

Government of West Bengal
Office of the Chief Medical Officer of Health
5 D. L. Roy Road, Krishnanagar, Nadia

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Memo No. CMOH-Nad/NTEP- 46

Dated. Krishnagar the 11-03-2022

Invitation for expression of interest (EOI)

An expression of interest is hereby invited from the reputed, reliable & qualified Pathology, Lab or clinical lab for Pre-treatment Evaluation and follow-up laboratory tests for DRTB patients. PTE (Pre-treatment Evaluation) and follow up, as per schedule and if required, beyond schedule have to be done. It must also include some additional tests which may be felt essential by the treating MO. The centre should be within or very near to the NSS Kalyani (8km), have to be easily accessible. The EOI should be submitted through registered post/ courier or drop box only on or before 21st March 2022 within 16.30 pm positively excluding holiday at the Office of the CMOH (NTEP wing), 1st Floor, Matrisadan Old building, Krishnanagar, Nadia pin. 741101.

The drop box for said purpose can be availed in the NTEP section 10.30 am to 4.30 pm daily excluding Holidays within 05/04/2022. Self-attested documents to be attached and submitted as bellow:-

- 1) Valid Trade License (upto F.Y. 2021-22)
- 2) Income Tax return with Profit and Loss A/c and Balance Sheet (F.Y. 2019-20 Related to A.Y. 2020-21) or (F.Y. 2020-21 related to A.Y. 2021-22).
- 3) Pan Card,
- 4) GST Registration Certificate,
- 5) P. Tax deposit Challan (F.Y. 2021-22)
- 6) Valid and update CE license,
- 7) AERB approved / Registration Certificate,
- 8) Specification of the X-ray machine & CR/Digital system.

Recd 11/03/22

Chief Medical Officer of Health

Nadia

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11-03-2022

Copy forwarded for kind information & necessary action please to:

1. The Addl. DHS (TB) cum STO, Govt. of West Bengal
2. CMOH, Nadia
3. Dy. CMOH-I/II/III/DMCHO/ZLO, Nadia
4. All ACMOHs, Nadia
5. All Superintendent, Nadia
6. All BMOHs, Nadia

Recd 11/03/22

Chief Medical Officer of Health

Nadia

Eligibility criteria for Service Provider

- The Service Provider should have a relevant license from state bodies/other relevant authorities.
- Should have adequate infrastructure and diagnostic equipment as per RNTCP's technical specifications.
- Should be willing to undergo quality assurance process as per NTEP guidelines.
- Should have the facilities to ensure biomedical waste management.
- Should have qualified laboratory technician/s and functional microscopes.

Selection will be as per preproposal rate chart, proper documents submission and experience certificate, priority will be given who having registered office in the area, and having experience in similar works preferably under NTEP, previously. The budgetary allocation / fund should be as per 'Swasthya Sathi rate chart or less. Application must have to be submitted as per attached prescribed format.

The application with attached copy of proposal rate chart are to be submitted to the concerned programme officer within stipulated date and time by register post / courier or drop box only. The decision of NTEP Selection Committee will be final, mandatory and binding for all concerned. The committee deserves its power to reject and / or accept any / all of the applications without showing any reason thereof.

Terms & Conditions:

1. The applicant must be registered under Clinical Establishment Act (Govt. of WB) and have valid CE licence. And should have qualified technicians to perform specific tests.
2. The applicant must have valid trade licence.
3. The Facility/ centre must be within the 8 (eight) km radius of the concerned hospital, applied by applicant.
4. Necessary documents (self-attested photocopy) to be attached with the application.
5. Applicant involve similar type of activities will be given added advantage/ preference.
6. Declaration/ Non-conviction certificate shall be given by applicant stating that he/ she has not been blacklisted by the Govt. in past years (Notarized from court).
7. Attach a copy of proposal rate chart which equal with "Swasthya Sathi rate chart" or less. Rate of test may be changed in accordance to rate of "Swasthya Sathi" rate chart in every year.
8. PP partners will submit all result/report to the designated person of referral unit within the day of occurrence/ within 48 hours which one is earliest depending on the test.
9. PP partners should be willing to undergo quality assurance process as per NTEP guidelines and willing to maintain records and reports as given by the authority.
10. PP partners should submit bill and other competent documents/vouchers (prescriptions, referral slips etc.) along with a CD copy of digital X-ray within five (5) working days of proceeding month to the office of the undersigned.
11. The final bill will be released from district level after scrutinized the bill/claim by the component authority.
12. The mode of payment is NEFT/RTGS to direct beneficiary account.
13. The EOI should be submitted through by hand/registered post/ courier at o/o of the undersigned.
14. MoU will be done between concern DH&FWS, on behalf of NSS Kalyani, Nadia and the Proprietor/ Authorized personnel of the agency.
15. MoU will be extended between both the parties engaged in a contract for 3 years. The same may be extended subject to satisfactory performance.
16. In case of any valid complain rise regarding quality, authority have reserved the right to cancel the contract/supply order/bill processing at any time.
17. Authority has the right to reject all process without assigning any reasons what so ever.

The Chief Medical Officer of Health,
Krishnagar, Nadia

Ref: Your office expression of interest Notice No.

Dated

Sir,

With reference to the above, I do hereby submit the rate as per the notice of Expression of the interest during the PPP mode Output and result based financial for the area by lowest calculated rate for Pre-treatment Evaluation and follow-up laboratory tests for TB patients, record keeping and report for National Tuberculosis Elimination Programme under District Tuberculosis Officer, Office of the Chief Medical Officer of Health, Nadia.

My particulars:-

1. Name of the Applicant:
 2. Name of the Proprietor*
 3. Address*
 4. E-mail ID
 5. 5. Mob. No.*
 6. Trade License Issued from*
 7. Lab registration of Clinical establishment License *:
 8. Pan No.* :
 9. GST Registration no.* :
 10. Clearance for WBPCB(Consult to establishment/consult to operate) :
 11. Agreement copy with BMW disposal agency :
- * Attach a copy of proposal rate chart which equal with "Swasthya Sathi rate chart" or less.

DECLARATION: We declare that the above mentioned information is correct in all aspect and I/We never blacklisted by any Department or any Organization and not convicted by the Court of Law or no pending legal cases is running against me/us. I/We also abide by the terms & Conditions of the Expression of Interest Notice. If any information found incorrect or false at any stage my/our candidature may be liable for rejection.

Place:

Date:

Signature & official seal of the Bidder