

ULHASNAGAR MUNICIPAL CORPORATION

"Invitation for Expression of Interest (EOI) from Private hospitals to be empanelled as Post Covid Care Centres (including Mucormycosis) in UMC"

1. Municipal Commissioner of Ulhasnagar Municipal Corporation invites "Expression of Interest (EOI) from private hospitals to be empaneled as Post Covid Care Centres (including Mucormycosis) in UMC."
2. To be empanelled as Post Covid Care Centres (including Mucormycosis) on behalf of UMC
 - A) Pre-Requisite of Hospital
 - Should have OP and IP facility
 - Round the clock Physician/ Intensivist
 - Working OT setup, post-op, ICU set-up
 - Hospital should be at least 30 bedded
 - Cases to be referred to the concerned hospitals on rotation basis by Post Covid Care Cell (including Mucormycosis), UMC
 - B) The scope of activity taken by private hospital include the following
 - Preadmission formalities
 - Admission formalities
 - Pre anesthetic checkup
 - Surgery
 - Post-operative care for upto 7 days
 - Above mentioned services includes necessary nursing care, diet, drugs and consumables. (The Surgeon and Anesthetist charges shall be paid separately by the Corporation to the respective consultant.)
 - C) UMC's Obligations
 - Referral of Patient
 - All investigations (Blood, Pathology and Radiology)
 - Surgeon's charges
 - Anesthetist's charges
 - Higher Antibiotics (Amphotericin- B, Piptaz, Meropenem, Vancomycin)
3. Prices quoted shall include OT charges including the rent for instruments like coblator and microdebrider as applicable which shall be arranged by the hospital/ surgeon.
4. Application form to be downloaded from <http://www.ume.gov.in> shall be duly filled and submitted in the following manner.

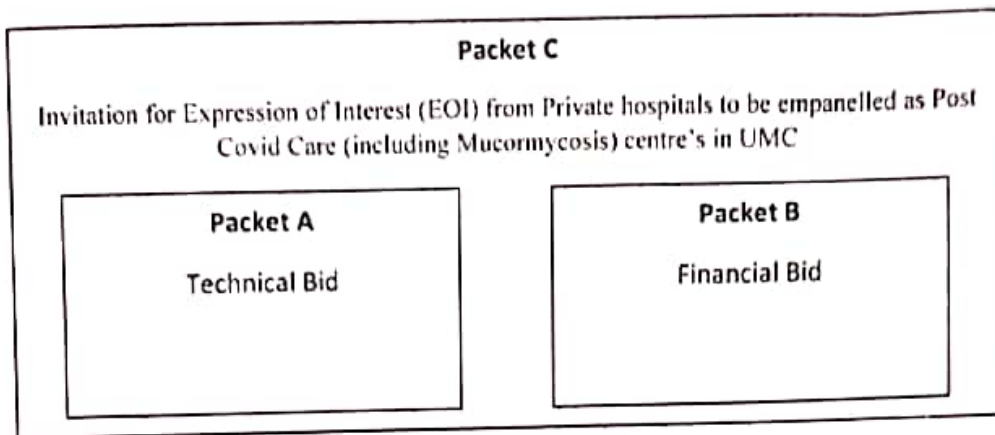
Technical Envelope (Packet A): Application form duly filled with necessary self-attested documents signed by Head of Hospital

Financial Envelope (Packet B): Rates to be quoted for the services mentioned in point B.

Both these packets are to be sealed and put in a sealed pack (Packet C) and shall be submitted physically on or before 10/06/2021, 3:00 PM to the following address.

Medical Officer of Health,
Ulhasnagar Municipal Corporation of Greater,
Near Chopda Court, Ulhasnagar 3,
Ulhasnagar,
Dist-Thane 421003

For any further clarifications contact Dr.Raja Rijhwani: 9422578113



5. Pre-EOI meeting will be held at "The Commissioner Office, 1st Floor, Municipal Head Office, Ulhasnagar Municipal Corporation, Ulhasnagar 3, Ulhasnagar." on 7th June 2021, at 15.00 Hrs(IST).
6. UMC reserves the right to accept or reject any/all of the EOI submissions by the entities. The EOI document does not constitute any binding offer or an agreement by UMC. The EOI document may be withdrawn or cancelled by UMC at any point of time during the process, without assigning any reasons thereof.

(To be enclosed in Packet A)

Application for Technical Bid

Empanelment of Private Hospitals as part of Post Covid Care Centres (including Mucormycosis) in UMC

Name of Hospital

Address of Hospital

Name of Proprietor/ Promoter/ Owner

Age

Sex

Contact No

Photo of Head
of Hospital to
be affixed
(Self Attested)

Details of Hospital

- A) Registered on Bombay Nursing Homes Registration Act: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 1)
- B) Number of IP beds:.....
- C) OT: Yes/No
- D) Post-operative ICU: Yes/No
- E) If Yes, please specify, number of post-operative ICU beds:
- F) BMW Registration Certificate: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 2)
- G) MPCB Certificate: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 3)
- H) Fire NOC: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 4)
- I) Structural Audit: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 5)
- J) Electrical Audit: Yes/No (If Yes, then self-attested copy to enclosed as Annexure 6)
- K) Oxygen Availability: Yes/No
- L) Mode of Oxygen Supply: PSA plant/ LMO/ Dura/ Type B/ Type D
- M) Availability of full time Anesthetist: Yes/No
- N) Availability of full time Physician: Yes/No
(List of Consultants to be enclosed as Annexure 7)
- O) Bank Details (Self Attested Cancelled Cheque- Annexure 8)

Declaration

I hereby declare that all the information furnished by me in this application from are true, complete and correct to the best of my knowledge and belief. I do understand that I need to obtain and produce all the required original certificates enlisted in the form by me at the time of document verification. I understand the entries made by me in this application form are final and binding on me. I further declare that in the event any information being found false or incorrect I shall be liable for disqualification.

Name of Head of Hospital:

Signature of Head of Hospital

Stamp

Place:

Date:

Annexures Enclosed

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(To be enclosed in Packet B)

Application for Financial Bid

Empanelment of Private Hospitals as part of Post Covid Care Centres (Including Mucormycosis) in UMC

Name of Hospital

Address of Hospital

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Name of Proprietor/ Promoter/ Owner

Age

Sex

Contact No

Rates of surgeries as per grading:

Procedure	Hospital's Charges	GST	Total
Price for Preadmission, Admission, Pre-Anesthetic, Surgery and Post-operative Care including everything as mentioned in 2B of detailed EOI			

Amount in Words:

Name of Head of Hospital:.....

Signature of Head of Hospital

Stamp

Place:

Date: