



संत लौगोवाल अभियांत्रिकी एवं प्रौद्योगिकी संस्थान,
लौगोवाल, संगरूर, पंजाब - १४८ १०६
(शिक्षा मंत्रालय के अधीन समविश्वविद्यालय)
Sant Longowal Institute of Engineering and Technology,
Longowal, Dist. Sangrur, Punjab - 148106
(Deemed-to-be-University under MoE)

Notification No. 03/2020

Date: November 06, 2020

NOTICE INVITING EXPRESSION OF INTEREST (E.O.I)

(For empanelment of Hospitals, Diagnostic Scan/Imaging Centre for providing OPD/IPD consultation and health care services to the SLIET community ie Students, Employees & their dependent family members)

Introduction

The Institute under Ministry of Education, Govt of India is planning to provide health care services to about 4000 Students, 400 Staff and their dependent family members in the hospitals and Diagnostic Scan/Imaging Centers **located in all nearby cities / towns situated in Sangrur, Barnala, Patiala, Bhathinda, Mansa, Moga, Ludhiana, Fatehgarh Sahib, SAS Nagar-Mohali Districts & UT of Chandigarh** by the expert Medical Practitioners and Empanel Hospitals for OPD/IPD services as per terms and conditions given as under:

A. Terms and conditions for Empanelment of Hospitals

1. The Hospital must be registered/recognized by the State/Central/Local Authorities.
2. The empaneled Hospital will provide outpatient and inpatient treatment to the entitled beneficiaries of SLIET, Longowal at concessional Central Govt Health Scheme- CGHS- Rates.
3. The Hospital shall verify the identity of the SLIET, Longowal beneficiaries including their dependents through his/her photograph on the medical booklet and issued by SLIET, Longowal, before starting the treatment.
4. The Hospital shall ensure that the best medical treatment/facility is extended to the beneficiaries.
5. The Hospital shall not prescribe medicines for more than 3 months period at a time for chronic diseases. After three months, fresh prescription shall be issued by the Hospital.
6. If a particular treatment is not available in the Hospital, the SLIET, Longowal beneficiaries may be referred to any Govt./CGHS empaneled private Hospital where facility for such treatment exists.
7. The Hospital shall allow the officials of SLIET, Longowal to visit the beneficiary, to inspect its inpatient treatment papers & to ascertain the welfare of the patient and that later is satisfied with the services.
8. The Medical Officer of SLIET, Longowal reserves the right to discuss the line of treatment with the concerned doctor.

9. For OPD consultations, beneficiary can avail treatment from empaneled Hospitals, directly.
10. For In-patient treatment, the beneficiary can avail treatment with prior intimation of his/her admission in the Hospital to SLIET, Longowal Health Centre.
11. The Hospital shall ensure that the beneficiary is admitted in the Hospital only for the number of days as required for the treatment and carry out such investigation and treatment as essential to the ailment. Any incidental investigation not essentially required for the ailment but demanded by the patient, will not be reimbursed by SLIET, Longowal and the Hospital will have to inform the patient that the later would have to bear the cost for such treatment.
12. In cases of emergency, the empaneled Hospital will inform Medical Officer SLIET, Longowal immediately and obtain authorization for the patient within 24 hours of his/her admission or prior to the discharge whichever is earlier.
13. For post emergency care the Hospital will transfer the patients to the room, as per entitlement.
14. The Hospital will ensure that the fees and other charges for the treatment, both in-patient and out-patient as per the CGHS rates. The beneficiaries will pay directly to the Hospital and thereafter, apply to Institute for reimbursement as per the Central Govt. Rules.
15. The hospital will hand over the bills to the beneficiaries as per the agreed schedule of charges/concessional CGHS rates. Any amount charged over and above will be deducted from the bill.
16. The Hospital will ensure that the bills indicate a clear break-up for all the treatment given to the beneficiaries at concessional CGHS rates as applicable. The signature of both the authorized signatory of the Hospital and beneficiaries should appear on the bills.
17. In case of any negligence in the treatment of the beneficiaries, the Hospital shall be solely responsible for all consequences and claim, if any, to be made by the beneficiaries.
18. Institute reserves the right to terminate the MoU by giving the Hospital (s) 90 days prior notice without assigning any reasons.
19. The Doctors of the hospital (s) should be registered with MCI/State Medical Council.
20. Preference will be given to NABH/NABL accredited Hospitals.

B. Terms and conditions for Empanelment of Diagnostic Scan/Imaging Centre

1. Diagnostic Scan/Imaging Centre must have been registered with State Government / Local Authorities, wherever applicable.
2. Diagnostic Scan/Imaging Centre will provide ultrasound/C.T. Scan/testing services to the entitled beneficiaries of SLIET, Longowal at concessional CGHS rates.
3. Diagnostic Scan/Imaging Centre will entertain the beneficiary of SLIET, Longowal only after obtaining the referral from Medical Officer of the Institute/Govt./CGHS empaneled private Hospital, except in cases of emergency only in which case the Diagnostic Scan/Imaging Centre must call Medical Officer, SLIET Longowal immediately and obtain authorization for the patient within 24 hours of reporting.

4. The Diagnostic Scan/Imaging Centre shall verify the identity of the SLIET beneficiaries including dependents through his/her photograph on medical booklet issued by SLIET, Longowal, before providing the medical services.
5. Diagnostic Scan/Imaging Centre shall ensure that the best facilities are extended to the beneficiary.
6. The Diagnostic Scan/Imaging Centre will ensure that the fees and other charges for the services provided strictly as per the concessional rates agreed to which the SLIET, Longowal beneficiary would directly pay the Diagnostic Scan/Imaging Centre and which would be reimbursed by the Institute to the beneficiary to extent and as per the Central Govt. Rules.
7. Diagnostic Scan/Imaging Centre will submit the bills to the beneficiary as per the agreed schedule of charges/ concessional rates. Any amount charged over and above will be deducted from bill.
8. The Diagnostic Scan/Imaging Centre will ensure that the bills indicate a clear break-up for all the services provided to the beneficiary at concessional rates as applicable. The signatures of both the authorized signatory of Diagnostic Scan/Imaging Centre and the beneficiary should appear on the bills.
9. In case of any negligence in the treatment of the beneficiary, the Diagnostic Scan/Imaging Centre shall be solely responsible for all consequences and claim, if any, to be made by the beneficiary.
10. Institute reserves the right to terminate the MoU by giving the Diagnostic Scan/Imaging Centre 90 days prior notice without assigning any reason.
11. Preference will be given to State/Centre/NABL registered/recognized Diagnostic Scan/ Imaging Centre.
12. All reports should be signed by the Radiologist /Pathologist as the case may be.

C. Expression of Interests (E.O.I) is also invited for the following:

From Medical/ Dental/ AYUSH Practitioners holding MBBS/MD/MS/BDS/ MDS/ Specialist PG Diploma/ AYUSH degree for providing consultation services to the Students, Employees & their dependents of SLIET, Longowal on a maximum of CSMA/ CGHS rules/rates.

Desirous Doctors/ Clinics /Nursing homes and Diagnostic Scan/Imaging Centre having required (as per terms and conditions) qualifications/facilities and those empaneled by state/central govt. and state/central PSUs/Autonomous Bodies located in the districts of Sangrur; Barnala & Patiala may please send the Expression of Interest by filling the respective Annexure as under:

- (i) **For Individual Doctors/ Clinics/ Nursing homes (Annexure-A)**
- (ii) **For Hospital Empanelment (Annexure-B)**
- (iii) **For Diagnostic Scan/Imaging Centre Empanelment (Annexure-C)**

The E.O.I should be submitted separately for each category viz Annexure A, B, C in separately sealed envelopes and clearly superscribed as “**Expression of Interest (E.O.I) For Empanelment Of Doctors / Clinics/ Nursing Homes, Hospitals OR Diagnostic Scan/Imaging Centre**” as the case may be and addressed to the following so as to reach us by **5.00 pm on 23.11.2020 (Monday)**

Registrar,

Sant Longowal Institute of Engineering and Technology
Longowal,
District-Sangrur- 148106, Punjab

Contact for information:

For any Information, terms and conditions please contact anyone of the following:

1. Medical Officer SLIET: 0167-2253512
e-mail: mo@sliet.ac.in
2. O/o Deputy Registrar (Adm): 0167-2253153
e-mail: A3admin@sliet.ac.in

E.O.I will be opened on November **24, 2020 at 10.00 am** at Committee Room (Admn Block) Sant Longowal Institute of Engineering and Technology Longowal, District-Sangrur, Punjab – 148106

The Individuals, Hospitals/Clinics, and Diagnostic Scan/Imaging Centre as the case may be, are advised to submit their application in the enclosed format. The applications will be scrutinized, and eligible candidates may be called for personal interaction to decide for empanelment.

The individual medical practitioners may quote their rates. Hospitals/Clinics and, and Diagnostic Scan/Imaging Centre etc. may submit their rate list/rates for different facilities for OPD and IPD services other facilities

-Sd-
Registrar



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ANNEXURE “A”

(To be filled by the concerned doctor in duplicate copy)

VERIFICATION FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL ATTENDANT FOR SLIET, Longowal.

1.	Name in full (block letters) (the name should be same as in his qualification degree)		Recent Photo
2.	Father / Husband's Name		
3.	Date of Birth		
4.	Nationality		
5.	Medical Qualification i.e. MBBS/ MD/ MS etc (Photocopy of the certificate/ Final year mark-sheet should be annexed).		
6.	MCI/ State Medical Council registration number and place of registration (Photocopy of The registration certificate should be annexed).		
7.	Details/copies of empanelment with other Govt agencies if any.		
8.	Name of Medical College and the University from where medical / dental degree (Bachelors) obtained		
9.	Name of Medical College and the University from where medical degree (Master, if any) obtained		
10.	Specialization if any		
11.	Full Address of Clinic / Medical Centre and date of establishment.		

12.	Present Residential Address in full (including the name of Thana/ PS)			
13.	Permanent Residential Address in full (including the name of Thana/PS)			
14.	Work experience, if any in Government Hospital			
15.	Work experience, total (in brief)			
16.	Have you ever been arrested, prosecuted or fined by a Court of Law? If yes, give full details			
<p>I certify that the foregoing information is correct and complete to the best of my knowledge and belief.</p> <p style="text-align: right;">Signature of the AMA applicant (With Stamp)</p> <p style="text-align: center;">For Office use only</p>				
Remarks of the Chairperson, Health Centre				
Whether recommended for empanelment				
Checked by	Verified & Forwarded	Recommended		Approved
	MO, Health Centre	Chairperson, HC	Registrar	Director



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ANNEXURE "B"

Hospital Empanelment Form

1	Name of the Hospital	
2	Type of Hospital	
3	Type of ownership	Sole proprietorship / Partnership / Pvt Ltd/ Public Ltd
4	Address	
5	Whether Registered Under The Clinical Establishments (Registration and Regulation) Act, 2010 (Please provide necessary certificate)	
6	If NABH accredited, provide copy of certificate	
7	Detail List of Doctors, Nurses and other supporting staff on Payroll.	
8	Contact person & Phone Nos.	
9	Consulting Hours	
10	OPD/Registration charges	
11	Rates	Please attach separate sheet with sign and seal
12	% of Corporate Discount on all the procedures, if any	

Date:
Applicant

Signature of the Authorized

(With Stamp)

For Office use only

Remarks of the Committee				
Whether recommended for empanelment				
Period				
Rates approved		As per CGHS/Institute approved rates (whichever is less)		
Checked by	Verified & Forwarded	Recommended		Approved
	HOD, Health Centre	Chairperson, Health Centre	Registrar	Director



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ANNEXURE "C"

Diagnostic/ Scan Centre Empanelment Form

1	Name of the Diagnostic/ Scan Centre	
2	Type of Diagnostic/ Scan Centre	
3	Type of ownership	Sole proprietorship / Partnership / Pvt Ltd/ Public Ltd
4	Address	
5	Whether Registered Under The Punjab State Nursing Home Registration Act, 1991 or The Clinical Establishments (Registration and Regulation) Act, 2010 (Please provide necessary certificate)	
6	List of Radiologist, Pathologist and other qualified supporting staff	
7	If NABL accredited please provide copy of certificate	
8	Contact person & Phone Nos.	
9	Consulting Hours	
10	Registration charges if any	
11	Rates	Please attach separate sheet with sign and seal
12	% of Corporate Discount on all the procedures, if any	

Date:

Signature of the Authorized Applicant
(With Stamp)

For Office use only

Remarks of the Committee				
Whether recommended for empanelment				
Period				
Rates approved		As per CGHS/Institute approved rates (whichever is less)		
Checked by	Verified & Forwarded	Recommended		Approved
	HOD, Health Centre	Chairperson, Health Centre	Registrar	Director