



मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान, इलाहाबाद
इलाहाबाद-२११००४ भारत

Motilal Nehru National Institute of Technology Allahabad
Allahabad-211004 [India]

Notice

Inviting Expression for Interest for Empanelment of Hospitals with MNNIT Allahabad for providing Cashless Medical facilities to the Institute Employees and their Dependents as per CGHS approved rates.

The Institute invites sealed Expression of Interest from hospitals for providing Cashless Medical facilities to the Institute Employees and their Dependents as per CGHS approved rates. The Hospitals should have facilities to meet our requirements as enumerated in the List (attached). Your Expression of Interest should reach the Registrar Office of the Institute before **March 11, 2016 (Friday)**.

Registrar

MNNIT Allahabad

Teliarganj, Allahabad - 211004

Phone: 0532-2271012

Email: registrar@mnnit.ac.in

Website: www.mnnit.ac.in

Check list

1. Name of Hospital with Address.

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2. Telephone number/ Mobile of contract person.....
3. Audited receipts of last financial years.
4. Declaration of the owner that he / she will accept the norms and standards of Medical care to be provided under the CGHS scheme.
5. Whether NABH accredited.
6. Running capacity (Number of Beds).

Sl. No.	Wards	No. of Beds
1.	Casualty/Emergency ward	
2.	ICCU/ICU	
3.	Private	
4.	Semi-Private	
5.	General ward	

7. List of the specialist consultants employed at the Hospital with their qualifications, experience and registration with Medical Council.

The list should be annexed in terms of name of specialists, specialty, PG qualification, experience and Reg. No. with date.

8. Paramedical Nursing and Technical Staff:

Sl. No.	Wards	Number of Nursing Staff
1.	Medical	
2.	Surgical	
3.	Orthopedics	
4.	Pediatrics	
5.	Gynecology and Maternity	
6.	Specialized ICU nursing case	
7.	OT Staff nurse	

9. Casualty Medical Services: (Yes / No).....
10. Essential Laboratory Diagnostic Services: (Yes / No)
(a) Hematology and Clinical Pathology: (Yes / No)
(b) Biochemistry: Full battery of Serum Biochemistry.....

11. Radiology Investigation facilities:

Sl. No.	Machine	Number
1.	X-Ray unit (Minimum 300 MA, preferably 500 MA or digital/ computerized Z-Ray.)	
2.	Ultra Sonography machine	
3.	2-D Colour Doppler (optional)	

- 12. Ambulance Services
- 13. Vaccination facility: (Yes / No)
- 14. Central Oxygen Supply: (Yes / No)
- 15. Hospital Waste Disposal System: (Yes / No)
- 16. Dietary Services:
- 17. Fire Safety and Security Services.
- 18. Affidavit of No Prosecution for Negligence or Violation of Acts of Central and State Government or Professional Medical Ethics Regulations.

Date of Application

Signature of
Authorized Person