



Government of West Bengal
Department of Health & Family Welfare
OFFICE OF THE SUPERINTENDENT

M R Bangur Hospital & M R Bangur Super Speciality Hospital

241 & 249 DeshPranSashmal Road, Tollygunge, Kolkata - 700033

www.mrbangurhospital.gov.org Email: supdt_mrbh@wbhealth.gov.in, districthospitalspg@gmail.com

Memo No: MRBH / 332

Date: 20/02/2026

Notice inviting Expression of Interest (EOI) for Empanelment of Private and Reputed Diagnostic Center at M R Bangur Hospital for diagnostic tests and Imaging Services of all pregnant women and sick infants under JANANI O SISHU SURAKSHYA KARYAKRAM (JSSK)

Superintendent, M R Bangur Hospital invites sealed Expression of Interest (EOI) from Government approved Private diagnostic centers of reputed located in West Bengal for Empanelment of centers for investigations of patients at M R Bangur Hospital, Tollygunge, Kolkata – 700 033, West Bengal for JANANI O SISHU SURAKSHYA KARYAKRAM (JSSK) beneficiaries on cashless basis as per approved PPP Laboratories rates.

The applicants shall download tender documents which comprises the Application forms along with Terms and conditions (Annexure-I), Application Format for Empanelment (Annexure-II), Certificate of Undertaking (Annexure-III), List of Necessary Documents (Annexure-IV) from the website at www.mrbangurhospital.org.

Tenders in sealed envelope complete in all respects should reach the office of the Superintendent, M R Bangur Hospital as per below schedule.

| Availability of tender document in website or by hand in Office | Pre-Bid Meeting | Last Date & Time of submission of completed document | Date & Time of opening | Place of submission of Tender form s/opening of tender forms |
|--|--|--|------------------------|---|
| mrbangurhospital.org OR Administrative Office, 9 th Floor, M R Bangur Super Speciality Hospital, 247 DeshpranSasmal Road, Kolkata – 700 033 | 23.02.2026 03.00pm Conference Hall, M R Bangur Super Speciality Hospital | 09.03.2026, 02.00PM | 11.03.2026, 01.00PM | Administrative Office, 9 th Floor, M R Bangur Super Speciality Hospital, 247 DeshpranSasmal Road, Kolkata – 700 033 |


Superintendent

ANNEXURE - I
TERMS AND CONDITIONS

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

EOI Document Cost:

The Tender document is free of cost available at hospital website – mrbangurhospital.org

Document Acceptance:

Duly completed tender forms along with annexure and necessary documents may either be dropped in person in the tender box kept at 9th floor of office of the Superintendent, M R Bangur Super Speciality Hospital or be sent by Registered/ Speed Post at the address mentioned below. The sealed envelope should be superscribed as “**Empanelment of Private Reputed Diagnostic centers for Laboratory services**”. Tenders received after the scheduled date and time (either by hand or by post) or open tenders or tenders received through e-mail/fax shall summarily be rejected.

Condition for opening of Documents/Bids:

1. Please ensure that each page of the tender is downloaded and submitted in toto with each page signed by the appropriate signatory authority.
2. EOI Document may be outrightly rejected if any technical condition is not fulfilled.

3. Photocopy of necessary certificates (as mentioned below) should be attached with technical bid. Tenderers will be informed about date and time of inspection of their center (if required) by a duly constituted committee.

Security/Performance Guarantee Deposit:

Bank Guarantee of Rs 500000/- (Rupees Five Lakhs Only) of an authorized bank.

Tie-Up agreement:

The applicants who fulfill all the criteria as laid down in the EOI document may be invited for executing an agreement on appropriate value of stamp paper through the authorized representative of the applicant and the designated signatory authority of this office.

Period of Empanelment:

The empanelments shall be initially upto **31.03.2027** which may be extended upto **two more years** by mutual consent.

Superintendent, M R Bangur Hospital reserves the rights to accept/ reject one or all of the applications without assigning reason thereof.

Conditions for Empanelment:

1. **State Govt. approved health Care Organizations** may be considered for empanelment after they submit a consent letter accepting the terms and conditions mentioned herein along with the tender documents duly signed and stamped.
2. For all other Health Care Organizations following criteria need to be fulfilled:
 - I. The diagnostic laboratories should have been accredited by **National Accreditation Board for Testing and Calibration Laboratories (NABL) For JSSK**. However, the diagnostic laboratories, which are not accredited by NABL may also apply for empanelment but their empanelment shall be provisional till they are accredited for NABL certificate, which must be done preferably within a period of six months but not later than one year from the date of their empanelment.
 - II. The Imaging centers which are not NABH accredited and diagnostic laboratories which are not NABL accredited may be empanelled **provisionally** on the basis of fulfilling the criteria and submission of an affidavit that the information provided has been correct and in the event of failure to get recommendation from NABH/NABL as the case may be, which must preferably be done with in a period of six months but not later than one year of their empanelment, the empanelled hospital/diagnostic laboratory shall forego 50% of the Performance Bank Guarantee.
 - I. Scanned Copies of all the documents mentioned in the criteria for empanelment in Annexure-IV.
 - II. The Health Care Organization must have been in operation for at least one full financial year. Copy of audited balance sheet, profit and loss account for the preceding financial year to be submitted (Main documents only).
 - III. Copy of NABH/NABL Accreditation in case of NABH/NABL accredited Health Care Organizations.
 - IV. Copy of NABH/NABL application in case of Non-NABH/Non NABL accredited Health Care Organizations.
 - V. List of treatment procedures/investigations/facilities available in the Health Care Organization.
 - VI. State registration certificate/Registration with Local bodies, wherever applicable. Compliance with all statutory requirements including that of Waste Management.
 - VII. Fire Clearance Certificate/Certificate by authorized third party regarding the details of Fire safety mechanism as in place in the Health Care Organization.
 - VIII. Registration under PNDT Act, for empanelment of Ultrasonography facility.

IX. AERB approval for tie-up for radiological investigations/Radiotherapy, wherever applicable.

XI. Certificate of Undertaking as per the **Annexure-III**.

XII. The Health Care Organizations must have minimal annual turnover of Rs.2 Crores. However, the competent authority reserves the right to relax the turnover requirement.

XIII. Photocopy of PAN Card.

XIV. GST Registration

XV. ITR of last 03 years

XVI. Profit & Loss Account and Balance Sheet of last 03 years.

XIV. Bank details.

APPLICATION FORMAT ANNEXURE - II

(To be furnished in the Company's official letter pad with full address and contact no etc)

To
The Superintendent
M R Bangur Hospital,
241 DPS Road, Tollygunge,
Kolkata -33

Sub: Empanelment of Private and Reputed Diagnostic Center at M R Bangur Hospital for diagnostic tests and Imaging Services under JSSK

Ref : Memo No dated

Sir,

Having examined the pre-qualification & other documents published, I /we hereby submit all the necessary information and relevant documents for evaluation:

1. That the application is made by me / us on behalf of In the capacity of duly authorized to submit the offer. The authorization letter from the Company is attached in Annexure II.
2. We accept the terms and conditions as laid down in the notice mentioned above and declare that we shall abide by it for throughout the tender period.
3. We are offering rate for the following item /items and assured service to the M R Bangur Hospital under Health & Family Welfare Department, Government of West Bengal as per Table-1 (Diagnostic and Imaging Service)
4. In the event of being selected, service will be made within the stipulated period excepting the condition which is beyond our control.
6. We understand that:
 - (a) Tender Selection Committee/ Purchase committee of the M R Bangur Hospital can amend the scope & value of the contract bid under this project.
 - (b) Tender Selection Committee/ Purchase committee of the M R Bangur Hospital reserves the right to reject any application without assigning any reason;

Date :-

Signature of applicant including title
and capacity in which application is made.
Contact no.:
Tele:
Mobile:
E Mail address:

STANDARD DIAGNOSTIC SERVICES UNDER JSSK WITH APPROVED RATES

A. FOR PREGNANT WOMEN :-

| Sl No. | Name of Tests/ Investigation | Approved Rate (Rs) | Rate Given by Bidder (Rs) |
|--------|---|--------------------|---------------------------|
| 1. | Blood Hb%, TC, DC, ESR | 25.00 | |
| 2. | Platelet Count | 20.00 | |
| 3. | Blood Sugar (Fasting / PP / Radom) | 15.00 (each) | |
| 4. | Blood Urea | 15.00 | |
| 5. | Blood Creatinine | 17.00 | |
| 6. | Blood Grouping & RH Factor | 20.00 | |
| 7. | Blood Sugar, Urea & Creatinine combined | 45.00 | |
| 8. | Bleeding Time / Clotting Time | 25.00 | |
| 9. | Blood VDRL | 20.00 | |
| 10. | Blood Australia Antigen | 50.00 | |
| 11. | Blood HIV / AIDS (If not done In ICTC) | 200.00 | |
| 12. | Blood Malaria Test (Slide): If not done under National Programme in Institution | 30.00 | |
| 13. | Blood Malaria Antigen : if not done under National Programme In Institution | 150.00 | |
| 14. | Urine Albumin / Sugar | 10.00 (each) | |
| 15. | Urine Pregnancy Test | 25.00 | |
| 16. | Urine Culture / Blood Culture / Pus Culture | 50.00 (each) | |
| 17. | Urine / Stool for RE | 10.00 (each) | |
| 18. | Stool for occult Blood | 10.00 | |
| 19. | USG Pregnancy | 200.00 | |
| 20. | ECG | 25.00 | |

B. For Infants:-

| Sl No. | Name of Tests/Investigations | Approved Rate (Rs) | |
|--------|--|--------------------|--|
| 1. | Blood Hb%, TC, DC, ESR | 25.00 | |
| 2. | Blood Grouping and RH factor | 20.00 | |
| 3. | Bleeding Time/Clotting Time | 25.00 | |
| 4. | Blood HIV/AIDS (if not done in ICTC) | 200.00 | |
| 5. | Serum Bilirubin | 25.00 | |
| 6. | Coombs test | 70.00 | |
| 7. | Serum Electrolyte | 30.00 (each) | |
| 8. | Urine Albumin / Sugar | 10.00 (each) | |
| 9. | USG : Whole Abdomen | 350.00 | |
| 10. | USG : Liver, GB, Pancreas, Spleen / Upper Abdomen/ Lower Abdomen | 225.00 (each) | |
| 11. | X-Ray Chest (One Film) | 70.00 | |

CERTIFICATE OF FUND TAKING

1. It is Certified that the particulars given above are correct and eligibility criteria are satisfied.
2. That Diagnostic laboratory/ Imaging Centre shall not charge JANANI O SISHU SURAKSHYA KARYAKRAM (JSSK) beneficiaries.
3. That if any information is found to be untrue, Diagnostic Centre would be liable for de-recognition by MRBH. The Organization will be liable to pay compensation for any financial loss caused to MRBH or physical and mental injuries caused to its beneficiaries.
4. That the Diagnostic Centre has the capability to submit bills and medical records in digital format and that all Billing will be done in electronic format and medical records will be submitted in digital format.
5. The Diagnostic Centre will pay damage to the beneficiaries if any injury, loss of part or death occurs due to gross negligence.
6. That the Diagnostic Centre has not been de-recognized by any State Government or other Organizations.
7. That no investigation by central Government/State Government or any statutory Investigating agency is pending or contemplated against the Diagnostic Centre.
8. Agree for the terms and conditions prescribed in the tender document.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Annexure-IV

Copies of the following documents (wherever applicable) are to be Submitted along with the Tender

1. Copy of legal status, place of registration and principal place of business of the healthcare Organization or partnership firm, etc.,
2. A copy of partnership deed/memorandum and articles of association, if any.
3. Copy of the documents fulfilling necessary statutory requirements.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT