

SECTION -I
PRESCRIBED FORMAT APPLICATION
FOR
EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP WITH
PRIVATE MULTISPECIALITY HOSPITALS

INTEREST DOCUMENT FOR THE PATIENTS OF WESTERN RAILWAY

1. NAME OF THE HOSPITAL, CENTERS/ORGANIZATION/ADDRESS/TELEPHONE NUMBER/E-MAIL ID

2. EXPERIENCE OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT SECTOR, ATTACH DETAILS

3. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (i.e. As per Annexure-A)

4. FOR THOSE SERVICES/INVESTIGATIONS/TREATMENT MODALITIES, WHICH ARE NOT LISTED IN THE CGHS RATE, OUR HOSPITAL WILL PROVIDE THE SERVICES ON HOSPITAL RATES ___% DISCOUNT, LIST OF WHICH ARE ENCLOSED.

5. WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT

6. OUR HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL PATIENTS.

7. WE HEREBY ENCLOSE A LIST OF THE FACILITIES WHICH ARE AVAILABLE WITH OUR HOSPITAL AS PER ANNEXURE _____

8. WE ENCLOSE THE HUMAN RESOURCES/SPECIALIZATIONS WHICH ARE AVAILABLE. THE INFRASTRUCTURAL FACILITIES OF OUR HOSPITAL IS ENCLOSED AS PER ANNEXURE- _____

9. WE ENCLOSE COMPLETE TARIFF CHART OF OUR HOSPITAL COMPARING WITH CGHS RATE AS PER ANNEXURE- _____

10. OUR HOSPITAL HAS BEEN RECOGNIZED FOR TREATMENT OF THE FOLLOWING GOVERNMENT ORGANIZATIONS/ SEMI-GOVERNMENT ORGANIZATION/ PRIVATE ORGANIZATION AS PER ANNEXURE- _____

11. WE HOPE OUR ORGANIZATION WILL BE CONSIDERED FOR TIE UP WITH CENTRAL HOSPITAL, HUBLI, DIVISIONAL RAILWAY HOSPITALS, BANGALORE & MYSURU FOR PROVIDING SERVICES TO THE RAILWAY BENEFICIARIES.

12. WE AGREE TO A PERFORMANCE BANK GUARANTEE OF ₹.2 Lakhs (Rupees Two Lakhs) in case of Multi-Specialty Hospitals & ₹ 50,000/- (Rupees Fifty thousand) in case of Single Specialty Hospitals, VALID FOR A PERIOD OF 30 MONTHS i.e. SIX MONTHS BEYOND EMPANALMENT PERIOD AND ENSURE EFFICIENT SERVICE.

13. WE AGREE TO ALL THE CONDITIONS MENTIONED IN THE DRAFT MOU at Annexure "B" and ADDITIONAL CONDITIONS at Annexure "C",

All documents are to be signed and stamped by Authorized Signatory on all pages.

पश्चिम रेलवे
WESTERN RAILWAY

Signature _____

Authorized Signatory _____

Address _____

Phone no. _____

E-mail ID. _____

SEAL STAMP _____