



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

NOTICE FOR EMPANELMENT OF HOSPITALS

Applications are invited from reputed Govt./Private/Institutional /Charitable hospitals & Nursing homes located in and around **Dimapur** for empanelment with Airports Authority of India o/o Jt. General Manager (Aero), Dimapur Airport, Dimapur. Last date of submission of application is 29th July 2011. Application Form is available at AAI website i.e. www.aai.aero & www.airportsindia.org.in

Handwritten signature and date: 21/6/2011

APPLICATION FOR EMPANELMENT OF HOSPITALS WITH AAI

Indicate YES or NO in the Box

1. NAME OF THE HOSPITAL & ADDRESS:

2. HOSPITAL ADMINISTRATION: Government / Private/Charitable/Institutional

3. TELEPHONE/FAX/e-mail:

4. EMPANELMENT APPLIED FOR:

- (a) Multi-specialty (Gen. Purpose)
- (b) Super-Specialty
- (c) Eye Hospital
- (d) Cancer Hospital
- (e) Burns Cases/Plastic Surgery
- (f) Diagnostic Centre

1. TOTAL NO. OF BEDS:

(a) Multi-specialty Hospitals (Gen purpose)

2. CATEGORIES NUMBER OF BEDS AVAILABLE:

- (a) Casualty / Emergency Ward:
- (b) ICCU / ICU:
- (c) Private:
- (d) Semi-Private (2-3 bedded):
- (e) General ()

3. STAFF PATTERN:

(a) Doctors with Qualifications:

1. Full Time

2. Visiting

(b) Nursing Staff:

(c) Para Medical Staff.

4. Laboratory facilities available:

Pathology

Microbiology

Biochemistry

5. Imaging facilities:

6. Supportive Services:

Boilers/Sterilizers

Ambulance

Canteen

Waste disposal system as per prescribed rules

Blood Bank

Pharmacy

Physiotherapy

No. of Operation Theatres

7. Cardiological investigations

8. Renal transplantation, Haemodialysis/Urology/Urosurgery:

Whether the Hospital has in house Urologist & Renal transplantation surgeons

Yes

No

Centre should have trained dialysis technician sisters and Nephrologists and Resident Doctors available to combat complications during dialysis. Centre should have water

Purifying unit with reverse osmosis regularly fumigated.

9. TURP / LITHOTRIPSY:

10. ENDOSCOPIC / LAPROSCOPIC SURGERY:

Hospital should have one complete set of Laparoscopic equipment and instruments with accessories and should have facilities for open surgery i.e. after conversion

from Laparoscopic surgery. Yes

No

11. Orthopedic joint replacement:

(a) Whether the Hospital has aseptic operation theatre for Orthopedic Hip and

Knee joint replacement. Yes No

(b) Whether there is Barrier Nursing for isolation for

Patient. Yes No

(c) Whether having required instrumentation for both

Hip knee joint replacement. Yes No

(d) Facilities for Arthroscopy. Yes No

(e) Facilities for Arthroscopic surgeries yes No

(f) 'C' arm facility Yes No

12. E. N. T.

ESSENTIAL INFORMATION

(a) Whether it has required instrumentation for ENT surgery including diagnostic procedures.

Yes No

(b) Facilities for Endoscopy. Yes No

(c) Facilities for reconstruction surgery. Yes No

13. OBSTETRIES & GYNAECOLOGY

ESSENTIAL INFORMATION

(a) Whether the Hospital has got Labour Room facility. Yes No

(b) Whether the Hospital has facility of Foetal Monitor. Yes No

(c) Whether the Hospital has supportive services for premature baby. Yes No

(d) Whether the Hospital has Paediatrician/Neurologist. Yes No

(e) Whether the Hospital has facilities for Endoscopy procedures Diagnostic/Curative. Yes No

14. Neurology / Neuro Surgery:

(a) Barrier nursing for isolation patient. Yes No

(b) Facility for Gama knife surgery. Yes No

(c) Facility for Trans sphenoidal endoscopic surgery Yes No

(d) Facility for Steriotatic surgery Yes No

15. Gastro enterology / G.I. Surgery:

(a) Required instrumentation for G.E./G.I. Surgeon. Yes No

(b) Facilities for endoscopy – Specify details.

CANCER HOSPITAL

1. Infrastructure & Tech. details.

(a) No. and names of Oncologists (with qualifications)

(b) Surgery

(c) Chemotherapy

(d) Radio Therapy

(e) Whether it has required instrumentation for Oncology surgery

Yes No

(f) Facilities for Chemotherapy (Specify) Yes No

(g) Facilities for Radio Therapy (specify) Yes No

(h) Radio-therapy facility and Manpower shall be as per guide lines of BARC.

Yes No

BURNS CASES / PLASTIC SURGERY

1. Infrastructure & Technical specifications:

- (a) Specify the types of surgeries.
- (b) Operation Theatre facilities.
- (c) Facilities for Burns dressings/Care, specify
- (d) Any other information:

Other Information

1. Income Tax returns for the last three financial years:
2. Service tax number / Certificate and PAN number:
3. Details of Registration / Membership:
4. Fees of the Doctors:
5. Room Rent Charges:
6. Distance from Guwahati Airport
7. Operation cost for different diseases. In case there are packages for different operations, please submit in detail?
8. Details of the organization who have empanelled with your hospitals. Please enclose copy of agreement with full particulars?
9. Whether Doctors are available during night time to attend any emergency or to undertake operation?

- Note: 1. Airport Authority of India has rights to empanel / de empanels the hospitals.
2. Hospitals should be located in and around Guwahati Only.
2. If required, separate sheet may be used to give details of the hospital.

Undertaking

I hereby certify that all the information's furnished above are true to my knowledge. I have no objection to Airports Authority of India verifying any or all the information furnished in this document with concerned authorities, if necessary.

Date & Place:

Signature of the authorized signatory of the organization
Office Seal / Stamp

AGREEMENT

This agreement is executed of this _____ day of _____ Two Thousand Eleven between the Airports Authority of India a body incorporated and constituted by the Central Government under the Airports Authority of India Act 1994 and having its corporate office at Rajiv Gandhi Bhawan, Safdarjung airport, New Delhi-110003, represented by _____ and hereinafter called the "AUTHORITY" (which term shall, unless excluded by or repugnant to the context, be deemed to include its Chairman, Executive Director, Airports Authority Officers or any of them specified by the Chairman in this behalf and shall also include its successors or assigns) of the FIRST PART

AND

Shri/M/S _____) running a Hospital at Dimapur location having authority and having their License No. _____ hereafter called "HOSPITAL" represented by _____ of the company (as the case may be) being competent and duly authorized to sign this agreement which terms shall unless excluded by or repugnant to the context be deemed to included, its representatives, assign executors, administrator etc. on the SECOND PART.

Whereas AIRPORTS AUTHORITY OF INDIA, DIMAPUR AIRPORT, DIMAPUR requires the services on need based indoor medical treatment for the employees of AAI/CISF and their dependent family members posted at Dimapur Airport and the HOSPITAL is also desirous to extend its services for adequate indoor medical treatment including required diagnostic test etc. And health car, for the purpose of regulating the cost of such indoor treatment and for payment thereof, it is mutually agreed between the parties as follows:-

1. Ailing AAI/CISF employees and their dependent family members shall be admitted in the hospital for necessary indoor medical treatment on actual requirement basis.
2. As per procedure followed by the AAI an employee of AAI/CISF staff requiring indoor treatment for self or his/her dependent family members will be issued a letter of authorization addressed to the Hospital for the necessary treatment. However, in case of emergency an employee approaching the Hospital for indoor treatment for himself or for his dependent may be admitted in the hospital and such patient be provided treatment on production of Medical Photo Identity Card of the AAI employee/CISF staff issued by AAI and an intimation be sent to AAI within 24 hrs of hospitalization failing which the payment cannot be made by AAI. Simultaneously, an undertaking be obtained from AAI/CISF employee that He/She or family members as the case may be are fully dependent on him/her as per AAI rules. In case patient is not found to be the dependent family member AAI reserves its right to recover the amount of expenditure from his/her salary

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3. The hospital shall admit/discharge the patient on holidays/Saturdays & Sundays by taking an authorization letter from the individual to collect the bill amount from the salary of the official in case Authority is unable to issue the credit letter due to holidays/Saturday & Sunday or any other reason.
4. Admission certificate along with estimate shall be sent to Authority in the prescribed performa to issue the credit letter immediately after admission of the patient preferably on the same day. A copy of Photo Medical Identity Card duly verified the credentials of the patient will also be sent immediately alongwith estimate and request letter from the employee. In addition, the proforma duly filled in shall also be sent.
5. The hospital shall not take any amount as advance from the patient/official at the time of Admission /discharge of the patient in any circumstances.
6. The hospital will Endeavour to provide the best and timely medical care. The Hospital may utilize the service of specialists from outside if considered necessary for proper treatment/crisis management/speedy recovery of the patient.
7. During indoor treatment, the hospital will supply the required medicines appliances etc. from the in house pharmacy, if available and include the cost thereof in the bill. In the event of non-availability of any particular medicines, the AAI/CISF staff concerned may be asked to purchase such medicine(s) from the market and bear the cost thereof.
8. The hospital will conduct the required X-ray, pathological, radiology tests etc. in-house clinic/laboratory and charges thereof will be included in the bill. In case, any essential test cannot be carried out in-house clinic/laboratory, the hospital will make arrangements for such test from an outside pathlab of repute and cost thereof will be borne by the hospital and same shall be included in the bill of the patient concerned.
9. The charges of different treatment and other fees will not be revised during the period of empanelment.
10. The FIRST PARTY is not liable to pay any cost for extra bed, TV/telephone, diet, laundry attendant's cost, misc etc.
11. The Hospital shall provide 15% discount on all indoor patients diagnostic & investigation (except medicines, consultation, packages & implants).
12. The hospital will not claim bed rent for the day of discharge before 12.00 hrs. And delay in vacating the bed due to settling the bill etc. shall not give any rights to the Hospital to charge extra.

13. The Hospital shall indicate the type of operation performed in bold letters & surgeon's fee is to be mentioned separately.
14. At the time of discharge of a patient, the hospital shall along with the discharge report, hand over to the patient all reports of various tests conducted during the indoor treatment, for which, charges are to be included in the medical bill. The photocopies (duly certified) of the same to be enclosed with the bill so raised by the Hospital.
15. The hospital shall submit its bill for indoor treatment along with all relevant documents/vouchers/certificates to the officer issuing the letter of authorization. The hospital authority would normally raise one time bill within 15 days from the date of release of the patient from the hospital. Only in case of prolonged indoor treatment involving huge expenditure, the hospital may submit part bill(s) once every fortnight covering the cost of treatment up to that point of time. In no case the expenditure should exceed the amount for which the authorization letter has been issued. In case at any point of time the Hospital comes to know the expenditure is going to increase the authorized amount or the employee needs extra treatment other than that have been authorized, the approval for the same has to be obtained in advance before incurring the expenditure except the emergency situation where the information has to be given within 24 hrs of the treatment made.
- 16. All the bills, associated documents to be submitted to AAI for payments must be countersigned on each page by the patient**
17. The Authority will make the payment of the bill through Accounts Payee Cheque in Indian Rupees in favour of the hospital within a period of 30 days from the date of receipt of the bill from the hospital. Subject to condition that the bill is in order.
18. In case the patient requires super-specialized treatment, which cannot be provided by the Hospital, the Hospital may refer the case to any AAI empanelled/Govt. hospital within India as deemed fit.
19. The hospital shall maintain full record of treatment given and undertake to produce their records and share information, with the authorized officer(s) of Authority to facilitate the enquiry, which may be conducted by AAI in any specific case(s).
20. In case of death of patient while indoor treatment, the hospital shall take all steps for disposal of the dead body by handing it over to the family member(s) of the deceased or to keep it in the morgue till it is handed over.

21. The Patient of AAI shall be given top priority in OPD/Indoor treatment.
22. The hospital shall extend all co-operation in case of any vigilance enquiry against any AAI/CISF staff.
23. AAI and the hospital will extend all possible help and co-operation for successful and objective implementation of the agreement and shall not do anything, which may in any way, defeat any of the terms of this Agreement.
24. The Agreement will remain in force for a period of Three (3) years commencing from _____ till _____ and likely to be extended further on mutual consent.
25. Jt. General Manager (Aero), AAI, Dimapur Airport has the power to cancel empanelment of the hospital without assigning any reason and notice.
26. In the event of any dispute between the parties. The decision of Jt. GM (Aero), AAI, Dimapur Airport shall be final and binding both the parties.
27. This Agreement is subject to the exclusive jurisdiction of the court at Dimapur only.
28. The parties to this agreement have to put their signature along with their seal to bind the respective parties to sincerely and honestly abide by the above mentioned terms and conditions of this Agreement.

Signature of _____
representative from AAI,
Dimapur Airport

Signature _____
representative from
hospital