



वरिष्ठ राज्य चिकित्सा आयुक्त कार्यालय,

कर्मचारी राज्य बीमा निगम म.प्र. पंचदीप भवन, नन्दानगर, इन्दौर 452011

Office of Senior State Medical Commissioner

ESI Corporation, Panchdeep Bhawan, Nanda Nagar, Indore 452011

Phone (f):- 0731-2572560, email- smc-mp@esic.in

EXPRESSION OF INTEREST FOR PROVIDING PRIMARY HEALTH CARE SERVICES.

ESIC is a statutory organization under Ministry of Labour & Employment, Government of India, providing comprehensive health care services through a network of dispensaries and hospitals to its insured persons & their family, in majority of States/Districts of Country.

ESIC is in the process of associating registered private clinics, Hospitals, Nursing homes and Health Institutions to provide Primary Health Care Services under ESI Scheme.

Expression of Interest (EOI) are invited from the registered private clinics, Hospitals, Nursing homes and Health Institutions for providing primary health care services to the 30 locations, which are as under:-

1-Bhind(Bhind), 2-Kolar Road(Bhopal), 3-Bairagarh(Bhopal), 4-Jhiri(Burhanpur), 5-Nepanagar(Dhar), 6-Ghatabillod(Dhar), 7-Dhamnod(Dhar), 8-Dabra(Gwalior), 9-Raiyru(Gwalior), 10-Hosangabad(Hosangabad), 11-Rau-Rangwasa(Indore), 12-Dharampuri(Indore), 13-Chogaon Makhan(Khandwa), 14-Pandhana(Khandwa), 15-Bhilgaon(Khargone), 16-Satrathi(Khargone), 17-Nimrani(Khargone), 18-Khargon(Khargone), 19-Kemur(Katni), 20-Shamgarh(Mandsaur), 21-Suwasara(Mandsaur), 22-Morena(Morena), 23-Kailaras(Morena), 24-Khor-Jawad(Neemuch), 25-Jawra(Ratlam), 26-Rampur-Bhagelan(Satna), 27-Maihar(Satna), 28-Budhar(Sehdol), 29-Bina(Sagar), 30-Hujur(Rewa).

The Primary Health Care services are to be provided as per terms and conditions mentioned in ESIC operational Manual 2015 for Insured Medical Precitioner (IMP). Renumeration will be paid Rs. 500/- per IP family per annum which will includes consultation, investigation and cost of the medicine.

All the interested Institutions/private clinics are requested to submit their EOI in the attached application format with copies of registration certificates and other documents in an envelope to this office with mentioning "Expresion of interest for primary health care services at _____(location) on the top of envelope, on & before 08/08/2017 upto 03:00 P.M.

APPLICATION FORM

Application Form for Expression of Interest (EOI) by registered private clinics, Hospitals, Nursing homes and Health Institutions for providing Primary Health Care in the State of Madhya Pradesh

- 1- Name of the Private Clinics/Nursing Home
with Complete postal address :
- 2- Date, month & year of establishment :
- 3- Proprietor/Partner/Director/Representative :
- a) State(s) in which operates with complete details :
- b) Also mention District, Town, Small Town,
Rural Area in which it operates :
- 4- Experience in providing Health Care :
- 5- Contact details of the concerned person
(Telephone, Mobile, e-mail ID etc) :

Signature
(Authorized Signatory)