



ULHASNAGAR MUNICIPAL CORPORATION
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME



Registration No. MAHA/546-2000/ Thane.

OFFICE :- CITY TB OFFICE , Ground Floor, Ulhasnagar Municipal Corporation Head Office, Near Chopra Court,
Ulhasnagar-421003, Dist-Thane, Maharashtra.

PHONE NO-(0251) 2720137 Web Site: www.tbcindia.nic.in E-Mail dtomhumc@rntcp.org

RE-EXPRESSION OF INTEREST

Ulhasnagar MC TB Elimination Programme invites Expression of Interest for TB related services EPTB Diagnosis (Radiology Services) with Reports (Hard Copy) for the period of one year from interested Private Practitioners in the Ulhasnagar for projects to be undertaken under National Health Mission (NHM).

S. N	Investigation	Unit Rate
1	MRI Brain Plain	upto 3500
2	MRI Brain contrast	upto 5000
3	MRI Spine	upto 5000
4	Abscess drainage(Rates of procedure can be differed as per site of abscess & condition of patients) /Pleural Tapping	As per minimum local rate of procedure

SN	Particulars	Time Line
1.	Format, scope of work and qualifying criteria can be collected and Expression of Interest in desired format to be submitted in sealed envelope at the Dispatch dept. at the above mentioned office address.	8 working days
2	Date of Publishing Advertisement for Expression of Interest.	04/08/2023 at 10:00 a.m.
3	Last Date of Expression of Interest	14/08/2023 at 5:00 p.m.
4	Opening of Expression of Interest	17/08/2023 at 4:30 p.m.
5	Expression of Interest No.	No. RTC Soc.UMC/1170

Note:- Selection Criteria, Experience & Formats are shared online www.umc.gov.in
For any queries/compliance, kindly contact City T.B. Officer, NTEP/UMC
Mrs. Sangeeta Magar, PPM Co-ordinator, Mob No. 7028669923.

Medical Officer Of Health
Ulhasnagar Municipal Corporation

Selection Criteria for PPs:

1. Registration:

- a) PPs should be duly registered under appropriate authority and eligible to work in the area of Corporation.
- b) PPs must have appropriate Educational Qualification to conduct the procedures from recognized Institution.
- c) PPs applying for the project in the state other than that of its registration should have experience of working in the state for at least three years in the last seven years.
- d) PPs blacklisted or placed under funding restrictions by any Ministry or Department of the Government of India, State Government or CAPART would not be eligible for applying under the scheme.
- e) Selection process be done for those who quote the lowest rate of procedure.
- f) PPs must adhere to NTEP guidelines.
- g) All rights of selection is reserved with Hon. Commissioner, Ulhasnagar Municipal Corporation.

2. Experience:

- a. Minimum 3 to 5 years experience in district level projects in health sector.
- b. Experience of working in urban settings.
- c. Prior work experience is similar project desired.
- d. Experienced personnel.
- e. All rights related to selection.
- f. Willing to work for the period of minimum One year.
- g. Service provider should be a registered entity (as defined in glossary).
- h. Should have a relevant license from state bodies/other relevant authorities.
- i. Should have adequate infrastructure and equipment.
- j. Should be willing to undergo quality assurance process as per NTEP guidelines.
- k. Should have the facilities to ensure proper biomedical waste management.
- l. Should have a licence from Atomic Energy Regulatory Board and should follow all safety measures as prescribed by the Board and fulfil the Original Equipment Manufacturer recommendations.
- m. Undergo training if required and adhere to RNTCP guidelines. Maintain records and reports as given by NTEP. Ensure real-time reporting in Nikshay.

Format (Hard Copy) in which Expression of Interest to be submitted by the PPs

1. Name of the PP:
2. Postal Address:
3. Legal Status: (Society/Trust/Company/Partnership Firm/Others)
4. Registration Details:
5. Bank Account Details of PP: (Account No and Bank)
6. Contact person: (including telephone and email id)
7. Declaration that organization had not been blacklisted by Government /Semi Govt./Private organization.
8. Key areas of work (Provide detail in not more than 2 pages)
9. Key stakeholders:
10. Geographical Area of Work:

• *Along with application following documents to be submitted to city TB Officer*

1. Detail Technical Proposal for Project
2. PPs Registration Certificate
3. Hospitals Registration Certificate
4. Audit Report of PPs for last three years
5. Annual Activity Report for last three years
6. List of Governing Body Members*