
	<p>ESIC HOSPITAL, ADITYAPUR / क० रा० बि० निगम अस्पताल, आदित्यपुर,  <b>(Under Ministry of Labour &amp; Employment, Govt. of India)</b>  JAMSHEDPUR, JHARKHAND-831013 / जमशेदपुर झारखण्ड :831013  <b>Phone: 0657-2383101; Fax: 0657-2383866</b>  (An ISO 9001-2008 Certified Hospital)</p>	
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**No. 603/W/16/51/Tie-up-2009**

**Date: - 22 /09/2011**

**Sub.: Interest of Tie-up with ESIC Hospital, Adityapur.**

Letter of interest is invited from the hospitals /Nursing Homes/ Healthcare Institutions situated at Jamshedpur/ Adityapur having basic infrastructures to provide basic and general medical care to the patients of ESIC Card holders (IPs and their dependents) and others who are entitled to get treatment from ESIC hospital, Adityapur. The interested hospitals who are willing to have tie up arrangement with ESIC Hospital Adityapur may collect the proformas / terms & conditions from the office of the Medical Superintendent ESIC Hospital, Adityapur or log on to [www.esic.nic.in](http://www.esic.nic.in) . A team of Doctors will visit the hospital/ healthcare institutions/ Nursing homes to examine the infrastructure facilities available/ possibility on tie up arrangement with ESIC Hospital , Adityapur as per as per existing norms and its requirement .

It may please be noted that submission & letter of interest does not confer any right to get tie up with the ESIC hospital Adityapur or any obligation to have a tie-up arrangement with ESIC Hospital, Adityapur. The ESIC Hospital, Adityapur reserves the right to have or not to have a tie up as per requirement.

ESIC Hospital Adityapur will pay the Medical care charges as per actual or C.G.H.S rate which ever is on lower side.

**" Last date of submission of letter of Interest= 15.10.2011 by 3:00 PM".**

**PROFORMA- A**

- 1. Name & address of Hospital with registration from the health /Govt authority :**
- 2. Area ( Sq. ft):**
- 3. Number of Beds ( Department wise)**
- 4. No of Supporting staff:**
- 5. List of Equipments available in the Hospital:**
- 6. Whether ICU facility is available:**
- 7. Whether CCU facility is available:**
- 8. Any Superspeciality treatment or other facility available :**
- 9. Facility to handle emergency cases:**
- 10. Facility to supply diet/ Meal for the indoor patients :**

## **PROFORMA B**

**No of Departments for which treatment is available ( Please list all the department & treatment available)**

## **PROFORMA C**

**List of Doctors will be submitted as below**

<b>Sl no</b>	<b>Name of Doctor With Reg No</b>	<b>Department</b>	<b>Qualification</b>	<b>Whether full time or Part time</b>
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## **PROFORMA D**

**Emergency services available for in house facility**

- 1 Casualty**
- 2 Numbers of Doctor available on duty**
- 3 Labour Room facilities**
- 4 Emergency operation facility**

## **PROFORMA E**

**1 Bed charges /day including patients diet and special attendance:**

**2. Laboratory investigation:**

**(a) Name of the pathologist & qualification:**

**(b) List of investigation & charges:**

**3. Radiology department:**

**(a) Name of the Radiologist & qualification:**

**(b) List of investigation & charges:**

**(c) Registration no of USG:**

**4. Specialist consultation per OPD (Day & Time)**

**5. Medical officer consultation per OPD ( Day & time)**

## **PROFORMA F**

**Any Packages charges for treatment / Operation (List to be provided)**