संचालनालय चिकित्सा शिक्षा विभाग
मध्यप्रदेश शासन

रुचि की अभियोजन

संचालनालय चिकित्सा शिक्षा विभाग, मध्यप्रदेश शासन द्वारा शासकीय अधिकारियों/कर्मचारियों एवं उनके परिवार के आश्रित सदस्यों को राज्य के बाहर निजी चिकित्सालयों में चिकित्सा बीमारियों के उपचार हेतु NABH (National Accreditation Board for Hospitals and Health care, Providers) अंतिम चरण की मान्यता प्राप्त अस्पतालों से आवेदन आमंत्रित किये जाने की अन्तिम तिथि 05.07.2018 को बढ़ाकर दिनांक 01.12.2018 निर्धारित की जाती है। इन अस्पतालों को उनके क्षेत्र में लागू CGHS (Central Government Health Scheme) द्वारा निर्धारित दरों पर उपचार करने की सहमति देनी होगी।

विस्तृत विवरण हेतु संचालनालय चिकित्सा शिक्षा की वेबसाइट www.medicaleducation.mp.gov.in देखा जा सकता है। सभी इच्छुक अस्पताल निर्धारित प्रारूप में अपना आवेदन विस्तृत विवरण के साथ दिनांक 01.12.2018 तक चिकित्सा शिक्षा विभाग की वेबसाइट पर ऑनलाइन तथा पोस्ट से संचालनालय चिकित्सा शिक्षा विभाग सतपुड़ा भवन 6वीं मंजिल भोपाल में जमा कर सकते हैं।

संचालक चिकित्सा शिक्षा
मध्यप्रदेश
EXPRESSION OF INTEREST

Proposals are invited by Director, Medical Education Department, Govt. of Madhya Pradesh to provide facility for treatment of identified diseases to Government Employees and their dependent family members from NABH (National Accreditation Board for Hospitals and Health care, Providers) accredited Hospitals (final level accreditation) situated outside Madhya Pradesh. Date of submission of proposals is extended from 05.07.2018 to 01.12.2018. Hospitals willing to provide treatment at prevailing CGHS (Central Government Health Scheme) rates applicable in their circle can apply by 01.12.2018.

All interested hospitals should apply as per enclosed format, providing all details latest by 01.12.2018, through mail at dme12001@yahoo.com, and post the same to the office of Director Medical Education, 6th Floor, Satpura Bhawan, Madhya Pradesh Bhopal. The details of the proposal and the format of application are available on www.medicaleducation.mp.gov.in.

Director Medical Education
Madhya Pradesh
OFFICE OF THE COMMISSIONER
DEPARTMENT OF MEDICAL EDUCATION
6th floor, satpura Bhawan Bhopal - 462004
Email Id- dme12001@yahoo.com

No. 866 / OST/18

Bhopal, Date:- 12/11/2018

To, By email/registered post

Owner/Director/Manager,
NABH Accredited, Hospital

Place .................
State .................

Sub:- Empanelment of your Hospital for the treatment of Madhya Pradesh Government employees in NABH accredited hospitals at CGHS rates.

Applications are invited from all NABH (finally) accredited hospitals situated out side state of Madhya Pradesh, and are willing to extend medical services to Government employees of Madhya Pradesh and their dependents at prevailing CGHS rates of the circle (where the treating hospital is situated). The hospital can be empanelled, for any or all diseases as mentioned below:

1- Angiography
2- Heart Disease (Surgery)
3- Kidney Transplant
4- a- Neurosurgery
   b- Neurology
5- Cancer
6- Cochlear Implant
7- a- Liver Transplant
   b- Hip Replacement (Orthopedics)

All hospitals interested should submit following information by registered post or mail latest by 01.12.2018 at following address -
i- dme12001@yahoo.com.
ii- Office of the Commissioner, Directorate of Medical Education, 6th floor, satpura Bhawan Bhopal (M. P.) - 462004

/2.../
Kindly submit following details in attached proforma:

1. Year of Setting up of hospital.
2. Speciality approved by NABH Accreditation Board with duration of approval.
3. Date of validity of municipal corporation certificate/other certification/s
4. Bed Strength and type of indoor accommodation for patients. (Speciality wise)
5. Details of ICCU/ICU:
   (i) Number of beds
   (ii) List of working equipments
6. Duration of concerned specialty in service. Please note that a separate information sheet has to be filled up for each specialty.

Hospitals shall be empanelled only for the duration, following of their certificates are valid:
1. Municipal corporation certificate (or)
2. NABH accreditation certificate (or)
3. Any other relevant document.

In case, hospitals have either of the above document, hospital needs to submit proper justification for unavailability of same. Director Medical Education reserves its right to inspect the hospital and facilities anytime.

Enclosure:
1. Letter inviting proposals
2. Copy of advertisement.
3. Proforma.

Director Medical Education
Madhya Pradesh
Undertaking to be provided by Hospital for getting Madhya Pradesh
goverment approval for treatment for its employees

( To be provided on hospital letter Head)

I/We owner/authorised signatory of the Hospital (Name of Hospital) .......................................................... hereby undertake that I/we will provide best possible care & treatment to the patients (Employee of Madhya Pradesh State Government and other patients referred for treatment under various health/treatment schemes of government of Madhya Pradesh). I/we will allow inspection of the hospital facilities, treatment details & bill details by the authorities of the Madhya Pradesh Government as per instructions issued from the Directorate of Medical Education, from time to time.

I/We will provide hospital care facilities consistent with NABH, NABL, AERB and other best standards for patient care and treatment as decided by State and Central Government. We will not follow any unethical practice and/or unnecessary procedures while treating the patient.

Our Hospital will charge from patients of Madhya Pradesh Government as per CGHS rates approved at the time of treatment applicable in the circle of the hospital.

Signature..............................................................

(owner of the hospital or person authorised by owner).

Name of signatory ..................................................

Phone (Landline No.)..............................................

Mobile No. ........................................................

PAN details of hospital....................................... (Attach copy)

Adhar No. of owner or authorised signatory (Attach copy)

Seal of institution................................................

Name, Phone no and address of contact person (nodal officer) of the hospital..............................................................

(N.B.):- In case of authorised signatory, attach authorisation letter with attested signature by MD/Owner of the hospital
Proforma to be filled by the Hospital applying for empanelment with Government of Madhya Pradesh

List of diseases for empanelment:

1. Angiography,
2. Heart Disease (Surgery),
3. Kidney Transplant,
4. a- Neurosurgery
    b- Neurology
5. Cancer,
6. Cochlear Implant,
7. a- Liver Transplant
    b- Hip Replacement (Orthopedics)

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<th>Name of Hospital</th>
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<th>Date of Certificate issued by Municipal Corporation or any other relevant certificate/documents From .......... To ..........</th>
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