

NOTICE INVITING EXPRESSION OF INTEREST

No. EOI/CMS/TSK/01 OF 2025-26 Dated:-12/08/2025

Chief Medical Superintendent, N.F.Railway, Tinsukia on behalf of President of India invites expression of Interest from leading CGHS empanelled Speciality/Multi-Speciality Hospitals preferably In following Jurisdiction for empanelment to provide emergency treatment to Railway beneficiaries at the prevailing CGHS-Rates of CGHS Guwahati rates- 2014 Updated on 5th June 2024 (or as revised by CGHS from time to time).

SN	Name of Hospital/Health Unit	EOI for specialty Hospital/ Multispecialty OPD & IPD Services	EOI for Hospital Superspecialty OPD & IPD services
01	Divisional Railway Hospital, Dibrugarh	Super Specialty	OPD Services
02	Sub-Divisional Railway Hospital, New Tinsukia	Super Specialty	IPD & OPD
03	Ledo Health, Tinsukia District	0	Specialty
04	Furkating Health Unit Golaghat District	0	Specialty
05	Simaluguri Health Unit Sivsagar District	0	Specialty
06	Mariani Health Unit, Jorhat District	0	Specialty
07	North Lakhimpur Health Unit, Lakhimpur District	0	Specialty
08	Dhemaji Health Unit, Dhemaji District	0	Specialty

Application should reach their office on or before 21 days of publication of this notification.

For more details visit-<http://www.nfr.indianrailways.gov.in> (News & Updates - News and announcements)


Chief Medical Superintendent
N.F.Railway, Tinsukia

Chief Medical Superintendent
मुख्य चिकित्सा अधीक्षक
N F Railway, Tinsukia
एन एफ .रेलवे, तिनसुकिया

Empanelment of CGHS empanelled Speciality/Multi-Speciality hospital for treatment to Railway beneficiaries in emergency at CGHS approved rates **CGHS Guwahati rates- 2014 Updated on 5th June 2024** (or as revised by CGHS from time to time).

Terms and Conditions for empanelment of Hospital

Expression of Interest is Invited from CGHS empanelled Speciality/Multi-Speciality private hospitals for empanelment with below mentioned jurisdiction who comply with the following criteria.

SN	Name of Hospital/Health Unit	EOI for specialty Hospital/ Multispecialty OPD & IPD Services	EOI for Hospital Superspecialty OPD & IPD services
01	<i>Divisional Railway Hospital, Dibrugarh</i>	Super Specialty	OPD Services
02	<i>Sub-Divisional Railway Hospital, New Tinsukia</i>	Super Specialty	IPD & OPD
03	<i>Ledo Health, Tinsukia District</i>	0	Specialty
04	<i>Furkating Health Unit Golaghat District</i>	0	Specialty
05	<i>Simaluguri Health Unit Sivsagar District</i>	0	Specialty
06	<i>Mariani Health Unit, Jorhat District</i>	0	Specialty
07	<i>North Lakhimpur Health Unit, Lakhimpur District</i>	0	Specialty
08	<i>Dhemaji Health Unit, Dhemaji District</i>	0	Specialty

1. The hospitals who apply for in response to this EOI will be empanelled after scrutiny.
2. Willingness letter should reach this office of Chief Medical Superintendent, N.F.Railway, Tinsukia on or before 21 days of publication of this notification.
3. All the treatment should be charged at prevailing CGHS rates. In case CGHS rate is not available for particular treatment, then reasonable rate as per mutual agreement between Railway and the empanelled hospital shall be payable. Wherever package rate is available in CGHS rate list the same only will be paid for that procedure.
4. The hospital should issue a letter of consent that the hospital is willing to provide treatment at prevailing CGHS rates of Guwahati City available at CGHS website and the Hospital should be willing to sign a MOU with N.F. Railway as circulated in Railway board's letter no. 2021/H-1/11/10/MOU Dated 20.11.2023. It is available on Railway Board's website.
5. Treatment facilities for all emergencies in different specialities should be available including Lab investigation and investigations like radiology, USG scan, Doppler studies etc. round the clock under the same Hospital.
6. The service should be available round the clock for emergency cases.
7. The empanelment shall be for a period of 24 months (two years)
8. The Hospital will be visited by a committee of three Doctors from Railway Hospital and based on the recommendation of the committee empanelment will be processed with the approval of Divisional Railway Manager, N.F. Railway, Tinsukia Assam.

9. The hospital that is recommended for empanelment shall also have to furnish a Performance Bank Guarantee PERFORMANCE BANK GUARANTEE (PBG) as follows :-

Health Care Organizations that are recommended for empanelled after the initial assessment shall also have to furnish a performance Bank Guarantee(PBG) as per details a given below:-

- a) For CGHS covered cities/areas, the rates will be:-
 - (i) Hospitals/Cancer Units: Rupees 10 Lakhs
 - (ii) Eye Centers/single Specialty Hospitals/Dental Clinic/Diagnostic Centres: Rupees 02 Lakhs; and
- (b) For Non-CGHS covered cities/areas, the rates will be:-
 - (i) Hospitals/Cancer Units: Rupees 02 Lakhs
 - (ii) Eye Centers/single Specialty Hospitals/Dental Clinic/Diagnostic Centres: Rupees 0.5 Lakhs;

Note:- PBG for Charitable Hospitals/Organizations would be 50% (fifty percent) of above amount.

PBG will be valid for a period of 30 months i.e. six month beyond empanelment period to ensure efficient service and to safeguard against any default. If they have given the same to one Railway then they need not give to other Railway since if one hospital is empanelled with a particular Railway then it is deemed empanelled by other Railway too and other Railways can simply sign the MoU with them on same terms and conditions for beneficiaries from their Railways.

10. Empanelment hospitals will be required to provide bank details for necessary transfer of bill amount electronically to the account.

11. Bills should be submitted as per MoU/ in triplicate with original referral letter from Railway Hospital, photocopy of identity card / RELHS card / UMID card of Railway beneficiaries, discharge summary, reports of investigations, original packets / bills of implants documents showing visits of Doctors etc. Feedback copy of patients. Summary of bills on monthly basis should also be enclosed. Any extra procedures, medicines - need special permission. Such original permission letter from Divisional Railway Hospital,Dibrugarh Assam should be attached with the bills.

12. CMS or a team of officers approved by Chief Medical Superintendent, N.F.Railway, Tinsukia reserves the right to visit the hospital at any time to ascertain their compliance with the requirements of Railway.

13. If any empanel hospital found involved in any wrong doing or over charging or violation of any clauses, etc. then the concerned hospital would be suspended / removed from Railway panel.

14. 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 empanel hospitals or for any other reason the hospital no longer wishes to continue on the list under Railway it can apply for exclusion from the Panel by giving one month notice.

15. Empanel hospitals should notify one nodal Officer / Executive for Railway beneficiaries, who can be contacted by Railway administration in case of any requirement.

For any enquiry willing hospitals can Contract the Chief Medical Superintendent, N.F.Railway, Dibrugarh-786001 Office and Chief Medical Superintendent, N.F.Railway, Tinsukia-786126 Office during office hours.

Annexure - 'B'

CERTIFICATE OF UNDERTAKING

Copies of following documents (Wherever applicable) are to be submitted along with application.

1. Copy of legal status, place of registration & principal place of business of the hospital.
2. A copy of partnership deed/memorandum and articles of association if any.
3. Copy of Empanelment with CGHS and NABH certificate.
4. List of facilities available with the hospital.
5. List of specialties in which hospital will provide round the clock emergency service.
6. Copy of compliance with statutory requirements including that of waste management, Bio Medical waste & Fire safety norms.

(Signature of Applicant or
Authorized Agent with seal)

Annexure-'A'

CERTIFICATE OF UNDERTAKING

1. It is certified that the particulars given in offer letter are correct.
2. That the Hospital shall not charge higher than the CGHS notified rates or the rates agreed to.
3. That the hospital shall provide OPD consultation service and diagnostic service if available whenever required on CGHS rates.
4. That any information is found to be untrue, hospital would be liable for de-recognition by Railway. The Hospital will be liable to pay compensation for any financial loss caused to Railway, physical and or mental injuries caused to its beneficiaries.
5. That the hospital has the capability to submit bills and medical records both in soft and hard format.
6. That no investigation by Central Govt/State Govt. or any statutory investigating agency is pending or contemplated against the Hospital.
7. Agree for the terms and conditions prescribed in the application document.

**(Signature of Applicant or
Authorized Agent with seal)**

No:

Date:

To

Sub: Performa for detail Information for renewal of contract/First time Empanelment.

Sr. No	ITEM	Description
1	Name of Hospital	
2	OWNER'S Name/ CEO Name	
3	Address	
4	Contact No	
5	Email address	
6	Hospital representative Name and contact No	
7	Current status of empanelment with CGHS. (Empanelled/Not Empanelled)	
8	Specialities for which hospital is empanelled with CGHS.	
9	Availability of Biochemistry and Pathology lab YES/NO	
9a	Name and distance of Outsourced of Biochemistry and Pathology lab if Hospital does not have the facility	
10	Availability of USG Scan in house. YES/NO	
10a	Name and distance of Outsourced of USG Centre if Hospital does not have the facility	
11	Availability of CT Scan in house. YES/NO	
11a	Name and distance of Outsourced of CT Scan Centre if Hospital does not have the facility	
12	Availability of MRI Scan in house. YES/NO	
12a	Name and distance of Outsourced of MRI Scan Centre if Hospital does not have the facility	
13	Availability of X RAY in house. YES/NO	
13a	Name and distance of Outsourced of X RAY Centre if Hospital does not have the facility	
14	Availability of AMBULANCE YES/NO and No of ambulances	
15	Availability of Blood Bank YES/NO	
15a	Outsourced agency from where the blood is received	
16	Availability of ICU	

16a	If YES. No of Specialist doctors managing it	
16b	No of MBBS RMO's in ICU	
16c	No of ICU beds	
16d	No of ventilators	
16e	No of defibrillators	
16f	Bed/Nurse Ratio in ICU	
17	Facility for Haemodialysis YES/NO	
17a	No of HD Machines	
17b	If HD facility is not available What is the arrangement If Haemodialysis is needed?	
17c	No of Nephrologists in house	
17d	No of MOs in HD unit	
18	Availability of urologist	
19	Facility of Emergency obstetrics and gynaecology	
20	Availability of NICU Yes/No	
20a	No Of Beds in NICU	
21	Availability of paediatrician yes/no	
22	No of Operation theatres	
23	Availability of Cathlab	
23a	Availability of interventional cardiologist	
23b	Availability of cardiac surgeon	
24	24 Hrs trauma care facility Yes/No	
24a	Emergency orthopaedics services Yes/No	
25	Availability of burns care Yes/no	
26	Availability of Neurosurgeon Yes/No	
27	Availability of Pulmonary medicine Yes/No	
28	Availability of Gastroenterology services Gastroenterologist Endoscopic evaluation and management	
29	Availability of CANCER TREATMNT Write Yes/No Oncologist Oncosurgeon Radiotherapy Chemotherapy	
30	In House Pharmacy Yes/No	
31	Hospital Information Management System and readiness for online transactions Yes/No	
32	Other information	

Sign and Stamp of Authorized person of hospital

Check List of Documents

SR.NO	Item	Enclosed at Documents Sr.No
1	Expression of interest for providing services as per CGHS RATES, agreed upon rates when CGHS rates are not available,	
2	Discount offered on non-listed procedures on hospital rate. Letter enclosed	
3	Discount offered on Medicine and surgical	