limit.	Rs. 25000/- per day per hospital after expiry of prescribed time limit.
6	If the Insurer fails to pay the approved amount to the networked hospital within 7 days of approval	If there is delay on the part of Insurer beyond the timelines mentioned in agreement, the insurer shall pay interest at a rate, which is 2% above bank rate. Interest amount will be credited in the bank account of concerned hospital along with Claim amount.
7	If Insurer does not comply with the decision for re-opening of claim as per clause 1.16.	Penalty equals to the package cost. Claim amount will be paid to the concerned network hospital whereas penalty amount will be credited to SHAA.

1.28.2 Penalty will be imposed after providing opportunity of hearing by CEO, SHAA.

1.28.3 If Insurer is aggrieved by the order of CEO, SHAA then may appeal to appellate authority within 30 days of the date of order. Order of appellate authority shall be final and binding upon both parties.

1.28.4 The Insurer shall pay amount of the penalty to CEO, SHAA. Amount of penalty shall necessary be paid to the SHAA within 20 days of receipt of the intimation from the CEO, SHAA. If the Insurer fails to pay amount of penalty within 20 days then an interest @ 12% per annum shall be paid additionally by the Insurer. If Insurer fails to deposit amount even after 20 days then the total penalty amount plus interest shall be deducted from the next installment of premium payable to Insurer.

1. 29 Performance monitoring

Performance of the Insurer will be monitored regularly based on the following Parameters -

(a) Timely preauthorization

(b) Timely claim settlement

(c) Complaints redressal

(d) Claim ratio

(e) Any other parameters decided by the SHAA

The performance of the Insurer shall be assessed on a quarterly basis by the CEO, SHAA. In case the Insurer is found to be deficient in providing services then CEO SHAA reserves the right to terminate the agreement by giving one month's notice . The Insurer shall refund the paid premium after deducting the prorata premium till the date of termination.

1.30 Brief description of bidding Process

1.30.1 The Authority has adopted a one-stage two envelope bidding process (collectively referred to as the "**Bidding Process**") for selection of the Bidder for award of the Scheme.

1.30.2 The Authority shall receive Proposals pursuant to this RFP in accordance with the terms set forth in this RFP and other documents to be provided by the Authority pursuant to this RFP, as modified, altered, amended and clarified from time to time by the Authority (collectively the "**Bidding Documents**"), and all Proposals shall be prepared and submitted in accordance with such terms on or before the date specified in Clause 1.31 for submission of Proposals (the "**Proposal Due Date**").

1.30.3 The Government of India has issued guidelines (see Ann-4 of RFP) for qualification of Bidders **seeking to acq**uire stakes in any public sector enterprise through the process of disinvestment. These guidelines shall apply *mutatis mutandis* to this Bidding Process. The Authori**ty shall be entit**led to disqualify an Applicant in accordance with the aforesaid guidelines at any stage of the Bidding *Process. App*licants must satisfy themselves that they ar**e qualified** to proposal, and should give an undertaking to this effect in the form at Annexure-I. The Proposal shall be valid for a period of not less than 180 (one hundred and eighty) days from the Proposal Due Date.

1.30.4 The Bidding Documents and the proposal submitted by the Bidder will form the part of draft Insurance agreement for the Scheme, the aforesaid documents and any addenda issued subsequent to this RFP Document, will be deemed to form part of the Bidding Documents.

1.30.5 During the Proposal Stage, Bidders are invited to examine the Scheme in greater detail, and to carry out, at their cost, such studies as may be required

for submitting their respective Proposals for award of the Insurance including implementation of the Scheme.

1.30.6 Proposals are invited for the premium amount by the Insurance Companies for providing coverage as laid down in the proposal document.

1.30.7 In this RFP, the term "**Successful Bidder**" shall mean the Bidder who is offering the lowest premium. The remaining Bidders shall be kept in reserve and may be invited to match the Proposal submitted by the Lowest Bidder (L1), in case such Lowest Bidder (L1) withdraws or is not selected for any reason. In the event that none of the other Bidders match the Proposal of the Lowest Bidder (L1), the Authority may, in its discretion, either invite fresh Proposals from the remaining Bidders or annul the Bidding Process or give counter offer to the bidder(s).

1.30.8 Details of the process to be followed at the Proposal Stage and the terms thereof are spelt out in this RFP.

1.30. 9 Any queries or request for additional information concerning this RFP shall be submitted in writing by speed post/ courier/ special messenger and by e-mail so as to reach the CEO, SHAA at least two working days before the pre-proposal conference. The envelopes/ communication shall clearly bear the following identification/ title:"Queries/Request for Additional Information about RFP for implementation of Bhamashah Swasthya Bima Yojana in Rajasthan.

1.31 Schedule of Bidding Process

The Authority shall endeavour to adhere to the following schedule:

	Event Description	**Date**
1	Sales of Proposal Documents	**18th October 2017**
2	Last Date of receiving queries	**23st October 2017**
3	Pre-Proposal Conference	**25th October 2017 at 11 am**
4	Proposal Due Date	**02nd November 2017 up to 5 pm**

5	Opening of Proposals (Technical)	**03rd November 2017 at 11 am**

2. INSTRUCTIONS TO BIDDERS

A. GENERAL

2.1. General terms of Bidding

2.1.1 Eligible Insurance Companies (health insurance) shall submit their Proposal as single entities only. Formation of Consortium is strictly not allowed for submitting a Proposal. Any such Proposals submitted by a Consortium will not qualify for the proposal/ evaluation and shall be liable to cancellation.

2.1.2 No Bidder shall submit more than one Proposal for the Scheme, unless the context otherwise requires.

2.1.3 With all relevant documents, tender shall be uploaded on website i.e. w.w.w. eproc.rajasthan.gov.in. Tenders submitted by fax or by email will not be considered.

2.1.4 The Financial Proposal should be furnished in the BoQ**(Annexture-2)**, clearly indicating the proposal amount in both figures and words, in Indian Rupees, and signed by the Bidder's authorised signatory. In the event of any difference between figures and words, the amount indicated in words shall be considered.

2.1.5 The Proposal shall consist of Premium amount in Indian rupees per family per year on floater basis (tax applicable extra) to be quoted by the Bidder shall be payable by the Authority to the Insurer, as per the terms and conditions of this RFP.

2.1.6 The Bidder should submit a Power of Attorney as per the format at Ann 3, authorising the signatory of the Proposal to sign the Proposal.

2.1.7 Any condition or qualification or any other stipulation contained in the Proposal shall render the Proposal liable to rejection as a non-responsive Proposal.

2.1.7 The Proposal and all communications in relation to or concerning the Bidding Documents and the Proposal shall be in English language.

2.1.8 The documents including this RFP and all attached documents, provided by the Authority are and shall remain or become the property of the Authority

and are transmitted to the Bidders solely for the purpose of preparation and the submission of a Proposal in accordance herewith. Bidders are to treat all information as strictly confidential and shall not use it for any purpose other than for preparation and submission of their Proposal.

2.1.9 A Bidder shall not have any conflict of interest (the "**Conflict of Interest**") that affects the Bidding Process. Any Bidder found to have a Conflict of Interest shall be disqualified. In the event of disqualification, the Authority shall be entitled to forfeit and appropriate the Proposal Security or Performance Security, as the case may be, as mutually agreed genuine pre-estimated loss and damage likely to be suffered and incurred by the Authority and not by way of penalty for, *inter alia*, the time, cost and effort of the Authority, including consideration of such Bidder's proposal (the "**Damages**"), without prejudice to any other right or remedy that may be available to the Authority under the Bidding Documents and/ or the Insurance agreement or otherwise. Without limiting the generality of the above, a Bidder shall be deemed to have a Conflict of Interest affecting the Bidding Process, if:

(i) the Bidder, its Member or Associate (or any constituent thereof) and any other Bidder, its Member or any Associate thereof (or any constituent thereof) have common controlling shareholders or other ownership interest; provided that this disqualification shall not apply in cases where the direct or indirect shareholding of a Bidder, its Member or an Associate thereof (or any shareholder thereof having a shareholding of more than 5% (five per cent) of the paid up and subscribed share capital of such Bidder, Member or Associate, as the case may be) in the other Bidder, its Member or Associate, is less than 5% (five per cent) of the subscribed and paid up equity share capital thereof; provided further that this disqualification shall not apply to any ownership by a bank, insurance company, pension fund or a public financial institution referred to in sub-section (72) of section 2 of the Companies Act, 2013. For the purposes of this Clause 2.1.12, indirect shareholding held through one or more intermediate persons shall be computed as follows: (aa) where any intermediary is controlled by a person through management control or otherwise, the entire shareholding held by

such controlled intermediary in any other person (the "**Subject Person**") shall be taken into account for computing the shareholding of such controlling person in the Subject Person; and (bb) subject always to sub-clause (aa) above, where a person does not exercise control over an intermediary, which has shareholding in the Subject Person, the computation of indirect shareholding of such person in the Subject Person shall be undertaken on a proportionate basis; provided, however, that no such shareholding shall be reckoned under this sub-clause (bb) if the shareholding of such person in the intermediary is less than 26% of the subscribed and paid up equity shareholding of such intermediary; or

(ii) A constituent of such Bidder is also a constituent of another Bidder; or

(iii) Such Bidder, or any Associate thereof receives or has received any direct or indirect subsidy, grant, concessional loan or subordinated debt from any other Bidder, its Member or Associate, or has provided any such subsidy, grant, concessional loan or subordinated debt to any other Bidder, its Member or any Associate thereof; or

(iv) Bidder has the same legal representative for purposes of this Proposal as any other Bidder; or

(v) Such Bidder, or any Associate thereof, has a relationship with another Bidder, or any Associate thereof, directly or through common third party/ parties, that puts either or both of them in a position to have access to each other's information about, or to influence the Proposal of either or each other; or

(vi) Such Bidder or any Associate thereof has participated as a consultant to the Authority in the preparation of any documents, design or technical specifications of the Scheme.

2.1.10 A Bidder shall be liable for disqualification and forfeiture of Proposal Security if any legal, financial or technical adviser of the Authority in relation to the Scheme is engaged by the Bidder, its Members or any Associate thereof, as the case may be, in any manner for matters related to or incidental to such Scheme during the Bidding Process or subsequent to the (i) issue of the LOA

or (ii) execution of the Insurance agreement. In the event any such adviser is engaged by the Selected Bidder or Insurer, as the case may be, after issue of the LOA or execution of the Insurance agreement for matters related or incidental to the Scheme, then notwithstanding anything to the contrary contained herein or in the LOA or the Insurance agreement and without prejudice to any other right or remedy of the Authority, including the forfeiture and appropriation of the Proposal Security or Performance Security, as the case may be, which the Authority may have thereunder or otherwise, the LOA or the Insurance agreement, as the case may be, shall be liable to be terminated without the Authority being liable in any manner whatsoever to the Selected Bidder or Insurer for the same. For the avoidance of doubt, this disqualification shall not apply where such adviser was engaged by the Bidder, its Member or Associate in the past but its assignment expired or was terminated prior to the Application Due Date. Nor will this disqualification apply where such adviser is engaged after a period of 3 (three) years from the date of commercial operation of the Scheme.

2.1.11 Any award of Insurance pursuant to this RFP shall be subject to the terms of Bidding Documents.

2.1.12 The RFP has been drawn up in accordance with and in compliance of the RTPP Act 2012 and Rules 2013.

2.1.13 The bidder is required to submit the Bid Security of an amount of Rs. 8.00 crores (Eight Crores) in from of DD/Banker's Cheque/RTGS drawn in favor of CEO, SHAA payable at Jaipur.

2.1.14 It may be noted that the bidders who are exempted from Bid Security will submit relevant documents. Tenders of the bidders who do not have exemption of Bid Security shall be rejected if BID SECURITY is not submitted. Bidders are suggested with form of bid securing declaration as per rule 42 (3) of RTPP rules 2013 and performance security declaration as per rule 75 (1) of RTPP rules 2013 which they will provide on their letter head with necessary documents as mentioned at clause 2.11.2.

2.1.15 The BID SECURITY of unsuccessful bidder will be returned to them without any interest, after conclusion of the resultant contract. The BID SECURITY of the successful bidder will be returned without any interest, after receipt of performance security as per the terms of contract.

2.1.16 BID SECURITY of a bidder may be forfeited without prejudice to other rights of the procuring entity, if the bidder withdraws or amends its tender or impairs or derogates from the tender in any respect within the period of validity of its tender or if it comes to notice that the information/documents furnished in its tender is incorrect, false, misleading or forged. In addition to the aforesaid grounds, the successful bidders' BID SECURITY will also be forfeited without prejudice to other rights of Procuring entity, if it fails to furnish the required performance security within the specified period.

2.2 Eligibility of Applicants

2.2.1 For determining the eligibility of Applicants, the following shall apply:

- The Applicant must be an Insurance Company registered in India.
- The Applicant should be licensed to conduct the business of health insurance by the Insurance Regulatory and Development Authority (IRDA).
- **Technical Capacity:** For demonstrating technical capacity and experience (the "Technical Capacity"), the Applicant shall, as on March 31st of each of the past 3 (three) financial years preceding the Application Due Date, have covered 10 lakh (ten lakh) families during each year, through health insurance policies for such families (the "Threshold Technical Capacity").
- **Financial Capacity:** The Applicant shall have a minimum Net Worth (the "Financial Capacity") of Rs. 500 crore (Rs. five hundred crore) at the close of the preceding financial year.

2.2. 2 The Applicant shall enclose with its Application, to be submitted as per the format at **Ann 6,** complete with its Annexes, the following:-

(i) Certificate(s) from statutory auditors of the Applicant or its Associates or the IRDA stating the number of families covered through health insurance policies during the past 3 (three) years, as specified in Technical Capacity above; and

(ii) Certificate(s) from statutory auditors of the Applicant or its Associates specifying the Net Worth of the Applicant, as at the close of the preceding financial year. For the purposes of this RFP, net worth (the "**Net Worth**") shall mean the sum of subscribed and paid up equity and reserves from which shall be deducted the sum of revaluation reserves, miscellaneous expenditure not written off and reserves not available for distribution to equity share holders.

2.2.3 The Applicant should submit a Power of Attorney as per the format at **Ann. 3**, authorising the signatory of the Application to commit the Applicant.

2.2.4 Any entity which has been barred by the Central/ State Government, IRDA, or any entity controlled by it, from participating in any health insurance scheme or otherwise, and the bar subsists as on the date of Application, would not be eligible to submit an Application.

2.2.5 An Applicant including any Associate should, in the last 3 (three) years, have neither failed to perform on any contract (other than failure to pay claims arising out of

insurance policies of individuals, voluntary groups or companies), as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against the Applicant or Associate, as the case may be, nor has been expelled from any project/scheme or contract by any public entity nor have had any contract terminated by any public entity for breach by such Applicant or Associate. Provided, however, that where an Applicant claims that its disqualification arising on account of any cause or event specified in this Clause 2.2.5 is such that it does not reflect (a) any malfeasance on its part in relation to such cause or event; (b) any wilful default or patent breach of the material terms of the relevant contract; (c) any fraud, deceit or misrepresentation in relation to such contract; or (d) any rescinding or abandoning of such contract, it may make a representation to this effect to the Authority for seeking a waiver from the disqualification hereunder and the Authority may, in its sole discretion and for reasons to be recorded in writing, grant such waiver if it is satisfied with the grounds of such representation and is further satisfied that such waiver is not in any manner likely to cause a material adverse impact on the Bidding Process or on the implementation of the Scheme.

2.2.6 In computing the Technical Capacity and Net Worth of the Applicant under Clause 2.2.1 the Technical Capacity and Net Worth of their respective Associates would also be eligible hereunder.

For purposes of this RFP, Associate means, in relation to the Applicant, a person who controls, is controlled by, or is under the common control with such Applicant (the "**Associate**"). As used in this definition, the expression "control" means, with respect to a person which is a company or corporation, the ownership, directly or indirectly, of more than 50% (fifty per cent) of the voting shares of such person, and with respect to a person which is not a company or corporation, the power to direct the management and policies of such person by operation of law.

2.2.7 The following conditions shall be adhered to while submitting an Application:

(a) Applicants should attach clearly marked and referenced continuation sheets in the event that the space provided in the prescribed forms in the Annexes is insufficient. Alternatively, Applicants may format the prescribed forms making due provision for incorporation of the requested information;

(b) Information supplied by an Applicant must apply to the Applicant or Associate named in the Application and not, unless specifically requested, to other associated companies or firms. Invitation to submit Proposals will be issued only to Applicants whose identity and/ or constitution is identical to that at pre-qualification; and

Notwithstanding anything to the contrary contained herein, in the event that the Application Due Date falls within 3 (three) months of the closing of the latest financial year of an Applicant, it shall ignore such financial year for the purposes of its Application and furnish all its information and certification with reference to the 3 (three) years or 1 (one) year, as the case may be, preceding its latest financial year. For the avoidance of doubt, financial year shall, for the purposes of an Application hereunder, mean the accounting year followed by the Applicant in the course of its normal business.

2.3 Acknowledgement by Applicant

2.3.1 It shall be deemed that by submitting the Application, the Applicant has:

- made a complete and careful examination of the RFP;
- received all relevant information requested from the Authority;
- Accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the Authority.
- Agreed to be bound by the undertakings provided by it under and in terms hereof.

2.3.2 The Authority shall not be liable for any omission, mistake or error in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to the RFP or the Bidding Process, including any error or mistake therein or in any information or data given by the Authority.

2.3.3 The Authority reserves the right to reject any Application and/ or Proposal if:

(a) At any time, a material misrepresentation is made or uncovered, or

(b) The Applicant does not provide, within the time specified by the Authority, the supplemental information sought by the Authority for evaluation of the Application.

2.3.4 If the disqualification/ rejection occur after the Proposals have been opened and the lowest bidder gets disqualified/ rejected, then the Authority reserves the right to:

(i) invite the remaining Bidders to match the Lowest Bidder; or

(ii) Take any such measure as may be deemed fit in the sole discretion of the Authority, including annulment of the Bidding Process.

2.4 Cost of Bidding

The Bidders shall be responsible for all of the costs associated with the preparation of their Proposals and their participation in the Bidding Process. The Authority will not be responsible or in any way liable for such costs,

regardless of the conduct or outcome of the Bidding Process. The bidder has to submit RFP document cost of Rs. 5.00 lakh to CEO, SHAA on or before proposal due date and time of the RFP.

2.5 Site visit and verification of information

2.5.1 Bidders are encouraged to submit their respective Proposals after visiting the Authority's office and ascertaining for themselves the location, surroundings, climate, applicable laws (including RTPP Act and Rules) and regulations, and any other matter considered relevant by them.

2.5.2 It shall be deemed that by submitting a Proposal, the Bidder has:

(a) Done a complete and careful examination of the Bidding Documents;

(b) Received all relevant information requested from the Authority;

(c) Accepted the risk of inadequacy, error or mistake in the information provided in the Bidding Documents or furnished by or on behalf of the Authority relating to any of the matters referred to in Clause 2.3.1 above;

(d) Satisfied itself about all matters, things and information including matters referred to in Clause 2.3.1 hereinabove necessary and required for submitting an informed Proposal, execution of the Scheme in accordance with the Bidding Documents and performance of all of its obligations there under;

(e) Acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Bidding Documents or ignorance of any of the matters referred to in Clause 2.3.1 hereinabove shall not be a basis for any claim for compensation, damages, extension of time for performance of its obligations, loss of profits etc. from the Authority, or a ground for termination of the Insurance agreement by the Insurer;

(f) Acknowledged that it does not have a Conflict of Interest; and

(g) Agreed to be bound by the undertakings provided by it under and in terms hereof.

2.5.3 The Authority shall not be liable for any omission, mistake or error in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP, the Bidding Documents or the Bidding Process, including any error or mistake therein or in any information or data given by the Authority.

2.6 Verification and Disqualification

2.6.1 The Authority reserves the right to verify all statements, information and documents submitted by the Bidder in response to the RFP or the Bidding Documents and the Bidder shall, when so required by the Authority, make available all such information, evidence and documents as may be necessary for such verification. Any such verification or lack of such verification, by the Authority shall not relieve the Bidder of its obligations or liabilities hereunder nor will it affect any rights of the Authority there under.

Such misrepresentation/ improper response shall lead to the disqualification of the Bidder. If such disqualification / rejection occur after the Proposals have been opened and the Lowest Bidder (L1) gets disqualified / rejected, then the Authority reserves the right to Take any such measure as may be deemed fit in the sole discretion of the Authority, including annulment of the Bidding Process.

2.6.2 In case it is found during the evaluation or at any time before signing of the Insurance agreement or after its execution and during the period of subsistence thereof, including the Insurance thereby granted by the Authority, that one or more of the RFP conditions have not been met by the Bidder, or the Bidder has made material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith if not yet appointed as the Insurer either by issue of the LOA or entering into of the agreement, and if the Selected Bidder has already been issued the LOA or has entered into the agreement, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in this RFP, is liable to be terminated, by a communication in writing by the Authority to the Selected Bidder or the Insurer, as the case may be, without

the Authority being liable in any manner whatsoever to the Selected Bidder or Insurer. In such an event, the Authority shall be entitled to forfeit and appropriate the Proposal Security or Performance Security (if any), as the case may be, as Damages, without prejudice to any other right or remedy that may be available to the Authority under the Bidding Documents and/ or the agreement, or otherwise.

B. Documents

2. 7 Contents of the RFP

2. 7.1 This RFP comprises the Disclaimer set forth hereinabove, the contents as listed below, and will additionally include any Addenda issued in accordance with Clause 2.9.

2.8 Clarifications

2. 8.1 Bidders requiring any clarification on the RFP may notify the Authority in writing by speed post/ courier/ special messenger and by e-mail. They should send in their queries on or before the date mentioned in the Schedule of Bidding Process specified in Chapter 5. The Authority will upload all the queries and its responses thereto on website/ e-portal.

2.8.2 The Authority shall endeavour to respond to the questions raised or clarifications sought by the Bidders. However, the Authority reserves the right not to respond to any question or provide any clarification, in its sole discretion, and nothing in this Clause shall be taken or read as compelling or requiring the Authority to respond to any question or to provide any clarification.

2.8.3 The Authority may also on its own motion, if deemed necessary, issue interpretations and clarifications to all Bidders. All clarifications and interpretations issued by the Authority shall be deemed to be part of the Bidding Documents. Verbal clarifications and information given by Authority or its employees or representatives shall not in any way or manner be binding on the Authority.

2.9 Amendment of RFP

2.9.1 At any time prior to the Proposal Due Date, the Authority may, for any reason, whether at its own initiative or in response to clarifications requested by a Bidder, modify the RFP by the issuance of Addenda

2.9.2 Any Addendum issued hereunder will be in writing and shall be uploaded on the website/ e-portal.

2.9.3 In order to afford the Bidders a reasonable time for taking an Addendum into account, or for any other reason, the Authority may, in its sole discretion, extend the Proposal Due Date.

C. PREPARATION AND SUBMISSION OF PROPOSALS

2.10 Format and Signing of Proposal

2.10.1 The Bidder shall provide all the information sought under this RFP. The Authority will evaluate only those Proposals that are received in the required formats and complete in all respects.

2.10.2 The Proposal shall be duly signed by the authorised signatory of the Bidder who shall also initial each page. In case of printed and published documents, only the cover shall be initialled. All the alterations, omissions, additions or any other amendments made to the Proposal shall be initialled by the person(s) signing the Proposal.

2.11 Submission of proposals through e-portal.

2.11.1 The Bidder shall upload the Financial Proposal (BoQ) in the format specified at **(Annexture-2)** on e-portal.

2.11.2 Documents accompanying the Proposal shall also be uploaded in scanned format. The documents shall include:

(a) Power of Attorney for signing of Proposal in the format at Ann.3 ;

(b) Formats A, B, C, D as per FD circular dated 4.2.13 of RTPP rules, 2013

(c) Demand Draft /Banker's/proof of RTGS in Cheque of RS. 5.00 lakh in favour of CEO, SHAA payable at Jaipur towards cost of document.

(d) Rs. 1000/- DD/Bankers Cheque No. ..... Dated ..... in favour of MD (RISL) toward Processing fees.

(e) Proposal/Bid Security of Rs. 8.00 Crores in from of DD/Banker Cheque/proof of RTGS in favour of CEO, RSHAA, Jaipur, Rajasthan, payable at Jaipur.

(f) Original documents as at (a, c, d & e) above should be submitted in a sealed envelope.

(G) This envelope containing all required documents as mentioned in clause 2.11.2(f) shall be submitted on or before Proposal Due date and time.

2.11.3 The proposal shall be marked and addressed to as under:

"Physical Documents for Bhamashah Swasthya Bima Yojana in Rajasthan"

ATTN. OF:	Shri B.L. Kothari
DESIGNATION	Addl. Chief Executive Officer, State Health Assurance Agency
ADDRESS:	Swasthya Bhawan, Tilak Marg, Jaipur - 3002005

2.11.4. Proposals submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.

2.12 Proposal Due Date

2.12.1 Proposals shall be submitted on or before Proposal due date as per clause 1.31.

2.12.2 The Authority may, in its sole discretion, extend the Proposal Due Date by issuing an Addendum uniformly for all Bidders.

2.13 Late Proposals

Bidders are advised to upload their proposal well in time and not wait for the last minute on the proposal due date as if due to any technical reasons or otherwise, if bidder is not able to submit the proposal proposal online, the Authority will not be liable to entertain its case or extend the proposal due

date. Documents as specified in clause (2.11.2) received after the specified date and time before opening of technical bid shall not be eligible for consideration and proposal shall be summarily rejected. These rejected proposals will not be opened online.

2.14 Contents of the Proposal

2.14.1 The financial proposal shall be furnished online on e-portal in the format at Ann. 2 and shall consist of annual Premium per family to be quoted by the Bidder in Rupees. The Bidder shall specify (in Indian Rupees) to undertake the Scheme in accordance with this RFP and the provisions of the Insurance agreement.

2.14.2 generally, the Scheme will be awarded to the Lowest Bidder.

2.14.3 The opening of Proposals and acceptance thereof shall be substantially in accordance with this RFP.

2.15 Rejection of Proposals

2.15.1 Notwithstanding anything contained in this RFP, the Authority reserves the right to reject any Proposal and to annul the Bidding Process and reject all Proposals at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons therefore. In the event that the Authority rejects or annuls all the Proposals, it may, in its discretion, invite all eligible Bidders to submit fresh Proposals hereunder.

2.15.2 The Authority reserves the right not to proceed with the Bidding Process at any time, without notice or liability, and to reject any Proposal without assigning any reasons.

2.16 Validity of Proposals

The Proposals shall be valid for a period of not less than 180 (one hundred and eighty) days from the Date of opening of technical bid. The validity of Proposals may be extended by mutual consent of the respective Bidders and the Authority.

2.17 Confidentiality

Information relating to the examination, clarification, evaluation and recommendation for the Bidders shall not be disclosed to any person who is not officially concerned with the process or is not a retained professional advisor advising the Authority in relation to or matters arising out of, or concerning the Bidding Process. The Authority will treat all information, submitted as part of the Proposal, in confidence and will require all those who have access to such material to treat the same in confidence. The Authority may not divulge any such information unless it is directed to do so by any statutory entity that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory entity and/ or the Authority or as may be required by law or in connection with any legal process.

2.18 Correspondence with the Bidder

Save and except as provided in this RFP, the Authority shall not entertain any correspondence with any Bidder in relation to acceptance or rejection of any Proposal.

3. EVALUATION OF PROPOSALS

3.1 Opening and Evaluation of Proposals

3.1.1 Scrutiny of proposals

a) The tenders will be scrutinized by the selection committee appointed by the authority to determine whether they are complete and meet the essential and important requirements, conditions and whether the bidder is eligible and qualified as per criteria laid down in the Tender Document.

b) The bids, which do not meet the aforesaid requirements, are liable to be treated as non-responsive and may be ignored. The decision of the Procuring entity as to whether the bidder is eligible and qualified or not and whether the bid is responsive or not shall be final and binding on the bidders. Financial bids of only those bidders, who qualify in technical bid, will be considered and opened.

c) Infirmity / Non-Conformity

The procuring entity may waive minor infirmity and/or non-conformity in a tender, provided it does not constitute any material deviation. The decision of the Procuring entity as to whether the deviation is material or not, shall be final and binding on the bidders.

3.1.2 The Authority will subsequently examine and evaluate the Proposals in accordance with the provisions set out in this Chapter 3.

3.1.3 Bid Clarification the Authority may, at its sole discretion, seek clarifications in writing from any Bidder regarding its Proposal. To facilitate evaluation of Proposals wherever necessary, the Procuring entity may, at its discretion, seek clarification from the bidders seeking response in writing by a specified date. If no response is received by this date, the Procuring entity shall evaluate the offer as per available information.

3.2 Tests of responsiveness

3.2.1 Prior to evaluation of Proposals, the Authority shall determine whether each Proposal is responsive to the requirements of this RFP. A Proposal shall be considered responsive if:

(a) It is received as per the format at Annexure I;

(b) It is received by the Proposal Due Date including any extension thereof

(c) It is accompanied by the documents as specified in Clauses 2.11.2

(d) It contains all the information (complete in all respects) as requested in this RFP and/or Bidding Documents (in formats same as those specified);

(e) It does not contain any condition or qualification; and

(f) It is not non-responsive in terms hereof.

(h) Documents required as per clause 2.11.2(f) are submitted in hard copy to the Authority on or before opening of technical bid.

3.2.2 The Authority reserves the right to reject any Proposal which is non-responsive and no request for alteration, modification, substitution or withdrawal shall be entertained by the Authority in respect of such Proposal. Provided, however, that the Authority may, in its discretion, allow the Bidder to rectify any infirmities or omissions if the same do not constitute a material modification of the Proposal.

3.2.3 Opening of Financial Proposal: - Financial Proposal of only those bidders will be opened, whose Technical bids are found eligible by the evaluation committee of RSHAA, Jaipur.

3.3 Selection of Proposer

3.3.1 A quotes will be submitted by the bidder for

"Premium for NFSA family (Government at its discretion may include new category of beneficiary and increase the number of beneficiaries) for sum insured Rs.30000/- (rupees thirty thousand only) per year for secondary illness & Rs.300000/- (rupees three lakh only) per year for critical illness"

3.3.2 After selection, a Letter of Award (the "**LoA**") shall be issued, in duplicate, by the Authority to the Selected Bidder and the Selected Bidder, within 7 (seven) days of the issue of the LOA, shall sign and return the duplicate copy of the LOA in acknowledgement thereof. In the event the duplicate copy of the LOA duly signed by the Selected Bidder is not received by the stipulated date, the Authority may, unless it consents to extension of time for submission thereof, consider it failure of the Selected Bidder to acknowledge the LOA, and the next eligible Bidder may be considered.

3.3.3 After acknowledgement of the LOA as aforesaid by the Selected Bidder, it shall cause the Insurer to execute the Insurance agreement within the period prescribed in LoA. The Selected Bidder shall not be entitled to seek any deviation, modification or amendment in the agreement.

3.4 Contacts during Proposal Evaluation

Proposals shall be deemed to be under consideration immediately after they are opened and until such time the Authority makes official intimation of award/ rejection to the Bidders. While the Proposals are under consideration, Bidders and/ or their representatives or other interested parties are advised to refrain, save and except as required under the Bidding Documents, from contacting by any means, the Authority and/ or their employees/ representatives on matters related to the Proposals under consideration.

3.5 Proposal Parameter

3.5.1 The Proposal shall comprise amount of Premium, as the case may be, to be quoted by the Bidder in accordance with the provisions of the RFP.

4. FRAUD AND CORRUPT PRACTICES

4.1 Insurance Companies are hereby informed that canvassing in any form for influencing the notification of award would result in disqualification of the Insurance Company. Further, they shall observe the highest ethical standards and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

"**Corrupt practice**" means offering, giving, receiving or soliciting of anything of value to influence the action of the public official;

"**Fraudulent practice**" means a misrepresentation of facts in order to influence tender

process or an execution of a contract to the detriment of the scheme, and includes collusive practice among Insurance Company's/Authorized Representative (prior to or after Proposal submission) designed to establish Proposal prices at artificial non-competitive levels and to deprive the scheme free and open competition;

"**Collusive practice**" means a scheme or arrangement between two or more bidders, with or without the knowledge of the Purchaser of insurance , designed to establish tender prices at artificial, non-competitive level; and

"**Coercive practice**" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the procurement process or effect the execution of the contract

Government of Rajasthan will reject a proposal for award if it determines that the Insurance Company (ies) have engaged in corrupt or fraudulent practices

Government of Rajasthan will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the Insurance Company (ies) has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract

5. PRE-PROPOSAL CONFERENCE

5.1 Pre-Proposal Conference(s) of the Bidders shall be convened at the designated date, time and place. Only those persons who have purchased the RFP document shall be allowed to participate in the Pre-Proposal Conference(s). A maximum of five representatives of each Bidder shall be allowed to participate on production of authority letter from the Bidder.

5.2 During the course of Pre-Proposal Conference(s), the Bidders will be free to seek clarifications and make suggestions for consideration of the Authority. The Authority shall endeavour to provide clarifications and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Bidding Process.

5.3 Pre-Proposal Conference

The date, time and venue of the Pre-Proposal Conference shall be:

Date **25.10.17**

Time: **1100 hrs**

Venue: **Room No 311,Swasthya Bhawan, Tilak Marg C-Scheme Jaipur**

6. MISCELLANEOUS AND GENERAL CONDITIONS OF CONTRACT

6.1 The Bidding Process shall be governed by, and construed in accordance with, the laws of India and the Courts in the State in which the Authority has its headquarters shall have exclusive jurisdiction over all disputes arising under, pursuant to and/ or in connection with the Bidding Process. ***In absence of any provision in the document; or ambiguity in thereof, provisions of the Rajasthan Transparency in Public Procurement Act, 2012 and Rules 2013 shall be finally agreed to by both the parties.***

6.2 The Authority, in its sole discretion and without incurring any obligation or liability, reserves the right, at any time, to;

(a) Suspend and/ or cancel the Bidding Process and/ or amend and/ or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;

(b) Consult with any Bidder in order to receive clarification or further information;

(c) Retain any information and/ or evidence submitted to the Authority by, on behalf of, and/ or in relation to any Bidder; and/ or

(d) Independently verify, disqualify, reject and/ or accept any and all submissions or other information and/ or evidence submitted by or on behalf of any Bidder.

6.3 It shall be deemed that by submitting the Proposal, the Bidder agrees and releases the Authority, its employees, agents and advisers, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the exercise of any rights and/ or performance of any obligations hereunder, pursuant hereto and/ or in connection with the Bidding Process and waives, to the fullest extent permitted by applicable laws, any and all rights and/ or claims it may have in this respect, whether actual or contingent, whether present or in future.

6.4 The Bidding Documents and RFP are to be taken as mutually explanatory and, unless otherwise expressly provided elsewhere in this RFP, in the event of any conflict between them the priority shall be given to RFP.

6.5 The implementation of the Scheme and the bidding process will be undertaken in a transparent manner. Subject to the provisions of the Right to Information Act, 2005, the parties agree that they will not raise objections to disclosure of information pursuant to receipt of requests by the relevant public authority under the provisions of the said Act.

6.6 TERMS AND CONDITIONS

I. Signing of Contract

The Procuring entity shall issue the Notice for Award of Contract or LoA to the successful bidder within the bid validity period. The successful bidder will be required to sign and submit the agreement unconditionally within15days of receipt of such communication.

II. Modification to Contract

The agreement when executed by the parties shall constitute the entire contract between the parties in connection with the jobs / services and shall be binding upon the parties.

Modification, if any, to the contract shall be in writing and with the consent of the parties.

III. Performance Guarantee

1. Performance guarantee shall be solicited from successful bidder. The amount of performance guarantee shall 5% of the annual premium amount of the policy year.
2. Performance guarantee shall be furnished in any one of the following forms:-
   - i. Deposit though eGRAS;
   - ii. Bank Draft or Banker's Cheque of a scheduled bank;
   - iii. National Savings Certificates and any other script/instrument under National Saving schemes for promotion of small savings issued by a Post Office in Rajasthan, if the same can be pledged under the relevant rules. There shall be accepted at their surrender value at the time of bid and formally transferred in the name of procuring entity with the approval of Head Post Master;
   - iv. Bank guarantee's of a scheduled bank. It shall be got verified from the issuing bank. Other condition regarding bank guarantee shall be as mentioned in rule-42 of bid security of RTPP Rule 2013
   - v. Fixed deposit receipt (FDR) of a scheduled bank. It shall be in the name of procuring entity on account of bidder and discharge by the bidder in advance. The procuring entity shall ensure before, accepting the fixed deposit Receipt that the bidder furnishes an undertaking from the bank to make payment /premature payment of the fixed Deposit Receipt on demand to the procuring entity without requirement of consent of the bidder concerned. In the event of forfeiture of the performance security, the Fixed Deposit shall be forfeited along with interest earned on such Fixed Deposit.

3 **Performance Guarantee furnished in the form specified in clause (ii) to (v) of sub-rule (2) shall remain valid for a period of 180 days beyond date of completion of all contractual obligations of the bidder, including warranty obligations and maintenance and defect liability period.**

4 **If the service provider violets any of the terms and conditions of the contract, the performance security shall be liable to be forfeited, wholly or partly, as decided by the procuring entity.**

6.7 Disputes

The agreement shall be governed by and interpreted in accordance with the laws of India for the time being in force. The Courts at Jaipur alone shall have jurisdiction to decide any dispute arising out of in respect of the agreement. It is specifically agreed that no other Court shall have jurisdiction in the matter.

i. Both parties agree to make their best efforts to resolve any dispute between them

initially, by mutual consultations.

ii. Both the parties shall not approach the court before availing the options of Arbitration in clause 6.8.

6.8 Arbitration

6.8.1 If the parties fail to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the SHAA or the Insurer may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitrator. The power to appoint the Sole Arbitrator shall vest with the first party i.e. The Authority. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Authority.

6.8.2 Services under this agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Government shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.

6.8.3 Reference to arbitration shall be a condition precedent to any other action at law.

6.8.4 **Venue of Arbitration:** The venue of arbitration shall be Jaipur, Rajasthan.

6.9 BREACH

If either Party breaches the Contract or these Terms and Conditions and fails to remedy such breach within 30 days of written notice from any other Party calling for the breach to be remedied, then the non-breaching Party shall be entitled, without prejudice to any other rights that it may have in law, whether under the Contract or otherwise, to cancel the Contract after issuing a notice of not less than 30 days or to claim immediate specific performance of all the defaulting parties.

6.10 TERMINATION

1. The Government may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Insurer with immediate effect if the Concessionaire is in default of any obligation under the agreement, where

a. the default is capable of remedy but the Insurer has not remedied the default to the satisfaction of the Government within 30 days of at least two written advice after service of written notice specifying the default and requiring it to be remedied; or

b. the default is not capable of remedy; or

c. the default is a fundamental breach of the agreement

2. If the Government terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Insurer any loss that had to be incurred due to such sudden termination of agreement.
3. The Government reserves the right to terminate the agreement without assigning any reason if services of the Insurer create serious adverse publicity in media and prima facie evidence emerges showing negligence on the part of Insurer.

6.11 Force Majeure

No penalty or damages shall be claimed in respect of any failure to provide services which the Insurer can prove to be directly due to a war, sanctions, strikes, fire, flood or tempest or Force Majeure, which could not be foreseen or overcome by the concessionaire or to any act or omission on the part of persons acting in any capacity on behalf of concessionaire provided that the concessionaire shall at the earliest bring the Same to the notice of the State Government.

6.12 Enabling Clause

The Government of Rajasthan/the Authority may modify or supersede any term and condition mentioned in the agreement with mutual understanding and agreement without any additional financial burden on Government. The decision will only be effective on all the issues arising after the date of issuance.

6.13 Indemnity

By this agreement, the Insurer indemnifies the Government of Rajasthan against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the facilities.

The Insurer agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Insurer.

6.14 Compliance with existing laws

6.14.1 The Insurer agrees to abide by all laws of the land as applicable for operation and maintenance of the scheme.

6.14.2 Any issue for which RFP document is silent but covered in RTTP Act/Rules shall be decided as per provisions of the said Act/Rules.

ANNEXURE–I

Letter comprising the Proposal

Dated:

To,

Chief Executive Officer,

State Health Assurance Agency

Swasthya Bhawan Tilak Marg

C-Scheme, Jaipur.

Sub: Proposal for providing Health Insurance to Eligible families of Rajasthan under Bhamashah Swasthya Bima Yojana.

Dear Sir,

With reference to your RFP document dated ..... I/we, having examined the RFP and understood its contents, hereby submit my/our proposal for the aforesaid Scheme. The proposal is unconditional and unqualified.

2. I/ We acknowledge that the Authority will be relying on the information provided in the Proposal and the documents accompanying the proposal for selection of the Insurer for the aforesaid Scheme, and we certify that all information provided therein is true and correct; nothing has been omitted which renders such information misleading; and all documents accompanying the Proposal are true copies of their respective originals.

3. This statement is made for the express purpose of our selection as Insurer for the Implementation of Bhamashah Swasthya Bima Yojana of the aforesaid Scheme.

4. I/ We shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Proposal.

5. I/ We acknowledge the right of the Authority to reject our Proposal without assigning any reason or otherwise and hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

6. I/ We certify that in the last three years, we or our Associates have neither failed to perform on any contract, as evidenced by imposition of a penalty by an arbitral or judicial authority or a judicial Pronouncement or arbitration award, nor been expelled from any Scheme or contract by any public authority, or have had any contract terminated by any public authority for breach on our part.

7. I/ We declare that:

(a) I/ We have examined and have no reservations to the Bidding Documents, including any Addendum issued by the Authority; and

(b) I/ We do not have any conflict of interest in accordance with Clauses 2.1.9 of the RFP document; and

(c) I/ We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as defined in Clause 4.1 of the RFP document, in respect of any tender or request for proposals issued by or any agreement entered into with the Authority or any other public sector enterprise or any government, Central or State; and

(d) I/ We hereby certify that we have taken steps to ensure that in conformity with the provisions of Section 4 of the RFP, no person acting for us or on our behalf has engaged or will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice; and

(e) the undertakings given by us along with the Application in response to the RFP for the Scheme were true and correct as on the date of making the Application and are also true and correct as on the Proposal Due Date and I/we shall continue to abide by them.

8. I/ We understand that you may cancel the Bidding Process at any time and that you are neither bound to accept any Proposal that you may receive nor to invite the Bidders to Proposal for the Scheme, without incurring any liability to the Bidders.

9. I/ We believe that I/we satisfy(s) the technical capacity and Net Worth criteria and meet(s) the requirements as specified in the RFP document.

10. I/ We declare that we/or our Associates are not a Member of a/ any other Consortium submitting a Proposal for the Scheme.

11. I/ We certify that in regard to matters other than security and integrity of the country, we or any of our/ their Associates have not been convicted by a Court of Law or indicted or adverse orders passed by a regulatory authority which could cast a doubt on our ability to undertake the Scheme or which relates to a grave offence that outrages the moral sense of the community.

12. I/ We further certify that in regard to matters relating to security and integrity of the country, we/ our/ their Associates have not been charge-sheeted by any agency of the Government or convicted by a Court of Law.

13. I/ We further certify that no investigation by a regulatory authority is pending either against us or against our Associates or against our CEO or any of our directors/ managers/ employees.

14. I/ We further certify that we are not disqualified in terms of the additional criteria specified by the Department in their OM No. 6/4/2001-DD-II dated July 13, 2001, a copy of which forms part of the RFP at Ann-4 thereof.

15. I/ We undertake that in case due to any change in facts or circumstances during the Bidding Process, we are attracted by the provisions of disqualification in terms of the guidelines referred to above, we shall intimate the Authority of the same immediately.

16. I/ We acknowledge and undertake that we were pre-qualified and short-listed on the basis of Technical Capacity and Financial Capacity. We further agree and acknowledge that the aforesaid obligation shall be in addition to the obligations contained in the Insurance agreement in respect of Change in Ownership.

17. I/ We acknowledge and agree that in the event of a change in control of an Associate whose Technical Capacity and/ or Financial Capacity was taken into consideration for the purposes of short-listing and pre-qualification under and in accordance with the RFP, I/We shall inform the Authority forthwith along with all relevant particulars and the Authority may, in its sole discretion, disqualify our Consortium or withdraw the Letter of Award, as the case may be. I/We further acknowledge and agree that in the event such change in control occurs after signing of the Insurance agreement but prior to Financial Close of the Scheme, it would, notwithstanding anything to the contrary contained in the agreement, be deemed a breach thereof, and the Insurance agreement shall be liable to be terminated without the Authority being liable to us in any manner whatsoever.

18. I/ We understand that the Selected Bidder shall either be an existing Company incorporated under the Indian Companies Act, 1956/ 2013, or shall incorporate as such prior to execution of the Insurance agreement.

19. I/ We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Authority in connection with the selection of the Bidder, or in connection with the Bidding Process itself, in respect of the above mentioned Scheme and the terms and implementation thereof.

20. In the event of my/ our being declared as the Selected Bidder, I/we agree to enter into Insurance agreement in accordance with the draft that has been provided to me/us prior to the Proposal Due Date. We agree not to seek any changes in the aforesaid draft and agree to abide by the same.

21. I/ We have studied all the Bidding Documents carefully and also surveyed the Bhamashah Swasthya Bima Yojana. We understand that except to the extent as expressly set forth in the Insurance agreement, we shall have no claim, right or title arising out of any documents or information provided to us by the Authority or in respect of any matter arising out of or relating to the Bidding Process including the award of Concession.

23. The documents accompanying the Proposal, as specified in Clause 2.11.2(F) of the RFP, have been submitted in a separate envelope and marked as "Enclosures of the Proposal".

24. I/ We agree and understand that the Proposal is subject to the provisions of the Bidding Documents. In no case, I/we shall have any claim or right of whatsoever nature if the Scheme / Insurance is not awarded to me/us or our Proposal is not opened or rejected.

25. The proposal has been quoted by me/us after taking into consideration all the terms and conditions stated in the RFP, draft Insurance agreement, our own estimates of costs [and tariff] and after a careful assessment of the site and all the conditions that may affect the Scheme cost and implementation of the Scheme.

26. I/ We agree and undertake to abide by all the terms and conditions of the RFP document.

27. I/ We shall keep this offer valid for 180 (one hundred and Eighty) days from the Proposal Due Date specified in the RFP.

28. I/ We hereby submit the following Proposal for undertaking the aforesaid Scheme in accordance with the Bidding Documents and the Insurance agreement:[$]

29 We are enclosing:-

i. Each page, form, Annexure and Appendix of the original Request for Proposal (RFP) (must be signed by bidder with seal of firm/legal entity).

ii. Power of attorney

iii. Rs. 5.00 lakh DD/Bankers Cheque No. / proof of payment through RTGS..... Dated ..... in favour of CEO, SHAA toward cost of RFP.

iv. Rs. 1000/- DD/Bankers Cheque No. ..... Dated : ..... in favour of MD (RISL) toward processing fees.

Detailed of Performance guarantee for an amount of 5% of the annual project cost in favour of CEO, RSHAA, Jaipur, Rajasthan, payable at Jaipur.

a) DD/Banker Cheque No. ./proof of payment through RTGS..... Dated :.....

1. We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit Performance Security as per terms and condition of the RFP.
2. We agree to keep our offer valid for the period for the period stipulated in the RFP.

In witness thereof, I/we submit this Proposal under and in accordance with the terms of the RFP document.

Yours faithfully,

Date: (Signature, name and designation of the Authorised signatory)

Place: Name and seal of Bidder/Lead Member

$ A Bidder shall fill up only one of the four options and shall strike out the remaining three options.

ANNEXTURE-2

Financial Proposal for Bhamashah Swasthya Bima Yojana

NAME and ADDRESS OF BIDDER: .....

Premium quote for a sum insured of Rs 30,000/- (rupees thirty thousand only) for general illnesses & 3, 00,000/- (rupees three lakh only) for Critical Illnesses per family per year on floater basis. (But it will not limit the benefits to the additional member of the family. All members in Bhamashah card are eligible for the benefits under the scheme.

A. Premium for the enrolled Bhamashah Families

S.NO.	ANNUAL PREMIUM PER FAMILY FOR SUM INSURED RS.30,000/- (rupees thirty thousand only) & RS.3,00,000/- (rupees three lakh only) EXCLUDING APPLICABLE TAXES
Amount in Figures	
Amount in Words	

Note –

1 No other document or attachment shall be permissible along with Annexure- Any deviation will attract disqualification.

2 Figures quoted in column number 'BB' of BoQ will be considered as total amount without applicable taxes so bidders have to quote the rate in the column number 'M for particular mentioned in column number 'B'.

Authorized Signatory

Seal and Stamp

ANNEXURE–3

Power Of Attorney for Signing Of Proposal

(Refer clause 2.1.6)

Know all men by these presents, we, (name of the firm and address of the registered office) do hereby irrevocably constitute, nominate, appoint and authorise Mr. / ms (name), son/daughter/wife of ..... and presently residing at ....., who is presently employed with us and holding the position of ....., as our true and lawful attorney (hereinafter referred to as the "attorney") to do in our name and on our behalf, all such acts, deeds and things as are necessary or required in connection with or incidental to submission of our proposal for the Bhamashah Swasthya Bima Yojana developed by the "authority" including but not limited to signing and submission of all applications, proposals and other documents and writings, participate in bidders' and other conferences and providing information / responses to the authority, representing us in all matters before the authority, signing and execution of all contracts including the concession agreement and undertakings consequent to acceptance of our proposal, and generally dealing with the authority in all matters in connection with or relating to or arising out of our proposal for the said project/scheme and/or upon award thereof to us and/or till the entering into of the concession agreement with the authority.

and we hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things done or caused to be done by our said attorney pursuant to and in exercise of the powers conferred by this power of attorney and that all acts, deeds and things done by our said attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

in witness whereof we, ..., the above named principal have executed this power of attorney on this ..... day of ....., 20.....

For.....

(SIGNATURE, NAME, DESIGNATION AND ADDRESS)

WITNESSES:

1.

2.

Accepted

Notarised

(Signature, name, designation and address of the Attorney)

Notes:

- *The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required, the same should be under common seal affixed in accordance with the required procedure.*

- *Wherever required, the Bidder should submit for verification the extract of the charter documents and documents such as a board or shareholders resolution/ power of attorney in favour of the person executing this Power of Attorney for the delegation of power hereunder on behalf of the Bidder.*

- *For a Power of Attorney executed and issued overseas, the document will also have to be legalised by the Indian Embassy and notarised in the jurisdiction where the Power of Attorney is being issued. However, the Power of Attorney provided by Bidders from countries that have signed the Hague Legislation Convention 1961 are not required to be legalised by the Indian Embassy if it carries a conforming Appostille certificate.*

ANNEXTURE- 4

Guidelines of the Department of Disinvestment

(Refer Clause1.30.3)

No. 6/4/2001-DD-II

Government of India

Department of Disinvestment

Block 14, CGO Complex

New Delhi.

Dated: 13th July 2001.

OFFICE MEMORANDUM

Sub: Guidelines for qualification of Bidders seeking to acquire stakes in Public Sector Enterprises through the process of disinvestment

Government has examined the issue of framing comprehensive and transparent guidelines defining the criteria for bidders interested in PSE-disinvestment so that the parties selected through competitive bidding could inspire public confidence. Earlier, criteria like net worth, experience etc. used to be prescribed. Based on experience and in consultation with concerned departments, Government has decided to prescribe the following additional criteria for the qualification/ disqualification of the parties seeking to acquire stakes in public sector enterprises through disinvestment:

(a) In regard to matters other than the security and integrity of the country, any conviction by a Court of Law or indictment/ adverse order by a regulatory authority that casts a doubt on the ability of the bidder to manage the public sector unit when it is disinvested, or which relates to a grave offence would constitute disqualification. Grave offence is defined to be of such a nature that it outrages the moral sense of the community. The decision in regard to the nature of the offence would be taken on case to case basis after considering the facts of the case and relevant legal principles, by the Government of India.

(b) In regard to matters relating to the security and integrity of the country, any charge-sheet by an agency of the Government/ conviction by a Court of Law for an offence committed by the bidding party or by any sister concern of the bidding party would result in disqualification. The decision in regard to the relationship between the sister concerns would be taken based on the relevant facts and after

examining whether the two concerns are substantially controlled by the same person/ persons.

(c) In both (a) and (b), disqualification shall continue for a period that Government deems appropriate.

(d) Any entity, which is disqualified from participating in the disinvestment process, would not be allowed to remain associated with it or get associated merely because it has preferred an appeal against the order based on which it has been disqualified. The mere pendency of appeal will have no effect on the disqualification.

(e) The disqualification criteria would come into effect immediately and would apply to all bidders for various disinvestment transactions, which have not been completed as yet.

(f) Before disqualifying a concern, a Show Cause Notice why it should not be disqualified would be issued to it and it would be given an opportunity to explain its position.

(g) Henceforth, these criteria will be prescribed in the advertisements seeking Expression of Interest (EOI) from the interested parties. The interested parties would be required to provide the information on the above criteria, along with their Expressions of Interest (EOI). The bidders shall be required to provide with their EOI an undertaking to the effect that no investigation by a regulatory authority is pending against them. In case any investigation is pending against the concern or its sister concern or against its CEO or any of its Directors/ Managers/ employees, full details of such investigation including the name of the investigating agency, the charge/ offence for which the investigation has been launched, name and designation of persons against whom the investigation has been launched and other relevant information should be disclosed, to the satisfaction of the Government. For other criteria also, a similar undertaking shall be obtained along with EOI.

sd/-

(A.K. Tewari)

Under Secretary to the Government of India

Bhamashah Swasthya Bima Yojana 2017 Annexure 5 (A) List of 738 Secondary procedures for a cover of Rs. 30,000 per family per year			
S. No.	Final package name	Package type	Proposed Rate
1	Pacemaker implantation - Temporary	Secondary	4000
2	Fistulectomy	Secondary	8500
3	Fixation of fracture of jaw (Either Jaw)	Secondary	10000
4	Tumour excision	Secondary	7500
5	Apisectomy including LA	Secondary	550
6	Complicated Ext. per - Tooth including LA	Secondary	300
7	Cyst under LA (Large)	Secondary	450
8	Cyst under LA (Small)	Secondary	300
9	Extraction of tooth - including LA	Secondary	100
10	Flap operation per Quadrant	Secondary	350
11	Fracture wiring including - LA	Secondary	600
12	Gingivectomy per Tooth	Secondary	250
13	Impacted tooth/ impacted molar/ third molar - including - LA	Secondary	550
14	Drainage of parotid abscess	Secondary	7000
15	Excision of mandible/Maxilla	Secondary	12000
16	Repair of parotid duct	Secondary	7500
17	Alveolectomy per tooth	Secondary	250
18	Apical Curettage per tooth	Secondary	250
19	condylectomy	Secondary	1500
20	ginivectomy full mouth	Secondary	1500
21	Fracture Jaws closed - reduction	Secondary	500
22	Frenectomy	Secondary	150
23	growth removal	Secondary	250
24	Osteotomy	Secondary	1000
25	Operculectomy,	Secondary	200
26	pulpotomy	Secondary	250
27	Segmental resection of jaw	Secondary	7500
28	treatment Nursing bottle - caries (Full mouth)	Secondary	5000

29	Complete denture	Secondary	1500
30	Removable partial denture (Per Tooth)	Secondary	150
31	Restoration of teeth per - tooth	Secondary	200
32	treatment of gums through scaling (per sittings). Maximum 3 sittings.	Secondary	150
33	Root canal treatment per - tooth (Anterior)	Secondary	500
34	Fixation of Multiple fracture of jaw (either Jaw)	Secondary	12000
35	Root canal treatment per - tooth (Posterior)	Secondary	650
36	Abscess incision with drainage	Secondary	400
37	Oro-antral Fistula Closure medical management	Secondary	525
38	Microlaryngoscopic - Surgery	Secondary	12500
39	Decompression sac	Secondary	13800
40	Partial amputation - Pinna	Secondary	4050
41	Stapedotomy	Secondary	9000
42	Vidian neurectomy - - Micro	Secondary	7000
43	Ear lobe repair - single	Secondary	1000
44	Excision of Pinna for - Growth (Squamous/Basal/ Injuries) Skin and Cartilage	Secondary	3000
45	Pharyngectomy and - reconstruction	Secondary	12000
46	Total Amputation & Excision of External Auditory Meatus	Secondary	6000
47	Total amputation of Pinna	Secondary	3000
48	Aural polypectomy	Secondary	3000
49	Labyrinthectomy	Secondary	9000
50	Myringotomy with - Grommet - One ear	Secondary	5000
51	Myrinogotomy with - Grommet - Both ear	Secondary	6500
52	Tympanoplasty	Secondary	8000
53	Removal of foreign body - from ear	Secondary	1000
54	Tympanoplasty+ - Mastoidectomy	Secondary	11000
55	Antrostomy – Bilateral	Secondary	6500
56	Antrostomy – Unilateral	Secondary	4500

57	Caldwell - luc – Bilateral	Secondary	8000
58	Caldwell - luc- Unilateral	Secondary	4600
59	Cryosurgery	Secondary	7200
60	Rhinorrhoea - Repair	Secondary	12000
61	Ethmoidectomy - External	Secondary	9200
62	Fracture reduction nose with septal correction	Secondary	6700
63	Fracture - setting maxilla	Secondary	8750
64	Functional Endoscopic - Sinus (FESS)	Secondary	12000
65	Rhinotomy - Lateral	Secondary	10625
66	Turbinectomy Partial	Secondary	4000
67	Sinus Antroscopy	Secondary	4600
68	Submucos resection	Secondary	7500
69	Youngs operation	Secondary	5600
70	Angiofibrom Exision	Secondary	20000
71	cranio-facial resection	Secondary	14500
72	Endoscopic DCR	Secondary	9000
73	Endoscopic - Hypophysectomy	Secondary	16500
74	Intranasal Diathermy	Secondary	1800
75	Rhinosporosis	Secondary	7000
76	Removal of FB from nose	Secondary	900
77	Ant. Ethmoidal artery - ligation+ Intra nasal ethmoidectomy	Secondary	14500
78	Ant. Ethmoidal artery - ligation+Nasal polypectomy - Bilateral	Secondary	13750
79	Ant. Ethmoidal artery - ligation+ Rhinoplasty	Secondary	16500
80	Adenoidectomy	Secondary	4800
81	Arytenoidectomy	Secondary	15000
82	Choanal atresia	Secondary	10000
83	Pharyngeal diverticulum's - – Excision	Secondary	12000
84	Laryngectomy	Secondary	15750
85	Laryngofissure	Secondary	3500
86	Laryngophayryngectomy	Secondary	15750
87	Maxilla - Excision	Secondary	10000

88	Oro Antral fistula surgical treatment	Secondary	*10000*
89	Parapharyngeal - - Exploration	Secondary	10000
90	Parapharyngeal Abscess - - Drainage	Secondary	5000
91	peritonsillor abscess under - LA	Secondary	1500
92	Pharyngoplasty	Secondary	11000
93	Release of Tongue tie	Secondary	2500
94	Retro pharyngeal abscess - - Drainage	Secondary	4000
95	Styloidectomy - Both side	Secondary	10000
96	Styloidectomy - One side	Secondary	7500
97	Thyroglossal Fistula - - Excision	Secondary	9000
98	Total Parotidectomy	Secondary	15000
99	Uvulophanyngo Plasty	Secondary	11000
100	Cleft palate repair	Secondary	8000
101	Commando Operation (- glossectomy)	Secondary	14000
102	Excision of Branchial - Cyst	Secondary	7000
103	Excision of Branchial - Sinus	Secondary	5500
104	Excision of Cystic - Hygroma Extensive	Secondary	7500
105	Excision of Cystic - Hygroma Major	Secondary	4500
106	Excision of Cystic - Hygroma Minor	Secondary	3000
107	Hemimandibulectomy	Secondary	11000
108	Palatopharyngoplasty	Secondary	11000
109	Parotidectomy - - Conservative	Secondary	7000
110	Partial Glossectomy	Secondary	3500
111	Ranula excision	Secondary	4000
112	Removal of - Submandibular Salivary gland	Secondary	8000
113	Total Glossectomy	Secondary	14000
114	Cheek Advancement	Secondary	9000
115	polyp removal under LA	Secondary	1250
116	Septoplasty + FESS	Govt.	11000
117	Septoplasty	Govt.	8500
118	Septo-rhinoplasty	Govt.	7500
119	Antrostomy – Bilateral+ Septoplasty	Govt.	8050

120	Adeno Tonsillectomy	Govt.	6000
121	Tonsillectomy + - Styloidectomy	Govt.	12500
122	Tonsillectomy	Govt.	7000
123	Tonsillectomy - Unilateral	Govt.	5500
124	Adeno - tonsillectomy+choanal atersia	Govt.	13000
125	Adeno - tonsillectomy+Nasal polypectomy - Bilatera	Govt.	9450
126	Adenoidectomy+Tonsillec - tomy - Bilateral	Govt.	8250
127	Adenoidectomy+ - Tonsillectomy + Myrinogotomy	Govt.	9800
128	oesophagoscopy	Secondary	8000
129	Bronchoscopy	Secondary	10000
130	Direct Laryngoscopy examination with or without biospy	Secondary	5000
131	Hypopharyngoscopy	Secondary	5000
132	Chelation Therapy for Thalassemia Major	Secondary	15000
133	General Ward (Per day):Unspecified - Description of ailment to be written.	Secondary	750
134	ICU (Per day)-designated air - conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart/tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	Secondary	1500
135	Snake bite (poisionous)	Secondary	10000
136	Whole Blood per unit - One Unit	Secondary	1350
137	Platelets per unit - One Unit (RDP)	Secondary	750
138	Plasma per unit - One Unit	Secondary	750
139	Packed cells per unit - One Unit	Secondary	1500
140	Acute Respiratory Failure (Non invasive ventilator Support)	Secondary	15000
141	Pneumothorax (without ICDT)	Secondary	7000
142	Lumber Puncture	Secondary	3000
143	Ascitis Aspiration	Secondary	2000
144	Plural Aspiration	Secondary	2000
145	FNAC	Secondary	2000

146	Central Line Insertion (Single Lumen)	Secondary	1000
147	Arteriovenous (AV) - Malformation of Soft - Tissue Tumour - Excision	Secondary	20000
148	Bleeding Ulcer - Partial - gastrectomy	Secondary	20000
149	Branchial Fistula	Secondary	13000
150	Breast Lump unilateral - Excision	Secondary	5000
151	Bronchial Cyst	Secondary	5000
152	Carbuncle back	Secondary	6000
153	Cavernostomy	Secondary	13000
154	Colostomy	Secondary	12500
155	Cyst over Scrotum - - Excision	Secondary	4000
156	Superficial Cystic Mass - Excision	Secondary	2400
157	Dermoid Cyst - Large - - Excision	Secondary	2500
158	Diverticulectomy	Secondary	15000
159	Dorsal Slit and Reduction - of Paraphimosis	Secondary	2500
160	Drainage of Ischio Rectal - Abscess	Secondary	6000
161	Incision and Drainage of - large Abscess	Secondary	2500
162	Drainage of Peripherally - Gastric Abscess	Secondary	8000
163	Drainage of Psoas - Abscess	Secondary	7500
164	Drainage of - Subdiaphramatic Abscess	Secondary	10000
165	Drainage Pericardial - Effusion	Secondary	11000
166	Duodenal Diverticulum	Secondary	15000
167	Duodenal Jejunostomy	Secondary	15000
168	Duodenectomy	Secondary	20000
169	Dupcrytren's (duputryen's - contracture]	Secondary	13000
170	Duplication of Intestine	Secondary	17000
171	Epididectomy	Secondary	8000
172	Epididymal Swelling - - Excision	Secondary	6600
173	Evacuation of Scrotal - Hematoma	Secondary	5000
174	Excision Benign Tumor - - Small intestine	Secondary	15000
175	Excision Bronchial Sinus	Secondary	8000
176	Excision and drainage of - liver Abscess	Secondary	15000
177	Excision Filarial Scrotum	Secondary	8750

178	Excision Mammary Fistula	Secondary	6600
179	Excision Meckel's - Diverticulum	Secondary	18000
180	Excision/Reconstruction of Pilonidal Sinus	Secondary	9600
181	Excision Small Intestinal - Fistula	Secondary	15000
182	Fibro Lipoma of Spermatic cord with - Lord Excision	Secondary	2500
183	Fibrodenoma - Unilateral	Secondary	6500
184	Fibroma - Excision	Secondary	8000
185	Foreign Body Removal in - Deep Region	Secondary	4000
186	Fulguration	Secondary	5000
187	Fundoplication	Secondary	15750
188	G J Vagotomy	Secondary	18000
189	Vagotomy	Secondary	12000
190	Gastro jejunal ulcer	Secondary	10000
191	Gastrojejunostomy	Secondary	18000
192	Gastrotomy	Secondary	15000
193	Superficial Begnin Tumour	Secondary	3000
194	Haemangioma - Excision	Secondary	7000
195	Haemorrage of Small - Intestine	Secondary	15000
196	Hemithyroplasty	Secondary	12000
197	Ilieo Sigmoidostomy	Secondary	15000
198	Infected Bunion Foot - - Excision	Secondary	4000
199	Instestinal perforation	Secondary	15000
200	Intestinal Obstruction	Secondary	15000
201	Intussusception	Secondary	15000
202	Jejunostomy	Secondary	12000
203	Cysto Reductive Surgery	Secondary	7000
204	Laryngectomy & - Pharyngeal Diverticulum - (Throat)	Secondary	10000
205	Laryngectomy with Block - Dissection (Throat)	Secondary	12000
206	Laryngo Fissure (Throat)	Secondary	12500
207	Ileostomy	Secondary	17500
208	Lipoma	Secondary	2400

209	Loop Colostomy Sigmoid	Secondary	15000
210	Lumpectomy - Excision	Secondary	7000
211	Simple Mastectomy	Secondary	10000
212	Mesenteric Cyst - Excision	Secondary	15000
213	Mesenteric Caval - Anastomosis	Secondary	10000
214	Oeshophagoscopy for - foreign body removal	Secondary	6000
215	Pelvic Abscess - Open - Drainage	Secondary	10000
216	Orchidectomy	Secondary	6600
217	Papilloma Rectum - - Excision	Secondary	3500
218	Phytomatous Growth in - the Scalp - Excision	Secondary	3125
219	Pyeloroplasty	Secondary	11000
220	Radical Mastectomy	Secondary	18000
221	Rectal Dilatation	Secondary	3500
222	Repair of Common Bile - Duct	Secondary	18000
223	Resection Anastomosis - (Large Intestine)	Secondary	18000
224	Resection Anastomosis - (Small Intestine)	Secondary	18000
225	Retroperitoneal Tumor - - Excision superficial	Secondary	18000
226	Sigmoid Diverticulum	Secondary	15000
227	Sinus - Excision	Secondary	5000
228	Cystectomy - Total	Secondary	10000
229	Pharyngectomy & - Reconstruction - Total	Secondary	13000
230	Tracheal Stenosis (End to - end Anastamosis) (Throat)	Secondary	15000
231	Tracheoplasty (Throat)	Secondary	15000
232	Tranverse Colostomy	Secondary	12500
233	Vagotomy & Drainage	Secondary	15000
234	Vagotomy & Pyloroplasty	Secondary	15000
235	Operation of Varicose Veins	Secondary	7000
236	Volvlous of Large Bowel	Secondary	18000
237	Warren's Shunt	Secondary	15000
238	Abbe Operation	Secondary	7500
239	Benign Tumour of - intestine Excisions	Secondary	8500

240	Estlander Operation	Secondary	6500
241	Excision of - Molluscumcontagiosum	Secondary	350
242	Excision of Parathyroid - Adenoma/	Secondary	13500
243	Excision of Superficial - Neurofibroma	Secondary	300
244	Haemorrhoid - injection	Secondary	1000
245	Hemithyroidectomy	Secondary	12000
246	Intrathoracic Aneurysm - - Aneurysm not Requiring - Bypass Techniques	Secondary	16440
247	Intrathoracic Aneurysm - - Requiring Bypass - Techniques	Secondary	17460
248	Laproscopic Hernia - Repair	Secondary	15000
249	Lap. Assisted left - Hemicolectomy	Secondary	17000
250	Lap. Assisted small bowel - resection	Secondary	18000
251	Lap. For intestinal - obstruction	Secondary	18000
252	Lap. Hydatid of liver - surgery	Secondary	18000
253	Laproscopic Adhesiolysis	Secondary	13000
254	Laproscopic - Appendicectomy	Secondary	10000
255	Laproscopic - Cholecystectomy	Secondary	13000
256	Laproscopic Coliatomus	Secondary	17000
257	Laproscopic - cystogastrostomy	Secondary	18000
258	Laproscopic Gastrostomy	Secondary	10500
259	Laproscopic Hiatus Hernia - Repair	Secondary	20000
260	Laproscopic - Pyloromyotomy	Secondary	12500
261	Laproscopic Rectopexy	Secondary	18000
262	Laproscopic - Spleenectomy	Secondary	20000
263	Laproscopic umbilical - hernia repair	Secondary	16000
264	Laproscopic ventral hernia - repair	Secondary	20000
265	Lymphatics Excision of - Subcutaneous Tissues In - Lymphoedema	Secondary	8000
266	Operation for Bleeding - Peptic Ulcer	Secondary	14000
267	Operation for Carcinoma - Lip - Wedge Excision and - Vermilonectomy	Secondary	8250
268	Operation for Carcinoma - Lip - Wedge-Excision	Secondary	7750
269	Caecostomy	Secondary	9000

270	Closure of Colostomy	Secondary	12500
271	Coccygeal Teratoma - Excision	Secondary	15300
272	Congenital Atresia & - Stenosis of Small Intestine	Secondary	15500
273	drainage of perivertibral abscess	Secondary	7000
274	Incision and Drainage of small abscess	Secondary	750
275	Intercostal drainage	Secondary	2250
276	operation for caricinoma - lip- cheek advancement	Secondary	9250
277	Operation for - Gastrojejunal Ulcer	Secondary	13000
278	Operation of Choledochal - Cyst	Secondary	18000
279	Parapharyngeal Tumour - Excision	Secondary	11000
280	Partial Pericardectomy	Secondary	14500
281	Subtotal - Gastrectomy	Secondary	20000
282	Partial- Gastrectomy for Ulcer	Secondary	15500
283	Patch Graft Angioplasty	Secondary	17000
284	Phimosis Under LA	Secondary	2500
285	Resection Enucleation of - Adenoma	Secondary	7500
286	Rib Resection & Drainage	Secondary	7500
287	Soft Tissue Sarcoma -Peripheral Limbs	Secondary	15000
288	Splenorenal Anastomosis	Secondary	20000
289	Superficial Veriscosity	Secondary	2500
290	Surgery for Arterial - Aneursysm Carotid	Secondary	15000
291	Surgery for Arterial - Aneursysm Renal Artery	Secondary	15000
292	Surgery for Arterial - Aneursysm Spleen Artery	Secondary	15000
293	Suturing of wounds with - local anesthesia	Secondary	200
294	Suturing without local anesthesia	Secondary	100
295	Sympathetectomy - - Lumbar	Secondary	10000
296	Temporal Bone resection	Secondary	11500
297	Thoracoscopic - Decortication	Secondary	19500
298	Thoracoscopic Hydatid - Cyst excision	Secondary	16500
299	Thoracoscopic - Sympathectomy	Secondary	16500
300	Thorax (penetrating - wounds)	Secondary	10000

301	Total Laryngectomy	Secondary	17500
302	Trendelenburg Operation striping & multiple ligation	Secondary	12000
303	Varicose veins - injection	Secondary	500
304	Subtotal Thyroidectomy - (Toxic Goitre)	Secondary	18000
305	Excision of Veneral Warts	Secondary	250
306	Excision of Warts	Secondary	350
307	Chemical Cautery Wart - excision (per sitting)	Secondary	100
308	cleft lip	Secondary	7500
309	Aspiration of Empyema	Secondary	1700
310	Fissurectomy	Secondary	7000
311	Fissurectomy with - Eversion of Sac - Bilateral	Secondary	8750
312	Hernia - Epigastric/Umblical/Ingual/Femoral	Secondary	12000
313	Hernia - Incisional	Secondary	15000
314	Hydatid Cyst of Liver	Secondary	15000
315	Operation for Hydrocele	Secondary	3750
316	Haemorroidectomy	Secondary	7000
317	Endometria to Endometria - Anastomosis	Secondary	7000
318	Hemicolectomy	Secondary	18000
319	Salpingostomy	Secondary	9000
320	Uterine septum	Secondary	7500
321	Varicocele - Unilateral	Secondary	11000
322	Repair of Ureterocele	Secondary	10000
323	Esophageal - Sclerotheraphy for varies first sitting	Secondary	1400
324	Esophageal - Sclerotheraphy for varies subseqent sitting	Secondary	1100
325	ERCP	Secondary	4000
326	Cholecystectomy and - Drainage of Liver abscess	Secondary	14200
327	Axillary lymphnode - - Excision	Secondary	10000
328	Excision of Lingual - Thyroid	Secondary	18500
329	Upto 30% burns first dressing	Secondary	300

330	Animal Bite (dressing if necessary)	Secondary	350
331	Cirrhosis of liver	Secondary	21000
332	Appendicectomy	Govt.	7200
333	Appendicular Abscess - - Drainage	Govt.	12000
334	Appendicular Perforation	Govt.	12000
335	Cholecystectomy & - Exploration of CBD	Govt.	13500
336	Appendicular Perforation - +Hysterectomy - abdominal*	Govt.	14500
337	Caecopexy+Hysterectomy - - abdominal*	Govt.	16500
338	Cholecystectmy + Hysterectomy - abdominal*	Govt.	16500
339	Cholecystectomy & - exploration - +Hysterectomy - abdominal*	Govt.	16500
340	Appendicular Perforation - +Ovarian Cystectomy	Govt.	13500
341	Sphincterotomy	Secondary	7000
342	Cervial Lymphnodes - - Excision	Secondary	3750
343	Rectopexy	Secondary	15000
344	Superficial Parodectomy	Secondary	15000
345	Umbilical Sinus - - Excision	Secondary	7500
346	Upper GI endoscopy	Secondary	900
347	Sympathetectomy - - Cervical	Secondary	3750
348	Peritoneal dialysis	Secondary	1500
349	Duroplasty	Secondary	14500
350	Carpal Tunnel Release	Secondary	12100
351	Cervical Ribs – Bilateral	Secondary	14300
352	Cervical Ribs - Unilateral	Secondary	11000
353	Local Neurectomy	Secondary	12100
354	Repair & Transposition - Nerve	Secondary	7150
355	Spina Bifida - Small - - Repair	Secondary	19800
356	Skull Traction	Secondary	9000
357	Spine - Intramedullar - Tumour	Secondary	16500
358	Temporal Rhizotomy	Secondary	13200
359	Brain Biopsy	Secondary	13750
360	Cranial Nerve - Anastomosis	Secondary	11000

361	Depressed Fracture	Secondary	21500
362	Nerve Biopsy excluding - Hensens	Secondary	4950
363	Peripheral Neurectomy - (Tirgeminal)	Secondary	11550
364	Peritoneal Shunt	Secondary	11000
365	R.F. Lesion for Trigeminal Neuralgia -	Secondary	5500
366	Subdural Tapping	Secondary	2200
367	Twist Drill Craniostomy	Secondary	11550
368	Bartholin abscess I & D	Secondary	2500
369	Cervical Polypectomy	Secondary	3500
370	Cyst - Labial	Secondary	2400
371	Cyst -Vaginal Enucleation	Secondary	3600
372	Electro Cauterisation Cryo - Surgery	Secondary	2750
373	Fractional Curretage	Secondary	2750
374	Gilliams Operation	Secondary	6900
375	Haemato Colpo/Excision - Vaginal Septum	Secondary	3500
376	Hymenectomy & Repair of Hymen	Secondary	5750
377	Prolapse Uterus -L forts	Govt.	13000
378	Prolapse Uterus - Manchester	Govt.	13000
379	Retro Vaginal Fistula - Repair	Secondary	14000
380	Salpingoophrectomy	Secondary	10000
381	Tuboplasty/Recanalization	Secondary	14000
382	Vaginal Tear -Repair	Secondary	3500
383	Vulvectomy	Secondary	10000
384	Vulval Tumors - Removal	Secondary	5750
385	Normal Delivery	Pvt.	5000
386	Casearean delivery	Pvt.	9000
387	Destructive operation	Secondary	7500
388	Laprotomy for ectopic rupture	Pvt.	12000
389	Low Forceps+ Normal delivery	Pvt.	5500
390	Low midcavity forceps + Normal delivery	Pvt.	5500
391	Nomal delivery with episiosty and P repair	Pvt.	5500
392	Perforamtion of Uterus - after D/E laprotomy and closure	Secondary	14000

393	Repair of post coital tear, perineal injury	Secondary	3250
394	Shirodhkar Mc. Donalds stich	Secondary	3250
395	Pre-eclampsia + Caesearen Delivery	Pvt.	11000
396	Pre-eclampsia + Normal - Delivery	Pvt.	9500
397	Puerperal Sepsis	Pvt.	5500
398	Colopotomy	Secondary	900
399	Colpoperniorry	Secondary	4000
400	Operation for stress incontinence	Secondary	10000
401	comprehensive mother - package (three antenal checkup , diagnositics , treatment and normal Delivery)	Pvt.	12000
402	Laproscopic Ablation of Endometriotic - Spot +Adhenolysis	Secondary	9000
403	Broad Ligment - Haemotoma drainage	Secondary	9200
404	Burst abodomen repair	Secondary	15000
405	Colpotomy-drainage P/V - needling EUA	Secondary	3500
406	Excision of urethral caruncle	Secondary	2750
407	Exploration of abdominal - haematoma	Secondary	10500
408	Exploration of perineal - haematoma & Resuturing of episiotomy	Secondary	8000
409	Exploration of PPH-tear repair	Pvt.	3400
410	Laproscopic for Ectopic Pregnancy	Secondary	15000
411	Laparotomy-peritonitis lavage and drainage	Secondary	10200
412	Rupture Uterus, closure & - repair with tubal ligation	Secondary	15300
413	Suction evacuation - vesicular mole, missed abortion D/E	Secondary	4250
414	Myomectomy - Abdominal	Secondary	12000
415	Ovarectomy/Oophrectomy	Secondary	9600
416	Conventional Tubectomy	Secondary	3000
417	D&C (Dilatation & - curetage/Evaccuation) > 12 wks	Secondary	6000
418	D&C (dilatation & Curretage) upto 8-12 wks	Secondary	4000
419	D&C (Dilatation & - curretage/Evaccuation)upto 8 wks	Secondary	3000

420	Insertion of IUD Device	Secondary	500
421	Laproscopy - Salpingoplasty	Secondary	7500
422	Laprotomy -failed laproscopy to explore	Secondary	10000
423	Cystocele - Anterior - Repair + Pelvic Floor - Repair	Govt.	11500
424	D&C (Dilatation & - curretage) + Polypectomy	Secondary	9750
425	Hysteroscopic Ablation of Endometrium	Secondary	7500
426	Hysteroscopic Tubal - Cannulation	Secondary	7500
427	Hysteroscopic Polypectomy	Secondary	7000
428	Uterine Synechia - Cutting/Septum	Secondary	9000
429	Hysterectomy - abdominal*	Govt.	13000
430	Hysterectomy - Vaginal*	Govt.	13000
431	Hysterectomy - Wertheims operation*	Govt.	15000
432	Hysterotomy -Tumors removal	Govt.	14500
433	Caesarean+ Hysterectomy*	Govt.	15000
434	Hysterectomy- Laproscopy*	Govt.	18000
435	Oophrectomy + - Hysterectomy - abdominal*	Govt.	13500
436	Salpingoophrectomy + - Hysterectomy - abdominal*	Govt.	13500
437	Hysterectomy (Abdominal - and Vaginal) + Cystocele - Anterior Repair*	Govt.	15000
438	Hysterectomy (Abdominal - and Vaginal) + Pelvic Floor Repair*	Govt.	15000
439	Hysterectomy Vaginal + Salpingoophrectomy	Govt.	13750
440	Cystocele - Anterior - Repair + Salpingoophrectomy	Govt.	15000
441	Hysterectomy (Abdominal - and Vaginal) + Cystocele - Anterior Repair + Perineal Floor Repair*	Govt.	16000
442	Hysterectomy (Abdominal - and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy*	Govt.	18000
443	Cystocele - Anterior - Repair + Perineal Tear Repair + Salpingoophrectomy	Govt.	13500
444	Hysterectomy - - abdominal+Hernia - Epigastric*	Govt.	15500

445	Hysterotomy -Tumors - removal+ Hernia - Incisional	Govt.	20000
446	Drainage of Pyometra	Secondary	4000
447	Trachelorrhaphy	Secondary	4000
448	Wedge Resection of Cervix	Secondary	4200
449	Resuturing of abdominal Wound	Secondary	5000
450	Complete Perineal Tear Repair	Secondary	8000
451	Internal Iliac Artey Ligation	Secondary	13900
452	Brace Suture in PPH-Abdominal Route	Pvt.	15000
453	comprehensive mother - package (three antenal checkup , diagnositics , treatment and caessorian)	Pvt.	15000
454	Bartholin cyst removal	Secondary	3300
455	Perineal Tear Repair-I Degree/II Degree	Secondary	2800
456	Manual removel of Plecenta for outside delivery	Pvt.	3750
457	Chemotherapy - Per - sitting	Secondary	1200
458	Carcinoma lip - Wedge - excision	Secondary	8400
459	Orbitotomy	Secondary	9500
460	Lensectomy +Vitrectomy	Govt.	8400
461	Abscess Drainage of Lid	Secondary	2000
462	Buckle Removal	Secondary	5000
463	Dacryocystorhinostomy (DCR)	Secondary	7700
464	Capsulotomy	Secondary	1350
465	Corneal Graftiing / PK / DALK / DSAEK	Secondary	9600
466	Cryoretinopexy - Closed	Secondary	3500
467	Cyclocryotherapy	Secondary	3500
468	Cyst	Secondary	3850
469	Endoscopic Optic Orbital - Decompression	Secondary	5000
470	Enucleation	Secondary	2200
471	Enuleation with Implant	Secondary	8800
472	Exentration	Secondary	7500
473	Ectropion Correction	Secondary	5000
474	Intraocular Foreign Body - Removal	Secondary	7700

475	Limbal Dermoid Removal	Secondary	8250
476	Perforating corneo - - Scleral Injury	Secondary	6600
477	Ptosis	Secondary	9000
478	Radial Keratotomy	Secondary	4500
479	IRIS Prolapse - Repair	Govt.	7500
480	Retinal Detachment - Surgery	Secondary	11000
481	Small Tumour of Lid - - Excision	Secondary	3500
482	Socket Reconstruction	Secondary	5600
483	Trabeculectomy	Secondary	6500
484	Iridoctomy-YAG Laser	Secondary	2000
485	Tumours of IRIS	Secondary	2800
486	Vitrectomy	Secondary	10000
487	Vitrectomy + Retinal - Detachment	Secondary	15000
488	Acid and alkali burns	Secondary	550
489	Cauterisation of - ulcer/subconjuctival injection - both eye	Secondary	500
490	Cauterisation of - ulcer/subconjuctival injection - One eye	Secondary	300
491	Chalazion - both eye	Secondary	660
492	Chalazion - one eye	Secondary	500
493	Conjuntival Melanoma	Secondary	1100
494	Decompression of Optic - nerve	Secondary	13500
495	EKG/EOG	Secondary	1350
496	Entropion correction	Secondary	3300
497	Epicanthus correction	Secondary	6000
498	Epiliation	Secondary	250
499	ERG	Secondary	825
500	Eviseration	Secondary	2700
501	Laser for retinopath (per - sitting)	Secondary	1350
502	Lid tear	Secondary	4500
503	Squint correction	Secondary	12500
504	terigium removal	Secondary	750
505	Abscess Drainage of Lid - +Cryoretinopexy - Closed	Secondary	5250

506	Anterior Chamber - Reconstruction - +Perforating corneo - Scleral Injury	Secondary	9200
507	Retrobulbar injections - both eyes	Secondary	450
508	Retrobulbar injections one - eye	Secondary	250
509	syringing of lacrimal sac - for both eyes	Secondary	350
510	Syringing of lacrimal sac - for one eye	Secondary	250
511	Pterigium + Conjunctival - Autograft	Secondary	6000
512	Dacryocystectomy (DCY)	Secondary	6000
513	Cataract – Unilateral + - trabecullectomy	Govt.	7700
514	Cataract – Unilateral with - IOL	Govt.	3500
515	Pars plana lensectomy	Secondary	8800
516	SICS with foldable lens/phacoemulcification	Govt.	6000
517	CORNEAL COLLAGEN CROSSLINKING FOR KERATOCONUS- BILATERAL	Secondary	10000
518	CORNEAL COLLAGEN CROSSLINKING FOR KERATOCONUS- UNILATERAL	Secondary	7000
519	AMNIOTIC MEMBRANT GRAFT	Secondary	5600
520	SILICONE OIL REMOVAL	Secondary	4800
521	INTRA VITREAL INJECTION FOR ENDOPHTHALMITIS	Secondary	2500
522	POSTERIOR SUBTENON INJECTION-TRIAMCINOLONE	Secondary	500
523	Endolaser	Secondary	2000
524	Belt Buckle	Secondary	1000
525	Silicon oil injection/Gas injection	Secondary	5000
526	corneal F.B.removal	Secondary	300
527	Laser for retinopathy of prematurity	Secondary	9500
528	Cryoretinopexy - open	Secondary	3500
529	Accessory bone - Excision	Secondary	12000
530	Amputation - Upper Limb	Secondary	18000
531	Amputation - of digits & Toe(Single)	Secondary	5000
532	Arthorotomy	Secondary	15000
533	Arthrodesis Ankle Triple	Secondary	16000
534	Arthrotomy + - Synevectomy	Secondary	15000

535	Arthroplasty of Femur - head - Excision	Secondary	18000
536	Bimalleolar Fracture - Fixation	Secondary	12000
537	Calcaneal Spur - Excision	Secondary	10000
538	Clavicle Surgery	Secondary	15000
539	Close Fixation - Hand - Bones	Secondary	7000
540	Close Fixation - Foot - Bones	Secondary	6500
541	Close Reduction - Small - Joints	Secondary	3500
542	Closed Interlock Nailing + - Bone Grafting	Secondary	16000
543	Closed Interlocking - Intermedullary	Secondary	15000
544	Open Interlocking Tibia -Fracture Fixation	Secondary	18000
545	Closed Reduction and - Internal Fixation with K - wire (Long Bone)	Secondary	12000
546	Closed Reduction and Percutaneous Screw Fixation	Secondary	12000
547	Closed Reduction and - Percutaneous Nailing (Small Bone)	Secondary	12000
548	Closed Reduction and - Proceed to Posterior - Stabilization	Secondary	16000
549	Debridement & Closure - - Major	Secondary	7500
550	Debridement & Closure - - Minor	Secondary	3000
551	Decompression of Carpal - Tunnel Syndrome	Secondary	5000
552	Dupuytren Contracture	Secondary	12000
553	Epiphyseal Stimulation	Secondary	10000
554	Exostosis - Small bones - - Excision	Secondary	5500
555	Exostosis - Femur - - Excision	Secondary	15000
556	Exostosis - Humerus - - Excision	Secondary	15000
557	Exostosis - Radius - - Excision	Secondary	12000
558	Exostosis - Ulna - - Excision	Secondary	12000
559	Exostosis - Tibia- - Excision	Secondary	12000
560	Exostosis - Fibula - - Excision	Secondary	12000
561	Exostosis - Patella - - Excision	Secondary	12000
562	Exploration and Ulnar - Repair	Secondary	10000
563	External fixation - Long - bone	Secondary	13000
564	External fixation - Small bone	Secondary	11500

565	External fixation - Pelvis	Secondary	15000
566	Fasciotomy	Secondary	12000
567	Fixator with Joint - Arthrodesis	Secondary	18000
568	Close Reduction and Calcellous Screw Fixation-Femoral Neck	Secondary	18000
569	Fracture Proximal Femur- Internal - Fixation	Secondary	18000
570	Fracture - Humerus Shaft- Internal Fixation	Secondary	13000
571	Fracture - Olecranon of - Ulna (TBW & K-wire)	Secondary	9500
572	Fracture - Radius Internal - Fixation	Secondary	9500
573	Fracture - Ulna Internal - Fixation	Secondary	9500
574	Fractured Fragment - Excision	Secondary	7500
575	Girdle Stone Arthroplasty	Secondary	15000
576	Harrington - Instrumentation	Secondary	15000
577	Head Radius - Excision	Secondary	15000
578	High Tibial Osteotomy	Secondary	20000
579	Hip Region Surgery	Secondary	18000
580	Hip Spica	Secondary	5000
581	Internal Fixation Lateral - Epicondyle	Secondary	9000
582	Internal Fixation of other - Small Bone	Secondary	7000
583	Multiple Tendon Repair	Secondary	13000
584	Nerve Repair Surgery	Secondary	15000
585	Nerve Graft	Secondary	15000
586	Neurolysis	Secondary	18000
587	Open Reduction Internal - Fixation (2 Small Bone)	Secondary	12000
588	Open Reduction Internal - Fixation (Large Bone)	Secondary	20000
589	Open Reduction of CDH	Secondary	17000
590	Open Reduction of Small - Joint	Secondary	7500
591	Open Reduction with - Phemister Grafting	Secondary	10000
592	Osteotomy -Small Bone	Secondary	18000
593	Osteotomy -Long Bone	Secondary	21000

594	Patellectomy	Secondary	15000
595	Pelvic Fracture - Fixation	Secondary	20000
596	Prepatellar Bursa and - Repair of MCL of Knee	Secondary	8000
597	Sequestrectomy of Long - Bones	Secondary	18000
598	Shoulder Jacket/spica	Secondary	5000
599	Sinus Over Sacrum - Excision	Secondary	7500
600	Skin Grafting	Secondary	7500
601	Synovectomy	Secondary	18000
602	Tendo Achilles Tenotomy	Secondary	5000
603	Tendon Grafting	Secondary	18000
604	Tenolysis	Secondary	8000
605	Tenotomy	Secondary	8000
606	Tension Band Wiring - Patella	Secondary	12500
607	Trigger Thumb	Secondary	3000
608	Application of Functional - Cast Brace	Secondary	2000
609	Application of P.O.P. - casts for Upper & Lower - Limbs	Secondary	1000
610	Application of Skeletal - Tractions	Secondary	1500
611	Application of Skin - Traction	Secondary	800
612	Arthroplasty (joints) - - Excision	Secondary	13000
613	Aspiration & Intra - Articular Injections	Secondary	1000
614	Bandage & Stapping for - Fractures	Secondary	600
615	Close Reduction of - Fractures of Limb & P.O.P.	Secondary	2000
616	Internal Wire Fixation of - Mandible & Maxilla	Secondary	9500
617	Reduction of Compound - Fractures	Secondary	4000
618	Reduction of Facial - Fractures of Maxilla	Secondary	8500
619	Reduction of Fractures of - Mandible & Maxilla - Cast Netal Splints	Secondary	5500
620	Reduction of Fractures of - Mandible & Maxilla - Eye - Let Splinting	Secondary	5500
621	Reduction of Fractures of - Mandible & Maxilla - Gumming Splints	Secondary	5500
622	Fracture - Fibula Internal Fixation+Fracture	Secondary	21000

	- TIBIA Internal Fixation		
623	Head radius - - Excision+Fracture - Ulna - Internal Fixation	Secondary	17150
624	Acromion reconstruction - +Percutaneous - Fixation of Fracture	Secondary	21000
625	Accessory bone - - Excision+Exostosis - Femur - Excision	Secondary	18900
626	Above elbow post-slab for - Soft Tissue injury	Secondary	550
627	Below knee post-slab for - Soft tissue injury	Secondary	750
628	Colles fracture Below - elbow	Secondary	950
629	Colles fracture Full plaster	Secondary	1500
630	Double hip spica	Secondary	4000
631	Fingers (post, slab)	Secondary	500
632	Fingers full plaster	Secondary	300
633	Plaster Jacket	Secondary	1500
634	Shoulder spika	Secondary	1500
635	Strapping Ball bandage	Secondary	450
636	Strapping Nasal bone - fracture	Secondary	400
637	Strapping Toes	Secondary	150
638	Tube Plaster (or plaster - cylinder)	Secondary	1050
639	Correction of club foot - without fixator	Secondary	10000
640	Acromion reconstruction	Secondary	20000
641	Laminectomy	Secondary	18000
642	Fracture - Humerus Proximal- Internal Fixation	Secondary	12000
643	Fracture - Humerus Distal- Internal Fixation	Secondary	20000
644	Hybrid External Fixator	Secondary	20000
645	Arthroscopy /Meniscectomy/Loose Body removal/Cyst removal	Secondary	20000
646	Closed Reduction and - Percutaneous Nailing (Long Bone)	Secondary	18000
647	Fracture - Olecranon-Plating	Secondary	12000
648	Implant removal-Minor (Wire & Screw)	Secondary	5000
649	Implant removal-K Wire & Screw	Secondary	2000

650	Closed reduction dislocations of large joints (Hip / Knee)	Secondary	4000
651	Closed reduction dislocations of large joints (Shoulder / Elbow)	Secondary	3000
652	Single Tendon Repair	Secondary	10000
653	Correction of club foot - without fixator	Secondary	13000
654	Gastro jejuno Colic - Fistula	Secondary	15000
655	Orchidopexy - UNILATERAL	Secondary	7200
656	Basic Package for Neo - Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date	Secondary	5000
657	Colostomy Closure	Secondary	16000
658	Oesophagostomy and Gastrostomy for pediatric patients	Secondary	18000
659	Rectal Polyp	Secondary	5000
660	Exploratory Laparotomy without Resection & Anastamosis of Intestine	Secondary	17000
661	Torsion Testis	Secondary	10000
662	Ureterotomy	Secondary	10000
663	Vesicostomy	Secondary	15000
664	Paediatric Hernia Inguinal (Bilateral)	Secondary	15000
665	Paediatric Hernia Inguinal (Unilateral)	Secondary	12000
666	Specialised Package for Neo Natal Care (Package for Babies admitted with mild-moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight - babies (<1800 gms), without complicationNeonatal seizures)#	Secondary	7000
667	Hepatitis B - Immunoglobin for newborn	Secondary	5000
668	IVIG for neonatal conditions	Secondary	10000
669	Tongue/Palate/Lip injury for pediatric patients - under anasthesia	Secondary	4000

670	Orchidopexy - Bilateral	Secondary	11250
671	Upto 30% burns subsequent dressing	Secondary	200
672	Skin grafting	Secondary	15000
673	TMS (per session)	Secondary	600
674	ECT (per session)	Secondary	500
675	CBT (per session)	Secondary	500
676	BIO Feedback (per session)	Secondary	500
677	Operation for Cyst of - Kidney, Deroofing/Marsupilisation	Secondary	14000
678	Bladder Tumour - (Fulgration)	Secondary	2000
679	Correction of Extrophy of - Bladder	Secondary	1500
680	Cysto Gastrostomy	Secondary	10000
681	Cysto Jejunostomy	Secondary	10000
682	Dormia Extraction of - Calculus	Secondary	5000
683	Drainage of Perinepheric - Abscess	Secondary	7500
684	Cystolithopexy	Secondary	9000
685	Excision of Urethral - Caruncle	Secondary	7000
686	Exploration of - Epididymus (Unsuccesful - Vasco vasectomy)	Secondary	7500
687	Urachal Cyst	Secondary	4000
688	Hypospadias-Single Stage/Simple	Secondary	15000
689	Internal Urethrotomy	Secondary	8400
690	Litholapexy (Under LA)	Secondary	7500
691	Trans Urethral Laser Lithotripsy	Secondary	13000
692	Meatoplasty	Secondary	2500
693	Meatotomy	Secondary	1500
694	Neoblastoma	Secondary	10000
695	Nephrolithotomy	Secondary	18000
696	Nephropexy	Secondary	9000
697	Nephrostomy/PCN	Secondary	10500
698	Operation for Double - Ureter	Secondary	15750
699	Bladder Injury, Exploration & Repair	Secondary	15000
700	Post Urethral Valve Fulguration	Secondary	15000
701	Pyelolithotomy	Secondary	16000

702	Reduction of - Paraphimosis	Secondary	1500
703	Reimplanation of Urethra	Secondary	17000
704	Reimplantation of Bladder	Secondary	17000
705	Repair of Uretero Vaginal - Fistula	Secondary	12000
706	Retropubic Prostatectomy	Secondary	15000
707	Suprapubic Cystostomy - - Open	Secondary	10000
708	SPC under LA	Secondary	4200
709	Trans Vesical - Prostatectomy	Secondary	21000
710	Transurethral Fulguration	Secondary	4000
711	Uretero Colic - Anastomosis	Secondary	8000
712	Ureterolithotomy	Secondary	12000
713	URSL, Unilateral	Secondary	20000
714	Urethral Dilatation	Secondary	2250
715	Ureteric Catheterization - Cystoscopy	Secondary	3000
716	Uretrostomy (Cutanie)	Secondary	10000
717	URS with - Endolitholopexy	Secondary	9000
718	URS with Lithotripsy	Secondary	9000
719	URS+Cysto+Lithotomy	Secondary	9000
720	Vesico uretero Reflux - Bilateral	Secondary	13000
721	Vesico Uretero Reflux - Unilateral	Secondary	8750
722	V Y Plasty of Bladder - Neck	Secondary	11000
723	Operation for ectopic - ureter	Secondary	9000
724	TURP + Cystolithotripsy	Secondary	12000
725	Ureteroscopic removal of - ureteric calculi	Secondary	7500
726	Ureteric Catheterization - - Cystoscopy+Pyelolithoto my	Secondary	10500
727	TURP + Closure of - Urinary Fistula	Secondary	13000
728	TURP + Suprapubic - Cystolithotomy	Secondary	15000
729	TURP + Vesicolithotripsy	Secondary	15000
730	TURP + Hernioplasty	Secondary	15000
731	TURP with Repair of - Urethra	Secondary	12000
732	VIU + Hydrocelectomy	Secondary	15000
733	Open Cystolithotomy	Secondary	8400

734	Cystoscopy with Bladder wash	Secondary	5000
735	Cystoscopy under GA	Secondary	5000
736	Circumcision	Secondary	3000
737	DJ Stent removal	Secondary	3000
738	TURP	Secondary	11500
1.	Hospitalization period of patient will be as per procedure/package.		
2.	Admission of the patient for minimum 24 Hours shall be compulsory under General Ward/ICU packages.		
3.	Under Secondary procedures Package of General Ward does not include the cost of MRI and CT Scan.		

Bhamashah Swasthya Bima Yojana 2017
Annexure 5 (B)
List of 663 Tertiary procedures for a cover of Rs. 300,000/-per family per year (Floater)

S. No.	Final package name	Package type	Package Rate
1	Congenital (Complex) - Pulmonary Atresia with or without VSD / truncus arteriosis and other anamolies	Tertiary	125000
2	Congenital (Complex) - Sennings	Tertiary	97000
3	Aorta-Aorta Bypass with graft	Tertiary	63000
4	Coil Closure - PDA Coil (one) insertion	Tertiary	12000
5	Coronary Ballon Angioplasty	Tertiary	28000
6	Cath with Oxymetry	Tertiary	6000
7	Cath without Oxymetry	Tertiary	5000
8	Aorta-Aorta Bypass without graft	Tertiary	31500
9	Additional Stent required	Tertiary	25000
10	Refractory Cardiac Failure	Tertiary	21000
11	Ballon Atrial Septectomy – BAS	Tertiary	14000
12	IVC filter	Tertiary	35000
13	Infective Endocarditis	Tertiary	25000
14	Pericardial Effusion, Tamponade	Tertiary	17500
15	PTCA (one medicated stent)	Tertiary	54000
16	PTCA - 2 stent	Tertiary	78000
17	Balloon Mitral Valvotomy – BMV	Tertiary	31000
18	Coarctation dilatation – BDC	Tertiary	26000

19	Balloon Pulmonary Valvotomy – BPV	Tertiary	35000
20	Balloon Aortic Valvotomy – BAV	Tertiary	32000
21	Peripheral Angioplasty withstent (medicated)	Tertiary	55000
22	Renal Angioplasty withstent	Tertiary	60000
23	Both side renal Angioplasty withstent (medicated)	Tertiary	90000
24	Vertebral/carotid Angioplasty with stent - Without device	Tertiary	60000
25	Pericardiocentesis	Tertiary	8000
26	IVUS	Tertiary	30000
27	EP study	Tertiary	10000
28	RF Ablation	Tertiary	20000
29	Medical treatment of Acute MI with Thrombolysis	Tertiary	15000
30	Thrombolysis for peripheral ischemia - STK	Tertiary	10000
31	Rotablation	Tertiary	50000
32	Pacemaker Implantation - Permanent (only VVIR) including Pacemaker value	Tertiary	65000
33	Device Closure - PDA Device	Tertiary	30000
34	Device Closure - ASD Device	Tertiary	80000
35	Device Closure - VSD Device	Tertiary	80000
36	CABG	Tertiary	75000
37	CABG - Re-Do - without balloon	Tertiary	95000
38	CABG with IABP	Tertiary	87500
39	CABG with Aneurysmal repair - without balloon	Tertiary	95000
40	CABG with MV repair	Tertiary	100000
41	CABG with post MI VSD repair	Tertiary	90000
42	Valve Repair - Open Mitral Valvotomy	Tertiary	75000
43	Valve Repair - Open Aortic Valvotomy	Tertiary	75000
44	Valve Repair - Open Pulmonary Valvotomy	Tertiary	68000
45	Valve Repair - Mitral Valve	Tertiary	90000
46	Valve Repair - Tricuspid Valve	Tertiary	90000
47	Valve Replacement - Mitral Valve	Tertiary	112000
48	Valve Replacement - Aortic Valve	Tertiary	112000
49	Valve Replacement - Double Valve	Tertiary	157000
50	Congenital (Simple) - ASD	Tertiary	65000
51	Congenital (Simple) - VSD	Tertiary	68000
52	Congenital (Simple) - AVSD/ AV Canal Defect	Tertiary	80000
53	Congenital (Simple) - ICR for TOF	Tertiary	80000
54	Congenital (Simple) - AP Window	Tertiary	60000
55	Congenital (Simple) - Surgery for HOCM	Tertiary	75000
56	Congenital (Simple) - Ebsteins	Tertiary	75000
57	Congenital (Simple) - Fontan	Tertiary	80000

58	Congenital (Complex) - TAPVC	Tertiary	80000
59	Congenital (Complex) - TGA	Tertiary	100000
60	Congenital (Complex) - Arterial Switch Operation	Tertiary	75000
61	Congenital (Complex) - ALCAPA	Tertiary	75000
62	Congenital (Complex) - Mustards	Tertiary	75000
63	Congenital (Complex) - Pulmonary Conduit	Tertiary	85000
64	Congenital (Complex) - Truncus Arteriosus Surgery	Tertiary	75000
65	Congenital (Complex) - Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bental Procedure	Tertiary	165000
66	Congenital (Complex) - Aortic Arch Replacement	Tertiary	65000
67	Congenital (Complex) - Aortic Aneurysm Repair without using CPB	Tertiary	50000
68	Pulmonary Embolectomy / Endarterectomy	Tertiary	95000
69	Surgery for Cardiac Tumour/ LA Myxoma/ RA Myxoma	Tertiary	75000
70	Closed Heart Procedures - Closed Mitral Valvotomy	Tertiary	22000
71	Closed Heart Procedures - PDA Surgery	Tertiary	20000
72	Closed Heart Procedures - Coarctation Repair with graft	Tertiary	35000
73	Closed Heart Procedures - BT Shunt (inclusives of grafts)	Tertiary	40000
74	Closed Heart Procedures - Glenn Shunt	Tertiary	60000
75	Closed Heart Procedures - Central Shunt	Tertiary	45000
76	Closed Heart Procedures - Aortic arch Anamolies	Tertiary	50000
77	Closed Heart Procedures - Pericardiectomy	Tertiary	35000
78	Closed Heart Procedures - Thoracoscopic surgery	Tertiary	35000
79	Cardiac Injuries - Surgery without CPB	Tertiary	35000
80	Cardiac Injuries - Surgery with CPB	Tertiary	65000
81	Coil Closure- PDA Multiple coil insertion	Tertiary	20000
82	Femoropopliteal by pass procedure with graft (inclu. Graft)	Tertiary	50000
83	Thromboembolectomy	Tertiary	20000
84	Surgery for Arterial Aneursysm -Distal Abdominal Aorta	Tertiary	60000
85	Intrathoracic Aneurysm (with graft) -Requiring Bypass Techniques	Tertiary	110000
86	Dissecting Aneurysms with CPB (inclu. Graft)	Tertiary	120000
87	Dissecting Aneurysms without CPB (incl. graft)	Tertiary	75000
88	Vascular Procedure – Major Vessels	Tertiary	30000
89	Vascular Procedure – Minor Vessels	Tertiary	20000
90	Surgery for Arterial Aneursysm Main Arteries of the Limb	Tertiary	15000

91	Congenital Arterio Venous Fistula	Tertiary	20000
92	Peripheral Embolectomy without graft	Tertiary	20000
93	Aorto Billiac / Bifemoral bypass with Synthetic Graft	Tertiary	75000
94	Axillo bifemoral bypass with Synthetic Graft	Tertiary	75000
95	Femoro Distal Bypass with Vein Graft	Tertiary	50000
96	Femoro Distal Bypass with Synthetic Graft	Tertiary	65000
97	Axillo Brachial Bypass using with Synthetic Graft	Tertiary	60000
98	Brachio - Radial Bypass with Synthetic Graft	Tertiary	60000
99	Carotid artery bypass with Synthetic Graft	Tertiary	60000
100	Excision of Arterio Venous malformation – Large	Tertiary	50000
101	Excision of Arterio Venous malformation – Small	Tertiary	20000
102	D V T - IVC Filter	Tertiary	25000
103	Vascular Tumors	Tertiary	40000
104	Small Arterial Aneurysms – Repair	Tertiary	10000
105	Medium size arterial aneurysms – Repair	Tertiary	15000
106	Carotid endarterectomy	Tertiary	35000
107	Vertebral/carotid Angioplasty with stent - With distal protection device	Tertiary	100000
108	Thrombosuction catheter/export catheter	Tertiary	20000
109	Primary PTCA with one medicated stent	Tertiary	65000
110	Covered stent	Tertiary	40000
111	IABP	Tertiary	40000
112	Medical treatment of Acute MI with Thrombolysis (with TNK/RPA)	Tertiary	30000
113	Fractional Flow Reserve (FFR)	Tertiary	30000
114	Closed Heart Procedures - Coarctation Repair	Tertiary	37500
115	Excision of Carotid body Tumor with vascular repair	Tertiary	45000
116	Lobectomy	Tertiary	25000
117	Pneumonectomy	Tertiary	60000
118	Pleurectomy	Tertiary	40000
119	Mediastinotomy	Tertiary	25000
120	Pulmonary AV Fistula surgery	Tertiary	25000
121	Lung Cyst	Tertiary	30000
122	SOL mediastinum	Tertiary	45000
123	Surgical Correction of Bronchopleural Fistula.	Tertiary	35000
124	Diaphragmatic Eventeration	Tertiary	40000
125	Diaphragmatic Hernia	Tertiary	25000
126	Oesophageal Diverticula /Achalasia Cardia	Tertiary	25000
127	Thoracotomy, Thoraco Abdominal Approach	Tertiary	35000
128	Bronchial Repair Surgery for Injuries due to FB	Tertiary	25000
129	Gastro StudyFollowed by Thoracotomy & Repairs for Oesophageal Injury for Corrosive Injuries/FB	Tertiary	30000

130	Oesophageal tumour removal	Tertiary	25000
131	Chest Injuries - Lung Injury repair	Tertiary	20000
132	Chest Injuries - Thyomectomy	Tertiary	25000
133	Thoracoscopic and Laproscopic surgery of any type	Tertiary	25000
134	Foreign Body Removal with scope	Tertiary	10000
135	Excision of Pinna for - Growths - (Squamous/Basal) Injuries - - Total Amputation & Excision of External Auditory Meatus	Tertiary	8500
136	Excision of Pinna for - Growths - (Squamous/Basal) Injuries - Total Amputation	Tertiary	5100
137	Skull base surgery	Tertiary	29000
138	Trans Antral - Ethmoidectomy	Tertiary	10800
139	Microlaryngeal Surgery including Phonosurgery	Tertiary	9500
140	Excision/ Hypopharynx of Tumors in Pharynx	Tertiary	19000
141	Thryoplasty	Tertiary	12000
142	Maxillofacial Surgery	Tertiary	13000
143	Tracheal Reconstruction	Tertiary	15000
144	Colonoscopy with Biopsy	Tertiary	2000
145	Sigmoidoscopy with Biopsy	Tertiary	2000
146	Colonoscopy	Tertiary	1500
147	Sigmoidoscopy	Tertiary	1500
148	Palliative endoscopic management of maligniencies (Mettalic stent SEMS)	Tertiary	30000
149	Hemophilia	Tertiary	35000
150	Snake bite requiring ventilator support	Tertiary	35000
151	Scorpion Sting requiring ventilator support	Tertiary	17500
152	Treatment for Sickle cell anemia	Tertiary	1750
153	Bronchiectasis with repeated hospitalisation>6per year	Tertiary	10000
154	Interstitial Lung diseases	Tertiary	30000
155	Pneumoconiosis	Tertiary	15000
156	Acute Respiratory Failure (with ventilator-for minimum 5days)	Tertiary	35000
157	Lung Abscess ,non resolving	Tertiary	10500
158	Pneumothorax (With ICDT)	Tertiary	22000
159	Malignant Pleural effusion (First Time)	Tertiary	14000
160	Massive Hemoptysis	Tertiary	35000
161	Thrombocytopenia-SDP (Per unit)	Tertiary	10000
162	Bone Marrow Biopsy	Tertiary	3500
163	Central Line Insertion (Triple Lumen)	Tertiary	3000
164	Bone Marrow Aspiration	Tertiary	2000
165	Central Line Insertion (Double Lumen)	Tertiary	2000

166	Thrombocytopenia-RDP (Per unit)	Tertiary	1500
167	Acute Respiratory Failure (upto 4 days)	Tertiary	25000
168	Upper GI endoscopy with biopsy	Tertiary	1200
169	Bypass - Inoperable CA of Pancreas	Tertiary	19500
170	Anterior Resection for CA Rectum	Tertiary	15000
171	Distal Pancrcatectomy - with Pancreatico - Jejunostomy	Tertiary	17000
172	Hepatic Left Lobectomy	Tertiary	30000
173	Oesophagectomy	Tertiary	30000
174	Operation for Portal Hypertension	Tertiary	30000
175	Colectomy - Total	Tertiary	25000
176	Aneurysm not Requiring - Bypass Techniques	Tertiary	28000
177	Aneurysm Resection & - Grafting	Tertiary	29000
178	Aorta-Femoral Bypass	Tertiary	25000
179	Carotid artery aneurism	Tertiary	28000
180	Dissecting Aneurysms	Tertiary	28000
181	Distal Abdominal Aorta	Tertiary	22500
182	Lap. Assisted Total - Colectomy	Tertiary	25000
183	Lap. Hepatic resection	Tertiary	17300
184	Repair of Main Arteries of - the Limbs	Tertiary	28000
185	Mediastinal Tumour	Tertiary	23000
186	thymectomy	Tertiary	23000
187	Operations for Acquired - Arteriovenous Fistula	Tertiary	19500
188	Operations for - Replacement of - Oesophagus by Colon	Tertiary	21000
189	Operations for Stenosis of - Renal Arteries	Tertiary	24000
190	Pericardiostomy	Tertiary	25000
191	Portocaval Anastomosis	Tertiary	22000
192	Renal Artery aneurysm - and disection	Tertiary	28000
193	Surgery for Arterial - Aneursysm -Vertebral	Tertiary	20520
194	Thoracoscopic Lebectomy	Tertiary	19500
195	Tissue Reconstruction - Flap Leprosy	Tertiary	22000
196	Tendon Transfer-Leprosy	Tertiary	25000
197	Carcinoma Parathyroid - Excision	Tertiary	28000
198	20% burns or scalds/burns over face (with or without grafting)	Tertiary	25000
199	Up to 30% (with grafting)	Tertiary	35000
200	upto-40% Burns (Conservative/ without grafting)	Tertiary	30000
201	upto-40% Mixed Burns (with grafting)	Tertiary	30000
202	upto-50% Burns (Conservative)	Tertiary	30000
203	upto-50% Mixed Burns (with surgery grafting)	Tertiary	40000
204	upto-60% Burns (Conservative)	Tertiary	40000

205	Up to-60% Mixed Burns (with Surgeries)	Tertiary	50000
206	Above 60% Mixed Burns (with Surgeries)	Tertiary	55000
207	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Mild	Tertiary	20000
208	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Moderate	Tertiary	30000
209	Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy), Severe	Tertiary	35000
210	Budd chiari syndrome	Tertiary	21000
211	Fulminant Hepatic failure	Tertiary	35000
212	Pancreas - Distal Pancreatectomy	Tertiary	31500
213	Pancreas - Enucleation of Cyst	Tertiary	24000
214	Ano-rectal - Low Anterior resection OR Sphincter preserving surgery of any type	Tertiary	14700
215	Hepatic Right Lobectomy	Tertiary	70000
216	Operation for Lobectomy with volume reduction	Tertiary	60000
217	Anal Fistulactomy-Low	Tertiary	8000
218	Anal Fistulactomy-High	Tertiary	12000
219	Pancreas - Whipples - any type	Tertiary	56000
220	Renal Transplant	Tertiary	175000
221	BRACHIOCEPHALIC AV FISTULA FOR HEMODIALYSIS	Tertiary	7200
222	MAINTENANCE HEMODIALYSIS (MHD) (WITH INJ. ERYTHROPOETINE WITH INJ. IRON) –PER DIALYSIS.	Tertiary	2000
223	HEMODIALYSIS (MHD) (WITHout INJ. ERYTHROPOETINE WITH INJ. IRON) –PER DIALYSIS.	Tertiary	1500
224	Double Lumen HD Catheter	Tertiary	3500
225	Plasma pheresis	Tertiary	14000
226	Stroke (Arterial/Venous)	Tertiary	25000
227	CNS Infection - Bacterial/Viral	Tertiary	25000
228	CNS Infection - Fungal	Tertiary	40000
229	Seizure Disorder / Status Epilepticus	Tertiary	15000
230	Neuromuscular disorders	Tertiary	20000
231	Anneurysm coiling	Tertiary	150000
232	Microdiscectomy - - Lumber	Tertiary	24000
233	Trans Sphenoidal surgeries	Tertiary	24000
234	Anterior Encephalocele	Tertiary	28750
235	Burr hole	Tertiary	20625
236	Cranioplasty	Tertiary	30000
237	Craniostenosis	Tertiary	22000

238	Craniotomy and Evacuation of Haematoma - Extradural	Tertiary	32000
239	Haematoma - Brain - (hypertensive)	Tertiary	32000
240	Haematoma (Child - irritable subdural)	Tertiary	24200
241	Meningocele - Lumbar	Tertiary	24750
242	Meningococle – Ocipital	Tertiary	29000
243	Posterior Fossa - - Decompression	Tertiary	40000
244	Brachial Plexus - Repair	Tertiary	70000
245	Spina Bifida Repair/TCS	Tertiary	24200
246	Anterio Lateral Decompression of Dorsal spine	Tertiary	30000
247	Spinal Tumour/Haematoma/Abscess	Tertiary	30000
248	Intracranial Tumours/SOL	Tertiary	70000
249	Tumours Meninges - - Gocussa	Tertiary	25000
250	Tumours Meninges - - Posterior	Tertiary	25000
251	Ventricular Puncture	Tertiary	9000
252	AAD Surgery - Trans oral Surgery	Tertiary	60000
253	Spinal Surgery - RF Lesions for Trigminal Neuralgia	Tertiary	25000
254	Neurosurgery - Nerve Decompression	Tertiary	15000
255	Neurosurgery - Peripheral Nerve Surgery Major	Tertiary	30000
256	Neurosurgery - Peripheral Nerve Surgery Minor	Tertiary	15000
257	Surgery Of Cord Tumours - Discectomy	Tertiary	12000
258	Brain Surgery - De-compressive Craniectomy (Non Traumatic)	Tertiary	50000
259	Brain Surgery - Endoscopic Third Ventriculostomy	Tertiary	24000
260	Spinal Surgery - Syringomyelia	Tertiary	42000
261	Soft Tissue and Vascular Surgery - Cervical Sympathectomy	Tertiary	35000
262	Soft Tissue and Vascular Surgery - Decompression/Excision of Optic nerve lesions	Tertiary	45500
263	Soft Tissue and Vascular Surgery - Proptosis	Tertiary	42000
264	Epilepsy Surgery - Lesionectomy/Temporal Lobectomy/Hemisphereotomy	Tertiary	105000
265	Epilepsy Surgery - Temporal lobectomy plus Depth Electrodes	Tertiary	35000
266	Microvascular Decompression for Trigeminal Neuralgia	Tertiary	42000
267	Embolization of Aneurysm	Tertiary	32900
268	Meningo encephalocele	Tertiary	17500
269	Brain Surgery - Ventriculoatrial /Ventriculoperitoneal Shunt	Tertiary	24800
270	Brain Surgery - Abscess Tapping Single	Tertiary	15000
271	Brain Surgery - Abscess Tapping multiple	Tertiary	20800

272	Brain Surgery - Meningo Encephalocele	Tertiary	29800
273	Brain Surgery - Aneurysm Clipping	Tertiary	60000
274	Brain Surgery - Carotid angioplasty without stent	Tertiary	15000
275	Brain Surgery - External Ventricular Drainage (EVD)	Tertiary	25000
276	Spinal Surgery - Excision of Cervical Inter-Vertebral Discs	Tertiary	29800
277	Spinal Surgery - Discectomy-Lumbar	Tertiary	24800
278	Spinal Surgery - Spinal Intra Medullary Tumours	Tertiary	59600
279	Spinal Surgery - Spina Bifida Surgery Minor	Tertiary	18000
280	Spinal Surgery - Stereotaxic Procedures	Tertiary	25000
281	Spinal Surgery - Vertebral artery Stenting	Tertiary	50000
282	Spinal Surgery - Corpectomy and Spinal Fixation	Tertiary	44800
283	Spinal Surgery - Spinal Fixation Rods and Plates	Tertiary	45000
284	Spinal Surgery - MVD	Tertiary	35000
285	Endo Vascular Embolization AVM/Fistula	Tertiary	150000
286	Percutaneous balloon kyphoplasty	Tertiary	100000
287	Endo Vascular Embolization Tumor	Tertiary	150000
288	Spine 360 degree Fusion	Tertiary	80000
289	Trans Lumber Inter Body Fusion	Tertiary	94000
290	Minimal Invasive Spine Surgery	Tertiary	85000
291	Craniotomy and Evacuation of Haematoma-Subdural	Tertiary	80000
292	Plasma Pheresis - including cost of filter	Tertiary	60000
293	IV tPA in Acute Stroke	Tertiary	60000
294	Percutaneous Vertebroplasty	Tertiary	30000
295	Cerebral Angiography	Tertiary	15000
296	Conservative Management in Neuro ICU (per day)	Tertiary	8000
297	Laminectomy with Fusion - with implant	Tertiary	32000
298	Inversion of Uterous Reposition	Tertiary	7500
299	Hysterolaproscopy	Tertiary	12000
300	Hysterscopic Myomectomy	Tertiary	12000
301	Trans Obturator tape surgery for stress incontinence	Tertiary	13800
302	Abdominal Sacrocolpopexy	Tertiary	15000
303	vault Prolapse-abdominal Colposacropaxy	Tertiary	15000
304	Trans vaginal tape surgery for stress inincontinence	Tertiary	17250
305	Laproscopic Sacrocolpopexy with mesh	Tertiary	18000
306	vault Prolapse-abdominal Laproscopic	Tertiary	18000
307	Laproscopc Myomectomy	Tertiary	20000
308	Laproscopic Tuboplasty	Tertiary	16000
309	Uterine Artery Embolijtion (UAE)	Tertiary	25000
310	Vaginoplasty	Tertiary	25000

311	Genitourinary System - Radical Cystectomy	Tertiary	48000
312	Adenoma Excision	Tertiary	12000
313	Excision Cartoid Body - tumour	Tertiary	15600
314	Subtotal - Gastrectomy for ulcer	Tertiary	18000
315	Genitourinary System - Other cystectomies	Tertiary	30000
316	Genitourinary System - High Orchidectomy	Tertiary	10000
317	Genitourinary System - Emasculation	Tertiary	10000
318	Genitourinary System - Inguinal Block Dissection-one side	Tertiary	12000
319	Genitourinary System - Radical Prostatectomy	Tertiary	25000
320	Gynaecology - Radical Hysterectomy	Tertiary	30000
321	Gynaecology - Surgery for Ca Ovary	Tertiary	30000
322	MRM/ BCS	Tertiary	25000
323	Breast Cancer - Axillary Dissection	Tertiary	13500
324	Breast Cancer - Wide excision	Tertiary	4500
325	Breast Cancer - Wide excision + Reconstruction	Tertiary	20000
326	Lung Cancer - Lobectomy	Tertiary	24000
327	Lung Cancer - Decortication	Tertiary	22000
328	Lung Cancer - Surgical Correction of Bronchopleural Fistula.	Tertiary	16400
329	Head & Neck Cancer - Resection of Nasopharyngeal Tumor	Tertiary	18000
330	Head & Neck Cancer - Craniofacial resection of any type	Tertiary	25000
331	Head & Neck Cancer - Composite Resection & Reconstruction of any type	Tertiary	32000
332	Head & Neck Cancer - Thyroidectomy - any type	Tertiary	30000
333	Head & Neck Cancer - Parotidectomy - any type	Tertiary	22000
334	Head & Neck Cancer - Laryngopharyngo Oesophagectomy	Tertiary	25000
335	Head & Neck Cancer - Wide excision	Tertiary	10000
336	Salivary Gland Cancer - Submandibular Gland Excision	Tertiary	16000
337	Trachea Cancer - Tracheal Resection	Tertiary	18000
338	Trachea Cancer - Sternotomy + Superior Mediastinal Dissection	Tertiary	25000
339	GI Tract Cancer - Small bowel resection	Tertiary	20000
340	GI Tract Cancer - Closure of Ileostomy/ Colostomy	Tertiary	14000
341	Rectal Cancer - Abdomino Perineal Resection (APR) +Sacrectomy	Tertiary	25000
342	Gall Bladder - Radical Cholecystectomy	Tertiary	36000
343	Spleen - Radical Splenectomy	Tertiary	26000

344	GI System - Resection with reanastomisis	Tertiary	27000
345	GI System - Oesophagectomy - any type	Tertiary	48000
346	GI System - Gastrectomy - for cancer	Tertiary	32000
347	GI System - Colectomy - for cancer	Tertiary	30000
348	GI System - Anterior Resection	Tertiary	40000
349	GI System - Abdominoperinial Resection	Tertiary	35000
350	GI System - Triple Bypass	Tertiary	32000
351	GI System - Other Bypasses-Pancreas	Tertiary	20000
352	Gynaecology - Radical Trachelectomy	Tertiary	25000
353	Gynaecology - Radical vaginectomy	Tertiary	23000
354	Gynaecology - Radical vaginectomy + Reconstruction	Tertiary	28000
355	Gynaecology - Anterior Exenteration	Tertiary	30000
356	Gynaecology - Posterior Exenteration	Tertiary	30000
357	Gynaecology - Pelvic Exenteration Surgery	Tertiary	46800
358	Gynaecology - Radical Trachelectomy Cone Biopsy, Simple Hysterectomy	Tertiary	12600
359	Chest and Chest wall resection for SOFT tissue bone tumors	Tertiary	8400
360	Chest - Chest wall resection + Reconstruction	Tertiary	9600
361	Bone / soft tissue tumors - Limb salvage surgery for Bone Tumors with modular Prosthesis	Tertiary	29600
362	Bone / soft tissue tumors - Hemipelvectomy	Tertiary	28000
363	RCC surgery	Tertiary	35000
364	Renal Cell Cancer - Nephroureterectomy for Transitional Cell Carcinoma of renal pelvis (one side)	Tertiary	40000
365	Testes cancer - Retro Peritoneal Lymph Node Dissection(RPLND) (for Residual Disease)	Tertiary	40000
366	Testes cancer - Urinary diversion	Tertiary	18000
367	Urinary Bladder Cancer - Anterior Exenteration	Tertiary	22000
368	Urinary Bladder Cancer - Total Exenteration	Tertiary	38800
369	Thoracic and Mediastinum Cancer - Mediastinal tumor resection	Tertiary	24000
370	Lung Cancer - Lung metastatectomy of any type	Tertiary	18000
371	Lung Cancer - Sleeve resection of Lung cancer.	Tertiary	20000
372	Oesophagus Cancer - Oesophagectomy with Three field Lymphadenectomy	Tertiary	50000
373	Palliative Surgeries - Ileotransverse Bypass Colostomy	Tertiary	8600
374	Palliative Surgeries - Substernal bypass	Tertiary	17500
375	Reconstruction - Micro vascular reconstruction	Tertiary	18000
376	Soft Tissue and Bone Tumors - Wide excision	Tertiary	15000

377	Soft Tissue and Bone Tumors - Amputation (Major / Minor)	Tertiary	9000
378	Genitourinary System - Inguinal Block Dissection-both side	Tertiary	14000
379	Parathyroid Cancer - Parathyroidectomy	Tertiary	18000
380	Palliative Surgeries - Tracheostomy	Tertiary	4800
381	Palliative Surgeries - Gastrostomy	Tertiary	8000
382	Radical treatment - Cobalt 60 external beam radiotherapy	Tertiary	20000
383	Palliative treatment - Cobalt 60 external beam radiotherapy	Tertiary	10000
384	Adjuvent therapy - Cobalt 60 external beam radiotherapy	Tertiary	18000
385	Radical treatment with photons - Linear Accelarator (With orphit) / 3d CRT	Tertiary	34000
386	Palliative treatment with photons - Linear Accelarator	Tertiary	15000
387	Adjuvant treatment with photons/electrons - Linear Accelerator / 3 CDRT (3D Simulation with Orphit)	Tertiary	25000
388	Hdr per application - Brachytherapy-intracavitary-ii	Tertiary	4000
389	Hdr - one application and multiple dose fractions - Brachytherapy-interstitial	Tertiary	10000
390	Radical treatment with IMRT - LA with multi leaf collimator	Tertiary	90000
391	Radical treatment with IGRT - LA with multi leaf collimator	Tertiary	110000
392	SRS (Stereotactic Radiosurgery) - LA with some accessories	Tertiary	90000
393	SRT (Stereotactic Radiotherapy) - LA with some accessories	Tertiary	75000
394	Gamma Knife / Cyber Knife - For Brain Tumor	Tertiary	100000
395	Total Body Radiation - For Pre Bone Marrow/Stem Cell Transplant	Tertiary	25000
396	Induction Therapy – ALL (per month)	Tertiary	60000
397	Maintenance therapy- ALL (per month)	Tertiary	5000
398	5-FU + Cisplatin	Tertiary	5000
399	Paclitaxel + Carboplatin	Tertiary	10000
400	Palliative chemotherapy/ Supportive cherapy	Tertiary	5000
401	Azacytidine	Tertiary	60000
402	Induction regimen- AML	Tertiary	60000
403	Consolidation Regimen -AML	Tertiary	40000
404	Decitabine	Tertiary	30000

405	Hyper-CVAD regimen (per month)	Tertiary	50000
406	Consolidation Therapy- ALL (per month)	Tertiary	60000
407	Nilotinib (per month)	Tertiary	9000
408	Bevacizumab +Irinotecn	Tertiary	90000
409	Carmustine	Tertiary	6000
410	(capecitabin+oxaliplatin)	Tertiary	11000
411	Mitomycin + 5-FU	Tertiary	5000
412	Gemcitabine + Oxaliplatin	Tertiary	8000
413	Gemcitabine + Capecitabine	Tertiary	8000
414	Ifosfamide + Paclitaxel + Cisplatin (ITP)	Tertiary	12000
415	Pemetrexed	Tertiary	10000
416	Gemcitabine + Docetaxel	Tertiary	8000
417	Gemcitabine + Paclitaxel	Tertiary	7000
418	Methotrexate + Vinblastine + Doxorubicin + Cisplatin (MVAC)	Tertiary	4000
419	Procarbazine + Lomustine + Vincristine (PCV)	Tertiary	18000
420	Gemcitabine + Cisplatin	Tertiary	7000
421	Everolimus + Octreotide LAR	Tertiary	60000
422	Octreotide	Tertiary	30000
423	Cisplatin +Paclitaxel	Tertiary	6500
424	Bendamustine + Rituximab	Tertiary	45000
425	Rituximab	Tertiary	40000
426	Lenalidomide	Tertiary	10000
427	Chlorambucil + Prednisone (CP)	Tertiary	4000
428	Cyclophosphamide + Vincristine +Prednisone (CVP)	Tertiary	2700
429	Hydroxyurea	Tertiary	1000
430	Oxaliplatin + 5FU+ Leucovorin (FOLFOX)	Tertiary	20000
431	Oxaliplatin+Capecitabin (	Tertiary	11000
432	Epirubicin+ Oxaliplatin + Capecitabine (EOX)	Tertiary	11500
433	Epirubicin+ Cisplatin + Capecitabine (ECX)	Tertiary	9500
434	Epirubicin+ Oxaliplatin +5FU (EOF)	Tertiary	9500
435	Irinotecan + Cisplatin	Tertiary	7500
436	Epirubicin+ Cisplatin + 5FU	Tertiary	6000
437	Docetaxel+ Cisplatin +5FU (DCF)	Tertiary	11500
438	5 FU + Leucovorin	Tertiary	4000
439	Sorafenib	Tertiary	10000
440	Imatinib 400 mg	Tertiary	4000
441	Cladribine	Tertiary	90000
442	Methotrexate/ciplatin/5fu	Tertiary	2000
443	Capecitabine	Tertiary	6000
444	Docetaxel + doxorubicine+cyclophosphamide(TAC)	Tertiary	8000

445	Docetaxel+ cyclophosphamide (TC)	Tertiary	7000
446	Cyclophosphamide + doxorubicine+5 Fluorouracil(CAF)	Tertiary	3500
447	Doxorubicin + Cyclophosphamide (AC)	Tertiary	3500
448	Trastazumab	Tertiary	48000
449	Everolimus + Exemestane	Tertiary	40000
450	Anastrozole	Tertiary	1000
451	Tamoxifen	Tertiary	600
452	Letrozole	Tertiary	500
453	BCNU+Etoposide+Cytarabine+Melphalan (Mini-BEAM)	Tertiary	60000
454	Doxorubicin + Bleomycin + Vinblastine + Dacarbazine (ABVD)/COPP/EBVD	Tertiary	5000
455	Erlotinib	Tertiary	8000
456	Geftinib	Tertiary	5000
457	Gemcitabine	Tertiary	5000
458	Temozolomide + Thalidomide	Tertiary	25000
459	Dacarbazine	Tertiary	5000
460	Cyclophosphamide + Doxorubicin + Cisplatin (CAP)	Tertiary	4000
461	Irinotecan + Oxaliplatin +5FU + Leucovorin (FOLFOXIRI regimen)	Tertiary	25000
462	Irinotecan + 5FU + Leucovorin (FOLFIRI regimen)	Tertiary	20000
463	Capecitabine + Irinotecan (XELIRI)	Tertiary	10000
464	Capecitabine + Paclitaxel (XP)	Tertiary	8000
465	Trastazumab + (Paclitaxel/Docetaxel/capecitabine/vinorelbine)	Tertiary	52000
466	Capecitabine + Lapatinib	Tertiary	40000
467	Fulvestrant	Tertiary	25000
468	Paclitaxel 3weekly	Tertiary	7000
469	Megestrol	Tertiary	2000
470	Melphalan + Prednisone + Lenalidomide (MPL)	Tertiary	20000
471	Lenalidomide + Dexamethasone	Tertiary	16000
472	Melphalan + Prednisone + Thalidomide (MPT)/MP	Tertiary	10000
473	Lenalidomide/thalidomide + Bortezomib + Dexamethasone (RVD)	Tertiary	8000
474	Thalidomide + Dexamethasone	Tertiary	3000
475	Fludarabine + Cyclophosphamide + Rituximab (FCR)/FR	Tertiary	61000
476	Bortezomib	Tertiary	5000
477	Etoposide + Ifosfamide (I + E)	Tertiary	10000
478	High dose Methotrexate + Leucovorin	Tertiary	10000
479	Cisplatin+ Doxorubicin	Tertiary	5000

480	Gemcitabine + Liposomal Doxorubicin	Tertiary	15000
481	Gemcitabine + Carboplatin	Tertiary	10000
482	Bleomycin + Etoposide + Cisplatin (BEP)	Tertiary	10000
483	Nab-Paclitaxel + Gemcitabine	Tertiary	17000
484	Capecitabine + Erlotinib	Tertiary	11000
485	Gemcitabine + Erlotinib	Tertiary	11000
486	Gemcitabine + Docetaxel + Capecitabine (GTX)	Tertiary	10000
487	High dose Methotrexate	Tertiary	10000
488	IT Mtx + Leucovorin + Vincristine + Procarbazine	Tertiary	6000
489	Cabazitaxel + Prednisone	Tertiary	25000
490	Abiraterone + Prednisone	Tertiary	20000
491	Docetaxel + Prednisone	Tertiary	7000
492	Everolimus	Tertiary	30000
493	Pazopanib	Tertiary	24000
494	Cyclophosphamide + Doxorubicin + Vincristine + Prednisone (CHOP)/GDP/MINE/ICE/DHAP	Tertiary	5000
495	Doxorubicin + Ifosfamide (AI)	Tertiary	10000
496	Doxorubicin + Dacarbazine (AD)	Tertiary	4000
497	Whipple's PD	Tertiary	80000
498	Major Hepatic Resection (Rt/Lt/Multiple Segment)	Tertiary	75000
499	Eltrombopeg 30 tab	Tertiary	60000
500	Ruxolitinib 20mg	Tertiary	50000
501	Rituximab + CHOP)/CEOP/CVP/GDP/MINE/GEMOX/DHAP/ICE	Tertiary	45000
502	Brachytherpay - catheter based	Tertiary	35000
503	Dasatinib	Tertiary	30000
504	Febrile neutropenia	Tertiary	30000
505	Temozolomide - concurrent with RT	Tertiary	20000
506	Platin + Nab-Paclitaxel	Tertiary	17000
507	Liposomal Doxorubicin	Tertiary	13000
508	Pemetrexed + Platin	Tertiary	13000
509	Staging Lap.	Tertiary	10000
510	VelP/VIP/TIP	Tertiary	10000
511	Capecitabine + Vinorelbine (XN)	Tertiary	8000
512	Docetaxel	Tertiary	7000
513	Single Donor Platelets	Tertiary	7000
514	supportive therapy	Tertiary	5000
515	Temozolamide adjuvant per cycle	Tertiary	5000
516	chemotherapy for pediatric solid Tumors	Tertiary	4000
517	Etoposide / Doxorubicin/Cisplatin/Taxane	Tertiary	4000
518	Paclitaxel weekly	Tertiary	3500

519	DL Scopy/EUA under GA	Tertiary	3000
520	Cisplatin /carboplatin weekly	Tertiary	2000
521	zoledronic acid	Tertiary	1300
522	Chemoport placement - including port cost	Tertiary	25000
523	Piccline	Tertiary	15000
524	Hdr application - Brachytherapy-intracavitary- more than 2 fractions	Tertiary	6000
525	- Brachytherapy	Tertiary	6000
526	GI System - Resection of Retroperitoneal Tumors	Tertiary	37500
527	Bone Tumour- Excision (Long Bone)	Tertiary	19500
528	Nerve & Tendon Repair + Vascular Repair	Tertiary	19500
529	Fracture - Acetabulam	Tertiary	25000
530	Limb Lengthening with Monorail	Tertiary	30000
531	Ilizarov Fixation	Tertiary	21600
532	Pelvic Osteotomy	Tertiary	22000
533	Reconstruction of - ACL/PCL	Tertiary	25000
534	Accessory bone - Excision - + Acromion reconstruction	Tertiary	22400
535	Decompression Stabilization and Laminectomy-Short Segment	Tertiary	20000
536	Hind Quarter/Forequater Amputation	Tertiary	12000
537	Bone & Soft Tissue - Hip & Knee Disarticulation	Tertiary	19000
538	Ophthalmology - Perforating Sclera-Corneal Injury (To be covered along with other injuries only & not as exclusive procedure)	Tertiary	40000
539	Polytrauma - Surgery for Patella fracture (To be covered along with other injuries only)	Tertiary	8000
540	Total Hip Replacement (uncemented, U/L)	Tertiary	50000
541	Decompression Stabilization and Laminectomy-Long Segment	Tertiary	50000
542	Total Hip Replacement (Cemented, U/L)	Tertiary	72000
543	Repair of MCL/LCL/MPFL	Tertiary	15000
544	Shoulder/Hip Hemi Arthroplasty	Tertiary	18000
545	Amputation-Lower Limb	Tertiary	20000
546	Bone Tumour- Excision (Small Bone)	Tertiary	20000
547	Trimalleolar Fracture - Fixation	Tertiary	18000
548	Ray- Amputation	Tertiary	12000
549	Implant removal-Major	Tertiary	10000
550	Exomphalos - Primary/secondary closure	Tertiary	25000
551	Anal Dilatation	Tertiary	4000
552	Posterior sagittal anorectoplasty (PSARP)	Tertiary	25000
553	Chordee Correction	Tertiary	12000

554	Oesophageal Atresia with tracheo esophageal fistula	Tertiary	25000
555	Pyloric Stenosis (Ramsted - OP)	Tertiary	15000
556	Urethroplasty	Tertiary	25000
557	Peadiatric Surgery - Exosotrophy bladder - Primary/Secondary closure	Tertiary	40000
558	EPISPADIAS REPAIR	Tertiary	25000
559	Peadiatric Surgery - EPISPADIAS REPAIR 2) INCONTINENT (EPISPADIAS REPAIR +BNR)	Tertiary	50000
560	Plastic Surgery - Flap cover Surgery for wound in compound fracture	Tertiary	20000
561	Plastic Surgery - Facial bone fractures (Facio-Maxillary Injuries)	Tertiary	25000
562	Advanced Package for - Neo Natal Care all babies admitted with complications like Meningitis, Severe respiratory distress, - Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)#	Tertiary	24000
563	GBS for IVIG / vial of 5gm each	Tertiary	10000
564	Urethral reconstruction in exosotrophy patients	Tertiary	10000
565	Uretric reimplantation	Tertiary	40000
566	Bladder neck reconstruction	Tertiary	25000
567	Exploratory Laparotomy with Resection & Anastamosis of Intestine	Tertiary	22000
568	Abdomino Perineal pull through	Tertiary	25000
569	Pull through for Hirschsprung disease	Tertiary	33000
570	Cystoscopic injection for Vesico ureteric reflux	Tertiary	35000
571	Oesophageal replacement surgery for pediatric patients	Tertiary	25000
572	Anoplasty	Tertiary	25000
573	Sclerosant Injection for cystic hygroma for pediatric patients	Tertiary	4000
574	Cystolithotomy	Tertiary	11250
575	Neck Dissection - any type	Tertiary	25000
576	Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot – SEVERE	Tertiary	42000
577	Abdominal wall reconstruction including post cancer excision.	Tertiary	35000
578	Reconstructive Micro surgery A) replantation of hand, finger, thumb, arm, scalp etc	Tertiary	50000
579	Reconstructive Micro surgery B) free tissue transfer	Tertiary	50000
580	Flap surgeries b) myocutaneous	Tertiary	35000

	flap/muscle/fasciocutaneous flap		
581	Flap surgeries c) osteo myocutaneous flap	Tertiary	35000
582	Operation for vascularmalformation	Tertiary	30000
583	Ear Reconstruction for Microtia (stage-I)	Tertiary	35000
584	Ear Reconstruction for Microtia (stage-II)	Tertiary	25000
585	Ear Reconstruction for Microtia (stage-III)	Tertiary	15000
586	Total Penectomy	Tertiary	9600
587	Partial Penectomy	Tertiary	6000
588	Palatial fistulla	Tertiary	9000
589	30%-60% burns (conservative management)	Tertiary	30000
590	30%-60% burns (surgical management)	Tertiary	25000
591	Reconstructive surgery follwing facio maxillary trauma, fracture mandible, maxilla	Tertiary	20000
592	Gynecomastia	Tertiary	15000
593	Vaginal Reconstruction	Tertiary	20000
594	TM Joint ankylosis bilateral	Tertiary	18000
595	Scalp Avulsion with reconstruction	Tertiary	25000
596	Skin Malignancies with Reconstruction	Tertiary	20000
597	Cleft lip and Palate	Tertiary	10500
598	Syndactyly-single	Tertiary	10000
599	Plexiform Neurofibromatosis	Tertiary	15000
600	Fingertip injuries with reconstruction	Tertiary	12000
601	Partial Cystectomy	Tertiary	24000
602	Nephro Uretrectomy	Tertiary	20000
603	PCNL (Percutaneous - nephro lithotomy) - Biilateral	Tertiary	30000
604	Nephrectomy (Renal - tumour)/Radical Nephrectomy	Tertiary	30000
605	Retroperitoneal Fibrosis - - Renal	Tertiary	26250
606	URS Extraction of Stone - Ureter - Bilateral	Tertiary	25000
607	Open Nephrolithotomy	Tertiary	10000
608	Pyeloplasty	Tertiary	25000
609	PCNL (Percutaneous Nephro Lithotomy)	Tertiary	24000
610	ESWL (Extra carporial shock-wave lithotripsy) for upto 1 cm stone (upto 2 sittings)	Tertiary	15000
611	DJ stent (One side)	Tertiary	6000
612	Urethroplasty for Stricture Diseases-End to end	Tertiary	18000
613	Urethroplasty for Stricture Diseases-Johanson stage 1/2	Tertiary	24000
614	Urethroplasty for Stricture Diseases-BMG onlay	Tertiary	37500
615	TURBT	Tertiary	23000
616	Simple Nephrectomy	Tertiary	25000
617	Lap. Nephrectomy Simple	Tertiary	32000

618	Lap. Nephrectomy Radical	Tertiary	32000
619	Lap. Partial Nephrectomy	Tertiary	32000
620	RETROGRADE INTRARENAL SURGERY WITH LASER LITHOTRIPSY	Tertiary	50000
621	SURGERY FOR URETHRORECTAL FISTULA	Tertiary	25000
622	OPEN SURGERY FOR COLOVESICAL FISTULA	Tertiary	30000
623	OPEN NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION	Tertiary	35000
624	LAPAROSCOPIC NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION	Tertiary	45000
625	OPEN URETEROCALICOSTOMY	Tertiary	30000
626	LAPAROSCOPIC URETEROCALICOSTOMY	Tertiary	40000
627	LAPROSCOPIC HEMINEPHRECTOMY FOR FUSION ANOMALY	Tertiary	35000
628	OPEN URETERAL REIMPLANTATION-Unilateral	Tertiary	30000
629	LAPAROSCOPIC URETERAL REIMPLANTATION	Tertiary	40000
630	URETEROLYSIS FOR RETROPERITONEAL FIBROSIS	Tertiary	30000
631	OPEN AUGMENTATION CYSTOPLASTY	Tertiary	50000
632	OPEN BLADDER DIVERTICULECTOMY WITH URETERIC REIMPLANTATION	Tertiary	30000
633	OPEN ORCHIECTOMY (SIMPLE / RADICAL)	Tertiary	15000
634	OPEN ILEAL REPLACEMENT FOR URETERIC STRICTURE	Tertiary	50000
635	OPEN BOARI FLAP	Tertiary	35000
636	OPEN URETEROLYSIS	Tertiary	30000
637	OPEN COLOVAGINAL FISTULA REPAIR	Tertiary	30000
638	Adrenalectomy	Tertiary	35000
639	Lap. Pyeloplasty	Tertiary	35000
640	Radical Prostatectomy-Lap	Tertiary	86000
641	Radical Cystectomy with neo Bladder	Tertiary	150000
642	Radical Prostatectomy	Tertiary	48000
643	Radical Cystectomy with Ileal conduit/Ureterosigmoidostomy	Tertiary	100000
644	PCNL (Percutaneous - nephro lithotomy) - Unilateral Complex/Redo/Staghorn	Tertiary	24000
645	VVF Repair/URETHROVAGINAL FISTULA REPAIR/Female Urethral Diverticulectomy	Tertiary	30000
646	OPEN URETERAL REIMPLANTATION-Bilateral/Ureteral tailoring/redo	Tertiary	35000
647	Hypospadias-Redo/Proximal/Complex/Epispadias	Tertiary	30000
648	Partial Nephrectomy	Tertiary	30000
649	TVT/TOT (Stress Urinary incontinence)	Tertiary	25600

650	AV Fistula-Brachiocephalic	Tertiary	25000
651	ESWL (Extra carporial shock-wave lithotripsy) for more than1 cm stone (upto 2 sittings)	Tertiary	25000
652	Perineal Urethrostomy	Tertiary	25000
653	cutaneous Vesicostomy/Ureterostomy	Tertiary	20000
654	Total Penectomy	Tertiary	25000
655	Repair of Fracture penis/Priaprism	Tertiary	25000
656	Drainage of Perinepheric - Abscess Exploration and Drainage	Tertiary	20000
657	Vaso Vasostomy/Vaso Epididymal Anastomosis	Tertiary	20000
658	Partial Penectomy	Tertiary	16000
659	Bilateral PCN	Tertiary	15000
660	Hypospadias-Fistula Closure	Tertiary	12000
661	DJ Stent (both side)	Tertiary	10000
662	BNI/TUIP	Tertiary	15000
663	PCCL (Bladder stone)	Tertiary	15000
1. Hospitalization period of patient will be as per procedure/package.			

ANNNEXURE-6

PART-1

Details of Technical Eligibility

(Refer to Clauses 2.2.1, 2.2.2)

Scheme Code:

Item (1)	**Particulars of the Scheme** (2)
Title & nature of the scheme	
Number of individual/ families covered under the scheme	
Entity for which the scheme was executed (Project Authority/State Govt.)	
Location	
Date of commencement of scheme/ contract	
Date of completion	

Certificate from the Statutory Auditor / IRDA regarding Eligible Schemes

Based on its books of accounts and other published information authenticated by it, this is to certify that ..... *(name of the Applicant)* has covered ..... individuals / families as on March 31 ..... (Year) under the scheme.....

Name of the audit firm:

Seal of the audit firm:

Date:

(Signature, name and designation of the authorised signatory)

PART-2

Financial Capacity of the Applicant

(Refer to Clauses 2.2.1, 2.2.2)

(In Rs. crore[$])

Applicant name	Net Worth – Year

Name & address of Applicant's Bankers:

Instructions:

1. **Applicant shall attach copies of the balance sheets, financial statements and Annual Reports for 3 (three) years preceding the Application Due Date. The financial statements shall:**

   (a) reflect the financial situation of the Applicant its Associates where the Applicant is relying on its Associate's financials;

   (b) be audited by a statutory auditor;

   (c) be complete, including all notes to the financial statements; and

   (d) correspond to accounting periods already completed and audited (no statements for partial periods shall be requested or accepted).

3. **Net Worth shall mean (Subscribed and Paid-up Equity + Reserves) less (Revaluation reserves + miscellaneous expenditure not written off + reserves not available for distribution to equity shareholders).**

4. **Year 1 will be the latest completed financial year, preceding the bidding.**

6. **The Applicant shall provide an Auditor's Certificate specifying the Net Worth of the Applicant.**

Annexure A : Compliance with the Code of Integrity and No Conflict of Interest

Any person participating in a procurement process shall -

(a) not offer any bribe, reward or gift or any material benefit either directly or indirectly in exchange for an unfair advantage in procurement process or to otherwise influence the procurement process;

(b) not misrepresent or omit that misleads or attempts to mislead so as to obtain a financial or other benefit or avoid an obligation;

(c) not indulge in any collusion, Bid rigging or anti-competitive behavior to impair the transparency, fairness and progress of the procurement process;

(d) not misuse any information shared between the procuring Entity and the Bidders with an intent to gain unfair advantage in the procurement process;

(e) not indulge in any coercion including impairing or harming or threatening to do the same, directly or indirectly, to any party or to its property to influence the procurement process;

(f) not obstruct any investigation or audit of a procurement process;

(g) disclose conflict of interest, if any; and

(h) disclose any previous transgressions with any Entity in India or any other country during the last three years or any debarment by any other procuring entity.

Conflict of Interest:-

The Bidder participating in a bidding process must not have a Conflict of Interest.

A Conflict of Interest is considered to be a situation in which a party has interests that could improperly influence that party's performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations.

i. A Bidder may be considered to be in Conflict of Interest with one or more parties in a bidding process if, including but not limited to:

a. have controlling partners/ shareholders in common; or

b. receive or have received any direct or indirect subsidy from any of them; or

c. have the same legal representative for purposes of the Bid; or

d. have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid of another Bidder, or influence the decisions of the Procuring Entity regarding the bidding process; or

e. the Bidder participates in more than one Bid in a bidding process. Participation by a Bidder in more than one Bid will result in the disqualification of all Bids in which the Bidder is involved. However, this does not limit the inclusion of the same subcontractor, not otherwise participating as a Bidder, in more than one Bid; or

f. the Bidder or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the Goods, Works or Services that are the subject of the Bid; or

g. Bidder or any of its affiliates has been hired (or is proposed to be hired) by the Procuring Entity as engineer-in-charge/ consultant for the contract.

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Annexure B : Declaration by the Bidder regarding Qualifications

Declaration by the Bidder

In relation to my/our Bid submitted to ..... for procurement of ..... in response to their Notice Inviting Bids No..... Dated..... I/we hereby declare under Section 7 of Rajasthan Transparency in Public Procurement Act, 2012, that:

1. I/we possess the necessary professional, technical, financial and managerial resources and competence required by the Bidding Document issued by the Procuring Entity;
2. I/we have fulfilled my/our obligation to pay such of the taxes payable to the Union and the State Government or any local authority as specified in the Bidding Document;
3. I/we are not insolvent, in receivership, bankrupt or being wound up, not have my/our affairs administered by a court or a judicial officer, not have my/our business activities suspended and not the subject of legal proceedings for any of the foregoing reasons;
4. I/we do not have, and our directors and officers not have, been convicted of any criminal offence related to my/our professional conduct or the making of false statements or misrepresentations as to my/our qualifications to enter into a procurement contract within a period of three years preceding the commencement of this procurement process, or not have been otherwise disqualified pursuant to debarment proceedings;
5. I/we do not have a conflict of interest as specified in the Act, Rules and the Bidding Document, which materially affects fair competition;

Date:
Place:

Signature of bidder
Name :
Designation:
Address:

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Annexure C : Grievance Redressal during Procurement Process

The designation and address of the First Appellate Authority is [redacted] CEO, RSHMA Gok.

The designation and address of the Second Appellate Authority is PRINCIPLE SECRETARY, MEDICAL & HEALTH

(1) Filing an appeal

If any Bidder or prospective bidder is aggrieved that any decision, action or omission of the Procuring Entity is in contravention to the provisions of the Act or the Rules or the Guidelines issued thereunder, he may file an appeal to First Appellate Authority, as specified in the Bidding Document within a period of ten days from the date of such decision or action, omission, as the case may be, clearly giving the specific ground or grounds on which he feels aggrieved:

Provided that after the declaration of a Bidder as successful the appeal may be filed only by a Bidder who has participated in procurement proceedings:

Provided further that in case a Procuring Entity evaluates the Technical Bids before the opening of the Financial Bids, an appeal related to the matter of Financial Bids may be filed only by a Bidder whose Technical Bid is found to be acceptable.

(2) The officer to whom an appeal is filed under para (1) shall deal with the appeal as expeditiously as possible and shall endeavour to dispose it of within thirty days from the date of the appeal.

(3) If the officer designated under para (1) fails to dispose of the appeal filed within the period specified in para (2), or if the Bidder or prospective bidder or the Procuring Entity is aggrieved by the order passed by the First Appellate Authority, the Bidder or prospective bidder or the Procuring Entity, as the case may be, may file a second appeal to Second Appellate Authority specified in the Bidding Document in this behalf within fifteen days from the expiry of the period specified in para (2) or of the date of receipt of the order passed by the First Appellate Authority, as the case may be.

(4) Appeal not to lie in certain cases

No appeal shall lie against any decision of the Procuring Entity relating to the following matters, namely:-

(a) determination of need of procurement;
(b) provisions limiting participation of Bidders in the Bid process;
(c) the decision of whether or not to enter into negotiations;
(d) cancellation of a procurement process;
(e) applicability of the provisions of confidentiality.

(5) Form of Appeal

(a) An appeal under para (1) or (3) above shall be in the annexed Form along with as many copies as there are respondents in the appeal.
(b) Every appeal shall be accompanied by an order appealed against, if any, affidavit verifying the facts stated in the appeal and proof of payment of fee.

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(c) Every appeal may be presented to First Appellate Authority or Second Appellate Authority, as the case may be, in person or through registered post or authorised representative.

(6) Fee for filing appeal

(a) Fee for first appeal shall be rupees two thousand five hundred and for second appeal shall be rupees ten thousand, which shall be non-refundable.

(b) The fee shall be paid in the form of bank demand draft or banker's cheque of a Scheduled Bank in India payable in the name of Appellate Authority concerned.

(7) Procedure for disposal of appeal

(a) The First Appellate Authority or Second Appellate Authority, as the case may be, upon filing of appeal, shall issue notice accompanied by copy of appeal, affidavit and documents, if any, to the respondents and fix date of hearing.

(b) On the date fixed for hearing, the First Appellate Authority or Second Appellate Authority, as the case may be, shall,-

(i) hear all the parties to appeal present before him; and

(ii) peruse or inspect documents, relevant records or copies thereof relating to the matter.

(c) After hearing the parties, perusal or inspection of documents and relevant records or copies thereof relating to the matter, the Appellate Authority concerned shall pass an order in writing and provide the copy of order to the parties to appeal free of cost.

(d) The order passed under sub-clause (c) above shall also be placed on the State Public Procurement Portal.

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FORM No. 1
[See rule 83]

Memorandum of Appeal under the Rajasthan Transparency in Public Procurement Act, 2012

Appeal No .....of .....
Before the ..... (First / Second Appellate Authority)

1. Particulars of appellant:
   (i) Name of the appellant:

   (ii) Official address, if any:

   (iii) Residential address:

2. Name and address of the respondent(s):
   (i)
   (ii)
   (iii)
3. Number and date of the order appealed against and name and designation of the officer / authority who passed the order (enclose copy), or a statement of a decision, action or omission of the Procuring Entity in contravention to the provisions of the Act by which the appellant is aggrieved:
4. If the Appellant proposes to be represented by a representative, the name and postal address of the representative:
5. Number of affidavits and documents enclosed with the appeal:
6. Grounds of appeal:
   .....
   .....
   ..... (Supported by an affidavit)
7. Prayer:
   .....
   .....
   .....

Place .....
Date .....
Appellant's Signature

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Annexure D : Additional Conditions of Contract

1. Correction of arithmetical errors

Provided that a Financial Bid is substantially responsive, the Procuring Entity will correct arithmetical errors during evaluation of Financial Bids on the following basis:

i. if there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected, unless in the opinion of the Procuring Entity there is an obvious misplacement of the decimal point in the unit price, in which case the total price as quoted shall govern and the unit price shall be corrected;
ii. if there is an error in a total corresponding to the addition or subtraction of subtotals, the subtotals shall prevail and the total shall be corrected; and
iii. if there is a discrepancy between words and figures, the amount in words shall prevail, unless the amount expressed in words is related to an arithmetic error, in which case the amount in figures shall prevail subject to (i) and (ii) above.

If the Bidder that submitted the lowest evaluated Bid does not accept the correction of errors, its Bid shall be disqualified and its Bid Securing Declaration shall be executed.

2. Procuring Entity's Right to Vary Quantities

(i) At the time of award of contract, the quantity of Goods, works or services originally specified in the Bidding Document may be increased or decreased by a specified percentage, but such increase or decrease shall not exceed twenty percent, of the quantity specified in the Bidding Document. It shall be without any change in the unit prices or other terms and conditions of the Bid and the conditions of contract.

(ii) If the Procuring Entity does not procure any subject matter of procurement or procures less than the quantity specified in the Bidding Document due to change in circumstances, the Bidder shall not be entitled for any claim or compensation except otherwise provided in the Conditions of Contract.

(iii) In case of procurement of Goods or services, additional quantity may be procured by placing a repeat order on the rates and conditions of the original order. However, the additional quantity shall not be more than 25% of the value of Goods of the original contract and shall be within one month from the date of expiry of last supply. If the Supplier fails to do so, the Procuring Entity shall be free to arrange for the balance supply by limited Bidding or otherwise and the extra cost incurred shall be recovered from the Supplier.

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3. **Dividing quantities among more than one Bidder at the time of award (In case of procurement of Goods)**

As a general rule all the quantities of the subject matter of procurement shall be procured from the Bidder, whose Bid is accepted. However, when it is considered that the quantity of the subject matter of procurement to be procured is very large and it may not be in the capacity of the Bidder, whose Bid is accepted, to deliver the entire quantity or when it is considered that the subject matter of procurement to be procured is of critical and vital nature, in such cases, the quantity may be divided between the Bidder, whose Bid is accepted and the second lowest Bidder or even more Bidders in that order, in a fair, transparent and equitable manner at the rates of the Bidder, whose Bid is accepted.

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Annexure E: Declaration as per rule 42 (3) of RTPP Rules 2013

7. Bid Securing Declaration

Form of Bid-Securing Declaration

Date: ***[insert date (as day, month and year)]***
Notice Inviting Bids No.: ***[insert number of bidding process]***

To: ***[insert complete name of Procuring Entity]***

We, the undersigned, declare that:

We understand that, according to your conditions, bids must be supported by a Bid-Securing Declaration.

We accept that we will automatically be suspended from being eligible for bidding in any contract with the Procuring Entity for the period of time of *[Procuring Entity to indicate here the period of time for which the Procuring Entity will declare a Bidder ineligible to be awarded a Contract if the Bid Securing Declaration is to be executed.]* starting on the date that we receive a notification from the ***Procuring Entity*** that our Bid Securing Declaration is executed, if we are in breach of our obligation(s) under the bid conditions, because we:

(a) have withdrawn our Bid during the period of bid validity specified in the Form of Bid; or
(b) having been notified of the acceptance of its Bid by the *Procuring Entity* during the period of bid validity,
    (i) fail or refuse to execute the Contract Form, if required,
    (ii) fail or refuses to furnish the performance security, in accordance with the Instructions to Bidders (hereinafter "the ITB"),
(c) have not accepted the correction of errors in accordance with the ITB, or
(d) have breached a provision of the Code of Integrity specified in ITB;

We understand this Bid-Securing Declaration shall expire if we are not the successful Bidder, upon the earlier of (i) our receipt of your notification to us of the name of the successful Bidder; or (ii) thirty days after the expiration of our Bid.

Signed:_____***[insert signature of person whose name and capacity are shown]***

In the capacity of:_____
[insert legal capacity of person signing the Bid-Securing Declaration]

Name: ___
[insert complete name of person signing the Bid-Securing Declaration]

Duly authorized to sign the bid for and on behalf of:
_____***[insert complete name of Bidder]***

Dated on _____day of _____, _____***[insert date of signing]***

Corporate Seal_____