



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.tbclndia.nic.in E-Mail dtomhumc@rntcp.org

EXPRESSION OF INTEREST

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

S.N	Investigation	Unit Rate
1	CT	upto 1200
2	MRI Brain Plain	upto 3500
3	MRI Brain contrast	upto 5000
4	MRI Spine	upto 5000
5	USG guided Ascitic tap	upto 3500
6	Abscess drainage(Rates of procedure can be differed as per site of abscess & condition of patients)	As per minimum local rate of procedure
7	FNAC- Punch Biopsy	upto 3500
8	FNAC with Report (Needle)	upto 1500
9	FNAC Only sample extraction	As per minimum local rate of procedure
10	Bronchoscopy	upto 9000
11	USG guided Biopsy	upto 3500
12	USG Neck	upto 2000
13	USG Full Abdomen	upto 2000
14	Lymph node biopsy(Rates of procedure can be differed as per site of abscess & condition of patients)	As per minimum local rate of procedure

Note: If work is Satisfaction then Contract may extend as per NHM Guideline & Instruction.

Sr. No.	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	Last Date of Expression of Interest	04/05/2023 at 4:00 p.m.
3	Opening of Expression of Interest	08/05/2023 at 4:00 p.m.
4	Expression of Interest No.	No. RTC Soc.UMC/1045

Note:- For any queries/compliance, kindly contact City T.B. Officer, NTEP/UMC.

Asapicala
20/4/23
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 place 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 quotes 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*