



ಕಾರ್ಮಿಕರ ಭವಿಷ್ಯನಿಧಿ ಸಂಘಟನೆ
ಕರ್ಮಚಾರಿ ಭವಿಷ್ಯ ನಿಧಿ ಸಂಘಟನೆ
EMPLOYEES' PROVIDENT FUND ORGANISATION
ಶ್ರಮ एवं रोजगार मंत्रालय, भारत सरकार
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ, ಭಾರತ ಸರ್ಕಾರ
(Ministry of Labour and Employment, Government of India)
ಪ್ರಾದೇಶಿಕ ಕಾರ್ಯಾಲಯ, / ಸಂಯೋಜಕಾಲಯ / Regional Office-Hubli
ಭವಿಷ್ಯನಿಧಿ ಭವನ, ನ್ಯೂ ಬ್ಲಾಕ್ ನಂ 10, ಆದಾಯ ತೆರಿಗೆ ಕಛೇರಿ ಹಿಂಭಾಗ, ನವನಗರ, ಹುಬ್ಬಳ್ಳಿ-580 025



Bhavishya Nidhi Bhavan, New Block No. 10, Behind Income Tax Office, Navanagar, Hubballi-580 025
ಫೋನ್/TELE: 2354806, 2350709 ಫ್ಯಾಕ್ಸ್/FAX: 2220762 ಇ-ಮೇಲ್/E-mail: ro.hubli@epfindia.gov.in

ಸಂNo. ಕನಿ KN/RO/ಹುಬ್ಬಳ್ಳಿHBL/ADM/2024-25/

ದಿನಾಂಕ Date: 13.02.2025

Calling for tenders from Hospitals and Diagnostic centers for empanelment with EPFO for Hospitals situated in Hubballi-Dharwad, Belagavi, and Uttara Kannada (Karwar) for treatment of EPFO Employees (including retired) and their families in Karnataka.

EPFO, RO, Hubballi intends to enter into MoU with Central/State Government private hospitals and diagnostic centers (duly accredited with NABH/NABL) situated in Hubballi-Dharwad, Belagavi and Uttara Kannada(Karwar) for extending cashless medical facility for the treatment of its employees (including retired) and their families.

Interested Hospitals/Diagnostic Centers agreeing to provide services at CGHS notified rates/terms and conditions may send their sealed tenders super scribing "Tender for Empanelment of Hospitals" to the Regional PF Commissioner-I, Employees Provident Fund Organisation, Bhavishya Nidhi Bhavan, New Block No.10, Behind Income Tax Office, Navanagar, Hubballi to reach on or before 24.02.2025.

For application format and tender details / instructions log on to the Website www.epfindia.gov.in, under the Head 'Miscellaneous' Click 'Tender/Auctions'. The same can be obtained from Regional Office, Hubballi by personal visit or through email ro.hubli@epfindia.gov.in.

Sealed tenders will be opened in afore mentioned Office address on 28.02.2025 at 4:00 PM. The applicant or their authorized agent can be present at the time of opening the sealed tender.

The decision of the Competent Authority will be final and the Organisation reserves the right to accept or reject any of the tenders without assigning any reason thereof.

Regional PF Commissioner-I,
Regional Office, Hubballi.

AGREEMENT

BETWEEN

Regional Provident Fund Commissioner, Hubballi

AND

HOSPITAL

This agreement is made on _____(Date)_____ by and between Regional P.F.Commissioner representing the Central Board of Trustees (CBT), Employees' Provident Fund Organisation (EPFO) having its Office, at Regional Office, Hubballi (herein after referred to as RPFC) which expression shall unless repugnant to the context or meaning thereof, be deemed to mean and include its successor and assigns) of the First Part.

AND

[Name of the Hospital] _____
registered office _____
_____ through Shri/Smt. _____

_____ (designation), authorized Officer, Hubballi (herein after called the empanelled Hospital) having its office at _____ Hubballi and assigns on the Second Part.

WHEREAS the RPFC Hubballi is providing medical facilities to its pensioners and their dependant family members under the provision of CSMA Rules, 1944 (herein after called Beneficiaries).

WHEREAS the RPFC Hubballi proposes to provide medical facility by empanelled CGHS hospital to the beneficiaries i.e. Pensioners drawing pension from Regional Office Hubballi and their dependant family members on cashless basis and for the said purpose the list of beneficiaries (duly updated) will be provided by the RPFC to the empanelled hospital.

AND WHEREAS, _____, Hospital has given consent for empanelment and agreed to provide the facilities under CGHS approved rates and also agreed to comply with all the conditions mentioned in EPFO, Head Office guidelines contained in Annexure-A annexed herewith.

NOW, THEREFORE, IT IS HEREBY AGREED BETWEEN THE PARTIES AS FOLLOWS:

1. Empanelled Hospital will provide all the facilities for which it is empanelled as per package rates agreed to for various procedure, investigation etc. on the CGHS rates and terms & conditions to all the pensioners drawing pension from Regional Office Hubballi and their dependent family members.

2. In case, there are no prescribed rates of CGHS for any procedure, the Hospital will charge the rates prescribed by AIIMS. If there is no AIIMS rates for such procedure the hospital will charge as per their rates after providing 20% discount.
3. Empanelled Hospital will provide all the indoor/admit cases on cashless basis to the beneficiaries at CGHS approved rates.
4. The empanelled. Hospital will provide treatment to the beneficiaries referred by the Competent Authority as defined in Para 8 below on production of valid documents only.
5. The empanelled Hospital will provide only such services for which it has been empanelled on the rates fixed by CGHS from time to time shall be binding.
6. The empanelled Hospital agrees that any liability arising due to default or negligence in providing performance of the medical service shall be borne exclusively by the Hospital and the Hospital shall alone be responsible for the defect and/or deficiencies in rendering services.
7. The empanelled Hospital agrees that during the inpatient treatment of the beneficiaries, the Hospital will not ask the beneficiary or his attendant to purchase separately the medicines/ consumables/equipment or accessories from outside and will provide the treatment within the package deal rate, fixed by the CGHS which includes the cost of all the items.
8. The empanelled Hospital will honour the permission issued by an Officer authorized by the referring authority i.e. RPFC Hubballi to the beneficiaries holding valid I-card or letter of authority by the RPFC Indoor treatment, entitlement will depend on their basic pension drawn by the beneficiary regarding rooms as per CGHS norms applicable at the time of treatment. The present entitlements as per the CGHS norms are as under:

Ward Entitlement	Corresponding Basic pay drawn by the officer in 7th CPC per month
General Ward	Upto 36500/-
Semi-Private Ward	36501/- to 50500/-
Private Ward	Above 50500/-.

The above entitlement will get modified from time to time as per the instruction issued by Government of India, Ministry of Health & Family Welfare applicable to CGHS facilities.

9. In case of any natural disaster/epidemic, the Hospital shall fully cooperate with the RPFC and will convey/reveal all the required information, apart from providing treatment.
10. The Hospital will treat the beneficiary/patient only for the condition for which they are referred with permission and in the speciality and/or purpose for which they are approved by the RPFC. In case of unforeseen emergencies of these beneficiary/patients during admission for approved purpose/procedure,

necessary life saving measures be taken by the Hospital and concerned RPFC may be informed accordingly with justification within 24 hours in writing by the Hospital. The treatment requirements and entitlements for emergency and non-emergency and non-emergency cases shall be as described in para 13 of Annexure-A.

11. In case of planned procedure duly recommended by the medical authority of Government Hospital, the beneficiary must obtain prior permission from concerned RPFC. Only on production of the permission letter of the authorized officer of the RPFC, the empanelled Hospital shall provide necessary treatment to the beneficiary, otherwise such claim would not be entertained.
12. The duration of indoor treatment for specialised and other procedures will be as per CGHS terms and conditions.
13. The Hospital will not refer the beneficiary/patient to other specialist/other Hospital except Govt. Hospital or the hospital with whom the RPFC has entered into a similar agreement.
14. Appropriate action, including removing from empanelment and/or termination of this agreement may be initiated on the basis of a complaint, medical audit or inspection carried out by team appointed by Appropriate Authority.
15. **PAYMENT SCHEDULE:**

The empanelled Hospital will submit the bill within 3 days of the discharge of patient and will allow a discount of 10% on payments that are made within 15 days from the date of submission of bill to the RPFC directly, from where the beneficiary is drawing monthly pension. The empanelled Hospital will provide the details of the referred cases in both CD as well as hardcopy along with the bills and other relevant documents to the RPFC of the office from where the beneficiary is drawing pension. The RPFC will ensure payment as early as possible.

16. **DUTIES AND RESPONSIBILITIES OF EMPANELLED HOSPITAL**

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

17. **DURATION**

The agreement shall remain in force for a period of two years from the date of agreement and can be extended for subsequent period as required subject to fulfillment of all terms and condition of this agreement and with mutual consent of the parties.

18. HOSPITALS AND OBLIGATIONS DURING AGREEMENT PERIOD

The Hospital is responsible for and obliges to conduct all contracted activities in accordance with the agreement using state of the art methods and economic principles and exercising all means available to achieve the performance in the agreement. The Hospital is obliged to act within its own authority and abide by the directives issued by the RPFC. The Hospital is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in service, if any.

19. LIQUIDATED DAMAGES

The Hospital shall provide services as per requirement specified by the RPFC and terms of the provisions of this Agreement. In case of violation of the provisions of the Agreement by the Hospital, the amount equivalent to 15% of the amount of (security deposit) in the form of bank guarantee will be charged as Liquidated Damages by the RPFC. However, the total amount of the security deposit will be maintained intact being a revolving Guarantee.

20. In case of repeated defaults by the Hospital, the total amount of (security deposit) in the form of Bank Guarantee will be forfeited and action will be taken, for removing the Hospital from the empanelment as well as termination.

21. For over-billing and unnecessary procedures, the extra amount so charged will be deducted from the bills of the Hospital and the RPFC shall have the right to issue a written warning to the Hospital not to do so in future. The recurrence, if any, will lead to the stoppage of referral to that Hospital.

22. TERMINATION OF AGREEMENT

(a) ON DEFAULT

22.1 The Appropriate Authority as provided for in Annexure-A, may without prejudice to any other remedy for breach of agreement by written notice of default sent to the Hospital, terminate the Agreement in whole or part in the event of following eventualities:-

(a) If the Hospital fails to provide any or all the services for which it has been recognized within the period (s) specified in the Agreement; or within any extension thereof if granted by pursuant to the Condition of Agreement; or

(b) If the Hospital fails to perform any other obligation (s) under the Agreement; or

(c) If the Hospital, in the judgment of the Appropriate Authority has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement.

22.2 If the Hospital is found to be involved in or associated with any unethical illegal or unlawful activities, the Agreement will be summarily suspended without any notice and thereafter may terminate the agreement after giving a show cause notice and after considering its reply, if any, received within 10 days of receipt of show cause notice.

(b) BY CONSENT

22.3 Any of the parties to the agreement if for any reason wishes to terminate the agreement, it can do so by giving a minimum three months notice to the other party.

22.4 It is further agreed that during the period notice either of the party serving he notice shall abide by the terms and conditions or continue to discharge their obligations under the agreement till the expiry of notice period.

23. INDEMNITY

23.1 The Hospital shall at all times keep indemnified against all the actions suits, claims and demands brought or made against in respect of anything done or purported to be done by the Hospital in execution of or in connection with the services under the Agreement and against any loss or damages to the RPFPC in consequence to any action or suit being brought against the RPFPC, along with (or otherwise), Hospital as a party for anything done or purported to be done in the course of execution of this Agreement. The Hospital will at all times abide by the safety measures and other statutory requirements prevalent in India and will keep free and indemnify the RPFPC from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital negligence or misconduct.

23.2 The Hospital will pay all the indemnities arising from such incidents without any extra cost and will not hold the RPFPC responsible or obligated. RPFPC may at its discretion and shall always be entirely at the cost of the Hospital defend such suit, either jointly with the Hospital or singly in case the latter chooses not to defend the case.

24. ARBITRATION

In any dispute of difference of any kind whatsoever arises (the decision whereof is not herein otherwise provided for) between the RPFPC and the Hospital upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Appropriate Authority in consultation with a technical member to be opted from ESIC/State/Central Medical Authorities who will give written award of his/her decision to the parties. The decision of the arbitrator will be final and binding. The provisions of Arbitration and Conciliation Act, 1996 shall apply to the Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be office of the Appropriate Authority as prescribed in Annexure-A.

25. REMOVAL OF DOUBTS

The definition and terminology used in this agreement viz those relating to approved package rates shall be as provided for in

the terms & condition given in Annexure-A. If any doubt arises on the definition of the terminology, the same shall be governed by the definition given in CGHS guidelines as contained in circulars issued by Government of India, Ministry of Health & Family Welfare from time to time.

26. MISCELLANEOUS

26.1 Nothing under this agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the RPFC and the Hospital.

26.2 The Hospital shall not represent or hold itself out as agent of the RPFC.

26.3 The RPFC will not be responsible in any way for any negligence or misconduct of the Hospital and its employees for any accident, injury or damage sustained or suffered by any beneficiary of any third party resulting from or by any operation conducted by and on behalf of the Hospital or in the course of doing its work or perform their duties under this Agreement or otherwise.

26.4 The Hospital shall notify the RPFC of any material change in their status and their share holdings or that any guarantor of the Hospital in particular where such change would have an impact on the performance their duties under this Agreement or otherwise.

26.5 This agreement can be modified or altered only on written agreement signed by both the parties.

26.6 Should the Hospital get wound-up or partnership is dissolved, the Appropriate Authority shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Hospitals or their heirs and representatives from the liability in respect of the service to be provide or provided by the Hospitals during the period when the agreement was in force.

26.7 The hospital shall bear all expenses incidental to the preparation and stamping of this Agreement.

26.8 A recognized CGHS private Hospital whose rates of a procedure / test facility are lower than the approved CGHS rates shall charge the RPFC beneficiaries as per such lower to rates.

27. PERFORMANCE BANK GUARANTEE

Hospital shall have to furnish a performance Bank Guarantee of `1.00 lakh

valid for a period of 02 years to ensure efficient service and to safe guard against any default. In the event of extension of the agreement for further period, the Hospital shall furnish a revised performance Bank Guarantee for extended period immediately on extension of the agreement.

28. NOTICES

28.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by Registered post or by facsimile and confirmed by original copy of the post to the other Party's address as below:

Regional P.F.Commissioner-I, Regional Office Bhavishya Nidhi Bhavan, New Block
No.10, Navanagar, Hubballi - 580025

28.2 A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with the remarks like refused , left, premises locked etc.

IN WITNESS WHEREOF the parties have caused this Agreement to be signed and executed on the day month and the year first above mentioned.

Signed By:-

RPFC, Hubballi _____

Chief Executive Officer/Head of
Administration

Witness:

Witness:

1.

1.

2.

2.

GUIDELINES FOR THE EMPANELMENT OF PRIVATE HOSPITALS AND DIAGNOSTIC CENTRES WITH THE EPFO

(Please read carefully)

PREAMBLE

EPFO desires of entering into agreement with the hospitals and diagnostic centers for availing credit facilities for the purpose of treatment to the retired employees & their families at the rate prescribed by CGHS. Interested hospitals & diagnostics centers would be empanelled provided they had the prescribed infrastructure & Staff and were willing to accept the changes fixed by CGHS. Such hospitals would be inspected for verification of infrastructure, facilities and staff and if found to be complying with the prescribed norms/requirements would be empanelled. EPFO would in this process also encourage accreditation of hospitals and diagnostic centers with professional bodies. Diagnostic labs would be required to be accredited with the NABL. Similarly, EPFO would give preference to hospitals that have BIS/ISO certification or are accredited with NABH set up by the Quality Council of India or similar accrediting/certifying professional body of repute.

CATEGORIES OF HOSPITALS/DIAGNOSTIC CENTRES

Broadly, EPFO will empanels the following categories of hospitals & Diagnostic Centres:

- i. Multi-specialty (General Purpose) Hospitals (hundred beds or more),
- ii. Diagnostic Laboratories

PROCEDURE FOR EMPANELMENT OF HOSPITALS :-

ACC of the region /zones shall invite application for empanelment through open tenders duly following the laid down procedure as mentioned below :

EARNEST MONEY DEPOSIT

The application shall be submitted with Earnest Money Deposit of Rs. 25,000/- (Twenty Five thousand) in the form of Demand Draft from any Scheduled or commercial or Nationalized Bank, payable to EPFO. The details of the draft are to be indicated in the application form at the prescribed space.

IMPORTANT

- a. *In case the application is rejected on technical grounds like documents not authenticated, serially numbered etc, the application along with Earnest Money would be refunded in due course. However, the applicant would be eligible to apply afresh.*
- b. *In case, the application after scrutiny of documents but before the inspection is rejected on grounds like lack of infrastructure as stipulated in the application, then, 20% of the Earnest Money would be deducted and the balance would be refunded in due course.*
- c. *In case, the application is rejected after inspection then 50% of the Earnest Money would be forfeited and the balance would be refunded in due course.*

SUBMISSION OF APPLICATION FORMS

- a. The Application must be submitted in duplicate along with a soft copy on a CD.
- b. Application forms should be submitted in one sealed envelope super scribed as 'Application for empanelment of hospital/diagnostic centre'.
- c. All the pages of Application and annexure (each set) shall be serially numbered.
- d. Every page of application form and annexures need to be signed by the competent person. The signatory must mention as to whether he is the sole proprietor or authorized agent. In case of partnerships, a copy of the partnership agreement duly attested by a notary should be furnished. Similarly, in case of authorization, appropriate legal document should be furnished.
- e. The application form must be accompanied with an undertaking in the format at Annexure III and a set of necessary substantiating documents as given in Annexure- IV.
- f. Applications for empanelment must be submitted only at the office of the respective offices of Additional PF Commissioner of region /Zone concerned in which the hospital/diagnostic center is located.
- g. As far as possible, all information should be given in the application. If a particular facility is not available, it should be entered as 'not available'; it should not be mentioned as 'not applicable'.
- h. The application is liable to be ignored if the information given on eligibility criteria is not complete.

SCRUTINY OF APPLICATIONS

- a. Applications shall be opened at the office of the Addl. PF Commissioner of the respective State/zone.
- b. Every Applicant or his authorized agent can be present at the time of opening of the Application forms in respect of that State/zone.
- c. The Addl. Central P.F. Commissioner of the respective State / zone. will examine the application to determine whether:
 - i. they are complete,
 - ii. whether any computational errors have been made,
 - iii. whether Earnest Money Deposit has been furnished,
 - iv. whether the documents have been properly signed, and serially numbered and
 - v. whether the application is generally in order.
- d. The application can be submitted afresh as a new application after rectification of defects and after payment of prescribed application form fee.
- e. Addl. CPFC of the region /zone shall be assisted by RC (Adm),AC (Adm), and a technical member of the appropriate level from ESIC for scrutiny of application as well as for verification of facilities/ infrastructure in the hospital before empanelment is made.

MEMORANDUM OF AGREEMENT

The hospital/diagnostic center that are selected for empanelment will have to enter into an agreement with EPFO for providing services at rates to be approved by Director CGHS from time to time.

PERFORMANCE BANK GUARANTEE

Hospitals/Diagnostic Centres that are recommended for empanelment after the inspection shall also have to furnish a performance Bank Guarantee valid for a period of five years to ensure efficient service and to safeguard against any default:

➤ Empanelled Hospitals	Rs. 1,00,000
➤ Eye Centre	Rs. 50,000
➤ Dental Clinics	Rs.50,000
➤ Empanelled Diagnostic Laboratories & Imaging Centres	Rs.50,000
➤ Earnest Money	Rs.25,000

FORFEITURE OF PERFORMANCE BANK GUARANTEE

i. In case of any violation of the provisions of the MOA by the hospitals / Diagnostic Centres such as:

- a. refusal of service,
- b. refusal of credit to eligible beneficiaries and direct charging from the EPFO beneficiaries
- c. undertaking unnecessary procedures,
- d. prescribing unnecessary drugs/tests
- e. deficient or defective service,
- f. over billing,
- g. negligence etc.
- h. reduction in staff/infrastructure/equipment etc. after the hospital/diagnostic centre has been empanelled.

the amount of security money will be forfeited and the EPFO shall have the right to de-recognize the hospitals / Diagnostic Laboratory as the case may be.

DISCOUNT

The hospital/diagnostic centre will allow a discount of 10% on payments that are made within seven days from the date of submission of the bill to EPFO.

APPROVED PACKAGE RATES

- a. The rates fixed by the Director, Central Government Health Scheme shall be binding.

The applicant has to accept the package rate for every existing procedure in the concerned specialty as approved and notified by CGHS from time to time. The rates notified by CGHS shall be available on web site of Min. of Health & Family Welfare at www.mohfw.nic.in. In case of Dental and Eye Specialties the rates for various procedures may be quoted as per format at Annexure V

- b. Package rate is defined as lump sum cost of inpatient treatment/day care for which a patient has been referred by competent authority to Hospital. This includes all charges pertaining to a particular treatment/procedure including:

- i. Registration charges,
- ii. Admission charges,
- iii. Accommodation charges,
- iv. Operation charges
- v. Injection charges,
- vi. Dressing charges,
- vii. Doctor/consultant visit charges,
- viii. ICU/CCU charges,

- ix. Monitoring charges,
- x. Transfusion charges,
- xi. Anesthesia charges,
- xii. Operation theatre charges,
- xiii. Procedural charges/surgeon's fee,
- xiv. Cost of surgical disposables and all sundries used during hospitalization,
- xv. Cost of medicines.
- xvi. Related routine and essential investigations,
- xvii. Physiotherapy charges etc.

from the time of admission to time of discharge. The above list is an illustrative one only.

c. The package rate, however, does not include expenses on:

- i. diet,
- ii. telephone,
- iii. tonics,
- iv. cosmetics, etc.

These are not part of the treatment regimen. Cost of these additional items, if provided with the prior consent of the patient, has to be settled with the patient, for which no reimbursement will be admissible.

- e. In order to remove the scope of any ambiguity on the point of package rates, it is reiterated that the rate quoted for a particular procedure must be inclusive of all sub-procedures and all related procedures to complete the treatment. As an illustration, it may be noted that, for 'knee replacement' the quoted price shall include the cost of implant, disposables like bandages, anaesthetic drugs, syringes, etc. Similarly, if a case of enlarged prostate is referred for TURP, the procedures such as urethral catheterization, cystoscopy, etc should not be billed separately as they are all part of the procedure. The patient shall not be asked to bear the cost of any such procedure/item.
- f. All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure and are part of package. For any additional procedure/investigation outside the package rates and other than the condition for which the patient was referred for would require the permission of the competent authority.
- g. The package rate is calculated on the basis of average number of days of stay for a particular procedure by patients. No additional charge on account of extended period of stay shall be allowed if that extension is due to any improper procedure or infection as the consequences of surgical procedure done.
- h. The package rates of indoor treatment are for the following duration of hospitalization

- (a) 12 days for specialized procedure
- (b) 7-8 days for other procedures
- (c) 3 days for laparoscopic surgery
- (d) 1 day for day care/minor procedures (OPD)

TREATMENT REQUIREMENTS:

a. In cases of emergency

- I. all necessary treatment must be provided to the patient on production of a valid Identity Card issued by the office.
- II. The case should immediately be notified to the EPFO Office of the city / zone.
- III. The bills should be submitted for reimbursement to the office within seven working day as per the approved ceiling rates.
- IV. The nature and appropriateness of the "emergency" is subject to verification by EPFO, which would be performed on random basis by the nominated authority.

b. In cases of non-emergency

- i. treatment on credit should be provided to
 - pensioners.

Bill should be submitted to the Office of the Additional CPFEC/RPFEC of the concerned city. A discount of 10% will be given to EPFO in case payment is made within seven days from the date of submission of the bill.

- ii Treatment / Investigation is to be carried out on the production of valid Identity card
- iii The hospitals are not required to give medicines in the OPD or at the time of discharge of the patient. Medicines so provided shall not be reimbursable.
- iv EPFO has the right to monitor the line of treatment provided in the recognized applicant hospital / Diagnostic Laboratory.

ENTITLEMENTS FOR VARIOUS TYPES OF WARDS

EPFO beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay / pension (Pre-revised). The entitlement is as follows.:-

S.No.	Corresponding Basic Pay drawn by Officer in 7 th CPC per month	Ward Entitlement
1.	Upto Rs. 36,500/-	General
2.	Rs. 36,501 to Rs.50,500	Semi-Private
3.	Above Rs.50,500	Private

- i. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
- j. Semi Private ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishings.
- k. General ward is defined as halls that accommodate four to ten patients.

Normally the treatment in higher Category of accommodation than the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available.

EXIT FROM THE PANEL

The Rates fixed by the CGHS shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled hospital/diagnostic center, or for any other reason, the hospital/diagnostic center no longer wishes to continue on the list of empanelled hospitals/diagnostic centers, it can apply for exclusion from the panel by giving three months notice and by depositing an exit fee equivalent to the average monthly bill submitted by it to the EPFO in the preceding one year.

LIST OF DOCUMENTS AT ANNEXURE IV .

Every application must be accompanied by documents as listed at Annexure IV.

ELIGIBILITY & CONDITIONS FOR EMPANELMENT UNDER EPFO.

- a. **For a super specialty hospital:** Any hospital with less than 100 beds but more than 30 beds per specialty can only apply as a super-specialty hospital. However, hospitals with more than one specialty shall have to apply for empanelment for all available specialties.
- b. **For Multi Speciality (General Purpose Hospital).** It should not have less than 100 beds for in-patients/ Hospitalized Patients. Moreover, the hospital must offer all specialties that are available with the hospital. Multi Speciality hospitals cannot seek empanelment for selective specialties

These hospitals are also expected to have necessary diagnostic facilities. CT Scan and Blood Bank facilities are desirable

Specialized treatment facilities required for Multi specialty & Super Specialty hospitals are detailed in **Section-A.**

- c. **The Dental Care Centers** should have specialized treatment facilities as detailed in **Section B**. All medicines will be part of the package rate.
- d) **Super Specialty Eye Care Hospitals** should have the specialized treatment facilities as detailed in **Section-C.**
- e) **Diagnostic Laboratories** are to be accredited by NABL and facilities as detailed in **Section D**

Applicants having their hospitals / Diagnostic Centres located in the Concerned city/State only shall apply.

4. Empanelment Applied for:

- a) Multispeciality (General Purpose)^{1*}
- b) Super Speciality (only one Speciality)
- c) Dental Care Centre
- d) Super Specialty Eye Care
- e) Diagnostic Centre
(Please tick the appropriate column)

Super Specialty - Specify specialty-

Cardiology , Cardiovascular and Cardiothoracic surgery /

Neurology and Neurosurgery

*Urology - including Dialysis
and Lithotripsy(Renal Transplant , if available)*

*Orthopedic- Surgery - including arthroscopic surgery and Joint
Replacement/*

*Gastro-enterology and GI-Surgery
(Liver Transplant , if available)*

*Comprehensive Oncology(includes surgery,chemotherapy
and Radiotherapy) /*

Paediatrics and Paediatrics surgery

Endoscopic surgery

E.N.T. including Specialized surgeries

Note: *Facilities for Relevant Diagnostic procedures/investigations
should be available-*

Note : 1* . **Multispeciality (General Purpose)** - shall include General Medicine, General Surgery, Obstetrics and Gynecology, Paediatrics, Orthopedics, ICU and Critical Care units (ENT, Ophthalmology, Dental specialties- desirable) , and facilities for Radiology and in house laboratory and Blood Bank . These hospitals will not be considered for ONE Speciality / or selected specialties only. However, they can be considered for additional Specialities in addition to General Purpose treatment.

Dental Care Centre

SECTION-A

1.6 Total Number of beds

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Note i. Multi- Speciality Hospitals (General Purpose):

Private hospitals with 100 or more beds will be considered.
Private hospitals with less than 100 beds will not be considered.

ii) Super Speciality :

Private hospitals with 30 or more beds will be considered.
Private hospitals with less than 30 beds will not be considered

1.7 Categories of beds available with number of total beds in following type of wards

Casualty/Emergency ward
ICCU/ICU
Private

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Semi-Private (2-3 bedded)
General Ward bed (4-10)
Total Area of the hospital

--	--

--	--

Area allotted to OPD
Area allotted to IPD
Area allotted to Wards

--	--	--	--

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1.8 Specifications of beds with physical facilities/ amenities

Dimension of ward length breadth	Number of bed in each category	Sq. Mt. floor area per patient	Furnishing	Amenities
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(Seven Square Metre Floor area per bed required-) (IS:12433-Part 2:2001)

General	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____

(4- 8 beds) Semi Private	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____

Ward (2 to 3 beds) Private ward	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____

(Single bed with attendant bed)

* Furnishing specify as (a), (b), (c), (d) as per index below

- Index (a) Bedside table
 (b) Wardrobe
 (c) Dressing table
 (d) Dari/carpet/other floor items
 (e) Telephone

Amenities specify as (a), (b) (c) (d) as per index below

- Amenities
 (a) Air conditioner
 (b) T.V.
 (c) Stereo music
 (d) Room service for food etc.
 (e) any other amenities

1.9 Nursing Care

Total No. of Nurses	<input type="text"/>	
No. of para-medical staff	<input type="text"/>	
Category of bed	Bed/Nurse Ratio(acceptable standard)	Actual bed/nurse ratio
a) General	6:1	<input type="text"/>
b) Semi-Private	4:1	<input type="text"/>
c) Private	4:1	<input type="text"/>
d) ICU/ICCU	1:1	<input type="text"/>
e) High dependency Unit	1:1	<input type="text"/>

1.10 Alternate power source Yes No

1.11 Bed occupancy rate (Norm 85%)	<input type="text"/>	Bed turn over rate	<input type="text"/>
General bed	<input type="text"/>		<input type="text"/>
Semi-Private Bed	<input type="text"/>		<input type="text"/>
Private Bed	<input type="text"/>		<input type="text"/>

Note: Bed occupancy rate = $\frac{\text{Av daily census} * 100}{\text{Av No. of bed available (i.e. number of authorized bed)}}$

Turn over ratio = $\frac{\text{Total discharge during a year}}{\text{Bed compliment (No of authorized bed)}}$

- 1.12 No. of in house Doctors
 1.13 No. of in house Specialists/Consultants

No. of visiting Specialist/Consultants
 (Names and qualifications)
 Attach separate sheet if necessary

1.13.1 Laboratory facilities available - Pathology Biochemistry
 Microbiology or any other
 (statistics for the last three years)

1.14 Imaging facilities available (statistics for the last three years)

1.15 Supportive services

Boilers/sterilizers

Ambulance

Laundry

Housekeeping

Canteen

Gas plant

Waste disposal system as per prescribed rules

Dietary

Others (preferably)

- Blood Bank

- Pharmacy

- Physiotherapy

- No. of Operation Theaters.

HIV markers for Hepatitis (B&C), VDRL

4.1.5 Whether it has a tissue typing unit
 DTPA/IMSA/DRCG scan facility Yes No
 and the basic radiology facilities

5. **LITHOTRIPSY/TURP**-Essential information reg: -

Whether the hospital has expert employees
 having M.C.I. recognized qualification on Yes No
 regular and visiting basis

No. of cases treated by lithotripsy
 in last one year (e.g.2005-2006)

Average number of sitting required
 per case

Percentage of cases selected for
 lithotripsy, which required conventional
 surgery due to failure of lithotripsy

12. Endoscopic / Laparoscopic Surgery:

Criteria for Laparoscopic/Endoscopic Surgery:

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.
- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.
- He/She should be able to carry out the surgery with its variations and able to handle its complications.
- The hospital should carry out at least **225 laparoscopic surgeries** per year.
- The hospital should have at least one complete set of laproscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laproscopic surgery.

Yes No

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SECTION-B

1. Dental Care Centre : (Infrastructure and technical Specifications)

(A) (i) For General Dental Clinic
 (Availability of recovery bed for Dental Clinic)
 (if available, specify the number of beds)

(ii) For Specialized Dental Clinic
 (Whether beds are available for
 Specialized Dental Clinic)... Yes
 If, Yes Number

(B) For specialized Dental surgery:

	Dimension Of ward Length Breadth	Number of bed in each area category	Sq. ft. floor per patient	Furnishing Amenities
General	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Semi Private	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Ward	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Private Ward	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

Furnishing

- (a) Besides table
- (b) Wardrobe
- (c) Dressing table
- (d) Dari / Carpet / Other floor items

Amenities

- (a) T.V.
- (b) Stereo music
- (c) Room service for food etc.
- (d) Telephone
- (e)

(C) ICU for Specialized Dental Surgery Yes

(D) Whether separate O.T.
 available for aseptic / septic cases
 (For specialized Dental clinics) YES

(E) Type of water supply & timings
 Municipal Supply
 Other sources
 (Please specify) like
 Distilled water

(F) Alternative Power supply Yes No
 Give details

(G) Blood Bank facility Yes No
 (In case of emergency cases)

(H) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry,
 Microbiology (statistics for the last three years).
 Yes No

(b) Routine facilities for X-ray OPG Dental X-ray (statistics for the
 last three years)

(I) Oxygen facility -Centralized cylinder

(J) No. of visiting Specialists / Consultants
 (For Dental Care Center)
 (Names and Qualifications Specialty-wise).

(a) Oral & Maxillo facial Surgeon

(b) Periodontist

(c) Prosthodontist

(d) Endodontist

(e) Orthodontist

(f) Paedodontist

(K) Number of Specialists available on regular basis in all Dental specialties:

(L) Nursing Care
(Only for the patients admitted in the Dental Care Center)

Total No. of Nurses	<input type="text"/>	<input type="text"/>
No. of Dental Technicians	<input type="text"/>	<input type="text"/>
No. of para-medical staff	<input type="text"/>	<input type="text"/>

Category of bed	Bed / Nurse Ratio (acceptable standard)	Actual Bed / Nurse ratio
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a)	General	6:1	<input type="text"/>	<input type="text"/>
b)	Semi-Private	4:1	<input type="text"/>	<input type="text"/>
c)	Private	4:1	<input type="text"/>	<input type="text"/>
d)	ICU/ICCU	1:1	<input type="text"/>	<input type="text"/>

(M) Supportive services (To be given in Detail for each item)

a. Boilers Sterilizers	<input type="checkbox"/>
b. Glass Bead Sterilizer	<input type="checkbox"/>
c. Autoclave	<input type="checkbox"/>
d. Use of disposable Syringes & Needles	<input type="checkbox"/>
e. Bio-Medical Waste disposal system	<input type="checkbox"/>
f. Segregation / Needle destruction / Incineration	<input type="checkbox"/>
g. Distillation plant for use of Distilled water	<input type="checkbox"/>

(N) Emergency drug kit Yes No

(O) No. of patients admitted for specialized surgery during last 03 years.

(P) Whether all reimbursable items are included in the package rate, if not, please specify the item with cost (in annexure)

(Q) Whether the rate for different items covered in the package rate are on the basis of cost of item. Yes No

(R) Physiological working Dental Chair, Electrically operated, hygienic / aseptic piping unit fitted with Halogen Light and other facilities like:

a)	a) Air Rotor	<input type="checkbox"/>
b)	b) Air-Motor / Micro Motor, Oil free medical grade compressor	<input type="checkbox"/>
c)	c) Ultrasonic Scaler	<input type="checkbox"/>
d)	d) Light Cure Machine.	<input type="checkbox"/>
e)	e) Built in High suction apparatus	<input type="checkbox"/>

- (S) Dental X-ray Machine
IOPA 60-70 Kv, 8 mA, Exposure
(with minimum radiation leakage) Yes No
time selection 0.01 to 3 seconds
- O.P.G. Machine 60-70 Kv, 8 MA Yes

- All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each specialty.

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7. **O.T. facilities :-** Yes No
- (i) With qualified Anesthetist, Boyle's Apparatus,
Pulse Oximeter, Cardiac Monitor, Basic Resuscitation equipment
Including Defibrillator and Oxygen supply.
- (ii) Investigative facility required in OT:**
- (a) **Ultrasound (A & B Scan)**
- (b) **Indirect Ophthalmoscopy**
8. (a) **Nursing Care –**
Number of Nurses & Paramedical Staff Yes No
(Minimum two Nurses + 1 O.T. Technician +
1 Nursing Orderly + 1 Safai Karamchari per OT)
(If Yes Specify the numbers)
- (b) **Resident Doctor Support** Yes No
9. **Alternate Power supply/UPS** Yes No
10. **Laboratory facilities available –**
(Clinical Pathology, Routine Biochemistry, ECG
and Microbiology) Yes No
- (a) **Ocular Pathology** Yes No
- (b) **Ocular Microbiology** Yes No
- (c) **Imaging facilities for :**
- (i) **X-ray (ii) CT Scan (iii) MRI Scan**
- (iv) **Ultrasound (A&B Scan)** Yes No
- (d) **Blood Bank support**
11. **Supportive Services:**
- **Boiler/ Sterilizers/Autoclave/Gas Sterilizers(ETO)** Yes No
- **Telephone facility** Yes No
- **House Keeping** Yes No
- **Waste Disposal System** Yes No
- **Oxygen Supply/Cylinders** Yes No
- **Canteen Facilities** Yes No
-
12. **Facilities for Record keeping (Manual/ Computerized)** Yes No
13. **FOR RETINA& VITREOUS:**
- 1) **General – as (1-5) for IOL Implant.** Yes No
- 2) **Specific for Vitreous – Retina Centre:**
- a) **Trained in Vitreous & Retina surgery proficiency: Yes No**

b) Availability of equipment viz.:

(i) *Angiography of Retina – Digital fundus camera/Digital FA System (1ICG) with software for movements, tension, size*
Y/N

(ii) *Vitreotomy machine posterior segment –*

- Endolaser & LIO	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Facilities for high-speed cutting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt endoilluminator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt air fluid exchange	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Inbuilt phaeo-fragmentation facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>

(iii) *Retinal Lasers – Cryo machine, Argon, Diode, Double frequency YAG with multiple activator mode, Laser indirect Ophthalmoscope for Retina Lab as well as for OT-*

YES NO

(iv) *PDT facility, OCT*

YES NO

c) *Indoor facilities for admission with Resident Doctor/ Nurse/ Specialist.*

ES

NO

14. FOR CORNEAL TRANSPLANT:

1) General as (1-5) for IOL surgery Yes No

2) Specific for Corneal Surgery:

a) Availability of trained Surgeon in Corneal surgery – Yes No

(i) *trained eye bank technician*

(ii) *Eye bank specular Microscope*

(iii) *Culture/storage media*

(iv) *Grief Counselor*

(v) *Computerized Record keeping facility*

b) Is centre approved by competent authority under human transplant organs Act, 1995

c) Source of procurement of donor material.

d) Facilities for processing, evaluations, Lab investigation.

15. OCULOPLASTY & ADENEXA:

1. General – as (1-5) for IOL surgery Yes No

2. Specific for Oculoplasty & Adenexa:

Specialised Instruments and kits for:

(i) *Dacryocystorhinostomy*

(ii) *Eye lid Surgery e.g ptosis and Lid reconstruction Surgery*

- (iii) *Orbital surgery*
 (iv) *Socket reconstruction*
 (v) *Enucleation/evisceration*

(VI) Availability of Trained, proficient Oculoplasty *surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery*

(VII) Number of Oculoplasty surgery performed

3. *Consultation facility from ENT Neurosurgery, Haematology and oncology*

4. (A) **INVESTIGATIVE FACILITIES:**

- (i) *Syringing, Dacryocystography*
 (ii) *Exophthalmometry*
 (iii) *Ultrasonography - A&B Scan*

(iv) *Imaging facilities - X-ray, CT Scan & MRI Scan*

(v) *Ocular pathology, Microbiology services*

(vi) *& Blood bank services.*

(vii) *Consultation facilities from related Specialties such as ENT, Neurosurgery, Haematology, Oncology*

(B) **OPERATIVE (O.T.) FACILITIES:**

Specialized instruments & Kits for the following surgeries should be available.

- (i) *Dacryo cystorhinostomy*
 (ii) *Lid surgery including eyelid reconstruction & Ptosis correction.*
 (iii) *Orbital surgery*
 (iv) *Socket reconstruction*
 (v) *Enucleation & Evisceration*
 (vi) *Orbital & Adnexal Trauma including Orbital fractures*

(C) **PERSONNEL:**

- (i) *Resident Doctor Support*
 (ii) *Nursing care (24 hours)*
 (iii) *Resuscitative facilities*
 (iv) *Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery.*

16. NEUROPTHALMOLOGY/PAEDIATRIC OPHTHALMOLOGY:1) General – as (1-5) for IOL Surgery. Yes No 2) Specific:
Availability of equipment for Neurophthalmology investigations. 3) OPTOMETRIST / ORTHOPTICIAN – at least 2 trained Orthopticians
/Optometrists, with experience of refraction in children :
YES NO

4) Strabismus Surgery:

*Functional OT with Instruments needed for strabismus surgery*YES NO a) Availability of set up for Pediatric Strabismus - Orthoptic room with
distance fixation targets (preferably child friendly) may have
TV/VCR, Lees/Hess. ChartYES NO

17. GLAUCOMA:

- (1) General – as (1-5) for IOL Surgery. Yes No
- (2) Specific: Facilities for Glaucoma investigation & management.
- a) Applanation tonometry
 - b) Stereo Fundus photography/OCT/ Nerve fibre Analyser
 - c) YAG Laser for Iridectomy
 - d) Automated/Goldmann fields (Perimetry)
 - e) Electrodiagnostic equipments (VER, ERG, EOG)
 - f) Colour Vision – Ishihara Charts
 - g) Contrast sensitivity – Pelli Robson Charts
 - h) Pediatric Vision testing – HOTV cards
 - i) Autorefractometers
 - j) Synaptophore (basic type with antisuppression)
 - k) Prism Bars
 - l) Stereo test (Randot/TNO)
 - m) Red – Green Goggles
 - n) Orthoptic room with distance fixation targets
(Preferably child friendly) may have TV/VCR.
 - o) Lees/Hess chart

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SECTION-D**CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -**

Indicate (✓) for Yes and (x) for No in the Box

1) Laboratories (Clinical Pathology):

- Space: Minimum 10X12 ft.
- Adequate space for collection of samples and dispatch of reports. Waiting space - Minimum for 10 patients.
- **Equipment:**
- Microscope fully automatic hematology cell counter
- Incubator centrifuge machine fridge (300 liters)
- Automated Electrophoresis apparatus Automated Coagulation apparatus
- Cytology and histopathology related set up
- Needle Destroyer Trolley for waste disposal with Bags
- **Manpower with Qualification:**
- MD or DNB Pathology or Diploma in Clinical Pathology (DCP).
- Technician –
Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.
- Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998
- **Quality Control:**
- Arrangement for Internal and external quality control.
- The set up should be able to handle the workload with adequate staff and equipments. Reports should be available at the earliest depending on the test.
- Backup of Generator, UPS, Emergency light
- **General requirements for Pathological Diagnostic Centers:**
- Minimum workload of 40-50 samples per day (not tests).
 - Slides for Histopathology / Cytology should be preserved a reasonable period.

- Records of patients /investigation should be well maintained and updated.
- Charges should be displayed on the notice board.
- Fire Fighting system should be in place wherever it is necessary.

2) Laboratory (Biochemistry):-

- Space for working lab minimum 10X12 ft.
- Reception and sample collection should have an area for at least 10 patients to sit.
- Laboratory (Preferably air-conditioned)
- Washing area/waste disposal.

- Equipment:

Refrigerator Water-bath Hot-air-oven Centrifuge machine Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/auto analyzer Flame Photometer or ISE Analyzer Micro-pipettes All related Lab glasswares and reagents needle destroyer standard balance

- Manpower with qualification:

MD/Ph. D/M.Sc. in clinical Biochemistry
 MD Pathology/Diploma in Clinical Pathology
 Technician with DMLT.

- Provision for waste management as per the Biomedical waste Act., 1998:

- Quality Control:

Should be Internal as well as External

- Backup of Generator, UPS, Emergency light

- 24 hours supply of water, provision for toilet.

Indicate (✓) for Yes and (x) for No in the Box

Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

- In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer Elisa Reader HPLC and Electrophoresis apparatus

3) Laboratory (Microbiology):

- Minimum Space required is 10X12 ft.
- Receiving samples & labeling, sorting, registration, **minimum waiting space for 10 patients** and dispatch area.
- Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.
- Processing of samples – staining, cultures etc.
- **Equipment:**
 - Non-expendable** – Autoclave Hot Air oven water bath, incubator centrifuge microscopes vortex ELISA reader.
 - Expendable** – Chemicals, media, glassware, stationery etc.
- **Manpower with qualification:**
 - Doctor (MD in Microbiology)/M. Sc. in Medical Microbiology
 - Technician - DMLT
- Provision for waste management as per the Biomedical waste Act., 1998.
- Quality control:
 - Internal
 - External tie up with higher institutions.
 - Backup of Generator, UPS, Emergency light.

Indicate (✓) for Yes and (x) for No in the Box

CRITERIA FOR RADIOLOGICAL DIAGNOSIS AND IMAGING CENTER:

Criteria for MRI Center:

- MRI machine minimum 1.0 TESLA
- Adequate space & patient waiting area.
- Qualified Radiologist - with minimum 3 years post degree experience
- Technicians - full time, holding degree/diploma (2 years) from recognized institutions.
- Equipment for resuscitation of patient should be MRI compatible.
- Facilities for computer printer reports.
- Backup of Generator, UPS, Emergency light
- MRI room should be easily approachable
- Automatic Film Processor Unit.
- Adequate workload – minimum 100 MRI per month.

Indicate (✓) for Yes and (x) for No in the Box

Criteria for of CT Scan Center:

- Whole body CT Scan with scan cycle of less than 1 second (sub second).
- Housed in building as per **AERB** guidelines.
- Sufficient workable space.
- **Waiting area** separate from the radiation area.
- Provision for changing room.
- Provision of **Radiation protective devices** like Screen, Lead Apron, Thyroid & Gonads protective shield.
- **Equipment for resuscitation of patients** like Boyle's apparatus, suction machines, emergency drugs, to combat any allergic reactions due to contrast medium.
- Provision for sterilized instrument, disposable syringes & needles, catheter etc.
- Provision for washed clean linens.
- **Qualified Radiologist** - having post degree experience of 3 years.
- **Qualified Radiographer** - holding diploma (2 years) /degree in Radiography from recognized Institution.
- Provision of nursing staff/female attendant for lady patient.
- Provision for **radiation monitoring** of all technical staff & doctor through DRP/BARC.
- Coverage by **Anesthetist** during procedures involving contrast media.
- Disposal of waste.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.
- Workload 150 per month.
- **Installation should be approved by AERB.**

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Mammography Center : -

- Standard quality mammography machine with low radiations and biopsy attachment.
- Automatic/Manual film processor.
- Provision for hard copy & computer print out reports.
- Adequate working space.
- Provision for changing room. Privacy for patients.
- Female Radiographer/attendant.
- Clean linen.
- Backup of Generator, UPS, Emergency light.
- Center should be easily approachable
- Workload minimum 100 per month.

Indicate (✓) for Yes and (x) for No in the Box

Criteria for USG/Colour Doppler Center: -

- Registration under the PNDT Act and its status of implementation.
- Machine should be permanently housed in the Diagnostic Center.
- It should be of high-resolution Ultrasound standard and of updated technology. Equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz and should also have provision/facilities of Trans Vaginal/ Trans Rectal Probes.
- **Should have minimum three probes.**
- Facilities for print out & hard copies of the image.
- Qualified Radiologist, having experience of three year after Post Graduate qualification,
- Full time Nurse/Female attendant for female patients.
- Size of the room should be adequate 12'X10', adequately ventilated.
- Emergency recovery facilities for patients undergoing interventional procedures like FANC, drainage of Abscess & Collections etc. with infrastructure for the procedure.
- Anesthetics coverage during such procedures.
- Availability of clean linens & disposable consumable & sterilized instruments.
- Backup of Generator, UPS, emergency light.
- Center should be easily approachable.
- Workload 250 per month.

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Diagnostic X-ray Center/Dental X-Ray/OPG Centre:

- X-ray machine should be of minimum 500 MA with the Image intensifier TV system.
- The Portable X-ray machine should be minimum of 60 MA.
- The dental X-ray will be of 6 MA and OPG 4.5 to 10 MA.
- Automatic film processor.
- Building plan as per the guidelines of BARC Deptt of Radiation protection. Approval should be taken from BARC for building plan and the certificate should be on the board.
- Separate room for portable X-ray machine, equipment, dark room.
- Patient trolley should be able to go to equipment room.
- Boyles trolley should be in X-ray room.
- Room size approximately 14X14 feet for housing the X-ray machine & dark room size 8X8 feet waiting area, separate from the radiation area.
- X-ray tube should not be facing the inhabited area.
- Provision for changing room.
- Provision of Radiation Protective devices like screen, lead apron, Thyroid & gonads protective shields. Equipment for resuscitation of patients like Boyle trolley, suction machines, emergency drugs, to combat any allergic reactions.
- Manpower: - **Radiologist** -Post Graduate qualification of Radiology from Recognized University,
- Qualified Radiographer, holding diploma/degree in radiography from recognized institution. Provision of nursing staff for lady patients.
- Provision for Radiation monitoring of the technical staff & doctor through DRP/BARC.
- Anesthetics Coverage during procedures involving IV contrast media use.

- Provision for sterilized instruments & disposable syringes needles, catheters for procedures like HSG, MCU, RGU etc.
- Washed ,clean linen should be provided
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Centers should to be easily approachable.
- Workload 350 per month.

-contd.

Indicate (✓) for Yes and (x) for No in the Box

Criteria for Bone Densitometry Center :

- Bone densitometry equipment ultrasound/x-ray based with color printer.
- Room size 14'X14 feet.
- Separate waiting area.
- Qualified Radiologist** with at least 3 years experience after postgraduate qualification.
- Qualified Radiographer** from recognized institution.
- Radiation safety measures.
- Disposal of waste.
- Backup of Generator, UPS, Emergency light.
- Center should be easily approachable.
- Workload 50 per month.
- Quotation should be separately given for Dexa Scan/ Ultrasound.
- Desirable: Capable of performing 1-3 sites and whole body.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

CERTIFICATE OF UNDERTAKING

(To be signed by head of institution or authorized signatory / agent)

1. It is certified that the particulars regarding physical facilities and experience/expertise of specialty are correct.
2. That the hospital /Diagnostic Center shall not charge higher than the CGHS notified rates or the rates charged from non-CGHS patients.
3. That the rates have been provided against a facility/procedure actually available at the institution.
4. That if any information is found to be untrue, the Hospital / Diagnostic Laboratory be liable for de-recognition by EPFO. The institution will be liable to pay compensation for any financial loss caused to EPFO or physical injuries caused to its beneficiaries.
5. That all Billing will be done in electronic format and medical records will be submitted in digital format.
6. That the Hospitals/Diagnostic Center has the capability to submit bills and medical records in digital format.
7. That the hospital/diagnostic center will allow a discount of 15% on notified rates when payment is made by cash and a discount of 10% on payments that are made within seven days from the date of submission of the bill to EPFO.
8. That in the event of recognition of the Hospital / Diagnostic Laboratory, it will provide all disposable sundries and implants of standard quality and will not get them purchased through EPFO beneficiaries.
9. The Hospital / Diagnostic Laboratory will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence or due to transfusion of improperly checked blood, if such injuries occurred in consequences of treatment in the Dental Care Center.
10. That the center has not been derecognized by CGHS or any state Government or other Organizations, after being empanelled.
11. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Hospital/Diagnostic Center.

Signature
Head of Institution / Authorized Signatory / Agent

Annexure-IV

The following are the minimum documents that are to be submitted along with duly filled application form

- (a) Copy of certificate or memo of State Health authority recognizing the hospital.
- (b) Certified copy of audited balance sheet, profit and loss account for the last three years.
- (c) Certified copy of partnership deed and authorization letter of signatory.
- (d) Copy of the license for running blood bank/diagnostic lab.
- (e) Copy of import exemption certificate and the conditions on which import exemption accorded.
- (f) Sales tax exemption certificate.
- (g) Photo copy of PAN Card.
- (h) Name and address of their bankers.
- (i) The selected hospital/diagnostic center has to deposit 'Performance Bank Guarantee' at the time of signing of MOU.
- (j) An attested copy of the existing list of rates approved by the hospital/diagnostic center for various services/procedures being provided by it.

Note: Applications not containing the above particulars are liable to be ignored.

Signature
Head of Institution / Authorized Signatory / Agent

**Name of Work:- Recognition of Multispeciality (General Purpose)
Hospitals / Single Specialty Hospitals/ Super Speciality Eye Hospitals
/Dental Care Centre or Diagnostic Laboratories under EPFO**

PERFORMANCE SECURITY FORM (PSF)

To
ADDITIONAL CPFC, EPFO

WHEREAS

_____ (Name of
Successful Applicant) hereinafter called "the Successful Applicant" has
undertaken, purchase of Contract No. _____
_____ dated, _____ ~~2008~~ to
~~year~~

(Description of Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that
the successful Applicant shall furnish you with a bank Guarantee by a
recognized bank for the sum specified therein as security for
compliance with the Successful Applicant's performance obligations in
accordance with the Contract.

AND WHEREAS we have agreed to give the Successful Applicant a
guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to
you, on behalf of the successful Applicant, up to a total of
_____ (Amount of irrevocable guarantee in
Words and Figures) and we undertake to pay you, upon your first written
demand declaring the Successful Applicant to be in default under the contract
and without cavil or argument, any sum or sums within the limit of
_____ as aforesaid, without your needing to prove
or to show this grounds or reasons for your demand or the sum specified
therein. This guarantee is valid until the _____ day of

Signature and Seal of Guarantors

Date

Address: