

कोचिन पत्तन प्राधिकरण
COCHIN PORT AUTHORITY



चिकित्सा विभाग/ Medical
Department,
कोचिन/Cochin-682 003
Tele: 0484-258 2700
Fax : 0484-2666 402
e-mail:cmo@cochinport.gov.in

RFQ.No.C3/ MRI & CT Scan/2022-H

दिनांक/dt.04.04.2023.

REQUEST FOR QUOTATION

Sir,

Sub: Request for quotation for outsourcing for MRI , CT and US scan at CGHS rates or discount on CGHS rates- Reg

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Sealed quotations are invited from MRI & CT Diagnostic Centers at Ernakulam within 15 Kms from Cochin Port Trust Hospital for providing MRI scan (1.5 Tesler and above),CT scan and Ultra sound Scan for the referred patients from CoPA hospital for a period 3 years from the date of signing of the MOU. The rates of MRI/CT/US investigations may be quoted **at CGHS rate or discount on CGHS rates**. Also the rates for MRI/CT/US scan with and without contrast should separately be quoted, as per Annexure-I, as these tests are not mentioned under CGHS.

Quotations should be in a sealed cover, super scribed "**Quotations for MRI,CT,and Ultra sound Scan, CoPA** " and addressed to the Chief Medical Officer, Cochin Port Authority Hospital, Cochin-682 003 and should reach the Reception (in the Tender box for Medical Department), Administrative Building, Cochin Port Authority, Willingdon Island, Cochin - 682 009 on or before 10.30 A.M. on 17.04.2023. Quotations received after the due date and time will not be accepted. The quotations will be opened on 17.04.2023 at 11.00.A.M at the Chief Medical Officer's chamber.

TERMS AND CONDITIONS

- (a) The L1 will be decided based on the maximum percentage of discount offered from the prevailing CGHS rates only.
- (b) The successful contractor will be required to execute an MOU in Stamp Paper of appropriate value, at his own expenses in the prescribed form within 7 (Seven) days of the acceptance of the offer.
- (c) The payment should be collected from the patient as per the MOU only and no extra payment should be collected.
- (d) The Chief Medical Officer will have the right to reject any quotation / terminate the agreement at any time without assigning any reason.
- (e) Reference letter issued by the Cochin Port Trust Hospital duly signed by Chief Medical Officer shall be the basis for referring a patient.

Sd/-

CHIEF MEDICAL OFFICER (I/C)

COCHIN PORT AUTHORITY

MEDICAL DEPARTMENT
Willington Island, Cochin - 682 003
Phone: +91 (0484) 2582700

FORMAT FOR QUOTING RATES FOR MRI/CT/US SCAN UNDER CGHS

<p>Name & Address of the Diagnostic center (Mobile No & e-mail)</p>	<p>Willing to provide MRI/CT/US Scan at CGHS rates</p> <p>or</p> <p>discount on CGHS rates.</p> <p>Yes/No</p>

FORMAT FOR QUOTING RATES FOR PROVIDING INVESTIGATIONS OF
MRI & CT SCAN NOT MENTIONED UNDER CGHS

Sl No	Type of Investigations	Rates offered to CoPA in Rs.
1	C. T. Chest - with contrast	
2	CT KUB without contrast	
3	CT KUB with contrast	
4	CT Guided Biopsy	
5	CT Aortogram	
6	CT Urogram	
7	CT Entrography	
8	CT Pulmonary Angio	
9	3D CT Scan	
10	CT Knee Right or Left	
11	CT Facial Bone	
12	CT Contrast	
13	MRI KUB- Without Contrast (Abdomen)	
14	MRI KUB- With Contrast	
15	MRI Thigh	
16	MRI Fistulogram	
17	MRI Whole Spine Screening	
18	MRI Forearm	
19	MRI Navigation	
20	MRI Contrast	

Authorized Signatory with date and seal