

WESTERN RAILWAY

Chief Medical Supdt,s Office
Western Railway, Ratlam

File No. MD/173/INV./IND

Date: - 24.02.2023

Willingness Notice

Chief Medical Superintendent, Western Railway Ratlam has invited sealed willingness for the under mentioned work, so as to reach the office of Chief Medical officer, Health unit, Indore (W.R.).

1.	Name of work.	Proposed works for Pathological/Microbiological/ x-Ray and Sonography investigations on contract basis from private center/Hospital on monthly Payment basis for patient of Health unit, Indore (W.R.)
2.	Rate of payment.	CGHS Bhopal rates; in case CGHS rate for a particular investigation is not available then AIIMS rate shall be applicable.
3.	Address of the office from where the form (willingness-Letter) can be collected.	Chief Medical Supdt,s Office, Divisional Railway Hospital, Ratlam (W.R.) (During the office time 10.00 Hrs. to 05.00 Hrs.)
4.	Completion Period of work	Two year from the date of commencement of work.
5.	Date for submission of letter of willingness and rates.	Willingness and rates will be submitted up to 13.00 Hrs. noon of 17.03.2023 and sealed letter of willingness and rates will be opened on 15.30 Hrs.
6.	Web site particulars location where complete details of work can be seen etc.	Web site http: www.wr.indianrailway.gov.in/ The detail of CGHS Rates is also available on web site http://msotransparent.nic./cghsnew/index.asp .

Note: - Center/Lab must be situated at “INDORE” only.

CMS/RTM

WESTERN RAILWAY

Chief Medical Supdt,s Office,
Divisional Railway Hospital, Ratlam

Terms & Conditions

1. Work will be awarded for Two year revision of rate will not be permitted. Contract will start for TWO year the day MOU is signed.
2. Work can be extended up to 25% (6 months) if need arises.
3. If required report is to be made available on Phone/Fax.
4. No extra charges will be applicable except rate quoted.
5. If because Technical failure report is faulty than repeat investigation will be done by you but no extra payment for this shall be charged.
6. No extra charges will be payable in emergency.
7. Your lab should have trained & qualified staff.
8. In case of delay in payment of bills you cannot stop your service.
9. At the end of every month you have to produce bill along with Performa invoice to DMO- INDB up to 5th of following month.
10. For termination of contract you have to give one month notice with reason. In case if you are unable to give reasonable reason and abruptly stops investigation facility your last payment or maximum one month payment will be not paid.
11. Report of investigation will be given along with Performa invoice.

(File No. MD/173/INV/IND Date: -24.02.2023)

Seal & Signature of Director

Chief Medical Superintendent

Name:

Western Railway, Ratlam.

Address:

Mobile No.:

Date:

WESTERN RAILWAYChief Medical Supdt,s Office,
Divisional Railway Hospital, Ratlam**WILLINGNESS FORM FOR INVESTIGATIONS AT HEALTH UNIT LEVEL**

File No. MD/173/INV/INDB

Date: 24.02.2023

To,

Chief Medical Superintendent -Ratlam,

I undersigned 2023 to 2025 is willing to perform

Pathological/microbiology/ x-ray/ USG investigations at following rates. I give my willingness for increase or decrease the period by 25% (6 Months). I am aware that contract can be given to other center as per need.

1. Name of Private Pathological/X-Ray Laboratory:.....
2. Name of Pathologist/Radiologist: -.....
3. Educational & Technical qualification: -.....
4. Experience in the field of Pathological of Radiological investigation: -.....

Sr.No	CGHS Code	Type of Investigation	Rate in Figure	Remarks ("YES" or "NO")
1.	1383	Routine Urine Examination	33.00	
2.	1385	Routine Stool Examination	32.00	
3.	1389	Blood for Hb.	16.00	
4.	1390	TLC	28.00	
5.	1391	DLC	28.00	
6.	1392	ESR	25.00	
7.	1400	Smear for Malaria Parasite	37.00	
8.	1407	Rapid Test for Malaria (Card Test)	40.00	
9.	1465	Glucose (Fasting & PP)	42.00	
10.	1446	Blood Urea	49.00	
11.	1447	Serum Creatinine	50.00	
12.	1469	Total Protein Alb /Glo Ratio	50.00	
13.	1456	Serum Bilurubin	72.00	
14.	1494	Alkaline Phosphates	54.00	
15.	1475	SGPT	50.00	
16.	1476	SGOT	50.00	
17.	*	Total cholesterol	56.00	
18.	**	Widal test	60.00	
19.	1514	Lipid profile	182.00	
20.	1608	X-RAY CHEST	60.00	
21.	1611	X-RAY limbs	230.00	
22.	1615	X-RAY head	250.00	
23.	1614	X-RAY Abdomen	128.00	
24.	1616	Plain X-ray of spine	250.00	
25.	1591	USG examination	291.00	

Note: 1. Special Investigation By X-Ray like IVP, BA Meal study etc are not permitted at HU level.2. You are required to give **willingness** form Sr.No.1 to 25 in remarks column in "**YES**" or "**NO**" option.

* Rate to be quoted by the firm.

** AIIMS New Delhi Rates.

Name of Pathologist-

Seal signature of pathologist

CMS-RTM