



NATIONAL HEALTH MISSION

Paryattan Bhawan, Bays No. 55-58, Sector-2, Panchkula, Haryana

Ph. 0172-2573922, FAX : 0172-2580466

Website : nrhmharyana.gov.in, E-mail ID : rbsk.hry@gmail.com



EXPRESSION OF INTEREST

No. NHM/DD-RBSK/2016-17/

Dated:

Notice for invitation of Expression of Interest (EOI) for Empanelment of Private Hospitals for Specialty services for surgeries of select conditions for the beneficiaries of Rashtriya Bal Swasthya Karyakram (RBSK) under National Health Mission Haryana.

The Mission Director, NHM Haryana hereby invites sealed Expression of Interest (EOI) from Government/ Semi – Govt./ CGHS approved Private Hospitals for Empanelment of specialty services **for Procedure & Surgeries of select conditions (Paediatric surgery and Neurosurgery, ENT surgery, Paediatric Orthopedic Surgeries, Paediatric Eye surgery including RoP)** for the beneficiaries of RBSK Haryana, on cashless basis. Here it would be significant to note that **the RBSK rates will be applicable for the surgeries.**

The applicants are requested to download the EOI document from the website www.nrhmharyana.gov.in. That EoI (complete in all respect) in a sealed envelope shall reach the office of the Mission Director, NHM Haryana, Bays No. 55-58, sector 2, Panchkula through registered/ speed post or in person, latest by 15:00hrs, on 6th March 2017.

-Sd-
Mission Director
NHM, Haryana



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The Mission Director, NHM Haryana hereby invites sealed Expression of Interest (EOI) from Government/ Semi – Govt./ CGHS approved Private Hospitals for Empanelment of specialty services for **Procedure & Surgeries of select conditions (Paediatric surgery and Neurosurgery, ENT surgery, Paediatric Orthopedic Surgeries, Paediatric Eye surgery including RoP)** for the beneficiaries of RBSK Haryana, on cashless basis. **The RBSK rates would be applicable for the surgeries (as per Annexure-I).**

The applicants are requested to download the Terms and Conditions (Annexure-II), Application Format (Annexure-III), the, Certificate of Undertaking (Annexure – IV) from the website www.nrhmharyana.gov.in. EOI document (complete in all respect), in sealed envelope, should reach the office of the Mission Director, NHM Haryana strictly as per the following schedule:

Availability of EOI document in web-site	Last Date & Time of submission of complete Eoi document	Place of submission of Eoi/ Opening of EOI forms
22.02.2017	6. 03. 2017 15:00 Hrs.	Office of The MD NHM, Prayatan Bhawan, Bays No. 55-58, Sector 2, Panchkula, Haryana

Mission Director
National Health Mission Haryana

Enclosures: Annexure –I, II, III, and IV



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ANNEXURE-I

List of Health conditions, Procedures and Model Costing of Surgeries under RBSK:

A surgical package includes the cost of all pre-operative investigations, cost of surgery, cost of post-operative care including hospital stay and follow up care including medicines/consumables.(Any additional stay in case of undue and unforeseen complications may be included separately provided proper justification has been made). The preauthorization of surgeries from the Govt. empanelled experts before conducting the procedure would be done on the basis of pre-operative investigations and the reimbursement of the bills to the hospital will be done after receiving the Post-operative evidence along with the other requisite documents.

S. NO	Health Conditions	Disease	Surgical Procedure	ICD-9 Procedure code	RBSK Procedure code	RBSK Model Costing (Rupees)	Pre-operative Investigations	Post-operative Evidence
1	Neural tube defects	Spina Bifida	Spina Bifida Surgery	2.1 (cerebral) / 3.5 (spinal)	1	35,000	MRI local area/ X-ray dorso -lumbar spine/ CT spine (cervical, dorsal, lumbar, sacral) without contrast	Clinical photograph (Cl. photo)/ X-ray dorso-lumbar spine
			Ventriculoperitoneal shunt for hydrocephalus	2.34	2	20,000	CT scan head without contrast/ CT angio of brain (head)/MRI brain without contrast/ X-ray skull	Cl. photo/ Scan head without contrast, CT angio of brain (head)/ MRI brain without contrast, Cerebrospinal Fluid (CSF) analysis cell Count
2	Developmental Dysplasia of the Hip (DDH)	DDH	Pavlik Harness	93.5	11	1,000	X-ray/ USG Cl. photo	Physiotherapy Report
			Closed reduction and Hip spica	79.7 & 93.5	12	15,000	X-ray Hip - AP/lateral view/ Cl. photo	Physiotherapy Report
			Open reduction and Hip spica	79.8 & 93.5	13	30,000	X-ray Hip - AP/lateral view/ Cl. photo	X-ray, Intraop photo, Case Sheet with operation notes,
			Open reduction with Femoral Osteotomy	79.8 & 86.89	14	45,000	X-ray/ MRI / Cl. photo	X ray, Intraop photo, Case Sheet with operation notes, Physiotherapy Report
			Open reduction	79.8 &	15	60,000	X-ray/ MRI / Cl.	X ray, Intra-



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			with Femoral and Acetabular Osteotomy	86.89			photo	op photo, Case Sheet with operation notes, Physiotherapy Report
			Femoral Osteotomy	77.3	16	30,000	X-ray/ MRI / Cl. photo	X ray, Intra-op photo, Case Sheet with operation Notes, Physiotherapy Report
			Acetabular Osteotomy	77.35	17	40,000	X-ray/ MRI / Cl. photo	X ray, Intra-op photo, Case Sheet with operation notes, Physiotherapy Report
			Pelvic Support Osteotomy	77.3	18	40,000	X-ray/ MRI / Cl. photo	X ray, Intra-op photo, Case Sheet with operation notes, Physiotherapy Report
3	Congenital Cataract	Congenital Cataract	Paediatric Cataract Surgery (Phacoemulsification IOL)	13.71.3	19	20,000	Fundus fluorescence photo	Cl. photo, Fundus fluorescence
			Cataract surgery (Phacoemulsification)	13.41	20	20,000	Fundus fluorescence Photo	Cl. photo, Fundus fluorescence
4	Congenital Deafness	Congenital Deafness	Cochlear Implant Surgery for children Up to 2 years of age	20.9	22	5,20,000	Hearing Aid Trial/ IA (with Stapedial Reflex)/ Brainstem Auditory Evoked Response (BE-RA)/ MRI Brain with Contrast/ CT scan Brain-plain and contrast	PTA, IA (with Stapedial Reflex), Implant registration form, Warranty, invoice, Telemetry report, Scar photo
5	Retinopathy of Prematurity	ROP	Photocoagulation for ROP	14.25	56	10,000	Fundus photo	Cl. photo, Fundus Fluorescence
6	Otitis Media	Acute and Chronic Suppura-	Myringotomy with grommet for	20.01	57	10,000	PTA/ IA (with stapedial reflex)/ OTO endoscopy/	PTA, IA (with stapedial reflex),



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		tive Otitis Media (ASOM and CSOM)	one ear				OTO endoscopy Photos	Grommet in position Photo
			Myringotomy with grommet for both ears	20.01	58	15,000	PTA/ IA (with Stapedial Re- flex)/ OTO endoscopy/ OTO endoscopy photos	PTA, IA (with stapedial reflex), Grommet in position Photo
			Myringoplasty	19.4	59	16,000	PTA	PTA
		Chronic Suppura- tive Otitis Media (CSOM)	Myringoplasty with Ossiculoplasty	19.4	60	17,000	PTA/ IA (with stapedial reflex)/ X-Ray of both Mastoids/ OTO endoscopy/ OTO endoscopy pho- tos	PTA
			Tympanoplasty / Cortical mas- toidectomy	19.5	61	17,000	PTA/ IA (with stapedial reflex)/ X-Ray of both Mastoids/ OTO endoscopy/ OTO endoscopy pho- tos	X ray, PTA, Scar and graft photos
			Radical / Modi- fied radical Mastoid- ectomy	20.4	62	18,000	PTA / IA (with stapedial reflex)/ X-Ray of both Mastoids/ OTO endoscopy/ OTO endoscopy pho- tos	X ray, PTA, Scar and graft photos, IA (with stapedial reflex), X-ray both mastoids after 6 weeks, Scar photo
7	Vision Impair- ment	Strabismus	Single muscle surgery	15.2.	103	8,500	Cl. photo	Cl. photo
			Two or three muscles surgery	15.4	104	11,000	Cl. photo	Cl. photo



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TERMS AND CONDITIONS

(Please read all the terms and conditions carefully before filling the application form and the annexures)

Rashtriya Bal Swasthya Karyakaram (RBSK), introduction in nutshell:

As a matter of fact, National Health Mission Haryana has implemented the RBSK program across all the 21 districts of state of Haryana, by recruiting dedicated Mobile Health Teams (MHTs), at the block level and further by establishing District Early Intervention Centers (DEICs), at the district level. Under RBSK, children (new-born to 18 years of age) are being screened and identified by the MHTs with a set of pre-defined 30 conditions, broadly categorized under 4Ds (Defects at birth, Deficiencies, Diseases and Developmental delays including disability). Further, diagnosis and treatment of the identified children is coordinated by the DEIC for secondary and tertiary level institutions.

Document Acceptance:

That duly complete EOI forms along with all the annexures and necessary documents, may either be dropped in person, in the tender box kept at the office of the MD NHM Haryana or may be sent through registered / speed post, at the address mentioned below:

“Office of Mission Director, National Health Mission Haryana, Prayatan Bhawan, Bays No: 55-58, Sector 2, Panchkula (Haryana)”

The sealed envelope should be super-scribed as **“Empanelment of specialty services for Procedure & Surgeries of select conditions (Paediatric surgery and Neurosurgery, ENT surgery, Paediatric Orthopedic Surgeries, Paediatric Eye surgery including RoP)”**

Here it is pertinent to note that EOI received, after the scheduled date and time, would be summarily rejected, without assigning any reason.

Security/ Performance Guarantee Deposit:

The successful bidders in the technical bid would be required to deposit Security/ Performance guarantee money of Rs. 1,00,000/- (Rupees one lakh only) for Surgeries through Demand Draft, in the name of Mission Director, National Health Mission Haryana, payable at Panchkula. A duly constituted technical committee would visit the successful bidders facilities for the purpose of inspection and based on the report of the committee the a formal Memorandum of Understanding (MoU) would be signed between the authorized representative of the concerned hospital and the representative of National Health Mission Haryana. The security money will be refundable only after the successful completion of agreement period or in case of termination of agreement by mutual consent of both the parties. Here it would be significant to mention that ***in case of violation of the terms and conditions incorporated in the agreement, the hospital would be de-empanelled and the security/ performance deposit will be forfeited forth-with.***



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Completely Furnished Document:

All the heads of the Application Performa are mandatory and must be filled carefully. Signed declaration form and the photocopy of the necessary documents (as specified above) shall be enclosed, with the application form.

Period of Empanelment:

The empanelment shall be initially for a period of one year and if the competent authority deems it appropriate, may further extend the same for another one year, by mutual consent.

Tie-Up agreement:

The applicant, who fulfills all the criteria as laid down in the EOI document and based on the track record of the services which will be assessed by the committee after review of the documents and data supplied by the concerned hospitals, would be invited for executing an agreement with the Mission Director, NHM Haryana through their authorized representative.

General Conditions for Empanelment:

The empanelment of the private hospitals for the select Procedures/ surgeries would be done at the State level by State Health Society Haryana, with the following general Terms & Conditions:

The expression of interest will be invited through advertisement, in leading newspapers, for the empanelment of the private hospitals performing the select Procedures/ surgeries among the children of 0-18 years of age. The criteria of the empanelment would be as follows:

- I. The hospital must be empanelled either with the Govt. of Haryana or with CGHS and the hospital should also have preferably accreditation of NABH.
- II. The hospital must be well equipped in all spheres, for delivering quality Procedures/surgeries in terms of infrastructure, human resources, equipments and also statutory and medico-legal conformation.
- III. The concerned surgeon of the hospital must be trained in the select procedure/ surgeries and also must possess a good track-record of performing the select procedure/ surgeries for at least preceding 3 years.
- IV. The facility of pediatric ICU should be available.



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- V. The hospital will issue estimated cost of surgery/treatment, in a prescribed format and in any case it should not exceed the existing RBSK package rate.
- VI. Hospital shall not charge more than RBSK package rate/rates, at any cost and no money should be charged, from the family of the patient. The package rate under RBSK is all inclusive (i.e. cost of procedure, hospitalization, medicines, implants and other consumables etc.).
- VII. Diet Charge for the patient and the attendant is inclusive in the package and no extra money would be provided for that purpose.
- VIII. The hospital should have its own blood bank facility.
- IX. Arrangement of voluntary blood donors for the blood/blood products required for surgery will be the responsibility of the child's family. However the hospital will have the moral responsibility to coordinate with the voluntary organizations in case of any emergency and if the family is not able to arrange donors in time.
- X. The referral of the patient to the concerned centre would depend upon the choice of the patient/family and the transportation charge from home to the city where hospital is situated and back forth, would be borne by the family.
- XI. The hospital whose rates for treatment procedure/test are lower than vis-a-vis RBSK prescribed rates, shall charge as per the rates charged by them from Non-RBSK patients and will have to furnish a certificate to the effect that the rates charged are not more than that from non-RBSK patients. Rate list of the hospital to be submitted along with Application form.
- XII. Expenses on toiletries, cosmetics, telephone bills etc. would not be reimbursable and are not included in package rates.
- XIII. Increased duration of indoor treatment due to infection, or the consequences of surgical procedure or due to any improper procedure would be reimbursed only after the approval of the high level of committee designated for the specific purpose and it should not exceed 10 % of the RBSK package rate.
- XIV. During the treatment in ICU, no separate room rent will be provided, wherever package rates are admissible.
- XV. The empanelled hospital shall honor permission letter issued by the competent authority and provide treatment/ investigation, facility prescribed in the permission letter. The hospital shall provide treatment/ investigation, on cashless basis.



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-
- XVI. If one or more minor procedure culminate into major treatment procedures then in that eventuality, package charges would be permissible for major procedure.
- XVII. Any legal liability, arising out of such services, shall be the sole responsibility of the concerned hospital and shall be dealt with, by the concerned empanelled hospital. Services must be provided by the hospitals, duly in consonance with the terms and conditions of the agreement.
- XVIII. Patient will be referred with a proper referral form, signed by the competent authority.
- XIX. Direct admission without referral form, should not be entertained at all except in life saving conditions. Such case may be reported to the competent authority immediately and positively within 24 hours. However, Ex-facto approval shall be given by the competent authority. In case of Ex-facto approval not approved by the competent authority for the reasons of not providing valid justification by the Hospital, responsibility lies with hospital, for any disputes regarding payment.
- XX. During the inpatient treatment of beneficiary, the hospital will not ask the beneficiary or his attendant to provide separately the medicine / sundries/equipment or accessories from outside and will provide the treatment within the package rates.
- XXI. It shall be the duty and responsibility of the hospital at all times, to obtain, maintain and sustain the valid registration, high quality standard of its services and healthcare and further to have all the statutory/mandatory licenses, permits or approvals of the concerned authorities, as per the existing laws. The RBSK patients must be entertained without any queue/wait.
- XXII. The empanelled centre will investigate/treat the beneficiary patient only for the condition for which they are referred and for any other additional procedure planned, a separate permission would require to be taken. In case of unforeseen emergency of these patients during admission for approved purpose /procedure, necessary life saving measure to be taken and concerned authorities may be informed subsequently with justification.
- XXIII. Patients can't be denied treatment on the pretext of non availability of beds, failing which treatment may be arranged from other hospital and extra expenditure incurred on treatment of the patient will be recovered from empanelled hospital against incoming/pending bills/ security money. Refusal either in writing or verbal communication, will form the basis of deduction.



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- XXIV. After receiving the permission letter, the hospital has to operate the child within 1 month positively and in case of critical cases, even as early as possible.
- XXV. Empanelled centre shall provide the services totally in consonance with the terms & conditions incorporated in the agreement. In case of violation of the provisions of the agreement by the empanelled centre there will be forfeiture of payment of the incoming/pending bills. For over billing and unnecessary procedures, the extra amount so charged will be deducted from the bills and the NHM reserve the exclusive right to terminate/discontinue the contract at any time of time.
- XXVI. Mission Director may, without prejudice to any other remedy and for breach of Agreement, in whole or partly, reserve the right to terminate the contract any point of time. The empanelled hospitals shall not terminate the agreement, without giving three (3) months prior notice. If they do so, in that eventuality, security money deposited by them, will be forfeited.
- XXVII. The Institution shall be de-empanelled:-
- (i) If the Hospital fails to provide any or all of the services for which it has been recognized within the period(s) specified in the Agreement, or within any extension period thereof, if granted by the NHM Haryana, pursuant to the conditions of Agreement or
 - (ii) If the Hospital founds engaged in corrupt or fraudulent practices in competing for or in executing the Agreement. Or
 - (iii) If the Hospital found to be involved in or associated with any unethical illegal or unlawful activities, than in that eventuality, the Agreement would be summarily suspended by the NHM, without issuance of any notice and subsequently the competent authority may terminate the Agreement, after issuing a show cause notice to that effect and after duly considering the reply, if any, received within 10 days of the receipt of the show cause notice. Terms and conditions could be modified, at sole discretion, of the competent authority in NHM Haryana only.
- XXVIII. If any dispute or difference of any kind, what so ever arises between the NHM and the Empanelled Center pertaining to or arising out of the Agreement, it shall be referred to for arbitration, by the Mission Director NHM Haryana, who will render written award of his decision to the Parties in agreement. Arbitrator shall be appointed



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by the Mission Director NHM Haryana. The decision of the Arbitrator would be final and binding. The provision of Arbitration and Conciliation Act, 1996 shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at office of Mission Director NHM Haryana. Any legal dispute to be settled in Panchkula (Haryana) Only.

- XXIX. **Miscellaneous:** a) Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principle and Agent between the NHM Haryana and Empanelled Center.
- b) The Empanelled Center shall not represent or project itself, as an agent of the NHM Haryana.
- c) The NHM Haryana will not be responsible in any way for any negligence or misconduct of the Empanelled Center and its employees for any accident, injury or damage sustained or suffered by the referred RBSK beneficiary or any third party resulting from or by any operation conducted by or on behalf of the Hospital or rendering its service under this Agreement or otherwise.
- d) The Empanelled Center shall notify the Government immediately about any material change in their status and their shareholdings or that of any Guarantor of the Empanelled Center in particular, where such change would have an impact in the performance of obligation under this Agreement.
- e) This Agreement can be modified or altered only on written Agreement signed by both the parties.
- f) The termination of Agreement shall not relieve the Empanelled Center or their heirs and legal representatives from their liability in respect of the services provided by the Empanelled Center during the period when the Agreement was in force and existence.

MISSION DIRECTOR NHM HARYANA, RESERVES THE RIGHT TO ACCEPT OR REJECT ANY TENDER WITHOUT ASSIGNING ANY REASON THEREOF.

Mission Director
NHM Haryana
ANNEXURE-III

APPLICATION FORMAT



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(To be submitted duly filled along with documents)

1. Name of the Hospital with complete address
2. Telephone No. _____
3. Fax no: _____
4. Mobile No. _____
6. Name, designation along with contact no's (landline and mobile) of authorized person:

(attach authority letter) _____
7. Category of the hospital CGHS/ JCI/ NABH / NON NABH / Govt. of Haryana Empanelled (attach proof) _____
8. Photocopy of the PAN/TAN number of Hospital _____
9. Whether agree to provide services of the select procedure/ surgeries to RBSK referrals @ RBSK Model costing and terms and conditions specified in the EOI document? (Yes/No)
10. Whether blood bank facility is available in the hospital? (yes/No)
11. No of pediatric ICU Beds _____
12. Please specify by a tick mark, for which domain (s) the applicant wish to apply for :
 - A. Paediatric Surgery & Neurosurgery (NTD)
 - B. Orthopaedic Procedure/Surgery (DDH)
 - C. Ophtalmologic Procedure/Surgery (Congenital Cataract, Strabismus & RoP)
 - D. ENT Procedure/ Surgeries (Chochlear Implantat Surgery, Otitis Media)

PART A

(To be furnished by institutions applying for Paediatric Surgery/Neurosurgery)

13. Whether Pediatric Surgery/ Neurosurgery facility is available in the hospital ? (Yes/No) if yes furnish the following details:
14. No. of operation theatre equipped for pediatric surgery _____
15. List of full time Paediatric surgeon/ Neuro surgeon along with anaesthetist employed with the hospital along with their Degrees/certificates:(separate sheet to be attached) _____



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16. List of equipments available in the pediatric surgery unit i.e. name and year of mfg/installed/ functional/not functional: (separate sheet to be attached)

17. List of all para-medical and non- medical staff posted in Pediatric Surgery Unit :- (separate list for para-medical and non- medical staff to be attached)

18. Please specify the Number of NTD surgeries done for children at the hospital as per the following format

<i>Paediatric Surgeries</i>	<i>Among children below 6 years of age</i>			<i>Among children of 6 years to 18 years of age</i>		
	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>
Spina Bifida Surgery						
Ventriculoperitoneal shunt for hydrocephalus						

19. Rate list of the hospital /centre which already exists for non- RBSK general patients. Please refer Annexure- I for the procedures for which rate is required. (Enclose List)

PART B

(To be furnished by institutions applying for Orthopaedic Procedures/ Surgeries)

20. Whether Pediatric Orthopaedic Surgery facility is available in the hospital ? (Yes/No) if yes furnish the following details:

21. No. of operation theatre equipped for pediatric orthopaedic surgery _____

22. List of full time Paediatric Orthopaedic surgeon along with anaesthetist employed with the hospital along with their Degrees/certificates:(separate sheet to be attached) _____

23. List of equipments available in the pediatric orthopaedic surgery unit i.e. name and year of mfg/installed/ functional/not functional: (separate sheet to be attached)

24. List of all para-medical and non- medical staff posted in Pediatric orthopaedic Unit :- (separate list for para-medical and non- medical staff to be attached)

25. Please specify the Number of Procedures/ surgeries for DDH done at the hospital as per the following format

<i>Orthopaedic Procedures/ Surgeries</i>	<i>Among children below 6 years of age</i>			<i>Among children of 6 years to 18 years of age</i>		
	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>



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Pavlik Harness (DDH)				XXXX	XXXX	XXXX
Closed reduction and Hip spica (DDH)				XXXX	XXXX	XXXX
Open reduction and Hip spica (DDH)						
Open reduction with Femoral Osteotomy						
Open reduction with Femoral and Acetabular Osteotomy						
Femoral Osteotomy						
Acetabular Osteotomy						
Pelvic Support Osteotomy						

26. Rate list of the hospital /centre which already exists for non- RBSK general patients. Please refer Annexure- I for the procedures for which rate is required. (Enclose List)

PART C

(To be furnished by institutions applying for Ophthalmology Procedures/ Surgeries)

27. Whether Pediatric Ophthalmology procedure/ Surgery facility is available in the hospital ? (Yes/No) if yes furnish the following details:

28. No. of operation theatre equipped for pediatric ophthalmology procedure/ surgery_____

29. List of full time Paediatric Ophthalmic surgeon along with anaesthetist employed with the hospital along with their Degrees/certificates:(separate sheet to be attached)_____

30. List of equipments available in the pediatric ophthalmic surgery unit i.e. name and year of mfg/installed/ functional/not functional: (separate sheet to be attached)

31. List of all para-medical and non- medical staff posted in Pediatric ophthalmology Unit :- (separate list for para-medical and non- medical staff to be attached)

32. Please specify the Number of Procedures/ surgeries done for Eye conditions among children at the hospital as per the following format

Ophthalmic Procedure/Surgeries	Among children below 6 years of age			Among children of 6 years to 18 years of age		
	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>
Photocoagulation for ROP*				XXX	XXX	XXX



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Paediatric Cataract Surgery (Phacoemulsification IOL)						
Cataract surgery (Phacoemulsification)						
Strabismus						

33. Rate list of the hospital /centre which already exists for non- RBSK general patients. Please refer Annexure- I for the procedures for which rate is required. (Enclose List)

PART D

(To be furnished by institutions applying for ENT Procedures/ Surgeries)

34. Whether Pediatric ENT procedure/ Surgery facility is available in the hospital ? (Yes/No) if yes furnish the following details:

35. No. of operation theatre equipped for pediatric ENT procedure/ surgery_____

36. List of full time Paediatric ENT surgeon along with anaesthetist employed with the hospital along with their Degrees/certificates:(separate sheet to be attached)_____

37. List of equipments available in the pediatric ENT surgery unit i.e. name and year of mfg/installed/ functional/not functional: (separate sheet to be attached)

38. List of all para-medical and non- medical staff posted in Pediatric ophthalmology Unit :- (separate list for para-medical and non- medical staff to be attached)

39. Please specify the Number of Procedures/ surgeries for ENT conditions among children done at the hospital as per the following format:

<i>ENT Procedure</i>	<i>Among children below 6 years of age</i>			<i>Among children of 6 years to 18 years of age</i>		
	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>	<i>Preceding 3 months</i>	<i>Preceding 6 months</i>	<i>Preceding 1Years</i>
Cochlear Implant Surgery				XXXX	XXXX	XXXX
Myringotomy with grommet for one ear						
Myringotomy with grommet for both ears						
Myringoplasty						
Myringoplasty with Ossiculoplasty						
Tympanoplasty / Cortical mastoidectomy						



NATIONAL HEALTH MISSION

Paryattan Bhawan, Bays No. 55-58, Sector-2, Panchkula, Haryana

Ph. 0172-2573922, FAX : 0172-2580466

Website : nrhmharyana.gov.in, E-mail ID : rbsk.hry@gmail.com



Radical / Modified radical Mastoidecto- my						
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40. Rate list of the hospital /centre which already exists for non- RBSK general patients. Please refer Annexure- I for the procedures for which rate is required. (Enclose List)

(Name and signature of signatory authority/Director of Hospital)

Note :-Evaluation of the centre shall be based on information provided by the Tenderer on the abovementioned points 1 to 40 and the applicant will have to mandatorily provide documentary proof for the same. No future correspondence in this regard shall be entertained in this regard. A duly constituted committee will visit those centers for inspection which qualify technical bid requirement as mentioned in the document.

ANNEXURE-IV

UNDERTAKING



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I/We _____ (Name of proprietor/ Director) have carefully gone through and understood the contents of the Document Form and I/We hereby undertake to abide by all the terms and conditions set forth therein. I/We legally bound to provide services as per the rates/terms and conditions mentioned in EOI documents, failing which, the competent authority i.e. Mission Director NHM Haryana, Sector 2 Panchkula reserves the right to initiate appropriate action. I/We further undertakes to provide uninterrupted services and alternative arrangement would be made whenever required, at the risk and cost of our Institute. I/We undertake that the information submitted along with documents and annexures is correct and nothing has been concealed there-in and also fully understand that in case of default, the security money, shall be forfeited.

Dated:

Signatures

Name

Place (with seal/rubber stamp)