EMPANELMENT OF NABH HOSPITAL, NURSING HOME & CONSULTANT DOCTORS
EOI NO: NIF/2017/EOI/001 (Re-Advertised)

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Notice Inviting Expression of Interest for Empanelment of NABH Hospital/ Nursing Home / Consultant Doctors
National Innovation Foundation (NIF)- India invites Expression of Interest (EOI) from eligible National Accreditation Board for Hospitals & Healthcare (NABH) Hospitals / Nursing Homes / Consultant Doctors to empanel for extending the medical facilities to the staff of NIF- India and their dependents for the period of 3 (three) years:

1. NABH accredited- Multispecialty/ Super specialty hospital in Gandhinagar and Ahmedabad districts.


The EOI document may be downloaded from our Website: http://nif.org.in/tenders. The duly filled in documents must be sent by speed post or submitted personally in sealed envelope to the Director, National Innovation Foundation - India, Grambharti, Gandhinagar - Mahudi Road, Gandhinagar, Gujarat, Pin: 382650 latest by 11.12.2017 upto 17:00 hours.

Director & Chief Innovation Officer
National Innovation Foundation- India
(Autonomous Body of DST, Govt. of India)
DISCLAIMER

This Expression of Interest (EOI) is issued by National Innovation Foundation (NIF) - India, an Autonomous Body of the Department of Science and Technology, Government of India.

This EOI is meant only for those NABH Hospitals, Nursing Homes & Consultant Doctors who intend to submit their credentials in line with the terms and conditions set forth in EOI document. While the information in this EOI has been prepared in good faith, it is not and does not purport to be comprehensive or to have been independently verified.

The information in this EOI is selective. Each interested applicant must conduct its own analysis of the information contained in this EOI or to correct any inaccuracies therein that this EOI may contain and is advised to carry out its own investigation into the proposed empanelment for NABH Hospital, Nursing Home and Consultant Doctors.

The interested NABH Hospital and Nursing Home may apply on the prescribed Application Format given at Annexure-I.

The interested Consultant Doctors may submit an application stating their educational qualification and experience in years after obtaining Post Graduation qualification and proposed consultation fee per patient/visit or a specified number of visit or period.

An agreement as provided at Annexure-IV of this EOI detailing all terms and conditions for availing the medical facility shall be signed between the NIF and the HOSPITAL / Nursing Home / Consultant Doctors concerned. No deviation to terms and conditions indicated in the agreement shall be accepted.

1.0 NIF– INDIA: AN INTRODUCTION:

NIF is an Autonomous Body of the Department of Science and Technology, Government of India. It is India's national initiative to strengthen the grassroots technological innovations and outstanding traditional knowledge. Its mission is to help India become a creative and knowledge-based society by expanding policy and institutional space for grassroots technological innovators.

NIF scouts, supports and spawns grassroots innovations developed by individuals and local communities in any technological field, helping in human survival without any help from formal sector. NIF helps grassroots innovators and outstanding traditional knowledge holders get due recognition, respect and reward for their innovations. It also tries to ensure that such innovations diffuse widely through commercial and/or non-commercial channels, generating material or non-material incentives for them and others involved in the value chain.

1.1 NIF- India prefers NABH Hospital and Nursing Home having advanced facilities in Gandhinagar and Ahmedabad districts for referring its patients.
2.0 TERMS & CONDITIONS:

2.1 The empanelment of NABH Hospital, Nursing Home & Consultant Doctors will be based on the medical services requirement and locality as enumerated below:

Broadly the empanelment of hospital will be under three categories considering the requirement:

**Grade I**: Tertiary Care- Multispecialty/Super Specialty Hospitals having NABH Accreditation.

**Grade II**: Single Specialty /Multi Specialty/Super Specialty Hospitals/ Radiological Diagnostic Centres providing secondary level health management.

**Grade III**: Nursing homes providing single or multispeciality (Obs. / Gynaec/ Orthopaedics / Endoscopic Surgery / Laparoscopic Surgery / Medicine / Paediatrics / Cardiology / Haemodialysis / Neurology / ENT Clinic/Hospital; / Dental / Ophthalmology / Oncology / Urology / Dermatology / Radiological Diagnostic & Imaging Centres / CT Scan Centres, Mammography Centres / USG / Colour Doppler Centre / Bone Densitometry Centre / etc.) services located in Ahmedabad and Gandhinagar districts.

Only NABH Accredited Hospitals will be considered for empanelment of **Grade I** Hospitals for tertiary care.

The requirement for empanelment of **Grade II & III** hospitals respectively is given in Annexure II & III.

2.2 The NABH Hospital, Nursing Home and Consultant shall provide medical facility to the employees of NIF- India and their dependents on the referrals made by the authorized signatory of NIF- India.

2.3 The medical beneficiaries of NIF- India are governed by Health Services facility and entitled to facilities of private, semi-private or general ward depending on their remuneration.

2.4 The treatment obtained from the empanelled Hospital, Nursing Home and Consultant doctors will be considered as a part of extended medical facilities to NIF- INDIA and cost of such treatment / investigations incurred will be paid directly by the NIF- India to the Hospital, Nursing Home and Consultant after the treatment has been completed, upon submission of relevant bills. In case of IPD treatment, the payment may be made by the Insurance Company.

2.5 The empanelment shall be in force for a period of 3 years w.e.f. of date of signing of the agreement. The empanelment may be renewed further on such terms and conditions as may be mutually agreed.
2.6 The terms and conditions for empanelment of Hospital, Nursing Home and Consultant doctors may be negotiated for the purpose of extending credit facility to NIF-India which will enable the beneficiaries to get the appropriate medical treatment without the necessity of cash payment.

2.7 Maximum 3 (three) months medicines will be allowed on credit basis if so advised by the doctor of the referred Hospital / Nursing Home / Consultant and the same will be incorporated in the agreement.

2.8 The hospital/ nursing home/ Consultant doctor will charge agreed rates as given in the quotation.

2.9 Tax exemption certificate prescribed under the Income Tax Act, 1961 to avail tax exemption by the employees, may be provided by the hospital, if required.

3.0 GENERAL INFORMATION & INSTRUCTIONS:

3.1 NIF-India floats this EOI for empanelment of NABH Hospital, Nursing Home and Consultant subject to fulfilling the requirement as stated above.

3.2 Applicants are expected to examine the EOI document carefully before submission of the application. Incomplete applications will be summarily rejected.

3.3 It would be deemed that prior to the submission of the Application, the applicant has:
   I. Made a complete and careful examination of requirements and other information set forth in this EOI request document.
   II. Received all such relevant information as it has requested from NIF – India.

3.4 The applicant shall bear all costs associated with the preparation and submission of their application.

3.5 The applicant shall not disclose confidential information to any third party without prior written approval of NIF-India.

3.6 NIF-India reserves the rights to call for the supporting documents for verification if so deemed also cross-check for any details as furnished by the applicant from their previous clients etc. The applicants shall not have any objection whatsoever in this regard.

3.7 The application submitted by the party shall comprise the documents in support of Qualification and Hospital rate list. All the envelopes should compulsorily be sealed & superscribed with EOI for NABH Hospital / Nursing Home / Consultant.

4.0 RATES:
4.1 The schedule of rates charged by the hospital should be comparable with CGHS rates for Ahmedabad as notified by Ministry of Health & Family Welfare, Department of Health & Family Welfare.
4.1.1 “Package Rate” shall mean and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to)—

I. Registration charges  
II. Admission charges  
III. Accommodation charges including patients diet  
IV. Operation charges  
V. Injection charges  
VI. Dressing charges  
VII. Doctor / consultant visit charges  
VIII. ICU / ICCU charges  
IX. Monitoring charges  
X. Transfusion charges  
XI. Anesthesia charges  
XII. Operation theatre charges  
XIII. Procedural charges / surgeon’s fee  
XIV. Cost of surgical disposables and all sundries used during hospitalization  
XV. Cost of medicines  
XVI. Related routine and essential investigations  
XVII. Physiotherapy charges etc.  
XVIII. Nursing care and charges for its services.  
XIX. Cost of preventive health care charges like vaccination, general health checkup

(b) Cost of Implants / stents / grafts is reimbursable in addition to package rates as per CGHS ceiling rates for Implants / stents / grafts or as per actual, in case there is no CGHS prescribed ceiling rates.

(c) Treatment charges for new born baby are separately reimbursable in addition to delivery charges for mother.

4.1.2 Package rates envisage up to a maximum duration of indoor treatment as follows:

Twelve (12) days for Specialized (Super Specialties) treatment;

Seven (7) days for other Major Surgeries;

Three (3) days for Laparoscopic surgeries / normal deliveries; and one (1) day for day care / Minor (OPD) surgeries.

4.1.3  
a) Room rent will be applicable as per the agreed/ approved rates.  
b) During the treatment in ICCU/ICU, no separate room rent will be admissible.
c) Normally the treatment in higher category of accommodation that the entitled category is not permissible. However, in case of an emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

If, on request of the beneficiary, treatment is provided in higher category of ward, then the expenditure over and above entitlement will have to be borne by the beneficiary and the hospital should charge the difference from him/her.

Room rent shall include charges for occupation of bed, diet for the patient, charges for water and electricity supply, linen charges, nursing charges and routine up keeping.

4.2 If the hospital is approved by the Central Government/ State Government under Central Services, Medical Attendance) CSMA Rules, such Hospitals may be empanelled on their scheduled rates as applicable from time to time.

4.3 In a particular place If any of the hospital is not ready to provide medical services at CGHS/Government rates but such hospital is empanelled or recognized by other Government Organization, i.e. Central government/ State Government/ Public Sector Undertaking organization in the same place then the schedule of rates on which such hospital is empanelled or recognized may be considered by the competent authority.

5. EVALUATION AND COMPARISON OF APPLICATIONS
The Medical Committee will visit and inspect the Hospitals, nursing homes and consultant doctors which have given EOI based on the Annexure – I, II & III as the case may be and give its assessment report based on Infrastructure, availability of range of specialist doctors, empanelment with Government (State/Central)/ PSUs, Autonomous bodies, tie up with insurance companies etc. As per recommendations of Committee, applications will be shortlisted and the rate list of such screened Hospitals will be opened for further process of empanelment.

6. AWARD CRITERIA
The NIF- India shall empanel the Hospital whose EOI evaluation will be determined to be suitable technically and financially, and which has been substantially responsive to the EOI document.

7. CORRUPT & FRAUDULENT PRACTICES:
It is expected that applicants observe the highest standard of ethics during the execution of the contract in pursuance to the policy of “Corrupt & Fraudulent Practices” that is defined as follows:

1. “Corrupt practice” means the offering, receiving or soliciting of anything of value to influence the action of a public official in the contract execution.
II. “Fraudulent practice” means a misrepresentation of facts to influence the execution of a contract to the detriment of NIF-INDIA and includes collusive practices amongst the applicants (prior to or after EOI submission) designed to establish application process at artificial non-competition levels and to deprive NIF-INDIA of the benefits of free and open competition.

NIF-India will reject a proposal for award of work, if it is determined that any applicant or the agency to whom the work has been awarded is engaged in corrupt or fraudulent practices.

8. NIF-India reserves the right to reject any application if:
   I. At any point of time, a material misrepresentation is made or uncovered for an applicant.
   II. The applicant does not respond promptly and thoroughly to requests for supplemental information required for the evaluation of the application.
   III. The decision taken by NIF-India for cancellation of this EOI any time during process and award of work will be final and no communication related to this will be done.

9. Agreement:
The final agreement will be signed by the Director of NIF-INDIA with the Hospitals/Nursing Home/Consultant as the case may be approved for empanelment in the prescribed format as at Annexure-IV.
## Annexure- I

**Application Format for Empanelment of NABH Hospitals and Nursing Home**

1. Name of the city where hospital is located

<table>
<thead>
<tr>
<th>City</th>
<th>District</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
</table>

2. Name of the hospital

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>City</th>
<th>District</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
</table>

3. Address

<table>
<thead>
<tr>
<th>Address Details</th>
<th>City</th>
<th>District</th>
<th>Region</th>
<th>State</th>
</tr>
</thead>
</table>

4. Tel/Fax/E-mail

<table>
<thead>
<tr>
<th>Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
</tr>
</tbody>
</table>

Signature of the Authorized Applicant

**Attachment**: Copy of full NABH certificate with exact period and scope of accreditation signed by Hospital Authority.

Yes/ No
5. Empanelment Applied for:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Specialty</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Super Specialty (One or more Specialty)</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Multi-specialty (General Purpose)(^1*) (Minimum three specialties)</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>Dental Care Centre</td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Super Specialty Eye Care</td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td>Diagnostic Centre</td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td>Nursing Home</td>
<td></td>
</tr>
</tbody>
</table>

(Please tick the appropriate box)

**Details of Super Specialty (Specify specialty)**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology, Cardiovascular and Cardiothoracic surgery</td>
<td></td>
</tr>
<tr>
<td>Neurology and Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Urology – including Dialysis and Lithotripsy (Renal Transplant, if available)</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic Surgery – including arthroscopic surgery and Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology and GI-Surgery (Liver Transplant, if available)</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Oncology (includes surgery, chemotherapy and Radiotherapy)</td>
<td></td>
</tr>
<tr>
<td>Paediatrics and Paediatrics surgery</td>
<td></td>
</tr>
<tr>
<td>Endoscopic surgery</td>
<td></td>
</tr>
<tr>
<td>E.N.T. including specialised surgeries</td>
<td></td>
</tr>
</tbody>
</table>

Any other (specify the name of the Speciality): ________________________________

Note: Facilities for Relevant Diagnostic procedures/investigations should be available.

**Note:** Multispecialty (General Purpose) shall include General Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Orthopedics, ICU and Critical Care Units (ENT, Ophthalmology, Dental specialties desirable) and facilities for Radiology and in house laboratory and Blood Bank. These hospitals will not be considered for ONE Speciality/or selected specialities only. However, they can be considered for additional Specialities in addition to General Purpose treatment.

**Details of Multispeciality (Specify specialty)**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td></td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>ICU and Critical Care Units</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>ENT</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Dental specialities</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Radiology</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>In house laboratory</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Blood Bank</td>
<td>Yes/ No</td>
</tr>
</tbody>
</table>

Any other (specify the name of the Speciality):
--------------------------------------------------------------------------------------------------------------------------
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Signature of the Authorised Applicant

**Detail of Dental Care Centre:**
Applied for:
General Dentistry

Special Dental procedures –speciality specified

Diagnostic procedures/investigations for Dental

**Details of Super Speciality Eye Care:** –
Applied for – (specify)

Cataract / Glaucoma

Retinal –Medical –Vitro retinal surgery

Strabismus

Occuloplasty & Adnexa & other specialized treatment

6. Whether the hospital is recognized under any one or more of following:
   1. Under CGHS / CS(MA) / CHSS of GoI/ CPSU: Yes/ No
   2. Under State Health Authority / Local Body: Yes/ No
   3. Under any Medical Health Insurance Organization: (If yes, specify) Yes/ No
4. Trust Hospital: Yes/ No

7. Whether CGHS rates acceptable: Yes/ No

8. Whether NABH/NABL accredited: Yes/No


10. Any other relevant information__________________________________________

11. Rate list for various treatment/investigation enclosed in separate sealed envelope.

Signature of the Authorised Applicant
Annexure-II

Checklist for GR.II Hospitals
Section-A (For Multi-Speciality Hospitals)

### Criteria for Multi-Speciality Hospitals:

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have minimum 20 bed for Multi-Speciality Hospitals and minimum 15 beds for Super Speciality Hospitals.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The hospital should have adequate doctors, nursing and para medical staff to meet the requirement of services and workload of the hospital.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>It should be able to provide emergency services.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The bed occupancy rate should be 50% in last one year.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>It should have standby power supply.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>It should have pathology laboratory/X-Ray facilities.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>It should have operation theatre with OT Table, shadowless light, autoclave facilities, Boyle’s apparatus/Anesthesia machine/Pulse Oxymeter and ECG monitor.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>It should have blood bank support.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>It should have pharmacy/drugs store.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>It should have ambulance facility.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>It should have waste disposal system as per prescribed rules.</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION-B (CARDIOLOGY HOSPITALS)

**CRITERIA FOR CARDIOLOGY HOSPITALS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have full time qualified Cardiologists.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>It should have qualified cardio-thoracic surgeon back up.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>It should have separate Cardiac ICU.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>It should have Cath. Lab. Facility.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>It should be performing minimum 100 angiography per year.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>It should be performing minimum 50 angioplasties per year.</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION-C (HAEMODIALYSIS)

**CRITERIA FOR DIALYSIS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have a good dialysis unit placed in neat, clean and hygienic room.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>It should have at least two good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.</td>
<td></td>
</tr>
</tbody>
</table>
3. It should have water-purifying unit equipped with reverse osmosis.  
   Yes/ No

4. Unit should be regularly fumigated and they should perform regular antiseptic precautions.  
   Yes/ No

5. It should have facility for providing dialysis in seropositive cases.  
   Yes/ No

6. It should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis  
   Yes/ No

7. It should conduct at least 50 dialysis per month and each session of Haemodialysis should be at least 4 hours.  
   Yes/ No

8. Facility should be available 24 hours a day.  
   Yes/ No

SECTION- D (ORTHOPAEDIC CENTRE)

CRITERIA FOR ORTHOPAEDIC CENTRE:

1. The hospital should have qualified Orthopaedic Surgeon.  
   Yes / No

2. It should have aseptic operation theatre.  
   Yes / No

3. It should have imaging facility.  
   Yes / No

4. It should be able to give emergency services.  
   Yes / No

5. It should have a Physiotherapy support.  
   Yes / No

SECTION-E (NEUROLOGY CENTRE)

CRITERIA FOR NEUROLOGY CENTRE:

1. The hospital should have qualified Neurologist / Neuro Surgeon  
   Yes / No

2. It should have EEG and imaging facility support  
   Yes / No

3. It should have physiotherapy support.  
   Yes / No

SECTION-F (E.N.T. CLINIC/HOSPITAL)

CRITERIA FOR E.N.T. CLINIC/HOSPITAL:

1. The hospital should have qualified E.N.T. Surgeon.  
   Yes / No

2. It should have Audiometry facility.  
   Yes / No

3. It should have facility for Endoscopy and require instrumentation facility  
   Yes / No

SECTION-G (ONCOLOGY)

CRITERIA FOR ONCOLOGY:

1. The hospital should have qualified Oncologists.  
   Yes / No
<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>It should have aseptic operation theatre for Oncological Surgery.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3</td>
<td>It should have facilities for Chemotherapy.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4</td>
<td>It should have facilities for Radiotherapy and adequate manpower as per guidelines of AERB.</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**SECTION-H (ENDOSCOPIC/LAPROSCOPIC SURGERY HOSPITAL)**

**CRITERIA FOR ENDOSCOPIC/LAPRISCOPIC SURGERY HOSPITALS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have adequate facilities for casualty/emergency ward, full-fledged ICU, proper wards, qualified nurses and paramedical staff and Resident doctors/specialists</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2.</td>
<td>The surgeon should be Post Graduate with experience in the concerned field</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3.</td>
<td>He/she should be able to carry out the surgery with its variations and able to handle its complications</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.</td>
<td>The hospital should have facilities to carry out laparoscopic surgeries.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5.</td>
<td>The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**SECTION-I (DENTAL HOSPITALS)**

**CRITERIA FOR DENTAL HOSPITALS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have qualified Dental Surgeon.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2.</td>
<td>It should have facility for Dental X-ray.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3.</td>
<td>It should have adequate nursing staff.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.</td>
<td>It should be able to provide emergency services.</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5.</td>
<td>It should have working Dental Chair, Electrically operated, hygienic/aseptic piping unit fitted with Halogen Light and other facilities like Air Rotor, Air Motor/Micro Motor, Oil free medical grade compressor, Ultrasonic Scaler, Light Cure Machine, Built in high suction apparatus etc.</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
**SECTION-J (EYE CARE HOSPITALS)**

**CRITERIA FOR EYE CARE HOSPITALS:**

<table>
<thead>
<tr>
<th>No.</th>
<th>Requirement</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The hospital should have qualified Ophthalmic Surgeon with experience in PHACOEMULSIFICATION surgery.</td>
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</tr>
<tr>
<td>2.</td>
<td>It should have performed minimum 500 IOL implants in one year</td>
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<tr>
<td>3.</td>
<td>It should have Phacoemulsifier Unit.</td>
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<tr>
<td>4.</td>
<td>It should have YAG laser for capsulotomy</td>
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<td>5.</td>
<td>It should provide IOL of national/international standard</td>
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<td>6.</td>
<td>It should have back up facilities of Vitro-retinal Surgeon</td>
<td></td>
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<tr>
<td>7.</td>
<td>It should have adequate OT facilities.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>It should have adequate nursing staff.</td>
<td></td>
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<tr>
<td>9.</td>
<td>It should have facilities for Glaucoma cases management.</td>
<td></td>
</tr>
</tbody>
</table>
### REQUIREMENT FOR GR.III HOSPITALS

**NURSING HOMES PROVIDING SINGLE OR MULTI SPECIALITY SERVICES**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The hospital should have full time/round-the-clock qualified doctors, nursing and Para-medical staff.</td>
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<tr>
<td>It should have minimum 10 beds.</td>
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<tr>
<td>It should be able to provide emergency services.</td>
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<tr>
<td>It should have pathology laboratory facilities.</td>
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<tr>
<td>It should have power back up.</td>
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<tr>
<td>It should have OPD facilities with adequate sitting arrangements</td>
<td></td>
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</tbody>
</table>
AGREEMENT
BETWEEN
NATIONAL INNOVATION FOUNDATION (NIF) - INDIA
AND

This agreement is made and executed on this………………….day of……………………….2017, by and NIF- India and having its office at……………………..of the first party AND

(NAME of the NABH hospital/nursing home/ consultant doctor with complete address) of the second party.

WHEREAS, the Contributory Health Services Scheme is providing comprehensive medical facilities to all employees of NIF-INDIA and their dependents referred to as “beneficiary”.

AND WHEREAS, NIF-India Empanelment of Referral Hospitals Scheme proposes to provide treatment facilities and diagnostic facilities to the Beneficiaries in the NABH Hospital / Nursing Home / Consultant in Ahmedabad and Gandhinagar districts.

AND WHEREAS, (NAME of the NABH Hospital / Nursing Home / Consultant) agreed to give the following treatment / diagnostic facilities to the Beneficiaries in the Hospitals NABH Hospital / Nursing Home / Consultant owned by the Second Party.

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

1.0 GENERAL CONDITIONS

1.1 The Second Party shall extend credit facility to the First Party for providing the services under the Scheme to the beneficiaries.

1.2 Both outpatient and inpatient treatment and any other procedures under the approved Package rates shall be extended on credit basis to all beneficiaries and no separate registration fees, file charges etc. will be charged by the second party. Cost of all required medicines, investigations, blood & blood components (service charges excluding blood donor charges etc.) will be incorporated in the final bill to be submitted by the referral hospital. The schedule of the rates is indicated in Annexure A.

1.3 The charges for the treatment of all the categories of procedures under the Packages are to be charged according to the package rates wherever approved. The cost of the items like stent, valves, pace makers, implants, prosthesis etc. which is not included in the packages shall be used, if required, only with prior concurrence of the Medical Committee /Director NIF.
1.4 All investigations regarding fitness for the surgery will be done prior to the admission for any elective procedure are the part of package. For any material / additional procedure / investigation other than the requirement for which the patient was initially permitted, would require the permission of the Medical Committee /Director NIF.

1.5 The package rate, if any, under the treatment requirement will be calculated as per the rate specified in Annexure-A. No additional charge on account of extended period of stay shall be allowed if that extension is due to any infection as a consequence of surgical procedure or due to any improper procedure and is not justified.

1.6 The non-medical items not the part of package as detailed below, if issued to the patient should not be billed to the first party and should be charged directly from the beneficiary:
   a) Toilet / Tissue rolls/papers
   b) Face tissue
   c) Diapers
   d) Food served to patient’s relatives/attendants, if any.
   e) Toiletry items like tooth paste, tooth brush, mouth wash, soap including oil (olive/Olio), cream, Vaseline body lotion, sanitary items, etc.
   f) Telephone charges
   g) Drinking Glass
   h) Digital / Ordinary Thermometers
   i) Insulin Syringe/needle for outpatient
   j) Medical certificate charges, Admission Card/Registration charges.
   k) Barber charges/ Razor charges / Hair remover lotion
   l) Treatment purely on aesthetic reason
   m) Private Nurse/Attendant charges
   n) Mineral Water / Packaged Drinking water
   o) Medicine Box
   p) Air freshener
   q) Eau-de-cologne
   r) Any supplementary protein foods given to the patient
   s) Patient relative holding room charge
   t) All non-allopathic drugs and medicines.

1.7 The procedure and package rates for any diagnostic investigation, surgical procedure and other medical treatment for beneficiary of First Party under this Agreement shall remain firm and not be increased during the validity period of this Agreement. However, revision if any, in the scheduled rates, may be made effective on the specific request of the Second Party. Though, approval of first party on the revised rates will be mandatory.

1.8 The Second Party shall provide services only for which it has been empanelled by NIF-India at the rate fixed / agreed between the Parties and shall be binding. Due to any reason, if any other services are required to be provided by the hospital, the same shall be provided only with the approval of Medical committee /Director, NIF and the charges will be as per the charge approved by competent authority of NIF-India.
1.9 The Hospital will extend OPD facilities based on cards issued by the hospital or list provided by NIF- India along with office ID card (in case of existing employees) and valid identity card (in case of dependent of employees).

1.10 The Hospital will admit the patients on the basis of the Authority letter issued by the authorized officers of NIF in the prescribed format.

1.11 The Second Party shall furnish reports on monthly basis by 10th day of the succeeding calendar month to the First Party in respect of the beneficiaries treated / investigated.

1.12 The Second Party shall submit all the medical records in hard copy format as far as possible to the First Party.

1.13 The Second Party agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the Second Party, which alone shall be responsible for the defect and / or deficiencies in rendering such services.

1.14 It is hereby agreed that during the In-patient treatment of the Beneficiaries, the Second Party will not ask the beneficiary or his/ her attendant to purchase separately the medicines/sundries/ equipment or accessories from outside and will provide the treatment within the package deal rate, as agreed by the Parties, which includes the cost of all the items. In case of any such complaint, the same shall be considered as a breach and appropriate action, including removing from the empanelment and/or termination of this Agreement, may be initiated against the Second Party on the basis of any investigation or enquiry, as deemed fit, carried out by teams /appointed by the First Party.

1.15 The Second Party shall immediately communicate to medical committee/ Director about any change in the infrastructure / strength of staff. The empanelment will be temporarily withheld in case of shifting of the facility to any other location without prior intimation to the First Party. The new establishment of the Second Party shall attract a fresh inspection and empanelment will be continued subject to satisfaction of the inspection by the Medical Committee.

1.16 The Second Party will submit an annual report regarding number of referrals received, admitted, bills submitted to the First Party and payment received, details of monthly report submitted to the Medical committee.

1.17 In case of any natural disaster / epidemic, the Second Party shall fully cooperate with the authorities of the First Party and will convey / reveal all the required information, apart from providing treatment.

1.18 The Second Party will not make any commercial publicity projecting the name of the First Party. However, the fact of empanelment under NIF-India may be displayed at the premises of the empanelled center.
1.19 The Second Party will investigate / treat the beneficiary of the First Party only for the condition for which they are referred. In case of unforeseen emergencies of these patients during admission for approved purpose/procedure, ‘provisions of emergency’ shall be applicable.

1.20 The Second Party will not refer the patient to other specialist / other hospital without prior permission of authorities of the First Party. Prior intimation shall be given to medical committee/Director whenever patient needs further referral.

2.0 DUTIES AND RESPONSIBILITIES OF HOSPITALS, CLINICS & DIALYSIS CENTRES.
It shall be the duty and responsibility of the Second Party at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.

3.0 HOSPITALS, CLINICS & DIALYSIS CENTRE. INTEGRITY AND OBLIGATIONS DURING AGREEMENT PERIOD

The Second Party is responsible for and obliged to conduct all contractual obligations in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Agreement. The Second Party is responsible for managing the activities of its personnel and will hold itself responsible for their misdemeanors, negligence, misconduct or deficiency in services, if any.

4.0 TREATMENT IN EMERGENCY
4.1 Notwithstanding anything contained in this agreement, in case of emergency, an employee and his/her dependent family member may seek hospitalization directly on the basis of Official Identity Card issued by NIF- India and charges applicable will be as per the approved rates including Package Rate only wherever applicable and no emergency charges or any additional charge on account of the emergency will be payable. In such cases the concerned employee will submit the reference letter on the next working day. The copy of the reference letter needs to be enclosed with the hospital bills while claiming the medical charges.

5.0 TERMINATION
5.1 This agreement can be terminated by either of the party by giving 30 days’ notice in writing to the other party.

5.2 However, the First Party may, without prejudice to any other remedy for breach of Agreement, by written notice to the Second Party may terminate the Agreement in whole or part:

a. If the Second Party fails to perform any of its obligation(s) under the Agreement.

b. If the Second Party in the judgment of the First Party has indulged in corrupt or fraudulent practices in competing for or in executing the Agreement.
c. In case of any violation of the provisions of the Agreement by the Second Party such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries and direct charging from the Beneficiaries of the First Party, deficient or defective service, over billing and negligence in treatment.

5.3 If the Second Party is found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement will be summarily suspended without any notice by the First Party and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice.

6.0 INDEMNITY
The Second Party shall at all times, indemnify and keep indemnified the First Party against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Second Party in execution of or in connection with the services under this Agreement will not hold the First Party responsible or obligated.

7.0 PAYMENT
The payment will be made to the Second Party within a period of 30 days from the date of submission of the bill accompanied with all necessary and supporting documents.

8.0 DURATION
The Agreement shall remain in force for a period of three (03) years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for a further period with mutual consent of the Parties.

9.0 ARBITRATION
9.1 Any dispute/difference arising out of this Agreement shall be mutually resolved with the consent of both the parties. However, in case, the disputes/difference could not be resolved through mutual discussion, in that case the same shall be referred for resolution by the sole arbitrator to be appointed by Director, NIF-INDIA. The arbitration shall be governed by the Arbitration and Conciliation Act, 1996 as amended from time to time.

10.0 MISCELLANEOUS:
10.1 Nothing under this Agreement shall be construed as establishing or creating any right or any relationship of Master and Servant or Principal and Agent between the First Party and the Second Party.

10.2 The Second Party shall notify the First Party of any change as to the status, change of name etc. as the case may be, if such change would have an impact on the performance of obligation of the Second Party under this Agreement.

10.3 This Agreement can be modified or altered only on written agreement signed by both the parties.
10.4 If the Second Party is wound up or dissolved or become insolvent, the First Party shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Second Party or their heirs, successors, assigns and legal representatives from the liability in respect of the services provided by the Second Party under the Agreement.

10.5 The Second Party shall not assign, in whole or in part, its obligations to perform under the agreement, except with the prior written consent of the First Party at its sole discretions and on such terms and conditions as deemed fit by the First Party. However, any such assignment shall not relieve the Second Party from its liability or obligation under this agreement.

11.0 NOTICES
11.1 Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by Speed Post or by facsimile and confirmed by original copy by post to the other Party’s address as below.

IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

<table>
<thead>
<tr>
<th>Signed by</th>
<th>Signed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:..............................</td>
<td>Name:..............................</td>
</tr>
<tr>
<td>Designation:........................</td>
<td>Designation:........................</td>
</tr>
<tr>
<td>National Innovation Foundation- India (First party)</td>
<td>For and on behalf of (NABH Hospital / Nursing Home / Consultant) duly authorized vide Resolution of (name of NABH Hospital / Nursing Home / Consultant) (Second Party)</td>
</tr>
</tbody>
</table>

In the presence of (Witnesses)
1. 
2.

In the presence of (Witnesses)
1. 
2.

**NOTE:** This agreement is common for NABH Hospital / Nursing Home / Consultant and therefore at the time of actual signing of the agreement, non-applicable clauses may be suitably stricken off without diluting the intent /contents.