

**BHARAT HEAVY ELECTRICALS LIMITED, JHANSI**  
(A GOVT. OF INDIA UNDERTAKING)  
**MEDICAL DEPARTMENT**  
**P.O. BHEL, JHANSI-284120 (UP)**



Ref. No. Medical Empanelment/21-22/01

Date: 07/01/2022

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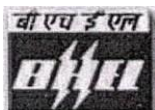
Expression of Interest for Empanelment of Jhansi & Gwalior based hospitals/Nursing Homes

To provide treatment to referral cases from BHEL Jhansi hospital, applications are invited from interested Jhansi & Gwalior based Hospitals. Specialist, Super Specialis Doctors & Establishments for empanelment of following categories:

1. Hospital/Nursing Home with Multi Specialty facilities.
2. Orthopedic, Pediatric, Ophthalmology, ENT, Gynecology, Medicine, General Surgery & Super specialty purposes, Cardiology, Gastroenterology, Nephrology, Neuro surgery, Neuro Physician, Pediatric surgery, Endocrinology, Urology & Urosurgery
3. Dentist (Only Jhansi based)
4. Pathological and Radiological Investigation Centres
5. Collection Centre for Pathological investigations for BHEL Hospital, Jhansi

Last date for submission of duly filled applications is 1<sup>st</sup> February'2022' before 13.15 Hrs. For details please visit our website [www.bheljhs.co.in](http://www.bheljhs.co.in).

Head Ortho & Medical Superintendent



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**General Terms & Conditions.**

1. Empanelment will be on sole discretion of the committee constituted by BHEL.
2. BHEL reserves the right to terminate empanelment process at any point of time without assigning any reason.
3. Empanelment will be for two years from the date of empanelment which may be extended further on mutual consent of both the parties.
4. Rates shall be firm throughout the empanelment period.
5. Empanelment will be done on the basis of the above criteria and on the basis of number and location wise requirement of BHEL.
6. BHEL has right of surprise check of Nursing home/hospital for well-being of their patients.
7. BHEL reserves the right to terminate the contract at any time during the validity period on account of non-fulfilment of contract condition, adverse feedback regarding quality of services rendered, indulgence in unethical practices etc. on 30 (Thirty) days notice.
8. The Empanelled parties have to execute an agreement with BHEL Jhansi on Rs.100/- Stamp paper on enclosed format.
9. In case of breach of contract before agreed terms & period, the concern hospital may not be considered for further business with BHEL, in addition to above other action like banning of business with group hospital may also be taken as per BHEL policy.
10. Interested hospital / diagnostic centers have to apply for the medical treatment/facilities they are having in their set up.
11. If any specific treatment which cost is beyond the contract rate of BHEL, prior permission / consent should be taken from M.S. of BHEL, Jhansi.
12. Feedback form taken from patient should be enclosed with bill from respective hospital at the time of bill submission.
13. Preference will be given to Post graduate degree holder.
14. Separate refer slip will be issued for IPD & OPD.
15. One refer slip will be valid only for 30 days or up to three visits which ever is earlier.
16. Feedback signed by employee shall be reviewed periodically for continuation of empanelment.

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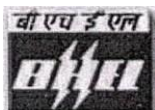
EVALUATION CRITERIA

The evaluation of the offer will be carried out as follows:

1. BHEL Empanelment Committee will visit the Applicants Hospital/Nursing Home/Clinic to evaluate the capability and assess the performance.
2. Capability of the applicant will be assessed on the basis of employees including paramedical staff on their rolls, equipment's in its possession, previous track record, experience in other organizations etc.
3. Based on techno-commercial offer & techno commercial evaluation, reasonability of prices will be assessed by Empanelment Committee to complete the process for empanelment of Hospital/Clinic.
4. Decisions of Empanelment committee will be final and will be acceptable to everyone.

I/We agree with the above  
Signature of Applicants with Seal

Executive Incharge



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**QUALIFYING REQUIREMENTS FOR NURSING HOMES/ HOSPITALS**

1. The Nursing home /Hospital must have state registration with CMO of District/state registration / charitable registration.
2. The Nursing home / Hospital must have valid PAN No.
3. The Nursing home / Hospital must have GSTIN No.
4. The Nursing home (Hospital must have Doctors with minimum qualification i.e.  
(A) Super specialist DM / MCH in respective field.  
OR  
(B) Post graduate M.S./M.D./D.N.B. with five (05) years experience in Respective fields.  
OR  
(C) Post graduate Diploma with 10Years experience in respective fields.
5. The Nursing home /Hospital must have Super specialist facility in their panel.
6. The Nursing home / Hospital must have Well Equipped O.T. for general Surgeon including Laparoscopic surgery facility.
7. The Nursing home/Hospital must have Post Operative recovery room with ventilator.
8. The Nursing home /Hospital must have Trained Paramedical staff for post-operative care of patient.
9. The Nursing home / Hospital must have qualified trained O.T. Staff - Staff Nurses, O.T. technician with minimum 02 years of experience.
10. The Nursing home /Hospital must have proper standards of sterilization.
11. The Nursing home /Hospital must have minimum 20Beds
12. The Nursing home /Hospital must have their own well equipped Pathology lab preferably NABL certified, with following facilities:  
(A) Qualified staff - Pathologist: Must be degree Holder with 05 years experience  
OR Diploma with 10 years' experience.  
Lab Technician: Must be DMLT with 02 years experience.  
(B) Equipments: Biochemistry analyser, Electrolyte analyser, Haematological analyser  
(C) Investigations in Haematology, Biochemistry, Serology, Microbiology etc.

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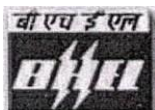


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- (13) The Nursing home /Hospital must have well equipped labour room with trained nursing staff.
- (14) The Nursing home /Hospital must have uninterrupted water supply and power back up.
- (15) The Nursing home /Hospital must have high level of house keeping, cleanliness & disinfection facilities (Preferably mechanized).
- (16) The Nursing home /Hospital must have ICU facility.
- (17) The Nursing home /Hospital must have at least one specialist of each different specialty in medicine, paediatrics general surgery, gynaecology, orthopaedics, ENT, Ophthalmology, skin, anesthetist & super specialist in their panel.
- (18) Nursing home must have one anesthetist on their panel.
- (19) Financial soundness of previous three years (Audited Accounts and/or ITR of Prev.3 years)

NOTE: Certificates and copies of supporting documents with respect to the above said requirement shall be submitted along with the "Application)



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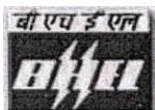


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**REQUIREMENT OF NURSING HOME**

1. (a) Location and Surroundings - The nursing homes to be established shall not be adjacent to an open sewer, drain or public lavatory or to a factory emitting smoke or abnoxious odour.
- (b) Building -
  - (i) The building used for the nursing home shall comply with the relevant municipal bye- law in force from time to time.
  - (ii) The rooms of the nursing home shall be well ventilated and lighted and shall be kept in clean and hygienic conditions.
  - (iii) The wall of the labour room and operation theatre up to a height of four feet from the floor shall be of such construction as to render in water proof. The flooring shall be such as not to permit retention or accumulation of dust. There shall be no chinks or crevices in the walls or floors.
  - (iv) Aseptic conditions shall be maintained in labor room and the operation room.
  - (v) Adequate arrangements shall be made for isolating specific and infections cases.
- (c) Space accommodation for the patients etc.
  - (i) The floor space in nursing home shall be 100 square feet for one bed and additional 60 square feet for every additional bed in the room.
  - (ii) A labour room/operation theatre shall be provided with minimum floor space of 160 square feet.
- (d) Water Supply: - The water used in the nursing home shall be pure and of drinkable quantity
- (e) Health clothing and sanitary requirements or staff: - The staff employed shall be free from any contagious disease.
- (f) **Equipment and linen etc-** The nursing home has/shall provide and maintain: -
  - (i) Adequate number of commodes, bed-pans and slop sinks with flushing arrangements.
  - (ii) High pressure sterilizer and instrument sterilizer,
  - (iii) Oxygen Cylinder or cylinders and necessary attachment for giving oxygen;



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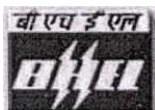
- (iv) Adequate quantity of bed sheets, mattresses, pillows, blankets draw sheets and other linens and
- (iv) An almirah under lock and key for patient.
- (v) The in - patients shall be provided with minimum furniture and linen as below:

For each in - patient: -

- |                               |                               |
|-------------------------------|-------------------------------|
| Cot with mattress             | - One                         |
| Bed Side - locker (Optional)  | - One                         |
| Chair/Stool                   | - One                         |
| Blanket                       | - One                         |
| Bed sheet /Counter pane       | - two to be changed every day |
| Pillow with case counter pane | - One                         |

- (vi) Proper arrangement of prevention of mosquitoes and fly etc. shall be provided by nursing homes.
- (g) Food: - If the nursing home provides diet to the patients, it shall be prepared and served under hygienic condition.
- (h) Nursing staff and Midwives –
  - (i) Services of nurse shall be provided at the scale of four nurses for 20 beds with a minimum of three nurses in a nursing home /maternity home of 10 beds. In case of a nursing home having 50 beds or more services of one nursing sister for every 50 beds or part thereof shall also be provided.
  - (ii) 2 Midwives for 1 to 10 beds in case of maternity homes only.
- (i) Services of one Medical practitioner on duty shall be available at all time for attending to emergency call of the indoor patients.
- (j) Services of one pharmacist if drug store is maintained.
- (k) Services of one qualified Medical Practitioner and X- Ray technician if X- Ray facility is provided.
- (l) Services of qualified Medical Practitioner and Technician if pathological and laboratory facility is provided.
- (m) Services of a physiotherapist if physio therapy facility is provided.
- (n) All records and registers maintained shall bear Registration and License Number of the nursing home.





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- (o) The keeper of the nursing home shall maintain a complaint book and make it available to the complainant for recording complaint. The complaint book shall be made available to the supervising authority or a person authorized on this behalf of inspection.
- (p) The keeper of the nursing home shall take care and ensure that the nursing home or the clinical establishment is not used for unsocial or immoral purpose or both.

**(B) Preferable Requirements:**

**Preference will be given to the Nursing Homes/Hospitals on following grounds:**

If the Nursing Homes / Hospitals is having following:

1. The Nursing home / Hospital have at least one specialist of each different specialty.
2. Round the clock MBBS Doctors should be there.
3. Super specialist in the following field: - cardiology, gastroenterology, Nephrology, Neuro physician, Neuro surgeon, Uro surgeon.
4. NICU facility.
5. ICCU, facilities.
6. Facility of blood bank.
7. Facility of miscellaneous investigation like ECG, TMT, ECHO, EEG, PFT, Audiometry etc.
8. Facility of radiology with following requirement:
  - (A) Qualified staff- Radiologist and trained radiographer
  - (B) X-Ray facility
  - (C) Ultra sonography

**Preference will be given to the Eye Hospitals on following grounds:**

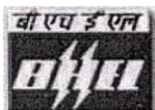
If the Hospitals is having following

1. Posterior segment Surgery.
2. Squint Surgery.

Note: Following should be mentioned.

1. Discount on Medicines.....%
2. Discount on Consumables.....%

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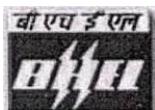
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Format to be filled by Nursing Homes/Hospitals

Name of Establishment & Address					
Proprietor's Name					
Registration No.					
PAN/TAN No.					
GST					
<b><u>DOCTORS</u></b>					
Name of Doctors	Qualification of doctors	Experience of doctors	Details of Specialty	Duty/visiting Hours	On Roll or Visiting Please specify

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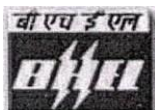
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WARDS		
Type of Rooms	No.	Details of Facility
Category 1 — Semi paying 02 bedded room (cooler)		
Category 2-Semi Nursing Home 01 bedded room (cooler)		
Category 3 - Nursing Home one bedded (AC)		
Any other category if any		
Total No. of Beds		

**PARAMEDICAL STAFF:**

No.	Trained Nursing Staff (Name)	Qualification	Experience	Duty Hours
1	OT Technician (Name)	Qualification	Experience	Duty Hours
2	Lab Technician (Name)	Qualification	Experience	Duty Hours
3	Radiographer (Name)	Qualification	Experience	Duty Hours
4	Physiotherapist (Name)	Qualification	Experience	Duty Hours



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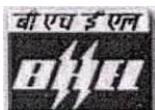
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PATHOLOGY LAB			
Sl. No.	Description	Yes/ No.	Machine in working condition
A	Details of equipments with Mfg. year & Functional accuracy (Please enclose separately)		
B	Total List of Investigations which can be carried out (Please enclose separately)		

RADIOLOGY			
Sl. No.	Description	Yes/ No.	Machine in working condition
A.	X-Ray (Min. 100mA)		
B.	Ultrasound		
C.	CAT		
D.	MRI		

<u>LABOUR ROOM</u>			
Sl. No.	Description	Yes/ No.	Machine in working condition
1.	Details of Labour room facilities		
2.	Labour table		
3.	Incubator		
4.	Neonatal care unit		
5.	Others		

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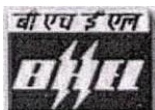
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<b>ICU</b>			
Sl. No	Description	Yes/No	Machine in Working condition
1.	No. of Bed (Min. 2 Beds)		
2	Central Oxygen		
3	Suction Machine		
4	Cardiac Monitor		
5	Ventilator		
6	Staff round the clock 24 Hours		

<b>ICCU</b>			
Sl. No.	Description	Yes/ No.	Machine in working condition.
1.	No. of Bed		
2.	Central Oxygen		
3.	Suction Machine		
4.	Cardiac Monitor		
5.	Ventilator		
6.	Staff round the clock 24 Hr		

<b>NICU</b>			
Sl. No.	Description	Yes/ No.	Machine in working condition
1.	No. of Bed		
2.	Central Oxygen		
3.	Suction Machine		
4.	Cardiac Monitor		
5.	Ventilator		
6.	Incubator		
7	Photo therapy unit		
8	Staff round the clock 24 Hr		

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**OPERATION THEATRE:**

Sl No	Description of equipments	Yes/ No.	Machine in working condition.
1			
2			

**MISCELLANEOUS FACILITY:**

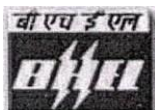
	Diagnostic Facility	Yes/	Details of Machines
1	ECG		
2	ECHO		
3.	TMT		
4.	EEG		
6.	PFT		
7.	Audiometry		

Note: Details of equipments/facilities etc. shall be given separately.

- |  |   |        |
|--|---|--------|
| ▪ Whether following facilities are available | - | YES/NO |
| ▪ Uninterrupted Water Supply                 | - | YES/NO |
| ▪ Ambulance Facility                         | - | YES/NO |
| ▪ Uninterrupted Electricity Supply           | - | YES/NO |
| ▪ Biomedical Wastes Disposal                 | - | YES/NO |
| ▪ Medical Store/ Pharmacy                    | - | YES/NO |
| ▪ Water Purifier with Water Cooler           | - | YES/NO |

Signature of Applicant

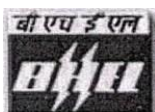
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Sl. No.	Procedure	Normal Rates of your Hospital	Rates offered to BHEL Jhansi
<b>HOSPITALIZATION CHARGES PER DAY</b>			
1	Category 1- Semi paying 02 beded room (Cooler)		
2	Category 2-Semi Nursing Home 01 beded room (cooler)		
3	Category 3 - Nursing Home ( one beded AC)		
4	Nursing care and treatment charges		
<b>CONSULTATION CHARGES PER VISIT (OPD)</b>			
A.	<b>SPECIALIST</b>		
1	Medicine		
2	Paediatric		
3	Gen. Surgeon		
4	ENT Surgeon		
5	Ortho. Surgeon		
6	Eye Surgeon		
7	Obst. & Gynae Surgeon		



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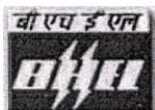
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B.	SUPER SPECIALIST		
1	Cardiologist		
2	Gastroenterologist		
3	Nephrologist		
4	Neurophysician		
5	Neurosurgeon		
6	Urosurgeon		
7	Endocrinologist		

S.no.		Normal Rates of your Hospital	Rates offered to BHEL Jhansi
	CONSULTATION CHARGES PER VISIT (IPD)		
A.	SPECIALIST		
1	Medicine		
2	Paediatric		
3	Gen. Surgeon		
4	ENT Surgeon		
5	Ortho. Surgeon		
6	Eye Surgeon		
7	Obst. & Gynae Surgeon		
8	Other Speciality		
B.	SUPER SPECIALIST		



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1	Cardiologist		
2	Gastroenterologist		
3	Nephrologist		
4	Neurophysician		
5	Neurosurgeon		
6	Urosurgeon		
7	Endocrinologist		

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**Empanelment of Dentist:**

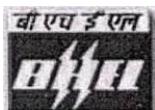
**Qualifying Requirements:**

1. Graduate B.D.S. with five (05) years experience in respective fields.
2. Dentist should have registration with Dental council of India,
3. Should have GSTIN No (PAN based) or have to submit the same before Empanelment (if applicable).
4. Should have PAN No..
5. Should have following facilities:
6. Preferences will be given to MDS Dental surgeon

Dental Chair with Ultrasonic Aerotor, Ultrasonic Scalar, Water Suction Equipment, X-RAY Machine, Laser facility.

Note: Certificates and copies of support documents with respect to the above requirement shall be submitted along with the "Technical Bid".

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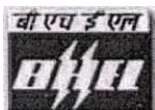
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FORMAT TO BE FILLED BY THE DENTIST:

Name of Establishment :
Doctor's Name :
Regn. No. .
PAN No. / TAN No. :
GST No. .

BIODATA OF DENTIST		
Name of Doctors	Qualification	Experience

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**TYPE OF EQUIPMENT:**

INFRASTRUCTURE		
Description	Yes/ No.	Machine in working condition.
1. X-ray unit with self developer		
2. Dental Chair with Ultrasonic Aerotor, Ultrasonic Scalar, Water Suction Equipment		
3. A.C.Room		
4. Light Cure Equipment		
5. Halo enLi ht		
6. OPG X-ray		
7. Laser Equipment		
8. O.T.		

No.	Name of Technician	Qualification	Experience

Note: Facilities, equipments if any available in addition to above can also be added in the above list.

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**QUALIFYING REQUIREMENTS FOR RADIODIAGNOSTIC CENTRE:**

1. Should have Doctor with qualification of MD / DMRD (Radiology/Radio diagnosis) with at least ten years experience (certificate to be enclosed).
2. The Radiology diagnostic Center should have registration with local /state govt. health authority.
3. Should have GST No (PAN based) have to submit the same before Empanelment (if applicable).
4. Should have PAN No.
5. Should have following facilities:  
X-Ray (Min. 100mA-200 mA)  
Ultrasound (PNDT certification)  
Trained radiographer.

**Note:** Certificates and copies of support documents with respect the above requirement shall be submitted along with the “Technical Bid”.

**(B) Preferable Requirements;**

**Preference will be given to the Radiologist on following grounds;**

- Digital X-ray
- Ultra Sound – Colour Doppler, 3D, 4D, ECHO
- CAT Scan
- MRI
- Other facilities like ECG, TMT, ECHO, EEG, PFT etc

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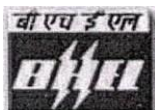
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**Qualifying Requirements for Pathology Lab and Sample collection centre**

1. The Pathology labs should have registration with State/ local health authority.
2. Should have GST No (PAN based) have to submit the same before Empanelment (if applicable).
3. Should have PAN No.
4. Pathology Lab should have –
  - a. Qualifying staff – pathologist (MD/ DCP), Lab Technician (DMLT)
  - b. Equipments- Haematology analyzer, Bio Chemistry analyzer, Electrolyte analyzer microscope, hot air oven etc
  - c. Facility of investigations in–Hematology, Bio chemistry, serology, microbiology, coagulation studies, Urine, stool & other body fluids examination etc
5. Collection Centre should have;
  - a. Tie-up with advanced pathology labs outside Jhansi who are having NABL certification.
  - b. Manpower- should have trained lab technician (DMLT)
  - c. The parent lab should have facility to carry out following tests- Hormonal assay, Tumour markers, PCR, Hb Electrophoresis, Serum protein Electrophoresis etc.

**Note:** Certificates and copies of support documents with respect the above requirement shall be submitted along with the “Technical Bid”.

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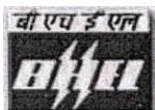
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**Preferable Requirements;**

**Preference will be given to the Pathologist on following grounds;**

- Have facility of blood bank.
- Have facility of Cytology, microbiology, Immunology and Histopathology.
- Should comply with Biomedical waste management & handling system as per rule.



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**FORMAT TO BE FILLED BY THE INTERESTED PATHOLOGY & COLLECTION CENTERS.**

<b>Name of Establishment</b>	
<b>Doctor's Name/Proprietor</b>	
<b>Regn. No.</b>	
<b>PAN No. / TAN No.</b>	
<b>GST No.</b>	

**BIODATA OF PATHOLOGIST**

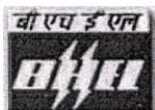
S. Nos.	Doctors	Qualification	Experience

**BIODATA OF TECHINCAL STAFF**

No.	Lab Technician (Name)	Qualification	Experience	Duty Hours



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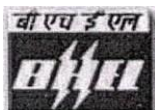
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INFRASTRUCTURE		
Description of Instruments/ Machines	Yes / No.	Machine in working condition

Note: Details of equipments/facilities if any, shall be given separately.

Other investigation facility available in lab if any may be enclosed separately.



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## **COLLECTION CENTRE**

(A) Qualifying Criteria for Sample Collection Centre (Jhansi Based) for Investigations done in Pathology Laboratory situated outside Jhansi:

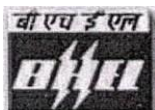
- (i) Collection Centre should have;
  - Tie – up (Authorization Certificate) with advanced pathology laboratory outside Jhansi who are having NABL Certification.
  - Manpower – should have trained laboratory technician (DMLT)
- (ii) The parent laboratory should have facility to carry out following tests – Hormonal assay, Tumour marker s and PCR.
- (iii) Should have PAN No.
- (iv) Should have GST No. (PAN based) if applicable.
- (v) The Collection Centre should have registration with State /local health authority.
- (vi) Should comply with biomedical waste management & handling system as per rule.

Note: Certificates & copies of support documents with respect to the above requirement shall be submitted along with the Technical Specification.

(B) Preferable Requirements:

Preference will be given to the Collection Centre on following grounds: -

- Have facility of Cytology, Microbiology, Hb Electrophoresis, Serum protein Electrophoresis Immunology & Histopathology.
- Sample Collection from BHEL Hospital itself.
- Cleanliness of the Centre.



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## **How to Apply**

Interested parties who meet the required criteria shall apply as per followings;

1. Application/ Offer shall be given in two parts,
2. Part I shall be technical in which all the required technical details along with terms and conditions, required certificates and all the other details which the party wants to give shall be given in one sealed envelope marked as "Technical Details".
3. Part II shall be price details on the prescribed format in which only price shall be given, along with their own price list in separate sealed envelope marked as "Price Details". No other details, conditions, alteration shall be made in the price list format.
4. Both the envelope shall be kept inside one envelope with clear marking as "Expression of interest for Empanelment of 'Hospital/clinic for (category applied for)".
5. Both the "Technical details" and "price details" sealed envelopes must be sent in a single envelope duly sealed and superscribed as "Expression of Interest for Empanelment of Jhansi & Gwalior based hospitals/Nursing Homes against NIT No. .... indicating DUE DATE OF OPENING ..... The same should be dropped in the tender box kept in the Security gate of Administrative Building, BHEL, Khailar, Jhansi, within the specified date and time.
6. Dropping of application in the tender box within Schedule time and date is the responsibility of the applicant .
7. The offer should reach us on or before scheduled date and time.
8. Offer received after scheduled date and time will not be entertained.
9. Offer shall be submitted on the prescribed format attached only.

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10. Proof/certificate of all the required documents shall be submitted along with the offer and shall be part of technical details.
11. Last date of submission of Application / offer is 1<sup>st</sup> February'2022 before 01.15 PM.
12. Date of opening of Application / offer is 1<sup>st</sup> February'2022 at 02.00 PM.
13. All entries in the document should be in one ink. Corrections, over writing, cuttings, etc. will not be permitted.

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## **CONTRACT AGREEMENT**

(To be executed on Rs. 100/- Stamp Paper)

This agreement is made on the . . . . .(Date) at Jhansi between . . . . . (Name of Organisation) (Hereafter called the First Party) and Medical Superintendent, BHEL Jhansi (hereafter called the SECOND PARTY) and witness as follows.

1. That the first party has agreed with the Bharat Heavy Electricals Limited, Jhansi to give treatment and admit patients of BHEL, Jhansi, employees and their Dependents in the . . . . . (Name of Organisation) who are officially referred by Medical Superintendent, Bharat Heavy Electrical Limited Jhansi or any other Medical Officer of BHEL Jhansi MS/MO BHEL, Jhansi will issue reference slip bearing Name of patient, Employees's name, Medical Token No. Clock No. and date of reference and disease etc for . . . . . (Name of Organisation) for admission. The patient should produce Medical Token Book of the patient duly affixed with attested photograph issued to him/her along with Identity card of employee, before admitting the patient for treatment, . . . . . (Name of Organisation) staff will verify the validity of BHEL patients will be sole responsibility of the . . . . . (Name of Organisation) official. There will be no reimbursement of the charges from BHEL in cases where the patient is not concerned with BHEL Jhansi.
2. That in case of emergency particularly during night time, . . . . . (Name of Organisation) shall admit the patient even without reference slip and Medical Token Book, Rs. 1000/- towards caution money will be charged which will be refunded in total on submission of reference slip of competent authority of BHEL Jhansi.
3. Hospital will provide special room as per the entitlement of the employee depending on the availability of rooms. Regarding room rent, Employees of BHEL will get the accommodation in . . . . . (Name of Organisation) as per the entitlement and limit will be written on reference slip by referring doctor of BHEL, If the employee wishes to take accommodation higher than his entitlement difference will be recovered from employee by . . . . . (Name of Organisation) only. . . . . (Name of Organisation) will bill only entitled amount to BHEL. (a copy of entitlement for various levels is enclosed) No beds shall be kept reserved for BHEL patients. . . . . (Name of Organisation) shall make available beds/room as and when fall vacant.

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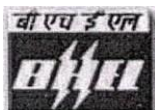


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4. Reimbursement of Medical bills for the medicines purchased from outside during the period under treatment with.....(Name of Organisation), shall be verified by the treating Doctor for reimbursement of bill by BHEL.
5. If patient requires reference to higher center . . ....(Name of Organisation) will refer back the patient to BHEL, Hospital for further reference to Panel Hospital.
6. Signature of patient will be taken on medicines used.
7. After discharge, patient will buy medicine as an O.P.D. patient and reimbursement for them will be signed by . ....(Name of Organisation) and reimbursement will be made by BHEL.
8. That all bills due, will be payable by cheque/EFT. Details cost of every item/medicines will be given in the bill.
9. List of BHEL AMA along with their specimen signatures will be provided to .....  
.....(Name of Organisation).
10. Unopened and unused drugs and other disposable will be taken back by .. (Name of Organisation) and a due receipts will be issued to the patient accordingly cost of these will be deducted from the final bill.
- II. BHEL Doctors can visit patient with prior permission from ..... (Name of Organisation) administration.
12. Additional services (not covered in this agreement) can be availed on mutually agreed terms and charges. Prior sanction will be taken from MS, BHEL.
13. That this agreement is executed for a period of two year from .. .. (date).
14. That the parties are free to renew the agreement for any subsequent period. Mutually on or before the expiry of period of this agreement.
15. Hence this agreement is made in duplicate, each party retaining on copy after fully understanding the contents of the same.

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16. BHEL patients will be treated under safe environment.
17. Verification of patients should be done at the end of respective /concern hospital also.
18. All terms & conditions will remain same & applicable as per Annexure " which are mentioned as "General terms & Conditions in advertisement.

Date:

Enclosures:

- I. Copy of rates
2. Copy of room rent entitlement

Witness:

- 1.....
- 2.....

Executer Primary  
Executer Secondary

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## DISPUTE RESOLUTION

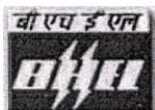
**Dispute Resolution:** In case of any dispute between BHEL and Nursing Home/Hospital/Doctor in relation to empanelment then matter shall be referred to Sole arbitrator and the award passed by the Sole arbitrator shall be final and binding on both the parties. The Sole Arbitrator shall be appointed by the unit head of BHEL Jhansi. The venue of arbitration proceedings shall be Jhansi and language of arbitration shall be English. The Sole arbitrator shall act in accordance to Arbitration and Conciliation Act, 1996. The Courts situated at Jhansi shall have exclusive jurisdiction.

**Payments:** Bill shall be submitted in two copies to the Medical Superintendent, BHEL Hospital at the end of each month. Payment shall be made within 90days from the date of submission of the clear bill along with reference slip issued from BHEL Hospital, feed back form & Invoice duly signed by patient / attendant.

Note: Income Tax will be deducted at source (TDS) from the payment.



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**(Annexure II of Corporate Guidelines)**  
**TECHNICAL DATA SHEET FOR EVALUATION OF HOSPITALS**

**Technical - Hospital Data Sheet Assessment for empanelment:**

<b>1. Hospital Details</b>	
<b>Name of the Hospital *</b>	<input type="text"/>
<b>Location (North/South/East/West/Central of City)</b>	<input type="text"/>
<b>Address (line one) *</b>	<input type="text"/>
<b>Address (line two)</b>	<input type="text"/>
<b>Address (line three)</b>	<input type="text"/>
<b>State *</b>	<input type="text"/> ▼
<b>Fax No</b>	<input type="text"/> -Select a City- ▼
<b>Name of the contact person *</b>	<input type="text"/>
<b>Mobile Number *</b>	<input type="text"/>
<b>Land line number</b>	<input type="text"/>
<b>Email id of the contact person</b>	<input type="text"/>
<b>Registration no. of the hospital</b>	<input type="text"/>
<b>Registration authority</b>	<input type="text"/>
<b>NABH Accreditation</b>	<input type="text"/>
<b>Remarks</b>	<input type="text"/>
<b>Any other accreditation such as Joint Commission International (JCI)</b>	<input type="text"/>

Remarks	
Ownership	
Single owner proprietorship	
Partnership	
Private Limited	
Public Limited	
Charitable Trust	
Chain Hospital	
Corporate run Hospital	
Family run Hospital	

2. Total area of the hospital	
Area allotted to OPD	<input type="checkbox"/>
Area allotted to IPD	<input type="checkbox"/>
Area allotted to wards	<input type="checkbox"/>

Details on floor area per bed:			
Ward No. /Name/ Particular	Total Floor area of Ward	No. of Beds	Floor Area per bed
1			
2			
3			
4			
5			

Note: Seven Square Meter Floor Area per bed required (IS: 12433- Part 2:2001)

12/8

3. Bed Capacity (as per registration certificate)	
Total No. of beds (Total vis-à-vis operational)	<input type="text"/>

4. Casualty/ Emergency ward	
Total beds	<input type="text"/>
ICU/ICCU beds	<input type="text"/>
Ventilator beds	<input type="text"/>

5. ICU	
Total ICU/ICCU Beds(including ventilator)	<input type="text"/>
Paediatric - ICU	<input type="text"/>
High Dependency Units (HDU)	<input type="text"/>
Total no. of ventilator beds	<input type="text"/>

6. Bed Nurse Ratio - ( Actual Beds/ Nurse standard) Ratio		
	Acceptable Ratio	
General	6:1	<input type="checkbox"/>
Semi-Private	4:1	<input type="checkbox"/>
Private	4:1	<input type="checkbox"/>
ICU/ICCU	1:1	<input type="checkbox"/>
High Dependency Unit (HDU)	1:1	<input type="checkbox"/>

17/8/18

7. Operation Theatre	
General	<input type="checkbox"/>
Specialized OT (like Neuro / Ophthal / Paediatrics)	<input type="checkbox"/>
Labour Room	<input type="checkbox"/>
Laparoscope	<input type="checkbox"/>
C-Arm (Ortho)	<input type="checkbox"/>
Total no of OT's	<input type="text"/>

8. Medical Service				
Medical services provided by Center	A1	IPD		
	A2	OPD		
	B1	Monitoring		
	B2	Therapeutic Interventions (surgery & invasive procedures)		
Medical Services	A1	A2	B1	B2
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gyn. & Obs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7/2/8

Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastro - enterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casualty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Details of Bed Strength	
TYPE	No of Beds
Deluxe	<input type="text"/>
Nursing Home – Single bedded	<input type="text"/>
Semi – Nursing – Double bedded	<input type="text"/>
Semi – Paying – 3 or more bedded	<input type="text"/>
10. Human Resources	
STAFF	STRENGTH
Full Time Consultants (not RMO)	<input type="text"/>
Ward/ ICU duty/Emergency/Casualty Doctors (RMOs) & Sr RMOs	<input type="text"/>
Nurses	<input type="text"/>
Other support staff (technicians/ housekeeping / security / etc.)	<input type="text"/>
Bed / Nurse Ratio during Hospitalisation	<input type="text"/>

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<b>Availability of Specialists in Night Hours</b>		<input type="text"/>	
<b>Total Staff</b>		<input type="text"/>	
<b>11. Clinical support service within premises</b>			
<b>1.Radiography</b>	<input type="checkbox"/>	<b>2.USG</b>	<input type="checkbox"/>
<b>3. CT Scan</b>	<input type="checkbox"/>	<b>4.MRI</b>	<input type="checkbox"/>
<b>5.Clinical Pathology</b>	<input type="checkbox"/>	<b>6.Biochemistry</b>	<input type="checkbox"/>
<b>7.Cytology</b>	<input type="checkbox"/>	<b>8.Microbiology</b>	<input type="checkbox"/>
<b>9.Histopathology</b>	<input type="checkbox"/>	<b>10. Dialysis</b>	<input type="checkbox"/>
<b>11.Ventilator</b>	<input type="checkbox"/>	<b>12.Nuclear Medicine</b>	<input type="checkbox"/>
<b>13.Endoscopy</b>	<input type="checkbox"/>	<b>14.Lithotripsy</b>	<input type="checkbox"/>
<b>15.Hematology</b>	<input type="checkbox"/>	<b>16.Echocardiography</b>	<input type="checkbox"/>
<b>17.Stress test(TMT)</b>	<input type="checkbox"/>	<b>18.Cath Lab (interventional cardiology)</b>	<input type="checkbox"/>
<b>19.Chemist in house</b>	<input type="checkbox"/>	<b>20. Blood bank</b>	<input type="checkbox"/>
<b>21.Blood fractional facility</b>	<input type="checkbox"/>	<b>22.Immunology lab</b>	<input type="checkbox"/>
<b>12. Information on capability w.r.t. critical /major ailments/ Diagnostic facility</b>			
<b>i).Dialysis</b>	<b>Yes (Nos.)</b>	<b>No.</b>	
<b>Haemodialysis machines</b>			
<b>Water purifying unit with reverse osmosis</b>			
<b>Facility for sero positive cases</b>			
<b>ii).Cardiology &amp; CTVS</b>			

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<b>Number of coronary angiogram done in last one year</b>			
<b>Number of Angioplasty done in last one year</b>			
<b>Number of open heart surgery done in last one year</b>			
<b>Number of CABG done in last one year</b>			
<b>iii). Renal</b>			
<b>No. of kidney transplantation done in last one year</b>			
<b>No. of re-transplantation in last one year in last one year</b>			
<b>iv). Liver</b>			
<b>Number of liver transplant done in last one year</b>			
<b>Success rate of liver transplantation</b>			
<b>No. of re-transplantation done in last one year</b>			
<b>v). Lithotripsy</b>			
<b>No. of Lithotripsy done in last one year</b>			
<b>No. of cases selected for lithotripsy out of cases recommended for conventional surgery due to failure of lithotripsy done in the past</b>			

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13. Information on capability w.r.t. Eye/ Dental			
i). Eye/Ophthalmology			
a. IOL implant			
No. of Phaco emulsifier Unit ( III or IV generation)			
No. of Flash rapid steriliser			
YAG laser for capsulotomy			
Digital anterior segment camera			
Specular microscope			
b. Oculoplasty & Adnexa Facility			
Dacryocystorhinostomy			
Eye lid surgery e.g. ptosis & Lid reconstruction surgery			
Orbital surgery			
Socket reconstruction			
Enucleation/ evisceration			
c. Strabismus Surgery			
d. Glaucoma			
ii). Dental			
No. of dental chairs			
Dental X-ray machines IOPA 6-70 Kv, 8 mA exposure			
O.P.G. Machine 60-70 Kv 8 MA			

7/28/20

14. Assessment of diagnostic facility			
NABL certification			
Facility	Minimum Specifications		
MRI			
CT Scan			
X-ray (Digital)			
ECG/EEG/Nerve Conduction velocity			
Pathology/ Microbiology/ Biochemistry			
15. Ambulance			
	Owned	Outsourced	
General			
Cardiac			
Total			
16. General Amenities			
Fax Availability			
24 Hours Billing Facility			
Computerized Billing			
Income Tax Exemption Certificate			
Whether recognized by PSUs / CGHS			
General Occupancy Rate			
Since when the total no. of beds have become fully operational			

Fields marked with \* are mandatory.

7/2/21