



Government of West Bengal  
**DEPARTMENT OF HEALTH & FAMILY WELFARE**  
Drugs & Equipment Branch  
SWASTHYA BHAWAN,  
GN-29, Sector-V, Salt Lake City, Kolkata-700 091

No. H/TDE/ 649 / HFW/39099/54/2019-TDE SEC Deptt. of H&FW

Date: 24/07/2019

From: Additional Secretary  
to the Government of West Bengal

To : 1. Principal/Director/MSVP.....Medical College & Hospital  
2. Chief Medical Officer of Health.....District  
3. Superintendent.....DH/SSH/SGH/SDH

Sub: Sending proposal for Medical Equipment for State Run Government Hospitals.

Sir / Madam,

It has been observed that proposals of different State run Hospitals, seeking approval for procurement of Bio-Medical Equipment are often received at the State Headquarters in unstructured manner, without proper justification, as a result, such proposal cannot be favorably considered and may cause impediment to patient care services.

Now, the Exchange Program has come into force and for each district as well as for MCHS, Nodal officers have been assigned. Hence proposal of any Bio-Medical Equipment may be routed through the concerned Nodal Officers only. So, all the medical facilities are informed to send proposals in the enclosed specified format to the Nodal Officers only and the proposal may be routed through as following-

**Supdt/BMOH/MSVP > Principal/ CMOH > Nodal Officer > Addl. Secy (D&E) > DHS/DME > Addl. Secy (D&E) > ACS**

The proposal of each Medical Equipment must be examined by the Principal/ CMOH as the case may be.

In order to maintain a systematic approach for consideration of any proposal for new Bio-Medical Equipment by the MSVP/CMOH, as the case may be, the proposal should be sent on quarterly basis i.e. by the 10<sup>th</sup> day after end of each qtr i.e. 10<sup>th</sup> July, 10<sup>th</sup> October etc.

This is for your kind information and appropriate action please.

Yours Faithfully

**Additional Secretary to the  
Government of West Bengal**

Enclosure as stated:

-2-

No. H/TDE/ 649 / HFW/39099/54/2019 –TDE SEC Deptt. of H&amp;FW/1(9)

Date: 24/07/2019

Copy forwarded for information and taking necessary action to:

1. Shri Binod Kumar, IAS, Secretary, Health & Family Welfare Department, West Bengal;
2. Md. Ghulam Ali Ansari, IAS, Secretary & MD, NHM, Health & Family Welfare Department, West Bengal;
3. Shri Sanjay Bansal, IAS, Additional Secretary, Health & Family Welfare Department, West Bengal;
4. Shri Tapan Kanti Rudra, IAS, Commissioner Food Safety, Health & Family Welfare Department, West Bengal;
5. Shri Sharad Kumar Dwivedi, IAS, Additional Secretary, Health & Family Welfare Department, West Bengal;
6. Shri Subhra Chakraborti, IAS, Commissioner, HS, Health & Family Welfare Department, West Bengal;
7. Smt. Mahua Banerjee, IAS, MD, WBMSCL, Health & Family Welfare Department, West Bengal;
8. Shri Sumit Gupta, IAS, Joint Secretary, Health & Family Welfare Department, West Bengal;
9. Shri Ritendra Narayan Basu RoyChoudhury, WBCS (Exe), Health & Family Welfare Department, West Bengal.

  
 Additional Secretary to the  
 Government of West Bengal

No. H/TDE/ 649 / HFW/39099/54/2019 –TDE SEC Deptt. of H&amp;FW/2(11)

Date: 24/07/2019

Copy forwarded for information and taking necessary action to:

1. Director of Health Services, West Bengal;
2. Director of Medical Education, West Bengal;
3. Special Secretary, MERT, Health & Family Welfare Department, West Bengal;
4. Joint Secretary, MS/Nursing, Health & Family Welfare Department, West Bengal;
5. Deputy Secretary, Dental Branch, Health & Family Welfare Department, West Bengal;
6. Deputy Director of Health Services (E&S), West Bengal;
7. Deputy Director of Health Services (HA), West Bengal;
8. IT Cell for website posting.

  
 Additional Secretary to the  
 Government of West Bengal

**Annexture-1 Format**

<b>Sl. No.</b>	<b>Dist. Name</b>	<b>Name of Medical Facility</b>	<b>Equipment Name</b>	<b>Detail Specification of Equipment</b>	<b>Name of Deptt. for which the Equipment is required</b>	<b>Quantity of Equipment</b>	<b>Whether CAT/Non CAT</b>	<b>If YES CAT No.</b>	<b>Rate of the Item (If CAT Items)</b>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

<b>Tentative Market Rate (In Case of Non CAT item)</b>	<b>Total Cost Involvement</b>	<b>Whether man power is available for the Equipment (Yes/No)</b>	<b>Whether space is available (Yes/No)</b>	<b>Whether Civil Work required for installation of Equipment (Yes/No)</b>	<b>Whether any other Involvement is there ( If Yes mention specifically)</b>	<b>Utility of the Equipment (State in brief)</b>	<b>No. of patient to be benefited from the Equipment (Avg. daily No.)</b>	<b>Remarks Principal/CMOH</b>
(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)