

MUMBAI PORT AUTHORITY

MEDICAL DEPARTMENT



EMPANELMENT OF PRIVATE HOSPITALS, CANCER HOSPITALS/UNITS, EXCLUSIVE EYE HOSPITALS/CENTRES, EXCLUSIVE DENTAL CLINICS, DIAGNOSTIC LABORATORIES & IMAGING CENTRES, EXCLUSIVE DIALYSIS HOSPITALS/ CENTRES LOCATED BETWEEN CHURCHAGE TO BANDRA & MUMBAI CHATRAPATI SHIVAJI MAHARAJ TERMINAL TO KURLA, EMPANELLED WITH CGHS FOR AVAILING CREDIT FACILITIES TO PROVIDE TREATMENT TO MUMBAI PORT AUTHORITY BENEFICIARIES AT THE RATE PRESCRIBED BY CGHS.

EXPRESSION OF INTREST

Chief Medical Officer, Mumbai Port Authority, Nadkarni Park, Wadala (East), Mumbai – 400 037 provides comprehensive health care facilities to the Mumbai Port Authority Beneficiaries. With a view of ensuring comprehensive health care facilities to Mumbai Port Authority Beneficiaries, the willing private hospitals, cancer hospitals/units , exclusive eye hospitals/centres, exclusive dental clinics, exclusive Dialysis Hospitals/Centre, and diagnostic Laboratories and Imaging centres located between Churchagate to Bandra & Mumbai Chatrapati Shivaji Maharaj Terminal to Kurla are invited to submit their applications for empanelment under CGHS.

The eligible private health care organization seeking empanelment and having prescribed infrastructure and staff and willing to accept the rates of various treatment procedures/investigations notified by CGHS and other conditions are detailed in the Application Documents and Memorandum of Agreement (MOA) may apply for the same in the prescribed Format.

The duly filled Applications alongwith necessary documents should be submitted at the following address at any working days (timing 10.30 a.m. to 05.30 p.m.) except Saturday, Sunday & Bank Holidays.

Chief Medical Officer
Mumbai Port Authority Hospital
Nadkarni Park, Wadala (East)
Mumbai – 400 037

The interested private health care organization may download the application form and other details from the website www.mumbaiport.gov.in

All further notifications/amendments, if any shall only be posted on websites mentioned above.

Chief Medical Officer,
Mumbai Port Authority Hospital,
Wadala(East),
Mumbai – 400 037.

TERMS & CONDITIONS FOR EMPANELMENT:

1. EMPANELMENT OF PRIVATE HOSPITALS, CANCER HOSPITALS/UNITS EXCLUSIVE EYE HOSPITALS/CENTRES, EXCLUSIVE DENTAL CLINICS, EXCLUSIVE DIALYSIS HOSPITALS/CENTRES EMPANELLED WITH CGHS IN MUMBAI PORT AUTHORITY HOSPITAL

A. EMPANELMENT WITH CGHS

Private Hospitals, exclusive Eye hospitals / centres, Cancer Hospitals/units, exclusive Dental clinics, Dialysis Centres already empanelled with CGHS are eligible to apply for empanelment in Mumbai Port Authority. (Encl. documentary proof)

B. MINIMUM NUMBER OF BEDS REQUIRED---50 Beds

(Not for exclusive Eye hospitals/centres, Exclusive Dental clinics, Exclusive Dialysis Centre)

NB: The number of beds as certified in the Registration Certificate of State Government / Local Bodies/ NABH/ Fire Authorities shall be taken as the valid bed strength of the hospital.

C. FINANCIAL TURN OVER

Applicant Hospitals, cancer hospital/units must have average annual turnover of Rs. 2 Crores. Exclusive Eye hospitals/Centres, Exclusive Dental Clinics & Exclusive Dialysis Hospitals/Centres must have a minimal annual turnover of Rs.20 Lacs.. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.

D. LOCATION OF HEALTH CARE ORGANIZATIONS

Health care organizations located at between Churchgate to Bandra & Mumbai Chatrapati Shivaji Maharaj Terminal to Kurla.

E. CATEGORIES OF HEALTH CARE ORGANIZATIONS:

Mumbai Port Authority would consider the following categories of health care Organizations already have empanelled with CGHS for empanelment in Mumbai Port Authority:

- I. GENERAL PURPOSE & SPECIALITY & SUPER SPECIALITY HOSPITALS
- II. CANCER HOSPITALS/UNITS
- III. EXCLUSIVE EYE HOSPITALS/ CENTERS
- V. EXCLUSIV DENTAL CLINICS
- VI EXCLUSIVE DIALYSIS HOSPITALS/ CENTRES

I. GENERAL PURPOSE & SPECIALITY HOSPITALS

(a) NABH Accredited Hospitals-

The hospitals applying under this category must be accredited by National Accreditation Board for Hospitals and Health Care providers (NABH) or its equivalent such as Joint Commission International (JCI), ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Health Care (ISQua).

The hospital shall be empanelled for all the facilities available in the hospital.

(b) NON NABH Accredited Hospitals-

Non NABH accredited hospitals may be empanelled on the basis of fulfilling the criteria.

The hospital shall be empanelled for all the facilities available in the hospital.

II. CANCER HOSPITALS/UNITS

(a) NABH Accredited Cancer Hospitals/ Units

NABH accredited cancer hospitals/units having all treatment facilities for cancer - surgery, Chemotherapy and radio-therapy (approved by BARC / AERB).

(b) Non-NABH Accredited Cancer Hospitals/ Units

Non NABH accredited Cancer hospitals/units having all treatment facilities for cancer - surgery, Chemotherapy and radio-therapy (approved by BARC / AERB) may be empanelled on the basis of fulfilling the criteria.

III.EXCLUSIVE EYE HOSPITALS/ CENTERS :

No minimum bed strength is prescribed for empanelment of exclusive Eye hospitals/centres

(a) NABH Accredited- Exclusive Eye Hospitals/Centres

(b) Non-NABH Accredited Exclusive Eye Hospitals/ Centres

The exclusive Eye hospital/centre may be empanelled on the basis of fulfilling the criteria .

IV.EXCLUSIVE DENTAL CLINICS

No minimum bed strength is prescribed for empanelment of exclusive Dental Clinics

However there shall be a minimum of '2' Dental chairs for all Dental clinics applying for empanelment under Mumbai Port. Authority

(a) NABH accredited - Exclusive Dental Clinics

(b) Non- NABH accredited - Exclusive Dental Clinics

The Dental clinic may be empanelled on the basis of fulfilling the criteria.

V.EXCLUSIVE DIALYSIS HOSPITALS/ CENTRES

No minimum bed strength is prescribed for empanelment of exclusive Dialysis Hospitals/ Centres

(a) NABH accredited - Exclusive Dialysis Hospitals/ Centres

(b) Non- NABH accredited - Exclusive Dialysis Hospitals/ Centres

The Dialysis Hospitals/ Centres may be empanelled on the basis of fulfilling the criteria.

DOCUMENTS TO BE SUBMITTED IN SUPPORT OF ELIGIBILITY CRITERIA FOR HOSPITALS/ CANCER HOSPITALS/ EXCLUSIVE EYE CENTRES/ EXCLUSIVE DENTAL CLINICS, EXCLUSIVE DIALYSIS HOSPITALS/CENTRES:

1. The Health Care Organizations must fulfill the requirements as detailed above depending on the category under which the applicant hospital / exclusive eye hospital / centre, exclusive dental clinic, Exclusive Dialysis Centres and cancer hospital/unit is seeking empanelment and must attach the copies of the required documents.
2. The Health Care Organization must have been in operation for at least one year. Copy of audited balance sheet, profit and loss account for the last financial year (Main documents only- summary sheet-) is to be attached.
3. Last three years Annual Financial Turn over certificate from the Chartered Accountant along with Profit & loss account and Balance sheet and last three years Income tax Returns are to be uploaded by the applicant Health Care Organization.

4. Copy of the documentary evidence for the constitutions of the company/firm such as Memorandum and Article of Association, Partnership deed etc. with details of the name, address, telephone no. , Fax No. email address of the firm and of the Managing Director/ Partners/ Proprietors. The list of present directors in the board of the Company duly certified.
5. The HCOs must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.
6. Copy of NABH Accreditation in case of NABH Accredited Health Care Organizations.
7. Copy of NABH/ QCI application or affidavit that the information provided has been correct in case of Non-NABH accredited Health Care Organizations.
6. List of treatment procedures /investigations/ facilities available in the applicant healthcare Organization.
7. State registration certificate / Registration with Local bodies, wherever applicable.
10. Compliance with statutory requirements including that of Waste Management.
11. Copy of State Registration Certificate/ Registration with Local Bodies, wherever applicable.
12. Fire Clearance certificate and details of Fire safety mechanism as in place in the Health Care Organisation. Exclusive Eye Centres, Exclusive Dental Clinics, Exclusive Dialysis Hospitals/Centres to enclose a certificate regarding Fire Safety of their premises.
13. Registration under PNDT Act, if Ultrasonography facility is available.
14. AERB approval for imaging facilities/ Radiotherapy, wherever applicable.
15. Copy of the license for running Blood Storage Centre.
16. Certificate of Registration for Organ Transplant facilities, wherever applicable.
17. An Applicant Health Care Organization must submit the rates for all treatment procedures / investigations/ facilities available with them and as charged by them.
18. Applicant Health Care Organizations must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not Mumbai Port Authority beneficiaries.
19. Applicant Health Care Organizations (except exclusive eye hospitals/centres, exclusive dental clinics) must agree for implementation of EMR/ EHR as per the standards by Mumbai Port Authority within one year of their empanelment.
20. Copy of the Documentary proof of patient care services in at least any minimum 60% in each of the following clinical services and support services.
21. Photo copy of PAN Card,
22. Photo copy of GST Certificate

2. EMPANELMENT OF DIAGNOSTIC LABORATORIES & IMAGING CENTRES WITH CGHS IN MUMBAI PORT AUTHORITY HOSPITAL

A. EMPANELMENT WITH CGHS

Diagnostic laboratories and Imaging centres already empanelled with CGHS are eligible to apply for empanelment in Mumbai Port Authority. Documentary proof of empanelment with CGHS must be uploaded in the BID.

B. FINANCIAL TURN OVER

Applicant Diagnostic laboratories and Imaging centres must have a minimal annual turnover of Rs.20 Lacs. A certificate to this effect from the Chartered Accountant is to be given by the applicant Health Care Organization.

C. LOCATION OF ORGANIZATIONS

Health care organizations located at between Churchgate to Bandra & Mumbai Chatrapati Shivaji Maharaj Terminal to Kurla.

D. CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

Mumbai Port Authority would consider the following categories of health care Organizations already have empanelled with CGHS for empanelment in Mumbai Port Authority:

CATEGORIES OF DIAGNOSTIC LABORATORIES / IMAGING CENTRES

Mumbai Port Authority would consider the following categories of diagnostic laboratories and imaging centres already have empanelled with CGHS for empanelment in Mumbai Port Authority :

- a. NABL / NABH accredited Diagnostic Laboratories/ Imaging Centres
- b. Non- NABL / Non- NABH accredited Diagnostic Laboratories/ Imaging Centres

The Non-NABL/ Non-NABH diagnostic laboratories/Imaging Centres may be empanelled on the basis of fulfilling the criteria.

DOCUMENTS TO BE SUBMITTED IN SUPPORT OF ELIGIBILITY CRITERIA FOR DIAGNOSTIC LABORATORIES/ IMAGING CENTRES:

1. The diagnostic laboratory/imaging centres must fulfill the Criteria as specified above and must attach the copies of the required documents.
2. The Diagnostic laboratory/imaging centre must have been in operation for at least one year.
3. Copy of audited balance sheet, profit and loss account & Income Tax Returns for the last three financial year are to be attached.
4. Diagnostic Laboratories and Imaging Centres must have the capacity to submit all claims / bills in electronic format to the Bill Clearing Agency and must also have dedicated equipment, software and connectivity for such electronic submission.

5. Copy of NABL / NABH Accreditation in case of NABL / NABH Accredited Diagnostic Laboratory/ imaging centre.
6. Copy of NABL/NABH/ QCI application or an affidavit that the information provided has been correct in case of Non-NABH/Non-NABL accredited laboratories/imaging centres.
7. List of investigation facilities available with diagnostic lab/imaging centre is to be attached.
8. Diagnostic lab / Imaging Center must have been registered with State Government / Local bodies, wherever applicable.
9. Compliance with statutory requirements including that of Waste Management.
10. Documents to establish that fire safety mechanism is in place.
11. Registration under PNDT Act, if Ultrasonography facility is available.
12. AERB approval for imaging facilities, wherever applicable.
13. Diagnostic lab / Imaging Center must submit the rates for all investigations services available with it and as charged by it from other patients.
14. Diagnostic lab / Imaging Center must certify that they shall charge as per CGHS rates and that the rates charged by them are not higher than the rates being charged from their other patients who are not Mumbai Port Authority beneficiaries.
15. Diagnostic lab / Imaging Center must give an undertaking accepting the terms and conditions spelt out in the Memorandum of Agreement
16. Diagnostic lab / Imaging Center must certify that they are fulfilling all special conditions that have been imposed by any authority in lieu of special concessions such as but not limited to concessional allotment of land or customs duty exemption.
17. The Diagnostic lab / Imaging center must fulfill the above criteria, wherever applicable and annex copies of relevant documents.
18. Copy of the Documentary proof of patient care services in at least any minimum 60% in each of the following clinical services and support services.
19. Photo copy of PAN Card,
18. Photo copy of GST Certificate
20. In addition the imaging centres shall meet the following criteria for the equipments available with imaging centres:

i. MRI Centre

Must have MRI machine with magnet strength of 1.0 Tesla or more.

ii. CT Scan Centre

Whole Body CT Scanner with scan cycle of less than one second (sub-second) must have been approved by AERB

iii. X-ray Centre /Dental X-ray/OPG centre

X- Ray machine must have a minimum current rating of 500 MA with image intensifier TV system Portable X-ray machine must have a minimum current rating of 60 MA Dental X-ray machine must have a minimum current rating of 6 MA OPG X-ray machine must have a current rating of 4.5 -10 MA , Must have been approved by AERB

iv. Mammography Centre

Standard quality mammography machine with low radiations and biopsy attachment.

v. USG / Colour Doppler Centre

It should be of high-resolution Ultrasound standard and of equipment having convex, sector, linear probes of frequency ranging from 3.5 to 10 MHz should have minimum three probes. And provision/facilities of Trans Vaginal/ Trans Rectal Probes. Must have been registered under PNDDT Act

vi. Bone Densitometry Centre

Must be capable of scanning whole body

vii. Nuclear Medicine Centre

Must have been approved by AERB / BARC

3. APPROVED CGHS RATES AND TERMS AND CONDITIONS

The approved CGHS rates and terms and conditions can be had from the Ministry of Health & Family Welfare website – <http://www.mohfw.nic.in> / cghs.htm .

4. EXIT FROM THE PANEL

The Rates fixed by the Mumbai Port Authority shall continue to hold good unless revised by CGHS. In case the notified rates are not acceptable to the empanelled health care Organizations, or for any other reason, the health care Organization no longer wishes to continue on the list under Mumbai Port Authority , it can apply for exclusion from the panel by giving one month notice. Patients already admitted shall continue to be treated.

5. PERFORMANCE BANK GUARANTEE (PBG)

Private Hospitals, Cancer Hospitals/Units, Exclusive Eye Hospitals, Exclusive Dental Clinics, Exclusive Dialysis Hospitals/ Centres, Diagnostic Laboratories & Imaging Centres that are recommended for empanelment after the initial assessment shall also have to furnish a Performance Bank Guarantee valid for 30 months to ensure sufficient services and to safeguard against any default:-

Hospitals/ Cancer hospitals/units	Rs. 10.00 lac
Eye Hospital/Centre	Rs. 2.00 lac
Dental Clinics	Rs. 2.00 lac
Diagnostic Centre	Rs. 2.00 lac

In case of health care Organizations already empanelled under Mumbai Port Authority, they shall submit a new Performance Bank Guarantee after the validity of the existing performance bank guarantee is over.

**APPLICATION DOCUMENT
FOR
EMPANELMENT OF HOSPITALS, CANCER HOSPITALS/UNITS IN MUMBAI PORT AUTHORITY**

1. Name of the CGHS city where hospital is located.

2. Name of the hospital

3. Address of the hospital

4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

Whether NABH Applied for

b. Total turnover during last three financial year :
(Certificate from Chartered Accountant is to be enclosed).

5. For Empanelment as Hospital for all available facilities

Cancer Hospital/Unit

(Please select the appropriate column)

6. Total Number of beds

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7. Categories of beds available with number of total beds in following type of

wards Casualty/Emergency ward		
ICCU/ICU		
Private		
Semi-Private (2-3 bedded)		
General Ward bed (4-10)		
Others		

8. Total Area of the hospital

Area allotted to OPD				
Area allotted to IPD				
Area allotted to Wards				

9. Specifications of beds with physical facilities/ amenities

Dimension of ward Length Breadth :
 Number of bed in each ward :
 (Seven Square Meter Floor area per bed required-) (IS: 12433-Part 2:2001)

10. Furnishing specify as (a), (b), (c), (d) as per index below Index

(a) Besides table	
b) Wardrobe	
(c) Telephone	
(d) Any other	

11. Amenities specify as (a), (b) (c) (d) as per index below Amenities

(a) Air conditioner	
(b) T.V.	
(c) Room service	
(d) Any other	

12. Nursing Care

Total No. of Nurses		
No. of Para-medical staff		

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio

- a) General 6:1
- b) Semi-Private 4:1
- c) Private 4:1
- d) ICU/ICCU 1:1
- e) High dependency Unit 1:1

13. Alternate power source

Yes No

14. Bed occupancy rate
(Norm 85%)

Bed turnover rate

General bed

Semi-Private Bed

Private Bed

Av daily census

Note: Bed occupancy rate = $\frac{\text{Av daily census}}{\text{Av No. of bed available}}$
(i.e. number of authorized bed)

Total discharge during a year

15. Turnover ratio = $\frac{\text{Total discharge during a year}}{\text{Bed occupancy}}$

16. Man power:

1. No. of in house Doctors

2. No. of in house Specialists/Consultants

17. Laboratory facilities available –

Pathology

Biochemistry

Microbiology or

any other

18. Imaging facilities available

19. No. of Operation Theaters

20. Whether there is separate OT for Septic cases

21. **Supportive services**

Boilers/sterilizers	<input type="text"/>
Ambulance	<input type="text"/>
Laundry	<input type="text"/>
Housekeeping	<input type="text"/>
Canteen	<input type="text"/>
Gas plant	<input type="text"/>

22. **Waste disposal system as per statutory requirements**

Dietary

Others (preferably)

- Blood Bank

- Pharmacy

- Physiotherapy

23. ESSENTIAL INFORMATION REGARDING CARDIOLOGY & CTVS Number of coronary angiograms done in last one year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of Angioplasty done in last one year Number of open heart surgery done in last one year

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of CABG done in last year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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24. RENAL TRANSPLANTATION, HAEMODIALYSIS / UROLOGY-UROSURGERY

Number of Renal Transplantations done in one year (2012-13)

Number of years of duration of facilities

Number of Hemodialysis unit.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Criteria for Dialysis:

- The center should have good dialysis unit neat, clean and hygienic like a minor OT.
- Centre should have at least four good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
- Centre should have water-purifying unit equipped with reverse osmosis.
- Unit should be regularly fumigated and they should perform regular antiseptic precautions.
- Centre should have facility for providing dialysis in Sero positive cases.
- Centre should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis.
- Centre should conduct at least 150 dialyses per month and each session of hemodialysis should be at least 4 hours.

- Facility should be available 24 hours a day.

Whether it has an immunology lab.

Yes No

If so, does it exist within the city where the hospital is located

Yes No

Whether it has blood transfusion Service with facilities for screening HIV markers for Hepatitis (B&C), VDRL

Yes No

Whether it has a tissue typing unit DBCA/IMSA/DRCG scan facility and the basic radiology facilities

Whether it has an immunology lab.

Yes/ No

If so, does it exist within the city where the hospital is located

Yes / No

Whether it has blood transfusion Service with facilities for screening HIV markers for Hepatitis (B&C), VDRL

Yes / No

Whether it has a tissue typing unit DBCA/IMSA/DRCG scan facility and the basic radiology facilities

Yes / No

25. LITHOTRIPSY

No. of cases treated by lithotripsy in last one year (2012-2013)

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Average number of sitting required Per case

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Percentage of cases selected for Lithotripsy, which required y conventional Surgery due to failure of lithotripsy

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26. LIVER TRANSPLANTATION- Essential information reg.
Technical expert with experience in liver Transplantation who
had

assisted in at least fifty liver transplants.

Yes No

Name and qualifications)

Month and year since Liver Transplantation
being carried out:

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No. of liver transplantation done
during the last one year:

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Success rate of Liver Transplant:

Facilities of transplant immunology lab.

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Tissue typing facilities

Yes No

Blood Bank

Yes No

27. ORTHOPAEDIC JOINT REPLACEMENT

a. Whether there is Barrier Nursing for Isolation for patient.

Yes No

b. Facilities for Arthroscopy

Yes No

28. NEUROSURGERY.

Whether the hospital has aseptic Operation theatre for Neuro Surgery

Yes No

Whether there is Barrier Nursing for Isolation for patient

Yes No

Whether, it has required instrumentation for Neuro-surgery

Yes No

Facility for Gamma Knife Surgery ,

Yes No

Facility for Trans-sphenoidal endoscopic Surgery

Yes No

Facility for Stereotactic surgery

Yes No

29. GASTRO-ENTEROLOGY

Whether the hospital has aseptic Operation theatre for Gastro-Enterology& GI Surgery

Yes No

Whether, it has required instrumentation for Gastro-Enterology – GI Surgery

Yes No

Facilities for Endoscopy – specify details

Yes No

30. E.N.T. – Essential information reg.

Whether the hospital has aseptic Operation theatre for ENT

Yes No

Whether, it has required instrumentation for E.N.T. Surgery including diagnostic procedures

Yes No

Facilities for Endoscopy –

Yes No

Facilities for reconstruction surgery –

Yes No

31. Oncology.

I. Whether the hospital has aseptic Operation theatre for Oncology – Surgery

Yes No

II. Whether, it has required instrumentation for Oncology Surgery

Yes No

III. Facilities for Chemotherapy

Yes No

IV. Facilities for Radio-therapy (specify)

Yes No

V. Radio-therapy facility and Manpower shall be as Per guidelines of BARC

Yes No

VII. Details of facilities under Radiotherapy

Yes No

32. Endoscopic / Laparoscopic Surgery: Criteria for Laparoscopic/Endoscopic Surgery:

- Center should have facilities for casualty/emergency ward, full-fledged ICU, proper wards, proper number of nurses and paramedical, qualified and sufficient number of Resident doctors/specialists.

- The surgeon should be Post Graduate with sufficient experience and qualification in the specialty concerned.

- He/She should be able to carry out the surgery with its variations and able to handle its complications.

- The hospital should carry out at least 250 laparoscopic surgeries per year.

- The hospital should have at least one complete set of laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion from Laparoscopic surgery.

Yes No

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

**APPLICATION DOCUMENT FOR
EMPANELMENT OF EXCLUSIVE EYE HOSPITALS/CENTRES IN MUMBAI PORT AUTHORITY**

1. Name of the CGHS city where Eye hospital /centre is located.

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2. Name of the Eye hospital/ centre

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3. Address of the Eye hospital / centre

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4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

Whether NABH Applied

5. Total turnover during last financial year (Certificate from Chartered Accounts is to be encl)

6. FOR IOL IMPLANT:

(i) Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces

(ii) Flash/rapid sterilizer – one per OT

(iii) YAG laser for capsulotomy

(iv) Digital anterior segment camera

(v) Specular microscope

Whether beds available

Yes No

(General, Semi Private, Private or Deluxe Room

Yes No

(If yes, specify the number)

G1 Ward Semi Pvt. Ward Pvt. Ward

7) OCULOPLASTY & ADENEXA:

Specific for Oculoplasty & Adenexa:

Specialized Instruments and kits for:

(i) Dacryocystorhinostomy

(ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery

(iii) Orbital surgery

(iv) Socket reconstruction

(v) Enucleation/evisceration

(vi) Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplasty , Lacrimal and Orbital Surgery

8. A) INVESTIGATIVE FACILITIES:

(i) Syringing, Dacryocystography

(ii) Exophthalmometry

(iii) Ultrasonography – A&B Scan

(iv) Imaging facilities - X-ray, CT Scan & MRI Scan

(v) Ocular pathology, Microbiology services

(vi) & Blood bank services.

(vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Hematology, Oncology

(B) OPERATIVE (O.T.) FACILITIES:

Specialized instruments & Kits for the following surgeries should be available.

(i) Dacryo cystorhinostomy

(ii) Lid surgery including eyelid reconstruction & Ptosis

correction. iii) Orbital surgery

(iv) Socket reconstruction

(v) Enucleation & Evisceration

(vi) Orbital & Adnexal Trauma including Orbital fractures.

(C) PERSONNEL:

i) Resident Doctor Support

(ii) Nursing care (24 hours)

(iii) Resuscitative facilities

9) STRABISMUS SURGERY:

Functional OT with Instruments needed for strabismus surgery Yes No

Availability of set up for Pediatric Strabismus - Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart Yes No

10) GLAUCOMA:

1) Specific: Facilities for Glaucoma investigation & management.

a) Applanation tonometry

b) Stereo Fundus photography/OCT/ Nerve fibre Analyser

c) YAG Laser for Iridectomy

d) Automated/Goldmann fields (Perimetry)

e) Electrodiagnostic equipments (VER, ERG, EOG)

f) Colour Vision – Ishihara Charts

g) Contrast sensitivity – Pelli Robson Charts

h) Pediatric Vision testing – HOTV cards

i) Autorefractometers

j) Synaptophore (basic type with antisuppression)

k) Prism Bars

l) Stereo test (Randot/TNO)

m) Red – Green Goggles

n) Orthoptic room with distance fixation targets
Preferably child friendly) may have TV/VCR.

o) Lees/Hess chart

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

**APPLICATION DOCUMENT
FOR
FOR EMPANELMENT OF EXCLUSIVE DENTAL CLINICS IN MUMBAI PORT AUTHORITY**

1. Name of the CGHS city where Exclusive Dental clinic is located.

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2. Name of the Exclusive Dental Clinic

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3. Address of the Exclusive Dental Clinic

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4. Telfax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

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Whether NABH Applied for

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5. Total turnover during last financial year
(Certificate from Chartered Accountant is to be enclosed).

6. Exclusive Dental Clinic : (Infrastructure and technical Specifications) Number of Dental Chairs:

(A) (i) For General Dental Clinic

(Availability of recovery bed for Dental Clinic)

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(if available, specify the Number of

(ii) For Specialized Dental Clinic

(Whether beds are available for Specialized Dental Clinic)

Yes No

If, Yes Number

(B) Whether separate O.T. available for aseptic / septic cases (For specialized Dental clinics)

Yes No

(C) Alternative Power supply Give details

Yes No

(D) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry, Microbiol

Yes No

(b) Routine facilities for X-ray OPG Dental X-ray

(E) Dental X-ray Machine

IOPA 60-70 Kv, 8 mA, Exposure

Yes No

(with minimum radiation leakage) time selection 0.01 to 3 seconds

O.P.G. Machine 60-70 Kv, 8 MA

Yes No

* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications should head a Post each specialty Graduate.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

**APPLICATION DOCUMENT
FOR
EMPANELMENT OF DIALYSIS HOSPITALS/ CENTRES IN MUMBAI PORT AUTHORITY**

1. Name of the CGHS city where hospital is located.

2. Name of the hospital

3. Address of the hospital

4. Tel / fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether NABH Accredited

Whether NABH Applied for

b. Total turnover during last three financial year :
(Certificate from Chartered Accountant is to be enclosed).

5. For Empanelment as Hospital for all available facilities

Dialysis Hospital/Unit

(Please select the appropriate column)

6. Total Number of beds

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7. Categories of beds available with number of total beds in following type of

wards Casualty/Emergency ward		
ICCU/ICU		
Private		
Semi-Private (2-3 bedded)		
General Ward bed (4-10)		
Others		

8. Total Area of the hospital

Area allotted to OPD				
Area allotted to IPD				
Area allotted to Wards				

9. Specifications of beds with physical facilities/ amenities

Dimension of ward Length Breadth :
 Number of bed in each ward :
 (Seven Square Meter Floor area per bed required-) (IS: 12433-Part 2:2001)

10. Furnishing specify as (a), (b), (c), (d) as per index below Index

(b) Besides table	
b) Wardrobe	
(e) Telephone	
(f) Any other	

11. Amenities specify as (a), (b) (c) (d) as per index below Amenities

(a) Air conditioner	
(b) T.V.	
(c) Room service	
(d) Any other	

12. Nursing Care

Total No. of Nurses		
No. of Para-medical staff		

Category of bed Bed/Nurse Ratio (acceptable Actual bed/nurse standard) ratio

- a) General 6:1
- b) Semi-Private 4:1
- c) Private 4:1
- d) ICU/ICCU 1:1
- e) High dependency Unit 1:1

13. Alternate power source

Yes No

14. Bed occupancy rate
(Norm 85%)

Bed turnover rate

General bed

Semi-Private Bed

Private Bed

Av daily census

Note: Bed occupancy rate = $\frac{\text{Av daily census}}{\text{Av No. of bed available}}$
(i.e. number of authorized bed)

Total discharge during a year

15. Turnover ratio = $\frac{\text{Total discharge during a year}}{\text{Bed occupancy}}$

16. Man power:

1. No. of in house Doctors

2. No. of in house Specialists/Consultants

17. Laboratory facilities available –

Pathology

Biochemistry

Microbiology or

any other

18. Imaging facilities available

19. No. of Operation Theaters

20. Whether there is separate OT for Septic cases

21. Supportive services

Boilers/sterilizers	<input type="text"/>
Ambulance	<input type="text"/>
Laundry	<input type="text"/>
Housekeeping	<input type="text"/>
Canteen	<input type="text"/>
Gas plant	<input type="text"/>

22. Waste disposal system as per statutory requirements

Dietary

Others (preferably)

- Blood Bank

- Pharmacy

- Physiotherapy

23. RENAL TRANSPLANTATION, HAEMODIALYSIS / UROLOGY-UROSURGERY

Number of Renal Transplantations done in one year (2012-13)

Number of years of duration of facilities

Number of Hemodialysis unit.

Criteria for Dialysis:

- The center should have good dialysis unit neat, clean and hygienic like a minor OT.
- Centre should have at least four good Haemodialysis machines with facility of giving bicarbonate Haemodialysis.
- Centre should have water-purifying unit equipped with reverse osmosis.
- Unit should be regularly fumigated and they should perform regular antiseptic precautions.
- Centre should have facility for providing dialysis in Sero positive cases.
- Centre should have trained dialysis Technician and Sisters and full time Nephrologist and Resident Doctors available to combat the complications during the dialysis.
- Centre should conduct at least 150 dialyses per month and each session of hemodialysis should be at least 4 hours.

- Facility should be available 24 hours a day.

Whether it has an immunology lab.

Yes No

If so, does it exist within the city where the hospital is located

Yes No

Whether it has blood transfusion Service with facilities for screening HIV markers for Hepatitis (B&C), VDRL

Yes No

Whether it has a tissue typing unit DBCA/IMSA/DRCG scan facility and the basic radiology facilities

Whether it has an immunology lab.

Yes/ No

If so, does it exist within the city where the hospital is located

Yes / No

Whether it has blood transfusion Service with facilities for screening HIV markers for Hepatitis (B&C), VDRL

Yes / No

Whether it has a tissue typing unit DBCA/IMSA/DRCG scan facility and the basic radiology facilities

Yes / No

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

**APPLICATION DOCUMENT
FOR
EMPANELMENT OF DIAGNOSTIC LABORATORIES/ IMAGING CENTRES**

1. Name of the city where DIAGNOSTIC LAB / IMAGING CENTRE is located.

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2. Name of the Diagnostic Lab / Imaging Centre

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3. Address of the Diagnostic Lab / Imaging Centre

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4. Tel/fax/e-mail

Telephone No	
Fax	
e-mail address	
Name and Contact details of Nodal persons	

Whether QCI recommended Whether :

NABL/NABH/QCI applied for :

Enclose copy of accreditation certificate (wherever applicable) :

Applied for ----- Diagnostic Lab (Facilities to be mentioned)

Applied forImaging Centre (Facilities to be mentioned)

- Nuclear Medicines Lab
- X-Ray
- Ultra Solography
- CT Scan
- MRI
- ECG / EEG/ Nerve Conduction velocity
- Others (for listed procedures)

5. Total Turnover during last three financial year
(Certificate from Chartered Accountant is to be enclosed).:

CRITERIA FOR LABORATORY DIAGNOSTIC CENTER: -

Indicate (√) for Yes and (x) for No in the Box

1) Laboratories (Clinical Pathology):

- Space: Minimum 10X12 ft

Adequate space for collection of samples and dispatch of reports.

Waiting space - Minimum for 10 patients.

- Equipment:

Microscope

fully automatic hematology cell counter

Incubator

centrifuge machine

fridge (300 liters)

Automated Electrophoresis apparatus

Automated Coagulation apparatus

Cytology and histopathology related set up

Needle Destroyer Trolley for waste disposal with Bags

Manpower with Qualification:

Technician –

Diploma in MLT and adequate experience of handling pathology specimens including Cytology and Histopathology.

Facilities for Waste Management: Provision for waste management as per the Biomedical waste Act., 1998

- Quality Control:

Arrangement for Internal and external quality control.

The set up should be able to handle the workload with adequate staff and equipments.
Reports should be available at the earliest depending on the test.

- Backup of Generator, UPS, Emergency light

- General requirements for Pathological Diagnostic Centers:

- Minimum workload of 40-50 samples per day (not tests).
- Slides for Histopathology / Cytology should be preserved a reasonable period.
- Records of patients /investigation should be well maintained and updated.
- Charges should be displayed on the notice board.
- Fire Fighting system should be in place wherever it is necessary.

(certificate of fire compliance)

2) Laboratory (Biochemistry):-

- Space for working lab minimum 10X12 ft.

Reception and sample collection should have an area for at least 10 patients to sit.

Laboratory (Preferably air-conditioned)

Washing area/waste disposal.

- Equipment:

Refrigerator	<input type="checkbox"/>
Water-bath	<input type="checkbox"/>
Hot-air-oven	<input type="checkbox"/>
Centrifuge machine	<input type="checkbox"/>
Photo-electric calorimeter or Spectrophotometer or semi-auto-analyzer/autoanalyzer	<input type="checkbox"/>
Flame Photometer or ISE Analyzer	<input type="checkbox"/>
Micro-pipettes	<input type="checkbox"/>
All related Lab glassware and reagents	<input type="checkbox"/>
needle destroyer	<input type="checkbox"/>
standard balance	<input type="checkbox"/>

- Manpower with qualification:

Technician with DMLT.

Provision for waste management as per the Biomedical waste Act., 1998:

- Quality Control:

Should be Internal as well as External	<input type="checkbox"/>
Backup of Generator, UPS, and Emergency light	<input type="checkbox"/>
- 24 hours supply of water, provision for toilet.	<input type="checkbox"/>

- Indicate (v) for Yes and (x) for No in the Box

Additional requirements for Laboratory for Hospitals/ Nursing Homes:-

- In addition to the criteria written above the following additional equipment will be required

Blood Gas analyzer

Elisa Reader

HPLC and

Electrophoresis apparatus

3) Laboratory (Microbiology):

- Minimum Space required is 10X12 ft.

Receiving samples & labeling, sorting, registration

minimum waiting space for 10 patients and dispatch area

Media room (autoclave, hot air oven, pouring hood) Area required minimum 6X4 ft.

Processing of samples – staining, cultures etc.

- Minimum Space required is 10X12 ft.

- Equipment:

Non-expendable – Autoclave

Hot Air oven

water bath,

Incubator centrifuge

Microscopes

vortex ELISA reader.

Expendable – Chemicals, media, glassware, stationery etc.

- Manpower with qualification:

Technician – DMLT

- Provision for waste management as per the Biomedical waste Act., 1998.

- Quality control:

Internal

External tie up with higher Organizations.

Backup of Generator, UPS, Emergency light.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT