



राष्ट्रीय राजधानी क्षेत्र परिवहन निगम
(भारत सरकार एवं प्रतिभागी राज्य सरकारों का एक संयुक्त उपक्रम)
National Capital Region Transport Corporation
(A Joint venture of Government of India and participating State Governments)

NCRTC/CO/HR/Policy/Med. Atten/27

11.06.2019

CORRIGENDUM**TO****NOTICE dated 03.04.2019 FOR CORPORATE TIE-UP WITH HOSPITALS/NURSING HOMES/INSTITUTES/LABORATORIES FOR MEDICAL FACILITIES TO EMPLOYEES OF NCRTC**

The date of submission of quotation/offer as mentioned in Para 10.(i) of the Notice is extended and may be read as 31.07.2019.


(Pramod Kumar)
Sr. DGM/HR



No. NCRTC/CO/HR/Policy/Medical.Atten/27

03/04/2019

NOTICE FOR CORPORATE TIE-UP WITH HOSPITALS/NURSING HOMES/NURSING HOMES/INSTITUTES/LABORATORIES FOR MEDICAL FACILITIES TO EMPLOYEES OF NCRTC

National Capital Region Transport Corporation (NCRTC) – a Joint Venture Company of Government of India and States of Delhi, Haryana, Rajasthan and UP, under the administrative control of the Ministry of Housing & Urban Affairs (MoHUA), is mandated for implementing the Regional Rapid Transit System (RRTS) in National Capital Region (NCR), ensuring a balanced and sustainable urban development through better connectivity and access. The RRTS will be a new, dedicated, high speed, high capacity, comfortable commuter service connecting regional nodes in NCR. It will provide reliable, high frequency, point to point and safe regional travel at high speed along dedicated pathway for relatively longer distance with fewer stops at higher speeds.

2. The technology chosen will allow covering distances of 100 kms in an hour with scheduled stoppages. The system will also ensure the convenience of quality last mile connectivity, addressing the needs of all categories of travelers on the network. The corridors being developed under RRTS Phase I are Delhi – Meerut, Delhi – Panipat and Delhi – Alwar. Once operational, RRTS will be the fastest, the most comfortable and the safest mode of travel in the NCR.

3. NCRTC invites Hospitals/Nursing Homes/Laboratories/Institutes in Delhi-NCR to offer discounted rates for Corporate Tie up as under:

	Services on which discounts/bundled rates to be offered
Hospitals/Nursing Homes/Institutes	<ul style="list-style-type: none">- OPD (which would include Doctor's consultation charges and investigation charges etc.)- IPD (which would include Room Rent, Doctor's Consultation charges, Procedure charges/OT Charges, Investigations, Registration charges etc.)- Annual Comprehensive Health Checkup (ACHC)
Laboratories	Pathological and Radiological Tests

4. The Annual Comprehensive Health Checkup (ACHC) would consist of the following tests:

Sr. No	Tests	Male	Female
i.	Dental Consultation	Yes	Yes
ii.	Physician Consultation	Yes	Yes
iii.	Eye Consultation	Yes	Yes
iv.	ENT Consultation	Yes	Yes

Sr. No	Tests	Male	Female
v.	Haemogram	Yes	Yes
vi.	Ca & P	Yes	Yes
vii.	Blood Sugar Fasting & PP	Yes	Yes
viii.	Lipid Profile	Yes	Yes
ix.	Blood Urea	Yes	Yes
x.	Creatinine	Yes	Yes
xi.	ECG	Yes	Yes
xii.	Uric Acid	Yes	Yes
xiii.	LFT	Yes	Yes
xiv.	X Ray	Yes	Yes
xv.	Urine Routine	Yes	Yes
xvi.	TMT	Yes	Yes
xvii.	Ultrasound Abdomen	Yes	Yes
xviii.	PSA	Yes	NA
xix.	Gynae with Pap Smear	NA	Yes
xx.	Mammography	NA	Yes
xxi.	TSH	NA	Yes
xxii.	Blood Grouping & Rh Typing	Yes	Yes
xxiii.	HBa1c	Yes	Yes
xxiv.	Vitamin D	Yes	Yes
xxv.	Vitamin B12	Yes	Yes

5. Only Registered Hospitals/Nursing Homes/Institutes (registered with local authorities/Government), having valid Certificate of Exemption under S. 17(2)(ii)(b) of Income Tax Act, 1961 may apply.

6. Only NABH/NABL accredited Hospitals/Nursing Homes/Labs/Institutes may apply. JCI accreditation will be given preference.

7. Hospitals/Nursing Homes/Institutes/Labs offering CGHS rates will be given preference.

8. NCRTC Management reserves the right to accept/reject the application of any hospital/nursing home/institute/labs for corporate tie-up and the decision of NCRTC Management shall be final.

9. Interested Hospitals/Nursing Homes/Institutes/Laboratories may attach on the top of their offer, a covering letter as per Annexure – A.

10. General Instructions

i. The applications along with the covering letter should reach this office latest by **10.05.2019**.

ii. The envelope containing duly filled up application should be super-scribed as '**Application for Corporate Tie-Up with NCRTC for providing Medical Services**' and addressed to:

**HR Department,
National Capital Region Transport Corporation,
7/6, Siri Fort Institutional Area,
August Kranti Marg,
New Delhi – 110049**

- iii. Applications received after due date shall not be entertained. NCRTC will not be responsible for non-receipt/late receipt of the application/ any communication due to postal delay or any other reason.
- iv. The application should be supported with the following documents:
 - Certificate of Registration of Hospital/Nursing Home/Institute/Laboratory
 - In respect of Hospitals/Nursing Homes/Institutes etc., valid Income Tax Exemption certificate



NATIONAL CAPITAL REGION TRANSPORT CORPORATION LTD.
(A joint venture of Govt. of India and participating State Govts.)

APPLICATION FOR CORPORATE TIE-UP FOR PROVIDING MEDICAL SERVICES

Name of Hospital/Nursing Home/Institute/Laboratory			
Address of Hospital/Nursing Home/Institute/Laboratory			
Whether Registered	Yes/No If Yes, attach copy of Certificate of Registration		
Income Tax Exemption Certificate Available	Yes/No If Yes, attach copy of Certificate of Income Tax Exemption		
NABH/NABL Accreditation available	Yes/No If Yes, attach copy of NABH/NABL Accreditation certificate		
JCI Accreditation available	Yes/No If Yes, attach copy of JCI Accreditation certificate		
Services on which Corporate discount offered		Discount offered	Discount Percentage / Rate (Rs) or CGHS Rates
	IPD (Indoor Treatment)	Yes/No	
	- Room Rent		
	- Procedure Charges		
	- Investigations		
	- Consultation charges during indoor treatment		
	- Any other item		
	OPD (Outdoor Treatment)	Yes/No	
	- Doctor's Consultation Charges		
	- Investigations		
Annual Comprehensive Health Checkup (ACHC)	Yes/No	Male(Rs)	Female(Rs)
Pathological/Radiological Tests (For Labs)	Yes/No		
Remarks of the Hospital/Nursing Home/Institutes/Laboratories, if any			

.....
(Signature of Authorized Representative of Hospital/Nursing Home/Institute/Lab)

Date:.....

Contact Number (M):.....