



**BHARAT HEAVY ELECTRICALS LIMITED**  
HIGH PRESSURE BOILER PLANT  
TIRUCHIRAPALLI – 620 014  
**WORKS CONTRACTS MANAGEMENT**

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Ref: BHE: WCM: MED: 02

Date: 16.12.2015

TO

Sub: Tender documents for “**Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy**” for a period of ONE year – Reg.

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We are pleased to attach the detailed Tender documents (Tender Ref: BHE: WCM: MED: 02 Date: 15.12.2015 ) for Outsourcing of CT Investigation Tests Contract for BHEL Hospital , Trichy for a period of ONE year from the date of commencement of contract by the contractor.

Contractors are requested to go through the Tender documents carefully and thoroughly and submit their offers as detailed below:-

1. The duly filled in **Annexure II** should be placed in one cover (cover No.1) with superscription “**Technical Bid for “Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy”**” for a period of ONE year.
2. Duly filled in **Annexure III** should be placed in a **separate cover** (cover No.2) with superscription “**Price Bid for “Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy”**”.
3. DD for EMD should be placed in **another cover** (cover No.3) with superscription **DD for EMD for “Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy”**.

All the three covers should be neatly sealed and placed in one cover with superscription “**Tender for “Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy”**” and should be sent by **Register post / Speed Post / Courier or submitted in person** so as to reach **Sr. Manager / Works Contracts Management Department, 53 Building, First Floor, BHEL, Trichy – 620 014 ON OR BEFORE 14.00 hrs. 12.01.2016** along with the required enclosures.

**The Technical bid will be opened on 12.01.2016 at 14.30 hrs.** in the presence of tenderers who have responded to this tender. The date and time for price bid opening of those who are successful in the Technical bid will be intimated separately.

Enc: Annexure – I, II & III

For Bharat Heavy Electricals Ltd.,

Sr. Manager  
Works Contracts Management  
Building 53, First Floor  
BHEL, Trichy – 14

Note: All the covers should have the tender No. neatly written on top.

**I. SCOPE OF WORK.**

1. The CT scan investigations are to be done for our employees and their family members.
2. The referred patient will be sent to your Scan centre along with a request letter, indicating the area to be scanned, control no. duly signed by the Medical Superintendent. (Letters without control No. are not to be accepted).
3. The BHEL referred patients should be scanned without any delay (waiting time) and report should be given immediately after the scan is over.

**II. CONTRACT PERIOD**

The contract period is for ONE year. Further extension of Contract period (beyond ONE year) shall be mutually agreed. However, the contract may be terminated due to violations or non-performance of the Contract conditions or deficiency of service by giving one month's notice in writing by either side.

**III. EMD**

The EMD for the said work is ` 20,000/- (Rupees Twenty Thousand only) and it should be furnished in the form of **DD in favour of BHEL / Trichy-620 014**. One time EMD is also acceptable subject to certification of validity by Finance and approval by AGM / WCM. **Offers without EMD will be rejected.**

EMD by the Tenderer will be forfeited as per Tender Documents if:

- i) After opening the tender, the tenderer revokes his tender within the validity period or increases his earlier quoted rates.
- ii) The tenderer does not commence the work within the period as per LOI /Contract.

EMD given by all unsuccessful tenderers shall be refunded normally within fifteen days of acceptance of award of work by the successful tenderer. EMD shall not carry any interest.

**IV. SECURITY DEPOSIT**

Security Deposit shall be collected from the successful tenderer. The rate of Security Deposit will be as below:

- Up to ` 10 lakhs: 10%
- Above ` 10 lakhs up to ` 50 lakhs: ` 1 lakh + 7.5% of the amount exceeding ` 10 lakhs.
- Above ` 50 lakhs: ` 4 lakhs + 5% of the amount exceeding ` 50 lakhs.

The Security Deposit shall be collected before start of the work by BHEL. The security deposit can be paid only in the form of DD drawn in favour of BHEL Trichy or in the form of bank guarantee of a Scheduled Bank.

The security deposit will be refunded,

- (a) On successful and satisfactory completion of the contract by production of no due certificate from the competent authority and deduction of recoveries of any.
- (b) If the contract is terminated by BHEL due to deficiency of service, after deducting the penal charges as decided by BHEL from the Security Deposit, the balance amount will be paid.
- (c) Security Deposit is not refundable if the contract is terminated by the contractor by giving notice before the stipulated period.

**V. FRAUD PREVENTION POLICY:**

The Bidder along with its associate / collaborators / sub – vendors / consultants / service providers shall strictly adhere to BHEL Fraud Prevention Policy displayed on BHEL website <http://www.bhel.com> and shall immediately bring to the notice of BHEL Management about fraud or suspected fraud as soon as it comes to their notice”.

Fraud Prevention policy and List of Nodal Officers shall be hosted on BHEL website, vendor portals of Units / Regions intranet.

**The last date and time for receipt of the tender cover with superscription “Tender for “Outsourcing of CT Investigation Tests Contract for BHEL Hospital Trichy” (Technical bid, Price bid and DD for EMD in three different covers, neatly sealed with suitable superscription on the top of the sealed covers should be placed in one cover) at the Office of the undersigned (address furnished below) is on or before 12.01.2016.**

**The Tender Box is available at WCM Department, 53 Building, First Floor, BHEL, Trichy.**

The Technical Bids of the Contractors will be evaluated first and only of such contractor who are found suitable will be considered for Price Bid opening and the successful contractors will be informed by email the Date, Venue & Time of Price Bid opening.

For Bharat Heavy Electricals Ltd.,

Sr. Manager  
Works Contracts Management  
Building 53, First Floor  
BHEL, Trichy – 14  
Tel No. 0431-2577054 & 2571913

BHEL: WCM: MED: 02

Date: 16.12.2015

**GENERAL CONDITIONS**

01. The Scan centre should be in a proximity of 25 Kms from BHEL Main Hospital
02. In case, the CT Scan pictures are not clear or defective due to poor quality of film/s used, erroneous techniques adopted, under or over exposure, faulty developing, drying, storage etc., the investigations will have to be repeated at your own cost.
03. The charges should also include the written report of a qualified Radiologist.
03. The CT scan investigations are to be carried out only on the authorization /requisitions issued by our MEDICAL SUPDT.
04. The CT Scan/s taken at your end under reports will be our property and should be provided in standard good quality packing.
05. The written reports and the picture should be handed over to the patients not later than 24 Hrs. of the investigation & Requisitions marked as URGENT/IMMEDIATE within the minimum time of the same day.
06. We reserve the right to visit and inspect your Clinic to ensure the availability of equipment and the facilities for the investigations cited.
07. Advance intimation should be given for closure due to holidays or other reasons including break-down of your equipments etc.
08. Patients referred to your clinic should on no account be delayed, or turned back or asked to come later.
10. Emergency treatment, if needed, should also be extended to our patients.  
  
Lowest prices received against BHEL tenders need not be the technically acceptable L1 price and BHEL reserves the right not to consider the same and BHEL has rights to negotiate even L1 Vendor.
11. BHEL reserves the rights to negotiate or to refloat the tender opened if L1 price is not the lowest acceptable price to them inter-alia other reasons.
12. L1 will be evaluated on package basis i.e. total of (no of investigation x rates).
13. BHEL reserves the right to visit and inspect your Scan Centre to ensure the availability of the equipments and the facilities for the Investigations tests cited.
14. Termination of the contract will be made only after giving 30 days' notice in writing on either side.
15. BHEL reserves the right to process/close this enquiry and the decision of BHEL is final and binding.
16. The comparison of rates quoted, lowest bidder finalization will be based on the total package value of all the tests for the approximate quantities specified per year as per Annexure-II.
17. BHEL reserves the right to negotiate or to refloat the tender opened if L1 price is not the lowest acceptable price to BHEL inter-alia other reasons.
18. Vendors shall attach the signed and sealed copy of the Terms & Conditions along with offer for acceptance of Terms & Conditions.

**PAYMENT TERMS:**

01. Your Invoice billing should contain the Name of the patient, Staff No. , Control No. Area of Investigations and charges.
02. Monthly statement should be sent to the MEDICAL SUPDT for onward transmission to the Accounts Department for EFT payment after deducting taxes.
03. A Self Certified Photostat copy of your PAN card should be attached.

The Tenders should be addressed to:

**Senior Manager  
Works Contracts Management  
Building 53, First Floor,  
BHEL, Trichy – 620 014.**

**TECHNICAL BID CRITERIA**

| <b>Sl.No.</b> | <b>CRITERIA</b>                                                                          | <b>DATA TO BE FURNISHED</b>           |
|---------------|------------------------------------------------------------------------------------------|---------------------------------------|
| 1             | Name of the Scan Centre                                                                  |                                       |
| 2             | Address of the Scan Centre                                                               |                                       |
| 3             | Name of the Contact person with<br>Phone No.                                             |                                       |
| 4             | Telephone No. of Scan Centre                                                             |                                       |
| 5             | Details of the equipment used for taking Scans<br>( should be of a minimum 16 slice CT ) |                                       |
| 6             | EMD Details                                                                              | Amount :<br>Bank :<br>DD No. & Date : |
| 7             | Email id                                                                                 |                                       |
| 8             | PAN No. of the Agency                                                                    |                                       |
| 9             | Service Tax Registration                                                                 |                                       |
| 10            | Vendor Registration No. in BHEL if any                                                   |                                       |
| 11            | Acceptance of Terms & Conditions SI.No.1 to 10<br>( as per Annexure – I )                |                                       |

**PRICE BID**

| Sl.No. | Name of the Test                             | Approximate no. of Investigation per year | Contrast if needed                              | Rate per Test |
|--------|----------------------------------------------|-------------------------------------------|-------------------------------------------------|---------------|
| 1      | CT BRAIN PLAIN                               | 300                                       |                                                 |               |
| 2      | CT BRAIN WITH CONTRAST                       | 25                                        | IV Contrast                                     |               |
| 3      | CT ABDOMEN PLAIN                             | 75                                        |                                                 |               |
| 4      | CT ABDOMEN & PELVIS WITH CONTRAST            | 25                                        | IV Contrast<br>ORAL Contrast<br>Rectum Contrast |               |
| 5      | CT PELVIS PLAIN                              | 50                                        |                                                 |               |
| 6      | CT PELVIS WITH CONTRAST                      | 25                                        | IV Contrast<br>ORAL Contrast<br>Rectum Contrast |               |
| 7      | CT CHEST PLAIN                               | 50                                        |                                                 |               |
| 8      | CT CHEST WITH CONTRAST                       | 5                                         | IV Contrast                                     |               |
| 9      | CT PELVIS WITH HIP JOINT                     | 15                                        |                                                 |               |
| 10     | CT SINUS                                     | 15                                        |                                                 |               |
| 11     | CT TEMPORAL BONE                             | 5                                         |                                                 |               |
| 12     | CT ELBOW JOINT                               | 5                                         |                                                 |               |
| 13     | CT LUMBAR SPINE                              | 100                                       |                                                 |               |
| 14     | CT PULMONARY ANGIO ( CTPA)                   | 3                                         |                                                 |               |
| 15     | CT HR THORAX                                 | 10                                        |                                                 |               |
| 16     | CT NASO PHARYX & NECK                        | 5                                         |                                                 |               |
| 17     | CT KNEE                                      | 5                                         |                                                 |               |
| 18     | CT ANKLE                                     | 5                                         |                                                 |               |
| 19     | CT WRIST / HAND                              | 5                                         |                                                 |               |
| 20     | CT SHOULDER                                  | 5                                         |                                                 |               |
| 21     | Reconstruction 3 D CT of HIP/KNEE / SHOULDER | 5                                         |                                                 |               |
| 22     | CT SPINE ( Cervical, Dorsal, Lumbar )        | 75                                        |                                                 |               |