



## REQUEST FOR QUOTE Document for

# IDENTIFICATION OF STRATEGIC PARTNER FROM EMPANELLED FIRMS FOR MAINTENANCE AND MANAGEMENT OF MEDICAL IMAGING SERVICES AT AIIMS BHOPAL

RFQ No: HLL/HCS/RFQ/2023-24/07 Dated 03-10-2023



(A Govt. Of India Enterprise)
CIN: U25193KL1966G0I002621

HLL Bhavan, Poojappura,
Thiruvananthapuram -695012, Kerala, India

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### NOTICE INVITING REQUEST FOR QUOTE (RFQ) FOR IDENTIFICATION OF STRATEGIC PARTNER FROM EMPANELLED FIRMS FOR MAINTENANCE AND MANAGEMENT OF MEDICAL IMAGING SERVICES AT AIIMS BHOPAL

HLL Life care Limited, a Government of India Enterprise, invites financial quotes from empaneled firms for providing maintenance and management of the Medical Imaging Services of AIIMS, Bhopal.

| RFQ No                                | : | HLL/HCS/RFQ/2023-24/07 Dated 03.10.2023   |
|---------------------------------------|---|---|
| RFQ PUBLISHING DATE                   | : | 03-10-2023  |
| LAST DATE AND TIME FOR RECEIPT OF RFQ | : | 16.10.2023 1400 hrs   |
| TIME AND DATE OF OPENING OF THE RFQ   | : | 17.10.2023 1400 hrs   |
| EMD                                   | : | Rs. 5 Lakhs   |
| PLACE OF OPENING OF RFQ               |   | HLL LIFECARE LIMITED HLL BHAVAN, POOJAPPURA, THIRUVANANTHAPURAM, KERALA- 695012 PHONE NO: 0471 2354949  |
| ADDRESS FOR COMMUNICATION             | : | DGM (HCS)  HEALTHCARE SERVICES DIVISION  HLL LIFECARE LIMITED, HLL BHAVAN,  POOJAPPURA,  THIRUVANANTHAPURAM, KERALA- 695012  PHONE NO: 0471 2354949 |
| EMAIL ID                              | : | hcstenders@lifecarehll.com  |

DGM (HCS)
HEALTHCARE SERVICES
DIVISION





### **SECTION-1 INSTRUCTIONS TO BIDDERS (ITB)**

### 1. COMPANY BACKGROUND

**HLL Lifecare Limited is** a Government of India "Mini Ratna" Public Sector Enterprise, under the Ministry of Health and Family Welfare, Government of India. (Hereinafter known as "HLL"). Over the years, HLL has grown to serve many new areas in the field of healthcare in India in addition to manufacturing of contraceptives, and medical products.

HLL's purpose of business is "to be a globally respected organization focusing on inclusiveness by providing affordable and quality healthcare solutions through continuous innovations". In its quest to become a comprehensive healthcare solutions provider, HLL had diversified into hospital products and healthcare services, while nurturing its core business of providing quality contraceptives.

### **Healthcare Services Division**

The Healthcare Service Division (HCS) of HLL is setting up and operating High-end path lab facilities and imaging centres across the country partnering with various State Governments and Central Government Institutions. The purpose of this division is to make available the high-end path lab diagnostic facilities and imaging facilities to poor and needy patients at a much affordable rate. At present, HCS division of HLL has its presence in seven states.

### 2. INTRODUCTION

Through a chain of Healthcare Diagnostic centres, called HINDLABS, HLL offers clinical pathology lab services and Radio diagnostic imaging services. Over a period of short span HINDLABS emerged as one of the key player among retail diagnostic chains with 225 Diagnostic labs, 4000 collection centers (Which includes PHC, RH, DH, SSH, RRH, WH & MH) and 50 medical imaging centres in various states and cities across India. HINDLABS uses state-of-the-art technology to provide the most comprehensive and advanced imaging services. The facilities are designed to comply with National Accreditation Board for Testing and Calibration Laboratories (NABL) standards.

The Healthcare Services Division (HCS) has numerous projects in pipeline and intended to explore the possibility to have Strategic Business Partners for their upcoming medical Imaging business projects. Accordingly HLL had invited an Expression of Interest (EOI





number: HLL/CHO/HCS/MI/2022-23/02 Dated 16-06-2022) for empanelment of Strategic Business partners for Medical Imaging Business of HCS Division of HLL Lifecare Limited. This EOI was floated in eprocurement portal of Government of India and after scrutiny the firms who met the EOI qualification criteria were empaneled.

All the empanelled firms have submitted declaration and agreed for minimum revenue share of 8% for HLL. As per the above said EOI terms, post empanelment, through competitive bidding among the empanelled firms, Strategic partner shall be finalised for individual projects based on the highest revenue share they are willing to share with HLL, over and above the minimum revenue share.

### 3. SCOPE OF RFQ:

All India Institute of Medical Sciences (AIIMS), Bhopal has engaged HLL Lifecare Limited to provide its expertise and services on PPP mode for maintenance and management of the laboratory and Medical Imaging Services of AIIMS, Bhopal.

Through this RFQ, HLL intends to identify and engage a strategic partner/Service provider for execution of medical imaging segment of said project from its panel of strategic business partners. Initially strategic partner/Service provider will be engaged till **21**<sup>st</sup> **March,** 2024 and engagement shall be extended on yearly basis, after a review of first year of the project.

### 3.1 Scope of Strategic Business Partner

- To provide all services specified in the Scope of Work of this RFQ (Detailed Scope of work is given at Annexure-1) with due diligence, efficiency and economy, in accordance with generally accepted techniques and practices used in the industry.
- To employ appropriate advanced technology, systems, best practices, safe and effective equipment, machinery, material, and methods. The Service Provider shall always act, in respect of any matter relating to this assignment, as faithful advisors to the HLL and shall, at all times, support and safeguard the HLL's legitimate interests in any dealings with third parties.
- Ensuring uninterrupted operations during period of engagement
- Incur necessary capital expenses including Diagnostics Machines, the turnkey work of the facilities, providing necessary infrastructure and accessories essential for the performance of the scope of work, Up-time management of the machines etc as per the requirement of HLL.
- Any other related work assigned by HLL for smooth execution of project.





- Meet all the operational and recurring expenses during the day-to-day execution of the project
- Facilitation of all payment and other documentation from AIIMS Bhopal
- Meet all statutory and regulatory guidance and requirements
- Maintain the quality standards and the strict adherence to the SOP/protocols
- Daily, Weekly, monthly Reports and Coordination with all stakeholders.
- To maintain highest quality standards for the service delivery to beneficiaries at all times.
- Business development in public and private sectors.

### 3.2 Scope of HLL

- The complete Strategic Design, Planning and execution of the project
- Project operation and management
- Formulation of SOP and operational protocols
- Formulation of quality standards and QA protocols
- Facilitation of smooth and uninterrupted operations in coordination with strategic partner.
- Coordination with AIIMS Bhopal for execution of project
- Periodic Reviews to ensure compliance with obligations and timelines
- Obtain the regulatory compliances for HLL

### 3.3 Revenue Sharing Model

- a) HLL intends to execute this project on a revenue sharing basis.
- b) Service provider has to provide services as detailed in Scope of work.
- c) As per the agreement with AIIMS Bhopal, HLL will receive the payment for the Imaging investigation services as per the mechanism detailed in Clause no.22, Payment Terms. For this, Service provider must complete all its obligations and facilitate the timely submission of monthly invoice by HLL, through providing necessary documentations and payment certifications.
- d) Against the revenue received from AIIMS, Bhopal, HLL will retain the revenue share as agreed by Strategic partner through their financial bid. Remaining amount, after deducting all expenses incurred by HLL, will be released to strategy partner.
- e) Any expense incurred to HLL on account of operations or other with respect to this project is to be reimbursed to HLL.
- f) Strategic Partner shall make independent assessment of proposed project and submit their financial quotes. Financial quote of the strategic partners shall specify the revenue share percentage acceptable to share with HLL for this particular proposal. Financial quotes will be evaluated based on the revenue share percentage





- to HLL over and above the minimum value of 8%. Financial Quote has to be submitted as per the format provided in CPP portal.
- g) The evaluation for the project would be done of the basis of offered revenue share percentage to HLL. The bidder who offers highest revenue share (H1 bidder) would be finalised as Strategic partner for this project.

Total revenue share to HLL will be Minimum revenue share of 8% + additional revenue share offered in the price bid (b)%, i.e, (8+b) %

Period of engagement will be terminated on completion of the project or closure of the project by HLL's Clients after issuing sufficient notice period to HLL as per the agreement terms between HLL & AIIMS.

h) HLL will have the right to reject proposals if they are found to be unacceptable.

### 3.4 General Terms and Conditions

| 1. | While this RFQ has been prepared in good faith, HLL does not make any commitment or warranty, express or implied, or accept any responsibility or liability, whatsoever, |
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|    |  |
|    | in respect of any statement or omission herein, or the accuracy, completeness or   |
|    | reliability of information contained herein, and shall incur no liability under any law,   |
|    | statue, rules or regulations as to the accuracy, reliability or completeness of this   |
|    | request, even if any loss or damage is caused by any act or omission on its part.  |
| 2. | The process of inviting RFQ is for ascertaining various options available to HLL. After  |
|    | evaluation / examination of the offers, HLL may at its sole discretion decide further  |
|    | course of action.  |
| 3. | On submission of financial bid, participant confirms its acceptance to all terms and   |
|    | conditions of RFQ and scope of work.   |
| 4. | On submission of financial bid, participants must ensure and confirms to HLL that  |
|    | they have complied with applicable Laws in all material respects and has not been  |
|    | subject to any fines, penalties, injunctive relief or any other civil or criminal liabilities  |
|    | which in the aggregate have or may have an adverse Effect on its ability to perform  |
|    | its obligations under the scope of work of this RFQ  |
| 5. | RFQ participants are requested to keep the information and details strictly  |
|    | confidential.  |
| 6. | HLL shall not be responsible for any expense incurred by Parties in connection with  |
|    | the preparation and delivery of their RFQ and other expenses.  |
| 7. | HLL reserves the right to deal with the proposal in any manner without assigning any   |
|    |  |





|    | reasons for the same. The decision of HLL in this regard shall be final.   |
|----|--|
| 8. | The Bidder to indemnify HLL from any claims / penalties / statutory charges, liquidated damages, with legal expenses etc as charged by the customer. |

### 4. **SUBMISSION OF BIDS**

The Interested bidder shall submit their bid online only through the Government e-Procurement portal (URL: https://etenders.gov.in/eprocure/app) as per the procedure laid down for e-submission as detailed in the web site. For e tenders, the Interested bidders shall download from the portal. The Bidder shall fill up the documents and submit the same online using their Digital Signature Certificate. On successful submission of bids, a system generated receipt can be downloaded by the bidder for future reference. Copies of all certificates and documents shall be uploaded while submitting the tender online.

The tender is invited in 1 Envelope system from the registered and eligible firms at CPP Portal.

Envelope –I (Financial bid):

Financial offer shall be quoted in the format provided in procurement portal and no other format is acceptable. Bidders are required to download the file, open it and complete the colored (Unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the file is found to be modified by the bidder, the bid will be rejected.

Through submission of financial Bid, it is considered that participant agrees to all terms and conditions of this RFQ.

Note: -

The Tender Inviting Authority shall not be responsible for any failure, malfunction or breakdown of the electronic system while downloading or uploading the documents by the Bidder during the e-procurement process.

### 5. GENERAL INSTRUCTIONS TO BIDDERS:





- 5.1 This RFQ is an e-Tender and is being published online in Government eProcurement portal, <a href="https://etenders.gov.in/eprocure/app">https://etenders.gov.in/eprocure/app</a>
- 5.2 RFQ documents can be downloaded free of cost from the Central Public Procurement Portal of Government of India (e-portal). All Corrigendum/extension regarding this e-RFQ shall be uploaded on this website i.e., https://etenders.gov.in/eprocure/app.
- 5.3 The RFQ and its corrigendum/extension will also be published in our company website, URL address: http://www.lifecarehll.com/tender.
- 5.4 The RFQ process is done online only at Government eProcurement portal (URL address: https://etenders.gov.in/eprocure/app). Aspiring bidders may download and go through the RFQ document.
- 5.5 All bid documents are to be submitted online only and in the designated cover(s)/envelope(s) on the Government eProcurement website. RFQs/bids shall be accepted only through online mode on the Government eProcurement website and no manual submission of the same shall be entertained. Late RFQs will not be accepted.
- 5.6 The complete bidding process is online. Bidders should be in possession of valid Digital Signature Certificate (DSC) of class II or above for online submission of bids. Prior to bidding DSC need to be registered on the website mentioned above. If the envelope is not digitally signed & encrypted the Purchaser shall not accept such open Bids for evaluation purpose and shall be treated as non-responsive and shall be rejected.
- 5.7 Bidders are advised to go through "Bidder Manual Kit", "System Settings" & "FAQ" links available on the login page of the e-Tender portal for guidelines, procedures & system requirements. In case of any technical difficulty, Bidders may contact the help desk numbers & email ids mentioned at the e-tender portal.
- 5.8 Bidders are advised to visit CPPP website https://etenders.gov.in regularly to keep themselves updated, for any changes/modifications/any corrigendum in the RFQ Enquiry Document.
- 5.9 The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance





with the requirements and submitting their bids online on the Government eProcurement Portal.

- 5.10 Registration
- 5.10.1 Bidders are required to register in the Government e-procurement portal, obtain 'Login ID' & 'Password' and go through the instructions available in the Home page after log in to the CPP Portal (URL: https://etenders.gov.in/eprocure/app), by clicking on the link "Online bidder Enrolment" on the CPP Portal which is free of charge.
- 5.10.2 As part of the enrolment process, the bidders will be required to choose a unique user name and assign a password for their accounts.
- 5.10.3 Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.
- 5.10.4 They should also obtain Digital Signature Certificate (DSC) in parallel which is essentially required for submission of their application. The process normally takes 03 days' time. The bidders are required to have Class II or above digital certificate or above with both signing and encryption from the authorized digital signature Issuance Company. Please refer online portal i.e. https://etenders.gov.in/eprocure/app for more details.
- 5.10.5 Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or above Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify /nCode / eMudhra etc.), with their profile.
- 5.10.6 Bidder then logs in to the site through the secured log-in by entering their user ID/password and the password of the DSC / e-Token.
- 5.10.7 The Bidder intending to participate in the bid is required to register in the e-tenders portal using his/her Login ID and attach his/her valid Digital Signature Certificate (DSC) to his/her unique Login ID. He/She have to submit the relevant information as asked for about the firm/contractor. The bidders, who submit their bids for this RFQ after digitally signing using their Digital Signature Certificate (DSC), accept that they have clearly understood and agreed the terms and conditions including all the Forms/Annexure of this RFQ.
- 5.10.8 Only those bidders having a valid and active registration, on the date of bid submission, shall submit bids online on the e-procurement portal.
- 5.10.9 Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSC's to others which may lead to misuse.





5.10.10 Ineligible bidder or bidders who do not possess valid & active registration, on the date of bid submission, are strictly advised to refrain themselves from participating in this RFQ.

### 5.11 Searching for RFQ Documents

- a) There are various search options built in the CPP Portal, to facilitate bidders to search active RFQs by several parameters. These parameters could include RFQ ID, Organization Name, Form of Contract, Location, Date, Value etc. There is also an option of advanced search for RFQs, wherein the bidders may combine a number of search parameters such as Organization
- b) Once the bidders have selected the RFQs they are interested in, they may download the required documents/RFQ schedules. These RFQs can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS/ e-mail in case there is any corrigendum issued to the RFQ document.
- c) The bidder should make a note of the unique RFQ ID assigned to each RFQ, in case they want to obtain any clarification/help from the Helpdesk

### 5.12 Preparation of Bid

- a) Bidder should take into account any corrigendum published on the RFQ document before submitting their bids.
- b) Before the deadline for submission of bids, the Tender Inviting Authority may modify the bidding document by issuing addenda.
- c) Any addendum thus issued shall be a part of the bidding documents which will be published in the e-tender website. The Tender Inviting Authority will not be responsible for the prospective bidders not viewing the website in time.
- d) If the addendum thus published does involves major changes in the scope of work, the Tender Inviting Authority may at his own discretion, extend the deadline for submission of bids for a suitable period to enable prospective bidders to take reasonable time for bid preparation taking into account the addendum published.





- e) Please go through the RFQ document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.
- 5.13 More information useful for submitting online bids on the CPP Portal may be obtained at https://etenders.gov.in/eprocure/app
- Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The 24x7 Help Desk details are as below: -
- 5.15 For any technical related queries please call at 24 x 7 Help Desk Number: 0120-4001 062, 0120-4001 002, 0120-4001 005, 0120-6277 787 Note: - International Bidders are requested to prefix +91 as country code E-Mail Support: For any Issues or Clarifications relating to the published RFQs, bidders are requested to contact the respective RFQ Inviting Authority Technical - support-eproc@nic.in, Policy Related - cppp-doe@nic.in
- 5.16 Bidders are requested to kindly mention the URL of the portal and RFQ ID in the subject while emailing any issue along with the contact details.
- 5.17 Any queries relating to the RFQ document and the terms and conditions contained therein should be addressed to the RFQ Inviting Authority for a RFQ or the relevant contact person indicated in the RFQ. Address for communication and place of opening of bids:

Deputy General Manager (HCS)
Healthcare Services Division
HLL Lifecare Limited
HLL Bhavan, Poojappura, Thiruvananthapuram - 695012,
Kerala, India

Tel: +91 4712354949, Email – hcstenders@lifecarehll.com

5.18 The bids shall be opened online at the Office of the Deputy General Manager (HCS) in the presence of the Bidders/their authorized representatives who wish to attend at the above address. If the RFQ opening date happens to be on a holiday or non-





working day due to any other valid reason, the RFQ opening process will be done on the next working day at same time and place.

- 5.19 More details can be had from the Office of the Deputy General Manager (HCS) during working hours. The RFQ Inviting Authority shall not be responsible for any failure, malfunction or breakdown of the electronic system while downloading or uploading the documents by the Bidder during the e-procurement process.
- 5.20 A firm/bidder shall submit only one bid in the same bidding process. A Bidder (either as a firm or as an individual or as a partner of a firm) who submits or participates in more than one bid will cause all the proposals in which the Bidder has participated to be disqualified.

### 5.21 Online RFQ Process:

The RFQ process shall consist of the following stages:

- i. Downloading of RFQ document: RFQ document will be available for free download on Government e-procurement portal (URL: https://etenders.gov.in/eprocure/app).
- ii. Publishing of Corrigendum: All corrigenda shall be published on Government e-procurement portal (URL: https://etenders.gov.in/eprocure/app) and HLL website (URL address: http://www.lifecarehll.com/tender) and shall not be available elsewhere.
- iii. Bid submission: Bidders have to submit their bids along with supporting documents to support their eligibility, as required in this RFQ document on Government e-procurement portal. No manual submission of bid is allowed and manual bids shall not be accepted under any circumstances.
- iv. Opening of RFQ and Award of contract: The financial bids will be opened, evaluated and finalized as per the criteria detailed in this RFQ document.
- 5.22 Conditional bids and bids not uploaded with appropriate/desired documents may be rejected out rightly and decision of HLL Lifecare Limited in this regard shall be final and binding.





- 5.23 HLL Lifecare Limited Ltd. reserves the right to verify the claims made by the bidders and to carry out the capability assessment of the bidders and the HLL Lifecare Limited's decision shall be final in this regard.
- 5.24 HLL Lifecare Limited Ltd reserves the right to amend or withdraw any of the terms and conditions contained in the RFQ document including scope of work or reject any or all RFQs without giving any notice or assigning any reasons.

### 5.25 Submission Process:

For submission of bids, all interested bidders have to register online as explained above in this document. After registration, bidders shall submit their bid online on Government e-procurement portal (URL: https://etenders.gov.in/eprocure/app).

5.26 Note: - It is necessary to click on "Freeze bid" link / icon to complete the process of bid submission otherwise the bid will not get submitted online and the same shall not be available for viewing/ opening during bid opening process.

### 6. <u>DEADLINE FOR SUBMISSION OF THE RFQ FOR INTERESTED BIDDERS</u>

- 6.1 Bid shall be received only online on or before the date and time as notified in RFQ.
- 6.2 The Tender Inviting Authority, in exceptional circumstances and at its own discretion, may extend the last date for submission of bids, in which case all rights and obligations previously subject to the original date will then be subject to the new date of submission. The Bidder will not be able to submit his bid after expiry of the date and time of submission of bid (server time).
- 6.3 Modification, Resubmission and Withdrawal of RFQs
  Resubmission or modification of bid by the bidders for any number of times before the
  date and time of submission is allowed. Resubmission of bid shall require uploading of
  all documents including price bid afresh.
- 6.4 If the bidder fails to submit his modified bids within the pre-defined time of receipt, the system shall consider only the last bid submitted.
- 6.5 The Bidder can withdraw his/her bid before the date and time of receipt of the bid. The system shall not allow any withdrawal after the date and time of submission.

### 7. BID OPENING AND EVALUATION





RFQs of Interested bidders shall be opened on the specified date & time, by the RFQ inviting authority or his authorized representative in the presence of bidders or their designated representatives who choose to attend.

### 8. BID OPENING PROCESS

Opening of bids shall be carried out in the same order as it is occurring in invitation of bids or as in order of receipt of bids in the portal. The bidders & guest users can view the summary of opening of bids from any system. Bidders are not required to be present during the bid opening at the opening location if they so desire.

In the event of the specified date of bid opening being declared a holiday for HLL, the bids will be opened at the same time on the next working day.

### 9. CONFIDENTIALITY

- 9.1 Information relating to the examination, clarification, evaluation, and comparison of Bids and recommendations for the award of a contract shall not be disclosed to Bidders or any other persons not officially concerned with such process until the award has been announced in favour of the successful bidder.
- 9.2 Any effort by a Bidder to influence the Purchaser during processing of bids, evaluation, bid comparison or award decisions shall be treated as Corrupt & Fraudulent Practices and may result in the rejection of the Bidders' bid.

### **10. BID VALIDITY**

- 10.1 Bids shall remain valid for three months beyond the period of engagement or additional extended time period as decided by HLL from the date of notification of Award. A bid valid for a shorter period shall be rejected by HLL as non-responsive.
- 10.2 In exceptional circumstances, prior to expiry of the original bid validity period, the Tendering Authority may request the bidders to extend the period of validity for a specified additional period. The request and the responses thereto shall be made in writing or by email. A bidder may refuse the request without forfeiting its bid security (if applicable). A bidder agreeing to the request will not be required or permitted to modify its bid, but will be required to extend the validity of its bid security (if applicable) for the period of the extension.

### 11. BID SECURITY (EMD)

11.1 Bidder has to submit EMD of Rs. 5,00,000 (FIVE LACS) as bid security for this RFQ. For





those bidders, whose EMD amount submitted during empanelment process is available with HLL, Rs. 5.00 Lacs from the same will be considered as EMD for this RFQ if sufficient amount is available.

11.2 Bidders have to submit EMD of Rs. 5 lacs, in case EMD submitted for empanelment is not available with HLL on behalf of the bidder. In that case EMD shall be paid separately, thru RTGS/NEFT transfer in the following HLL A/c details:

Account No : 00630330000563

IFSC Code : HDFC0000063

Bank Name : HDFC BANK

Branch Name : Vazhuthacaud

- 11.3 The Bid Security (EMD) of the successful Bidder will be discharged when the Bidder has furnished the required Security Deposit and acceptance of LOI/Work order.
- 11.4 The Bid Security may be forfeited:
  - (a) If a Bidder:
    - Changes its offer/bid during the period of bid validity or during the validity of the contract.
    - Does not accept the correction of errors
  - (b) In the case of the successful Bidder, if the Bidder fails:
    - To sign the Agreement
    - To deliver the material within stipulated time frame as per PO.
    - To accept the Notification of award/Letter of Indent/ Purchase order and/or submit the security deposit.
    - To acknowledge the Notification of award/Letter of Indent/ Purchase order within 5 days from the date of issue by sending the signed copy of the same.
    - to furnish the Performance Security within the specified time period
- 11.5 In such cases the work shall be rearranged at the risk and cost of the selected bidder
- 11.6 The Bid Security deposited will not carry any interest.

### 12. ALTERATIONS AND ADDITIONS





- 12.1 The bid shall contain no alterations or additions, except those to comply with instructions, or as necessary to correct errors made by the bidder, in which case such corrections shall be initialed by the person or persons signing the bid.
- 12.2 The Interested bidder shall not attach any conditions of his own to the Bid. The Bid price must be based on the tender documents. Any bidder who fails to comply with this clause will be disqualified.

### **13. NOTIFICATION OF AWARD:**

- 13.1 Successful participant after evaluation of financial bid will be notified through a Notification of Award issued by HLL
- 13.2 Selected participant has to submit performance security as specified in this RFQ

### 14. DURATION OF ENGAGEMENT

Period of engagement will initially be till March, 2024 and shall be extended as per the project duration, subject to satisfactory performance by the party. The HLL reserves the right to increase or decrease the project tenure as deemed necessary as per the same terms and conditions of this agreement.

### 15. CONFLICT OF INTEREST.

The selected Strategic Partner shall not engage in activities that are in conflict with interest of the client (HLL) under the assignment and they would not engage in any contract that would be in conflict of interest with their current obligations. The selected Strategic Partner that has a business of family relationship with such members of HLL staff who are directly or indirectly involved in this assignment will not be awarded the assignment.

### 16. PERFORMANCE SECURITY

16.1 The selected strategy partner has to submit an irrevocable and unconditional guarantee from a Bank for a sum equivalent to Rs. 10,00,00,00/- (Rupees Ten lacs only) in the form provided by HLL. Until such time the Performance Security is provided by the strategy partner and the same comes into effect, the Bid Security shall remain in force and effect, and upon provision of the Performance Security, the HLL shall release the Bid Security (EMD) to the Strategy partner. No interest shall be payable by HLL against the Performance Security.





### 16.2 Appropriation of Performance Security

Upon occurrence of a Strategy partner Default, the HLL shall, without prejudice to its other rights and remedies hereunder or in law, be entitled to encash and appropriate from the Performance Security the amounts due to it for and in respect of such Strategy partner Default. Upon such encashment and appropriation from the Performance Security, the Strategy partner shall, within 30 days thereof, replenish, in case of partial appropriation, to its original level the Performance Security, and in case of appropriation of the entire Performance Security by the HLL, provide a fresh Performance Security, as the case may be, failing which the HLL shall be entitled to terminate the Agreement with Strategy partner. Upon replenishment or furnishing of a fresh Performance Security, as the case may be, as aforesaid, the Strategy partner shall be entitled to an additional Cure Period of 15 days for remedying the Strategy partner Default, and in the event of the Strategy partner not curing its default within such Cure Period, the HLL shall be entitled to encash and appropriate such Performance Security as Damages, and to terminate the Agreement with Strategy partner.

### 16.3 Release of Performance Security

The Performance Security shall remain in force and effect for the entire period of the Agreement, shall be released after 90 (ninety) days of Transfer Date in accordance with the Agreement with Strategy Partner.

### **17. COURT JURISDICTION:**

In the event of any dispute arising out of this agreement, the parties agree that the courts of Thiruvananthapuram, Kerala alone will have exclusive jurisdiction.

### **18. INDEMNITY**

The Interested Bidder shall indemnify, defend and hold harmless Government of India and HLL, its Affiliates, officers, directors, employees, agents, and their respective successors and assigns, from and against any and all loss, damage, claim, injury, cost or expenses (including without limitation reasonable attorney's fees), incurred in connection with third Party claims of any kind that arise out of or are attributable to (i) Manufacturer's/Bidders/service providers breach of any of its warranties, representations, covenants or obligations set forth herein or (ii) the negligent act or omission of the Manufacturer /Bidders.(iii) any product/service liability claim arising from the gross negligence or bad faith of, or intentional





misconduct or intentional breach of this Contract by bidder or its affiliate.

### 19. HLL'S RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS

- 19.1 HLL reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time prior to award Contract award, without thereby incurring any liability to the affected bidder or bidders.
- 19.2 HLL does not bind itself to accept the highest or any bid and reserves the right to reject any or all bids at any point of time prior to the issuance of the Notice of award/Letter of intent/Purchase order without reason whatsoever.
- 19.3 HLL reserves the right to resort to retendering without providing any reasons whatsoever. The purchaser shall not incur any liability on account of such rejection. The purchaser reserves the right to modify any terms, conditions or specifications for submission of offer and to obtain revised bids from the bidders due to such changes, if any.
- 19.4 Canvassing of any kind will be a disqualification and the purchaser may decide to cancel the bidder from its empanelment.
- 19.5 HLL reserves the right to accept or reject any bid and annul the bidding process and reject all bids at any time prior to award of contract without thereby incurring any liability to the affected bidder or bidders or any obligation to inform the affected bidder or bidders of the ground for the purchaser's action.

### 20. GOVERNING LANGUAGE

The contract shall be written in English language. English language version of the Contract shall govern its interpretation. All correspondence and documents pertaining to the Contract which are exchanged by the parties shall be written in the same language.

### 21. TERMINATION

HLL reserve right to terminate/ cancel the Notification of award/ Letter of Indent/ Purchase order at any time for any reason without any liability on HLL.

### 22. PAYMENT TERMS

- 22.1. HLL will charge 35% discounted rates from prevailing CGHS Delhi Non- NABL rates for Imaging investigation services to AIIMS Bhopal.
- 22.2. Any revision of changes agreed by AIIMS Bhopal will be applicable from that date onwards. An indicative list of imaging test list from the CGHS list is





- enclosed as Annexure-1. Any other test, as need by AIIMS, may be provided at market rates, with concurrence from AIIMS and HLL.
- 22.3. All taxes applicable in connection with provision of Services under the scope of work will be borne by the Strategy Partner.
- 22.4. HLL will claim payments from AIIMS Bhopal on monthly basis by submitting invoices before 7<sup>th</sup> of each month based on the number of tests performed in a month. In order to facilitate the same Service provider shall submit necessary documents and data timely and facilitate the HLL's invoice submission on time.
- 22.5. HLL will retain the revenue share as agreed by Strategic partner through their financial bid. Remaining amount, after deducting all expenses incurred by HLL, will be released to Service provider. HLL will release payments to Service provider within 30 days of receipt of payment by HLL from AIIMS Bhopal.
- 22.6. In the event of the HLL noticing at any time that any amount has been disbursed wrongly to the Service Provider or any other amount is due from the Service Provider to the HLL, the HLL may without prejudice to its rights recover such amounts by other means after notifying the Service Provider or deduct such amount from any payment falling due to the Service Provider. The details of such recovery, if any, shall be intimated to the Service Provider. The Service Provider shall receive the payment of undisputed amount under subsequent invoice for any amount that has been omitted in previous invoice by mistake on the part of the HLL.
- 22.7. The HLL shall be entitled to delay or withhold payment of any invoice or part of it delivered by the Service Provider where the HLL or AIIMS Bhopal disputes such invoice or part of it provided that such dispute is bonafide. The withheld amount shall be limited to that which is in dispute. The disputed amount shall be settled in accordance with the procedure. Any exercise by the HLL under this section shall not entitle the Service Provider to delay or withhold the services to be rendered as per the agreement.
- 22.8. All payments agreed to be made by the HLL to the Service Provider in accordance with the Services shall be inclusive of all statutory levies, duties, taxes and other charges whenever levied/applicable. The Service Provider shall bear all personal/income taxes levied or imposed on it and its personnel, etc. on account of payment received under this agreement.

### **23. TAXES**

23.1. The Service Provider shall bear all personnel taxes levied or imposed on its personnel, or any other member of the Service Provider's team, etc. on account





- of payment received under this agreement. The Service Provider shall bear all corporate taxes, levied or imposed on the Service Provider on account of payments received by it from the HLL for the work done under the scope of work
- 23.2. The Service Provider agrees that it shall comply with the Indian Income Tax Act in force from time to time and pay Indian Income Tax, as may be imposed/levied on them by the Indian Income Tax Authorities, for the payments received by them for the works under the scope of work
- 23.3. Should the Service Provider fail to submit returns/pay taxes in times as stipulated under applicable Indian/State Tax Laws and consequently any interest or penalty is imposed by the concerned authority, the Service Provider shall pay the same. The Service Provider shall indemnify the HLL against any and all liabilities or claims arising out of this engagement for such taxes including interest and penalty by any such Tax Authority may assess or levy against the Board / Service Provider.

**ANNEXURE-1** 





### **SCOPE OF WORK**

### 1. Background of the project

HLL had signed a Memorandum of Understanding (MoU) with AIIMS Bhopal for the maintenance & management of medical lab and medical imaging services. As per the MoU, HLL has to provide its expertise and Services for Maintenance and Management of the Diagnostic Laboratory including medical lab and Medical Imaging Services of AIIMS, Bhopal, within the premises subject to the terms and conditions. HLL agrees to provide quality Diagnostic services across the segments as specified in MoU.

The scope of this RFQ is to identify a strategic partner for the medical imaging service provision at AIIMS Bhopal. The services may be provided for all imaging requisitions by AIIMS authorities from time to time.

### 2. Details of existing infrastructure

There are three buildings in the premise of AIIMS Bhopal viz hospital building, medical college building and nursing college building. Radiodiagnosis department is located at hospital building. The following are the major imaging equipment available in AIIMS, Bhopal.

| Sl.No            | Equipment                  | Make                           |  |
|------------------|----------------------------|--------------------------------|--|
|                  |                            | Mindray- DP-7                  |  |
| Liltraconography | Siemens- ACuson S 3000     |                                |  |
| 1                | Ultrasonography<br>machine | Siemens Acuso X300 PE          |  |
| machine          | machine                    | Wipro GE Logiq S8              |  |
|                  |                            | Fujifilm SOnosite-M Turbo      |  |
| 2                | Portable colour doppler    | Wipro GE Logiq-E               |  |
| 3                | Colour Dopplerm            | 2D-3D sonoscape                |  |
|                  |                            | Allengers MARS-32              |  |
| 4                | Digital mobile X-ray       | Mobile DR ProRad 051/Pink Dot  |  |
|                  |                            | Mobile DR ProRad 052/Green Dot |  |
| 5                | Digital X-Ray              | Philips                        |  |
| 6                | CT Scan Machine            | Siemens 128 slice              |  |
| 7                | MRI Machine                | Siemens 1.5T                   |  |
| /                | IVINI IVIACIIIITE          | GE 3 T                         |  |
| 8                | Mammography                | Hologic                        |  |
| 9                | DSA                        | Philips                        |  |
| 10               | DRF                        | Siemens                        |  |

### 3. Expected sample load for major tests per month





| Department     | Laboratory      | Total |
|----------------|-----------------|-------|
| Radiodiagnosis | C T Scan        | 2500  |
| Radiodiagnosis | DRF Mammography | 100   |
| Radiodiagnosis | MRI             | 700   |
| Radiodiagnosis | USG             | 3000  |
| Radiodiagnosis | X - Ray         | 10000 |

### 4. Required infrastructure to be provided by strategy partner

The basic infrastructure requirement for the HLL office and lab in AIIMS Bhopal should be provided. This includes the HLL office and lab furniture as per the need arises during the duration of MoU.

### 5. Strategy partners responsibilities and obligations during the engagement period

### 6.1. INSTALLATION AND MAINTENANCE OF MACHINE/ EQUIPMENT

In addition to the already installed equipment in the imaging department of AIIMS, Bhopal, Strategy partner shall from time to time install & upgrade the equipment at no cost basis as per the requirement of HLL/AIIMS, Bhopal during the subsistence of this Agreement. The equipment once installed by the strategic partner shall not be moved or shifted to any different location or premises during the agreement period without the prior mutual understanding between the Parties. The on-time maintenance of all equipment and the AMC/CMC for the existing machines shall be under the scope of strategic partner.

- 1. For all new installation of radiological equipment HLL will ensure that the regulatory requirements of AERB shall be done to AIIMS Bhopal.
- 2. Regulatory requirement of PC-PNDT need to be done through AIIMS Bhopal.

### **6.2. SCALABILITY:**

Strategic partner should ensure that the offered equipment including products & services should be scalable, configurable, capable, and upgradable to suit the ever-increasing need and requirement of the concerned facility. Similarly, if AIIMS, Bhopal is in requirement of any additional equipment other than those already installed in Diagnostic Laboratory, the same shall be installed by the strategic partner at its own cost. In addition to this and subject to the approval of the Competent Authorities and mutually agreed by the parties, the Services of strategic partner under this agreement can be extended/adopted/implemented to the other laboratories under jurisdiction of AIIMS, Bhopal including any Secondary Centralized Laboratory to be setup in future.

### 6.3. REPAIR AND MAINTENANCE SERVICES

Strategic partner shall ensure Comprehensive maintenance and servicing and of the existing and installed equipment in the Diagnostic Laboratory under 'the project' with 95% uptime guarantee at 'no additional cost' during the effective validity of the term of this Agreement. In case of failure on account of breakdown, unavailability of spares, reagents,





consumables etc. in the Diagnostic Laboratory under 'the project', Strategic partner shall take necessary steps to secure uninterrupted investigation services in the AIIMS, Bhopal by making suitable stand-by/Stop Gap arrangements including but not limited of replacement of Equipment in the Diagnostic Laboratory under 'the project'.

### **6.4. TEACHING & TRAINING PROGRAMME**

In addition to providing the equipment, strategic partner shall provide application training and support, including Orientation Program & Skill development and modernization workshops to all the existing staff of AIIMS, Bhopal from time to time, that to acquaint them with the offered technology used in the Diagnostic Laboratory along with extending full support in teaching, training & research activities to the PG students of AIIMS, Bhopal, provided the schedule for such training session is fixed in such a manner as not to affect the normal operations of the Center.

### **6.5. PROVISION OF REAGENTS AND CONSUMABLES:**

Strategic Partner at its own cost shall ensure provide complete Supply-chain and Vendor management for ensuring uninterrupted supply of necessary reagents and consumables to be used in the operations & maintenance of the diagnostic equipment in the consultation with the HLL

### 6.6. IT AND SOFTWARE SUPPORT:

Strategic partner shall install its own Radiology Information System (RIS) & Picture Archiving and Communication System (PACS) as per requirement with Bi-Directional Interfacing of the equipment along with its integration with the AIIMS, Bhopal HMIS Platform. Strategy partner shall provide the required IT support by offering computer hardware and networking devices, for online reporting, patient alerts, and Centralized Dashboard and Queue management system in the laboratory of AIIMS, Bhopal. 95% Uptime time has to be ensured for all softwares and related services provided by Strategic Partner.

### 6.7. LAB ACCREDITATION & QUALITY CONTROL:

Strategy partner shall ensure Quality control as per NABL guidelines as well as on AIIMS, Bhopal recommendation, at no additional cost. Quality Control & Quality assurance arrangement can be checked by any authority of HLL/AIIMS, Bhopal at any point of time. The imaging procedures shall adhere to all regulatory requirements and AERB norms. Strategy partner will help and support the department in adoption and implementation of NABL protocols in the First Phase and NABL accreditation in Second Phase. All payments towards the Quality control and assurance program in the laboratory services including EQAS, etc., as per the requirement of HLL/AIIMS, Bhopal, shall be solely borne by strategic Partner.





### **6.8. ANCILLARY AND ALLIED EQUIPMENT:**

Strategic Partner at its own cost shall provide all necessary and required allied and ancillary equipment such as Refrigerator, Air Conditioner, Bar Code Reader, Computer, Printer, UPS Online/Sine Wave including batteries (as per required load), LIS integration, SMS Alert facility, Online reporting, Lab Furniture & Fixtures, etc. along with other relevant accessories as and when required.

### **6.9. STATUTORY LICENSES/APPROVALS:**

AIIMS, Bhopal shall its own cost obtain and maintain all licenses, registrations, permits, and approvals including any sanction and/or release of funds for running & functioning the Laboratory. However, strategic partner shall assist AIIMS, Bhopal in completing all documentation formalities for obtaining and maintaining required licenses and approvals. The imaging division shall adhere to all the statutory and regulatory requirements.

### 6.10. SKILLED MANPOWER:

In addition to the existing manpower available at AIIMS, Bhopal, strategic partner shall be responsible for deployment of required qualified and trained personnel for efficient operation of Diagnostic laboratory in consultation with the respective Head of Department. The deployed manpower shall be limited to the extent of Doctors, Technicians, Computer Operator, Attendants, Quality Assurance and Control Manager, Medical transcripts, Radiographers, Trainees, and other administrative staff who shall work under exclusive supervision and control of departmental authorities of AIIMS, Bhopal. Strategic Partner shall also engage senior personnel in the capacity of Lab manager for coordination with the Department(s). In the event of any misconduct on the part of the manpower deployed by strategic partner, such manpower on the instructions of the competent Authority of AIIMS, Bhopal and HLL must be replaced within at least 15 days by strategic partner at his own costs, risks, and responsibility.

### **6.11. UP-GRADATION AND INSTALLATION OF OTHER INSTRUMENTS:**

Strategic partner shall upgrade/add imaging equipment and ancialliary equipment as and when required and shall not be limiting to the initial installation of equipment. All the installations shall be with concurrence from HLL & AIIMS and should meet the quality requirements.

### 6.12. ADHERENCE TO POLICIES AND REPORTING

Strategic partner shall comply with the requirements for adherence to the patient reporting pattern along with other MIS reports to be generated from the installed RIS as per requirement of AIIMS, Bhopal. Strategic Partner shall arrange for submission of all prescribed documents relating to operation and performance of the lab of each calendar month not later than 7th of the next month.

### **6.13. TIMINGS**





Strategic Partner shall ensure that the services would be operational 24x7 during tenure of engagement, irrespective of Sundays or public holidays.

### 6.14. OWNERSHIP OF THE EQUIPMENT

Strategic partner shall be free to take away the assets installed by Strategic Partner from the facility after completion or termination of the agreement. In case the Machines are moving out from the installed places then, Decommissiong of their equipment has to be done as per PC-PNDT/ AERB guidelines.

### 6.15. ANY OTHER ANCILLARY SUPPORT:

Strategic partner shall provide any other ancillary support as may be required for discharging its obligations for ensuring uninterrupted and smooth functioning of the lab operations. Strategic partner should support in data for requirement of invoice submission to AIIMS, Bhopal.

### 6.16 The general obligations of the Strategy Partner in the Imaging services shall include:

- (i) Ensuring safe, smooth and uninterrupted operation of radiology services round-the-clock (24 hrs) response, at all the time during the Term.
- (ii) To emergencies/issues arising with respect to the performance of the radiology equipment, as per the Specification and Standards.
- (iii) Carrying out periodic preventive maintenance and ensuring that radiology equipment at each of the Facilities remains in good working condition;
- (iv) Undertaking routine maintenance to ensure undisrupted operation of the Imaging equipment Scan Services.
- (v) Submission of the maintenance plan for the project during the engagement period.
- (vi) Adhering to the guidelines issued by HLL from time to time with respect to the Project.
- (vii) Adhering to the guidelines issued by Government of India from time to time with respect to the Project, if any;
- (viii) Adhering to the AERB norms and guidelines issued from time to time and ensuring QA/QC and other procedures on time as per AERB guidelines.;
- (ix) Procuring and maintaining adequate inventory for smooth execution of the Project. The Strategic Partner shall procure only the best quality products, which would be subjected to periodic inspection by the representatives of the HLL at its discretion;
- (x) Strategic partner should procure and install the required the equipment with concurrence of HLL
- (xi) Software package (Radiology Information system) required for operations should be installed with approval from HLL/AIIMS Bhopal.
- (xii)Maintaining all communication, control and administrative systems necessary for the efficient functioning and maintenance of the radiology equipment; Complying with Security and Safety Requirements in accordance with MoU between HLL and AIIMS Bhopal.

### INVESTIGATIONS LISTED BY CGHS ALONG WITH RATES.





|          | CGHS IMAGING TEST   | rs .                                       |                                 |
|----------|---|--|---------------------------------|
| Sr.No    | TREATMENT PROCEDURE OPTHALMOLOGY  | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH /<br>NABLRates in<br>Rupee |
| 1        | Ultrasound A- Scan  | 863  | 992                             |
| 2        | Ultrasound B- Scan  | 230  | 265                             |
| 3        | X Ray orbit   | 115  | 132                             |
| 4        | CT orbit and brain  | 1600                                       | 1840                            |
| 5        | MRI- Orbit and brain  | 3450                                       | 3968                            |
|          | TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY & INVESTIGATIONS | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH / Ablates<br>in Rupee      |
| 6        | CT Guided biopsy  | 1265                                       | 1455                            |
| 7        | Electrocardiogram (ECG)   | 50   | 58                              |
| 8        | Headup tilt test (HUTT)   | 2200                                       | 2530                            |
| 9        | 2D echocardiography   | 1200                                       | 1380                            |
| 10       | 3D echocardiography   | 1403                                       | 1650                            |
| 11       | Fetal Echo  | 1400                                       | 1610                            |
| 12       | 2D Transesophageal Echocardiography (TEE)                               | 1403                                       | 1650                            |
| 13       | 3D Transesophageal Echocardiography (TEE)                               | 1403                                       | 1650                            |
| 14       | Coronary angiography  | 11500                                      | 13225                           |
| 15       | CT coronary angiography   | 6030                                       | 6935                            |
| 16       | Cardiac CT scan   | 2272                                       | 2613                            |
| 17       | Cardiac MRI   | 2444                                       | 2811                            |
| 18       | Stress Cardiac MRI  | 3000                                       | 3450                            |
| 19       | MR angiography.   | 5635                                       | 6480                            |
| 20       | Cardiac PET   | 1500                                       | 1725                            |
|          | TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY                          | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH /<br>NABLRates in<br>Rupee |
| 21       | USG Transvaginal sonography (TVS for Follicular monitoring /aspiration) | 460  | 529                             |
| 22       | Ultrasonography (USG) Level II scan/Anomaly<br>Scan                     | 500  | 575                             |
| 23       | Fetal nuchal Translucency   | 300  | 345                             |
| 24<br>25 | Fetal Doppler/Umblical Doppler/Uterine Vessel Doppler                   | 850  | 978                             |
|          | TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY                              | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH /<br>NABLRates in<br>Rupee |
| 26       | Urethroscopy/ Cystopanendoscopy   | 4600                                       | 5290                            |
|          | TREATMENT PROCEDURE NEURO-SURGERY                                       |  |                                 |





|  |  | Non- NABH / Non-<br>NABL Rates in<br>Rupee  | NABH /<br>NABLRates in<br>Rupee  |
|--|--|---|--|
| 27   | Image guided craniotomy  | 28980   | 33327  |
|  | NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY   | Non- NABH / Non-<br>NABL Rates in<br>Rupee  | NABH /<br>NABLRates in<br>Rupee  |
| 28   | IGRT(Image guided radiotherapy)  | 147016  | 169068   |
| 29   | Tomotherapy  | 79400   | 91310  |
|  | LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES  | Non- NABH / Non-<br>NABL Rates in<br>Rupee  | NABH /<br>NABLRates in<br>Rupee  |
| 30   | Ultrasound guided FNAC   | 575   | 661  |
| 31   | Ultrasound guided abscess Drainage   | 720   | 828  |
| 32   | Diagnostic angiography   | 2000  | 2300   |
|  | NAME OF INVESTIGATION / DENTAL   | Non- NABH / Non-<br>NABL Rates in<br>Rupee  | NABH /<br>NABLRates in<br>Rupee  |
| 33   | Dental IOPA X-ray  | 50  | 58   |
| 34   | Occlusal X-ray   | 78  | 90   |
| 35   | OPG X-ray  | 196   | 225  |
| 36   | Lung Perfusion Scan  | 2000  | 2300   |
|  | NAME OF INVESTIGATION / OSTEOLOGY  | Non- NABH / Non-  | NABH /   |
|  |  |   |  |
|  |  | NABL Rates in<br>Rupee  | NABLRates in   |
| 37   | Whole Body Bone Scan with SPECT.   | Rupee 3421  | Rupee 3934   |
| 37<br>38   | Whole Body Bone Scan with SPECT.  Three phase whole body Bone Scan   | Rupee   | Rupee  |
|  | •  | Rupee 3421 3421 Non- NABH / Non- NABL Rates in  | Rupee 3934 3934 NABH / NABLRates in  |
|  | Three phase whole body Bone Scan   | Rupee 3421 3421 Non- NABH / Non- NABL Rates in Rupee  | Rupee 3934 3934 NABH / NABLRates in Rupee  |
| 38   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  | Rupee 3421 3421 Non- NABH / Non- NABL Rates in  | Rupee 3934 3934 NABH / NABLRates in  |
| 38   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m  | Rupee 3421 3421 Non- NABH / Non- NABL Rates in Rupee  | Rupee 3934 3934 NABH / NABLRates in Rupee  |
| 38   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  | Rupee 3421 3421 Non- NABH / Non- NABL Rates in Rupee 9775   | Rupee 3934 3934 NABH / NABLRates in Rupee 11241  |
| 38<br>39<br>40   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  Meckel's Scan   | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740   | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400   |
| 39<br>40<br>41   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955   | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811 2248                                 |
| 39<br>40<br>41<br>42   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  Meckel's Scan  Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)   | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444   | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811                                      |
| 39<br>40<br>41<br>42<br>43   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak  Hepatobiliary Scintigraphy.  Meckel's Scan  Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA) Dynamic Renography.  | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955   | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811 2248                                 |
| 39<br>40<br>41<br>42<br>43<br>44   | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals. Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  Meckel's Scan Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA) Dynamic Renography.  Dynamic Renography with Diuretic.  | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421                                     | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811 2248 3934                            |
| 39<br>40<br>41<br>42<br>43<br>44<br>45                                     | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak  Hepatobiliary Scintigraphy.  Meckel's Scan  Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)  Dynamic Renography.  Dynamic Renography with Diuretic.  Dynamic Renography with Captopril   | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421  3421                               | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811 2248 3934 3934                       |
| 39<br>40<br>41<br>42<br>43<br>44<br>45<br>46                               | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals. Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  Meckel's Scan Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA) Dynamic Renography.  Dynamic Renography with Diuretic.  Dynamic Renography with Captopril Testicular Scan   | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421  3421  3421                         | Rupee 3934 3934 NABH / NABLRates in Rupee 11241 4400 2811 2248 3934 3934 3934                  |
| 39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47                         | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak  Hepatobiliary Scintigraphy.  Meckel's Scan  Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)  Dynamic Renography.  Dynamic Renography with Diuretic.  Dynamic Renography with Captopril  Testicular Scan  Thyroid Scan with Technetium 99m Pertechnetate.                       | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421  3421  3421  1960                   | Rupee 3934 3934 NABH / NABH Rates in Rupee 11241 4400 2811 2248 3934 3934 3934 2254            |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50 | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak Hepatobiliary Scintigraphy.  Meckel's Scan Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA) Dynamic Renography.  Dynamic Renography with Diuretic.  Dynamic Renography with Captopril Testicular Scan Thyroid Scan with Technetium 99m Pertechnetate. Iodine-131 Whole Body Scan | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421  3421  3421  1960  1466             | Rupee 3934 3934 NABH / NABH / NABLRates in Rupee 11241 4400 2811 2248 3934 3934 3934 2254 1686 |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49       | Three phase whole body Bone Scan  NAME OF INVESTIGATION / NEUROSCIENCES  Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.  Radionuclide Cisternography for CSF leak  Hepatobiliary Scintigraphy.  Meckel's Scan  Renal Cortical Scintigraphy with Technetium 99m Dimercaptosuccinic acid (DMSA)  Dynamic Renography.  Dynamic Renography with Diuretic.  Dynamic Renography with Captopril  Testicular Scan  Thyroid Scan with Technetium 99m Pertechnetate.                       | Rupee  3421  3421  Non- NABH / Non- NABL Rates in Rupee  9775  3740  2444  1955  3421  3421  3421  3421  1960  1466  1466 | Rupee 3934 3934 NABH / NABH Rates in Rupee 11241 4400 2811 2248 3934 3934 3934 2254 1686 1686  |





| 53                                     | Stress thallium / Myocardial Perfusion Scintigraphy   | 9450  | 10868   |
|--|---|---|---|
| 54                                     | Rest thallium / Myocardial Perfusion Scintigraphy   | 8000  | 9200  |
| 55                                     | Venography  | 3300  | 3795  |
| 56                                     | Scintimammography.  | 4800  | 5520  |
|  |   | Non- NABH / Non-                              | NABH /  |
|  | NAME OF INVESTIGATIONS USG, X-RAY, CT,  | NABL Rates in                                 | NABLRates in                                  |
|  | MRI, BONE DENSITOMETRY  | Rupee   | Rupee   |
| 57                                     | USG Obstetrics for Anomalies scan   | 770   | 886   |
| 58                                     | USG Whole Abdomen / KUB including post-void   | 323   | 380   |
| 59                                     | residual (PVR)  |   |   |
| 60                                     | Pelvic USG (gynae, infertility, prostate with post-   | 255   | 300   |
| 61                                     | void residual (PVR) etc.  |   |   |
| 62                                     | USG Small parts ( scrotum, thyroid , parathyroid etc)   | 349   | 410   |
| 63                                     | USG Neonatal head (Transfontanellar)  | 425   | 489   |
| 64                                     | USG Neonatal spine  | 500   | 575   |
| 65                                     | USG Contrast enhanced   | 900   | 1035  |
| 66                                     | USG Breast  | 349   | 410   |
| 67                                     | USG Hysterosalpingography (HSG)   | 255   | 300   |
| 68                                     | Carotid Doppler   | 850   | 1000  |
| 69                                     | Arterial Colour Doppler   | 706   | 830   |
| 70                                     | Venous Colour Doppler   | 706   | 830   |
| 71                                     | Colour Doppler, renal arteries/any other organ  | 800   | 920   |
| 72                                     | USG guided intervention- FNAC   | 490   | 564   |
| 73                                     | USG guided intervention - biopsy  | 720   | 828   |
| 74                                     | USG guided intervention - nephrostomy   | 800   | 920   |
|  |   | Non- NABH / Non-                              | NABH /  |
|  |   | NABL Rates in                                 | NABLRates in                                  |
|  | NAME OF INVESTIGATIONS X-RAY  | Rupee   | Rupee   |
| 75                                     | X Ray Abdomen AP Supine or Erect (One film)   | 128   | 150   |
| 76                                     | X Ray Abdomen Lateral view (one film)   | 128   | 150   |
| 77                                     | X Ray Chest PA /AP/ Oblique view (one film)   | 60  | 70  |
|  |   |   |   |
| 78                                     | X Ray Chest Lateral (one film)  | 60  | 70  |
| 78<br>79                               | X ray Mastoids: Towne view, oblique views (3 films)   | 60<br>250                                     | 70<br>288                                     |
| 79                                     | X ray Mastoids: Towne view, oblique views (3 films) X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones  | 250   | 288   |
|  | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist /   |   |   |
| 79<br>80                               | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)   | 250<br>255                                    | 288<br>288                                    |
| 79<br>80<br>81                         | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)   | 250<br>255<br>110                             | 288<br>288<br>127                             |
| 79<br>80<br>81<br>82                   | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)  X Ray Temporomandibular (TM) Joints (one film)   | 250<br>255<br>110<br>110                      | 288<br>288<br>127<br>127                      |
| 79<br>80<br>81<br>82<br>83             | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)  X Ray Temporomandibular (TM) Joints (one film)  X Ray Abdomen & Pelvis for KUB   | 250<br>255<br>110<br>110<br>128               | 288<br>288<br>127<br>127<br>150               |
| 79<br>80<br>81<br>82<br>83<br>84       | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)  X Ray Temporomandibular (TM) Joints (one film)  X Ray Abdomen & Pelvis for KUB  X Ray Skull AP & Lateral (2 films)                                     | 250<br>255<br>110<br>110<br>128<br>255        | 288<br>288<br>127<br>127<br>150<br>300        |
| 79<br>80<br>81<br>82<br>83<br>84<br>85 | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)  X Ray Temporomandibular (TM) Joints (one film)  X Ray Abdomen & Pelvis for KUB  X Ray Skull AP & Lateral (2 films)  X Ray Spine AP & Lateral (2 films) | 250<br>255<br>110<br>110<br>128<br>255<br>250 | 288<br>288<br>127<br>127<br>150<br>300<br>288 |
| 79<br>80<br>81<br>82<br>83<br>84       | X ray Mastoids: Towne view, oblique views (3 films)  X Ray Extremities (Hand/Leg/Feet/Finger/Toe) bones & Joints (Hip/ Knee/Ankle / shoulder/ Wrist / fingers/Toes, etc) AP & Lateral views (Two films)  X Ray Pelvis AP (one film)  X Ray Temporomandibular (TM) Joints (one film)  X Ray Abdomen & Pelvis for KUB  X Ray Skull AP & Lateral (2 films)                                     | 250<br>255<br>110<br>110<br>128<br>255        | 288<br>288<br>127<br>127<br>150<br>300        |





|     | NAME OF INVESTIGATIONS X-Ray CONTRAST STUDIES   | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH /<br>NABLRates in<br>Rupee |
|-----|---|--|---------------------------------|
| 87  | ERCP (Endoscopic Retrograde Cholangio – Pancreatography)  | 2500                                       | 2875                            |
| 88  | General:Fistulography / Sinography/Sialography/Dacrocystography/ T-Tube cholangiogram/Nephrostogram | 638  | 750                             |
| 89  | Percutaneous transhepatic cholangiography (PTC)   | 1440                                       | 1656                            |
| 90  | Intravenous Pyelography (IVP)   | 1190                                       | 1400                            |
| 91  | Micturating Cystourethrography (MCU)  | 680  | 800                             |
| 92  | Retrograde Urethrography (RGU)  | 680  | 800                             |
| 93  | Contrast Hystero-Salpingography (HSG)   | 1020                                       | 1200                            |
| 94  | X ray Arthrography  | 700  | 805                             |
| 95  | Cephalography   | 150  | 173                             |
| 96  | Myelography   | 2750                                       | 3163                            |
| 97  | Diagnostic Digital Subtraction Angiography (DSA)  | 1749                                       | 2011                            |
|     |   | Non- NABH / Non-<br>NABL Rates in          | NABH /<br>NABLRates in          |
|     | NAME OF INVESTIGATION/MAMMOGRAPHY   | Rupee                                      | Rupee                           |
| 98  | X ray Mammography   | 315  | 370                             |
| 99  | MRI Mammography   | 2550                                       | 3000                            |
|     | NAME OF INVESTIGATION COMPUTED<br>TOMOGRAPHY (CT) Scan  | Non- NABH / Non-<br>NABL Rates in<br>Rupee | NABH /<br>NABLRates in<br>Rupee |
| 100 | CT Scan Head-Without Contrast   | 900  | 1035                            |
| 101 | CT Scan Head- with Contrast -including CT angiography   | 1350                                       | 1553                            |
| 102 | CT Scan Chest - without contrast (for lungs)  | 1700                                       | 2000                            |
| 103 | CT Scan Lower Abdomen (incl. Pelvis) With Contrast  | 1700                                       | 1955                            |
| 104 | CT Scan Lower Abdomen (Incl. Pelvis) Without<br>Contrast  | 1500                                       | 1725                            |
| 105 | CT Scan Whole Abdomen Without Contrast  | 3000                                       | 3450                            |
| 106 | CT Scan Whole Abdomen With Contrast   | 4500                                       | 5175                            |
| 107 | Triple Phase CT abdomen   | 4500                                       | 5175                            |
| 108 | CT Scan angiography abdomen/ Chest  | 4500                                       | 5175                            |
| 109 | CT Scan Enteroclysis  | 6000                                       | 6900                            |
| 110 | CT Scan Neck – Without Contrast   | 1500                                       | 1725                            |
| 111 | CT Scan Neck – With Contrast  | 1870                                       | 2200                            |
| 112 | CT Scan Orbits - Without Contrast   | 1190                                       | 1400                            |
| 113 | CT Scan Orbits - With Contrast  | 1615                                       | 1900                            |
| 114 | CT Scan of Para Nasal Sinuses (CT PNS)- Without<br>Contrast   | 900  | 1035                            |
| 115 | CT Scan of Para Nasal Sinuses (CT PNS)- With contrast   | 1600                                       | 1840                            |





| 116 | CT Scan Spine (Cervical, Dorsal, Lumbar, Sacral)—without Contrast     | 1500             | 1725         |
|-----|---|------------------|--------------|
| 117 | CT Scan Temporal bone – without contrast                              | 893              | 1050         |
| 118 | CT Scan- Dental   | 1275             | 1500         |
| 119 | CT Scan Limbs -Without Contrast                                       | 1700             | 2000         |
| 120 | CT Scan Limbs -With Contrast including CT angiography                 | 2253             | 2650         |
| 121 | CT Guided intervention –FNAC  | 1200             | 1380         |
| 122 | CT Guided Trucut Biopsy   | 1200             | 1380         |
| 123 | CT Guided intervention -percutaneous catheter drainage/tube placement | 1305             | 1535         |
|     |   | Non- NABH / Non- | NABH /       |
|     | NAME OF INVESTIGATION MAGNETIC  | NABL Rates in    | NABLRates in |
|     | RESONANCE IMAGING (MRI)   | Rupee            | Rupee        |
| 124 | MRI Head – Without Contrast   | 1998             | 2350         |
| 125 | MRI Head – With Contrast  | 2848             | 3350         |
| 126 | MRI Orbits – Without Contrast   | 1445             | 1700         |
| 127 | MRI Orbits – With Contrast  | 2000             | 2300         |
| 128 | MRI Nasopharynx and PNS – Without Contrast                            | 2450             | 2818         |
| 129 | MRI Nasopharynx and PNS – With Contrast                               | 3500             | 4025         |
| 130 | MR for Salivary Glands with Sialography                               | 3000             | 3450         |
| 131 | MRI Neck - Without Contrast   | 3000             | 3450         |
| 132 | MRI Neck- with contrast   | 5000             | 5750         |
| 133 | MRI Shoulder – Without contrast                                       | 2000             | 2300         |
| 134 | MRI Shoulder – With contrast  | 2600             | 3000         |
| 135 | MRI shoulder both Joints - Without contrast                           | 3000             | 3450         |
| 136 | MRI Shoulder both joints – With contrast                              | 4000             | 4600         |
| 137 | MRI Wrist Single joint - Without contrast                             | 2125             | 2500         |
| 138 | MRI Wrist Single joint - With contrast                                | 4000             | 4600         |
| 139 | MRI Wrist both joints - Without contrast                              | 2125             | 2500         |
| 140 | MRI Wrist Both joints - With contrast                                 | 5000             | 5750         |
| 141 | MRI knee Single joint - Without contrast                              | 2125             | 2500         |
| 142 | MRI knee Single joint - With contrast                                 | 5000             | 5750         |
| 143 | MRI knee both joints - Without contrast                               | 2125             | 2500         |
| 144 | MRI knee both joints - With contrast                                  | 5000             | 5750         |
| 145 | MRI Ankle Single joint - Without contrast                             | 2125             | 2500         |
| 146 | MRI Ankle single joint - With contrast                                | 5000             | 5750         |
| 147 | MRI Ankle both joints - With contrast                                 | 5000             | 5750         |
| 148 | MRI Ankle both joints - Without contrast                              | 2500             | 2875         |
| 149 | MRI Hip - With contrast   | 2500             | 2875         |
| 150 | MRI Hip – without contrast  | 2125             | 2500         |
| 151 | MRI Pelvis – Without Contrast   | 2125             | 2500         |
| 152 | MRI Pelvis – with contrast  | 5000             | 5750         |





| 153 | MRI Extremities - With contrast  | 5000             | 5750         |
|-----|--|------------------|--------------|
| 154 | MRI Extremities - Without contrast   | 2125             | 2500         |
| 155 | MRI Temporomandibular – B/L - With contrast  | 4000             | 4600         |
| 156 | MRI Temporomandibular – B/L - Without contrast   | 2125             | 2500         |
| 157 | MR Temporal Bone/ Inner ear with contrast  | 4000             | 4600         |
| 158 | MR Temporal Bone/ Inner ear without contrast   | 2500             | 2875         |
| 159 | MRI Abdomen – Without Contrast   | 2125             | 2500         |
| 160 | MRI Abdomen – With Contrast  | 5000             | 5750         |
| 161 | MRI Breast - With Contrast   | 4250             | 5000         |
| 162 | MRI Breast - Without Contrast  | 2125             | 2500         |
| 163 | MRI Spine Screening - Without Contrast   | 1000             | 1150         |
| 164 | MRI Chest – Without Contrast   | 2125             | 2500         |
| 165 | MRI Chest – With Contrast  | 4000             | 4600         |
| 166 | MRI Cervical/Cervico Dorsal Spine – Without Contrast   | 2125             | 2500         |
| 167 | MRI Cervical/ Cervico Dorsal Spine – With Contrast   | 4000             | 4600         |
| 168 | MRI Dorsal/ Dorso Lumbar Spine - Without Contrast  | 2125             | 2500         |
| 169 | MRI Dorsal/ Dorso Lumbar Spine – With Contrast   | 4000             | 4600         |
| 170 | MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast  | 2125             | 2500         |
| 171 | MRI Lumbar/ Lumbo-Sacral Spine – With Contrast   | 5000             | 5750         |
| 172 | Whole body MRI (For oncological workup)  | 5100             | 6000         |
| 173 | MR cholecysto-pancreatography (MRCP)   | 5500             | 6325         |
| 174 | MRI Angiography - with contrast  | 5000             | 5750         |
| 175 | MR Enteroclysis  | 2125             | 2500         |
|     |  | Non- NABH / Non- | NABH /       |
|     | NAME OF INVESTIGATION BONE   | NABL Rates in    | NABLRates in |
| 176 | DENSITOMETRY (DEXA SCAN)  Dexa Scan Bone Densitometry - Two sites                              | Rupee            | Rupee        |
| 176 | Dexa Scan Bone Densitometry - Two sites  Dexa Scan Bone Densitometry - Three sites (Spine, Hip | 1500             | 1725         |
| 177 | &extremity)  | 2000             | 2300         |
| 178 | Dexa Scan Bone Densitometry Whole body   | 2450             | 2818         |
|     |  | Non- NABH / Non- | NABH /       |
|     | NAME OF INVESTIGATIONS NEUROLOGICAL  | NABL Rates in    | NABLRates in |
|     | INVESTIGATIONS AND PROCEDURES  | Rupee            | Rupee        |
| 179 | Electroencephalogram (EEG)/ Video EEG  | 298              | 350          |
| 180 | Electromyography (EMG)   | 638              | 750          |
| 181 | Nerve conduction velocity (NCV), -two or more limbs  | 638              | 750          |
| 182 | CECT Chest (Including CD)  | 2500             | 2875         |
| 183 | MRI-Prostate (Multi-parametric) (Including CD)   | 6000             | 6900         |
| 184 | CT Urography   | 3825             | 4500         |
|     | CT Angio-Neck Vessels  |                  |              |