

EXPRESSION OF INTEREST -

1. **SOUTH EASTERN COALFIELDS LIMITED, Bilaspur** invites EOI for empanelment of Super Specialists/ Specialists for OPD Consultation as well as minor procedures at current CGHS Rates at following different locations :-

1. Bilaspur City and other cities near command Areas of SECL like : Korba, Manendragarh, Raigarh, , Ambikapur, Baikunthpur in Chhattisgarh State.
2. Shahdol and Umaria in Madhya Pradesh.

LAST DATE FOR SUBMISSION OF DULY FILLED APPLICATION : **30.06.2016 by 05.00 PM**

2. APPLICATION FORM

Application form can be downloaded from the website of South Eastern Coalfields

Limited at www.secl.gov.in. The duly filled in form should be submitted along with all

documents in a sealed cover to the Chief of Medical Services, South Eastern Coalfields

Limited, Seepat Road, Post Box No. 60, Bilaspur (CG) 495 006.

(a) The application must be submitted in duplicate along with a soft copy on a CD both

in a sealed envelop superscribed as “Application for Empanelment of Specialists/ Super Specialist “

(b) The applicant must indicate under which category the application is being made.

(c) All the pages of Application and Annexure(each set) shall be serially numbered.

(d) Every page of application form and Annexure needs to be signed by the applicant. The signatory must mention as to whether he is the sole proprietor or authorised agent. In case of partnerships, a copy of the partnership agreement duly attested by a Notary should be furnished. Similarly, in case of authorisation , appropriate legal document should be furnished.

(f) As far as possible, all information should be given in the application. If a particular facility is not available , it should be entered as “Not available” , it should not be mentioned as “Not applicable”.

(g) The application is liable to be ignored if the information given on eligibility criteria is not complete.

(h) The Consultant empanelled will be offered consultation charges and the OPD procedure charges as per the CGHS approved rates applicable from time to time or actual, whichever is less.

As per CIL guidelines, for Specialist/Super Specialist in the cities where CGHS rates are not applicable and approved, the basis of rates for Specialist/Super Specialist will be CGHS rates as applicable to the Capital of the State where Specialist/Super Specialist is located or Specialist/Super Specialist own rates whichever is less. **However, in case no CGHS approved rates are available in that State Capital, the CGHS rates as applicable to Kolkata or Specialist/Super Specialist own rates whichever is less, will be applicable.**

3. Eligibility Criteria

1. Must possess recognised Post Graduate Degree/Diploma
2. Should have five years and above post qualification experience in Private practice/Govt. Hospital/Medical College or PSU.
3. Should not be in Govt. Service.
4. The super-specialist should have minimum qualification like DM/MCH/DNB(Post PG) in particular speciality.
5. Must have valid CGMC or MPMC or IMC Registration renewed from time to time as required.
6. Minimum 2 yrs. of existing Clinic/Establishment in the same premises with proper Licence under Nursing Home Act is required.

4. General Criteria :

- (i) Empanelled doctors should prescribe only Generic Medicines.
- (ii) Patient should not purchase medicines for more than 03 days. If the treatment needs to continue for a longer period , the patient should consult company doctor for continuation of medicines , and
- (iii) The dealing with the patient should be cashless . The Empanelled doctors will submit their bills to the respective Area Medical Officer , on monthly basis.

5. Period of Empanelment :

The empanelment will be for five years and performance will be reviewed by a Committee initially after one year and then after every two years and further extension will be granted with satisfactory performance and recommendation of the Committee with mutual consent.

6. Criteria for De-empanelment :

De-empanelment of the empanelled Specialists/Super Specialist could be made due to the following:-

- (a) Rendering resignation/written unwillingness to continue in the panel subject to acceptance by the Competent Authority.
- (b) Death
- (c) If in the opinion of Competent Authority , the number of visits of patients to a Specialists/Super Specialist are considered as grossly inadequate , not justifying his continuation in the panel.
- (d) Due to proven case of malpractice/misconduct or rendering unsatisfactory services.
- (e) Change of ownership, location of business place or the practice place, as the case may be, if not approved by Competent Authority.
- (f) In all other cases, not specifically mentioned above, the merit of each case will be evaluated by the Committee.
- (g) SECL Management has right to de-empanel Specialist /Super Specialist without giving any reason.

Encl : Annexure (1) Application Form
(2) Affidavit cum undertaking

Chief of Medical Services
SECL, Bilaspur .



South Eastern Coalfields Limited

(A Miniratna Company - Cat. I)

(A Subsidiary Company of Coal India Limited)

Seepat Road, Bilaspur – 495 006

APPLICATION FOR EMPANELMENT OF

**SPECIALISTS /SUPER SPECIALISTS FROM BILASPUR , RAIGARH KORBA ,
MANENDRAGARH, AMBIKAPUR , SHAHDOL , UMARIA & BAIKUNTHPUR**

1. NAME OF THE SPECIALISTS/
SUPER SPECIALIST : -----

2. ADDRESS : -----

3. TELEPHONE/FAX/EMAIL : -----
4. EMPANELMENT APPLIED FOR : -----
 - A) Speciality : -----
 - (i) Speciality : -----
 - Qualification : -----
(Date of passing PG Degree/
Diploma)
 - Experience : -----
: -----
5. Date of Starting Establishment at :-----
present address (To be supported
by License under Nursing Home
Act of C.G or M.P.)
6. Copy of Experience Certificate Post qualification to be enclosed.
7. Copy of valid C.G.M.C. or M.P.M.C. Registration to be enclosed.

Signature of applicant

AFFIDAVIT CUM UNDERTAKING

(To be sworn before Notary Public in Non-Judicial Stamp Paper of Rs. 10)

1. _____ S/o _____ aged ____
(Specialist/Super Specialist) of _____ (Name of the firm) address
_____, do hereby solemnly
affirm on oath and undertake as under :

1. That, I am the Specialist /Super Specialist _____ and duly authorised to swear this affidavit on behalf of the said concern.
2. That, I agree to abide by all the rules and regulations and criteria including rates for empanelment framed by SECL.
3. That, I hereby affirm and certify that all the information furnished by me are true to my knowledge , and I have no objection to SECL verifying any or all the information furnished in the documents submitted by me with the concerned authority, if necessary.

DEPONENT

VERIFICATION

I, _____ S/o _____ , the above named deponent do hereby verify the affidavit cum undertaking and contents of Paras 1 to 3 above are true and correct to the best of my personal knowledge and belief.

Signature and verified on _____ day of _____ 2016 at

IDENTIFIED BY ME
DEPONENT

