

North Western Railway

INVITING APPLICATIONS FOR EMPANELMENT OF HOSPITALS IN SIRSA CITY OF BIKANER DIVISION, NORTH WESTERN RAILWAY

North Western Railway invites the offers from private hospitals empanelled with the Central Government Health Scheme (CGHS) on CGHS approved rates for recognizing them for treatment of Health beneficiaries of N. W. Rly. Located in the jurisdictions of Sirsa City of Bikaner division. The private hospital has to enter into MOU with Chief Medical Superintendent, North Western Railway, Lalgarh, Bikaner 334004 to provide cashless medical services for treatment of the N. W. Railway Health beneficiaries, including Retired Employees Liberalized Health Scheme (RELHS) beneficiaries.

The conditions for cashless service are as under:-

- (1) The Railway patient will produce a referral slip issued by Northern Western Railway authorized medical authorities.
- (2) The authenticity of patient will be verified as per photograph fixed on the referral slip and valid medical card/RELHS Card issued by the Railway.
- (3) After the treatment is over, the bills will be raised to the Railway Medical Authorities with whom the MOU has been signed.
- (4) The rates will be charges as per CGHS approved rates or lower for that area/nearby areas, and as per agreement for the items not listed under CGHS rate list.

Offers should be addressed to the Chief Medical Superintendent, North Western Railway, Lalgarh, Bikaner 334004. Offer should include proposal, their offered rates (CGHS/NABH/Non-NABH, hospital rates), letter of willingness, facilities available with technical aspect as per policy (i.e. number of beds/facilities/specialties/services offered/medical set up etc. at the proposed hospital) and duly filled form should reach the office of Chief Medical Superintendent, North Western Railway, Lalgarh, Bikaner 334004 as mentioned above, latest by

Procedure for recognition will be as per existing latest guidelines of Rly. Board (No. 2016/H-1/11/58/Policy dated 25.04.2018) which will supersede all previous guidelines issued from time to time. North Western Railway reserves the right to accept or reject the offers received. In case of any query, the same can be verified from Chief Medical Superintendent, North Western Railway, Lalgarh, Bikaner 334004 on any working day between 10.00 AM to 05.00 PM (Monday to Friday). The detailed terms and conditions and Application Form are published on the website of North Western Railway i. e. www.nwr.indianrailways.gov.in

North Western Railway

APPLICATION FOR EMPANELMENT OF HOSPITALS

1. NAME OF THE HOSPITAL & ADDRESS :

2. HOSPITAL ADMINISTRATION :

3. TELEPHONE/FAX/Email :

4. EMPANELMENT APPLIED FOR

(a) Multi-specialty Hospital

(i) Experience

(b) Single specialty Hospital :

(i) Specialty :

5. TOTAL NO. OF BEDS :

CATEGORY-WISE NUMBER OF BEDS AVAILABE:

(i) Casualty/Emergency Ward :

(ii) ICCU/ICU/NICU :

(iii) General :

(iv) Super Deluxe :

6. Staff Pattern:

(a) Doctors with Qualification: D. M. Cardiology

(i) Full Time Specialist :

(ii) Visiting :

(iii) MO with Qualification :

(b) Nursing Staff Nos. with 2 + 1

Qualification: G.N.M 6

(c) Para Medical Staff Nos. 01 (Category wise)

7. Laboratory facility available (In-house)

(a) Pathology :

(b) Microbiology :

(c) Biochemistry :

8. Imaging Facility :

(a) X-Ray :

(b) Sonography :

(c) CT Scan :

(d) MRI :

(e) Portable X-Ray Unit :

9. Supportive Service

(a) Boilers/Steriliser :

(b) Ambulance :

(c) Canteen :

(d) Waste Disposal System

as per prescribed rules :

(e) Blood Banks :

(f) Pharmacy (In-house) :

(g) Physiotherapy :

(h) No. Of Operation Theatres :

10. Cardiological Facilities

NON-INVASIVE

2D-ECHO :

TMT :

HOLTER :

INVASIVE

Cath Lab :

Cardiac Surgery OT :

Other (Specify) :

11. Hemodialysis/Urology/Urosurgery/Nephrology/Renal Transplant:

(a) Whether the Hospital Has

inhouse Urologist :

(b) Renal Transplantation Surgeon :

(c) Certificate for renal Transplant from

Competent authority :

(d) Haemodialysis Unit :

(e) Trained Paramedical Staff :

(f) Nephrologists :

12. TURP/LITHOTRIPSY :

13. ENDOSCOPIC/LAPROSCOPIC SURGERY

(a) Endoscopy :

(b) Laparoscopy Surgery :

Back Up Open Surgery :

14. Orthopaedics

(a) Whether the Hospital has

Modular operation theatre

For Orthopedic procedures :

(b) Whether having required

Instrumentation for both

Hip and Knee Joint replacement :

(c) Facilities for Arthroscopy :

(d) Facilities for Arthroscopic Surgeries :

(e) C Arm facility :

(f) Physiotherapy Unit :

(g) X-Ray Unit :

15. E. N. T

Essential Information

(a) Whether it has required :

Instrumentation for ENT

Surgery and diagnostic Procedures

(b) Facilities for Nasal Endoscopy :

(c) Facilities for reconstruction Surgery :

16. OBSTETRICS & GYNAECOLOGY

Essential Information

(a) Whether the Hospital has :

Modular operation theatres

for Obstetric & Gynecological

procedures

(b) Whether having required :

Facilities for Laparoscopy :

- (d) Facilities for Laparoscopic Surgeries :
- (e) C Arm facility :
- (f) Physiotherapy Unit :
- (g) X-Ray Unit :

17. Neurology/Neuro Surgery:

- (a) Barrier nursing for Isolation patients :
- (b) Facility for Gama knife Surgery :
- (c) Facility for Trans-Sphenoidal endoscopic Surgery. :
- (d) Facility for Stereotactic Surgery :
- (e) Facility of ICU :
- (f) Facility of EEG :
- (g) Facility for (EPS) :

Electrophysiology study

18. Gastroenterology/G.I.Surgery:

- (a) Required instrumentation for G.E./G.I. :
- (b) Facility for Endoscopy- Specify details :

19. Ophthalmogy:

- (a) IOL with Phaco-Surgery Facility :
- (b) Well equipped OT :
- (c) Laser Facility :

CANCER HOSPITAL

Infrastructure & Tech. Details:-

- (a) Names of Oncologist (with qualification) :

(b) Onco Surgery :

(c) Whether it has required instrumentation

For Oncology Surgery :

(d) Facilities for chemotherapy :

(e) Facilities for Radio Therapy :

(f) Radio Therapy Facilities & :

Manpower shall be as per guidelines of BARC

(g) In house Pathology/ Haematology :

20. Paediatrics:

(a) NICU/PICU :

(b) Paediatric Monitor :

(c) Paediatric Ventilator :

(d) 24 hours Back-up of :

(e) Paediatrician/Neonatologist :

22. Agreed all terms & conditions specified on website:

Other Information:

1. Incore Tax returns for last three financial years; ptt-auld
2. Service tax number/Certificate & PAN Number:
3. Detail of Registration
4. Details of the organizations who have empaneled with four hospitals. Please enclose copy of agreement with full particulars:
5. Whether Doctors are available during night time to attend any emergency or to undertake operation?
6. Copy of document required is to be enclosed.
7. If required separate sheet may be used to give details of the hospitals.

Conditional offers will not be entertained from the applicant.

** Only applicable columns are to be filled by different applicant.

*** Enclose the attested copy of relevant documents.

UNDERTAKING

I hereby certify that all the information furnished above are true to my knowledge. I have no objection to North Western Railway for verifying any or all the information furnished in this document with concerned authority, if necessary.

Date:

Place:

Signature of the authorized signatory

Of the Organization
Office Seal/Stamp

