



कर्मचारी राज्य बीमा निगम
EMPLOYEES' STATE INSURANCE CORPORATION
श्रम एवं रोजगार मंत्रालय , भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA

वरिष्ठ राज्य चिकित्सा आयुक्त का कार्यालय
OFFICE OF SENIOR STATE MEDICAL COMMISSIONER,
क्षेत्रीय कार्यालय REGIONAL OFFICE
पूर्वोत्तर क्षेत्र , बामुनी मैदाम, गुवाहाटी-21
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No. 43-U.11/11/2015-SSMC(NER)-EMP

Date: 04-11-2016

EXPRESSION OF INTEREST FOR PROVIDING PRIMARY HEALTH SERVICES

Under ESIC 2 reform agenda, ESIC is expanding its services in all the Districts and small towns of the country. In view of this huge task ESIC intend to partner with Private Clinics, Nursing Homes , Private Practitioner to provide Primary Health services to its beneficiaries in different locations in the State of Assam/Meghalaya/Nagaland/Tripura /Mizoram/Manipur/Arunachal Pradesh. The Sr. State Medical Commissioner invites Expression of Interest (EOI) from interested and Eligible Private Clinic, Nursing Homes , Private Practitioner having Expertise, Experience. The various locations where this service is to be provided are listed below:

| SL. NO. | STATE | DISTRICT | LOCATIONS |
|---------|-------|---|--|
| 1 | ASSAM | Bongaigaon Cachar Dhubri Golaghat Kamrup(R) Morigaon Nagaon Sonitpur Baksa Dhemaji Dima Hasao Hailakandi Karbi Anglong Karimganj Kokrajhar Lakhimpur | Srijangram, Boitamari Katigora, Sonai, Lakhipur Golakganj, Adamoni, Bagribari, Bilasipara, Chapar Bokakhat, Dergaon, Khuntai, Sarupathar Boko, Chamaria, Nagerbera, Goroimari, Kamalpur, Hajo, Goreswar Morigaon, Mayong, Burahgaon, Laharighat, Mikirbheta Kaliabor, Samaguri, Rupshi, Dhing, Raha, kampur Halem, Gohpur Mushalpur Dhemaji Haflong Hailakandi Diphu Karimganj Kokrajhar North Lakhimpur |

| | | | |
|---|-----------|---|--|
| | | Nalbari Sivsagar Udalguri West Karbi Anglong Hojai Charaideo South Salmara | Nalbari Sivsagar Udalguri Hamren Hojai Sonari Mankachar |
| 2 | MEGHALAYA | East Khasi Hills Ri Bhoi West jaitia Hills East Jaintia Hills West Khasi Hills South West Khasi Hills North Garo Hills East Garo Hills West Garo Hills South Garo Hills South West Garo Hills | Mawphlang, Mawsynram, Shell-Bholagunj, Mawrynkneng, Pynursla, Laitkroh, Mawkynrew Umsning,Jirang Jowai Khliehriat Nongstoin Mawkyrwat Resubelpara Williamnagar Tura Baghmara Ampati |
| 3 | NAGALAND | Dimapur Kiphire Kohima Longleng Mokokchung Mon Peren Phek Tuensang Wokha Zunheboto | Chumukedima,Dhansiripar,Medziphema, Kuhabato, Nikohu, Niuland Kiphire Kohima Longleng Mokokchung Mon Peren Phek Tuensang Wokha Zunheboto |
| 4 | TRIPURA | West Tripura Dhalai Sipahijala Khowai Gomati Unakot North Tripura South Tripura | Mohanpur,Jirania Ambassa Bishalgarh Khowai Udaipur Kailashahar Dharmanagar Belonia |
| 5 | MIZORAM | Koilasib Lawngtlai Lunglei Mamit Siaha Serchhip Champai | Koilasib Lawngtlai Lunglei Mamit Siaha Serchhip Champai |
| 6 | MANIPUR | Imphal-East Imphal-west | Imphal-East Imphal-west |

| | | | |
|---|----------------------|--|--|
| | | Bishnupur Chandel Churachandpur Senapati Tamenglong Thoubal Ukhrul | Bishnupur Chandel Churachandpur Senapati Tamenglong Thoubal Ukhrul |
| 7 | ARUNACHAL PRADESH | Anjaw Changlang East Kameng East Siang Lohit Longding Lower Subansiri Papum Pare Tawang Tirap Lower Diwang Valley Upper Siang Upper Subansiri West kameng West Siang Upper Dibang Valley Karung Kumey Namsai Kra Daddi | Anjaw Changlang Seppa Pasighat Tezu Longding Ziro Yupia Tawang Town Khonsa Roing Yingkiong Daporijo Bomdila Along Anini Koloriang Namsai Jamin |

They may sent their duly filled EOI to smc-as@esic.in latest within 20 days from the date of advertisement.

The Terms & Conditions and Application Form for engaging Nursing Home/Clinics & IMP are given in Annexure-I & Annexure-II respectively.

Sd/-
Sr. State Medical Commissioner
ESIC , NER

TERMS & CONDITIONS FOR EMPANELMENT OF NURSING /PRIVATE CLINICS

Every such empanelled clinic would be given a list of likely insured persons covered under ESIC and would be paid Rs.300/- per IP per annum as a package remuneration.

Scope of Services & Modalities of operation:

1. The Private Clinics/Nursing Home shall be selected for each location in Assam, Meghalaya, Tripura , Nagaland,Mizoram, Manipur & Arunachal Pradesh.
2. The Private Clinic/Nursing Home shall be responsible for providing, interlaid the following services:
 - a) OPD service for six days in a week as per the timings from 9.00 A.M. to 4.00 P.M.
 - b) Provide following essential laboratory services Blood, Hb, TLC, DLC, PS for MP, Routine & Microscopic Examination of Urine & Stool.
3. Drugs will be provided by ESIC for which a separate procedure would be put in place.
4. The Regional Director/SSMC Office of ESIC will identify the location and would be intimated once the area is notified for implementation.
5. The selected Private Nursing Home/Clinic should sign a Contract Agreement with ESIC

Last Date for submission of application is after 20 days from the date of Advertisement.

Sd/-
Sr. State Medical Commissioner
ESIC , NER

Application Form for Expression of Interest (EOI) by Private Clinics & Nursing Homes for providing Primary Health Care

Space for front photograph showing name of
Private Clinic/Nursing Home

Space for Photo of
Signatory
Size: 3.5 cms X 4.5
cms

1. Name of the Private Clinic/Nursing Home
with Complete Postal Address :
2. Date, month & year of establishment :
3. Proprietor/Partner/Director/Representative :
 - a) State(s) in which operates with complete details :
 - b) Also mention District, Town, Small Town,
Rural area in which it operates :
4. Experience in Providing Health Care :
5. Contact details of the concerned person
(Telephone, Mobile, E-mail ID etc) :

Signature
(Authorized Signatory)

Note: Proprietor/ Partner/Director/Representative of Interested and eligible Private Clinics & Nursing Home having expertise and experience may send their Expression of Interest & Front Photograph showing name of the Pvt. Clinic & Nursing Home and Individual Photo to smc-as@esic.in latest by

TERMS & CONDITIONS FOR ENGAGING OF INSURANCE MEDICAL PRACTITIONERS

1. Qualification: Minimum qualification is MMBS or any degree equivalent qualification recognized by Medical Council of India.
2. Age: Should be less than 67 years at the time of entry. Age for continuation as IMP should not exceed 70 years. Maximum age of IMP will be 70 years and must be medically fit by medical officer of ESI Hospital/Dispensary.

INFRASTRUCTURE REQUIREMENT IN CLINIC

The Clinic should have

1. Space for waiting.
2. Consultation and examination room.
3. Dispensing room/area
4. Faculty for basic investigation
5. Toilet

The Insurance Medical Practitioner(IMP) must have a computer with internet facility.

The IMP must have a minimum prescribed surgical and medical equipment.

The IMP must have a minimum of 2 contact numbers, one of which must be a mobile phone.

TENURE:

Contract period of IMP shall be for One Year, renewable every year, for a maximum period of three years. In exceptional cases, this may be extended to five years.

TERMS OF SERVICE:

1. All Insured persons and their dependent family members attached to him.
2. Any insured person or his dependant that needs treatment in case of an accident or any other emergency.

DUTIES AND FUNCTIONS:

Working Days: 6 days a week excluding National Holidays

Working Hours: Total number of working hours 7

3 hours in the morning 8 AM to 11 AM or 9 AM to 12 Noon

3 hours in the evening 5 PM to 8 PM or 6 PM to 9 PM

1. To provide medical treatment to insured persons and their family.
2. To provide essential medicines in the clinic as per the list provided in ESIC/ ESI State Medical Directorate.
3. To refer the IPs to ESI Hospital or Govt. Hospital when the condition of the IP is not within the capacity of IMP.
4. He shall issue medical certificates, free or charge, for sickness, maternity, employment injury and death etc.
5. To maintain monthly record of patients visit, distribution of medicine stock register etc and send monthly reports to the concerned authorities.

REMUNERATION:

Remuneration to IMP is increased from Rs.300/- to Rs.500/- per IP family per annum for all the States which will include consultation, investigation and cost of the medicines .

**FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN
MEDICAL LIST AS INSURANCE MEDICAL PRACTITIONER UNDER THE
EMPLOYEES' STATE INSURANCE SCHEME**

1. Name in full(in block letters):

2. Date of Birth _____

3. Sex _____

4. Name of Spouse if married _____

5. Next of kin/Nominee _____

6. Medical Qualification and other post graduate Qualification

| University/Examination Board | Particulars of Examinations | Date of Examinations |
|------------------------------|-----------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

7. a) MCI/State Medical Council registration No. _____

8. Full residential address _____

9. Email ID: _____ Phone No. _____

10. Full Address of clinic _____

11. Distance between notified area and clinic _____

12. Date from which practicing in the locality _____

13. Accommodation in Clinic _____

| Room | Area in sq. feet | Function |
|------|------------------|----------|
| | | |
| | | |
| | | |

14. Do you have :
- 1) A separate consultation room?
 - 2) Space where patients can wait:
 - 3) Your own dispensing arrangements?
 - 4) A lab facility?
 - 5) A toilet?
 - 6) A computer with or without internet facility?

15. Clinic timing _____

16. Availability or ancillary staff in Dispensary/Clinic?

| Designation | Full Time | Part Time |
|-------------|-----------|-----------|
| | | |
| | | |
| | | |
| | | |

17. Have you ever been debarred/ penalized by the MCI/State Medical Council?

18. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max: 2000)

19. Status of clinic(please tick)

1. Self Owned
2. Rented

20. State equipment and appliances maintained in your dispensary as per attached list.

21. Experience as general Medical Practitioner*:

| Period | | Address of the Clinic |
|--------|----|-----------------------|
| From | To | |
| | | |
| | | |
| | | |

** The applicant should have at least experience of 2 years as General Practitioner

22. Whether you were previously an IMP under ESI Scheme? If so, please state Code No. and reason for withdrawal of name from Medical List.

23. Have you applied previously? If so, what date, month and year?

Documents required to be attached:

- a) Registration certificate.
- b) Diploma or Degree Certificate.
- c) SSC/School Leaving Certificate showing date of birth.
- d) Proof of documents showing ownership/tenancy of the clinic.(Ownership papers, rent receipt, rent agreements, electricity bill and water connection bill)
- e) All copies of above documents are to be self attested before submission.

DECLARATION

I, _____, a candidate for inclusion in the Medical List as an Insurance Medical Practitioner under the Employees' State Insurance Scheme declare that the particulars given above are true and correct to the best of my knowledge and belief.

I have read and understood the terms & conditions of service and agree to abide by them if included in the Medical List.

Date:

Signature

Place:

FOR OFFICIAL USE

Recommendation of the Allocation Committee

Chairman

Allocation Committee

Approval of the Competent Authority, ESI Scheme

Competent Authority

ESI Scheme

MEDICAL FITNESS CERTIFICATE FOR IMP

(To be issued by IMO, ESI Dispensary/Hospital)

Certified that I have examined Mr./ Ms. S/o /D/o/W/oand found him/her medically fit for the assignment of Insurance Medical Practitioner under ESI Scheme. His / her age as per the documents isyears and physically appearsyears of age. The signature of doctoris attested below.

.....

Signature of IMP

.....

Signature attested

Date

Signature of IMP

Stamp of the IMP