



GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH (TB WING)
"Zilla Swasthya Bhawan"



Saratpally, Midnapore, Paschim Medinipur, PIN Code:-721101
☎ : 03222 271894, E-mail: dtowbmnw@rntcp.org

MEMO No. NTEP/2021/114

DATED: 30.06.21

"EXPRESSION OF INTEREST" NOTICE.

District Health & family Welfare Samiti (NTEP), Paschim Medinipur inviting "Expression of Interest" from financially sound registered X-Ray facilities of concerned Blocks/ TUs (**Bagda Mohanpur, Chandrakona I, Garhbeta II, Keshiary and Daspur II**) registered under Clinical Establishment Act under Govt. of West Bengal for implementing X-Ray scheme on PPP mode as per NGO/PP guidelines, 2019 under partnership option "**Diagnostics**" (**This service may be implemented in other TUs/Block also under Paschim Medinipur district in future as per need basis**). The details will be available at The Notice Board of the office and also in the website www.wbhealth.gov.in and www.paschimmedinipur.gov.in. The decision of the selection committee is final and committee reserves the right to reject/cancel any application without assigning any reason thereof. For any queries please contact to the office of the undersigned during office hours (11.00 AM to 4.00 P.M.) **Last date of submission of Application 30.07.21 up to 05:00 PM.**

All the interested Private Partners are hereby invited to express their interest to the above mentioned scheme of Paschim Medinipur District by a Sealed cover to the address mentioned below by a regular/register post or Courier. "**Application for EOI under NTEP**" to be superscripted on the top of the envelop.

This EOI is to be implemented maintaining the following guidelines:

1. **X-Ray facilities must be registered under Clinical Establishment Act (Govt. of WB)**
2. **The facility must be within the concerned Block/TUs.**

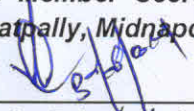
Following documents (Self attested photocopy) to be attached with the application as per prescribed format attached herewith:

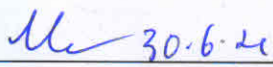
1. Valid and updated CE license.
2. AERB approved/Registration Certificate.
3. Specification of the X-Ray machine & CR/Digital system.
4. Valid Trade license.
5. PAN Card/Aadhaar Card.

The Address is given below:

To,

The Member Secretary, DH & FWS cum CMOH, Paschim Medinipur, Zilla Swastha Bhawan, Saratpally, Midnapore, Paschim Medinipur-721101.


District Tuberculosis Officer
Paschim Medinipur



Member Secretary, DH&FWS cum CMOH
Paschim Medinipur

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Copy forwarded for information and necessary action please to:

1. The District Magistrate, Paschim Medinipur.
2. The Jt.DHS(TB) and SPO(NTEP), Govt. of West Bengal.
3. The Deputy CMOH-I/II/III,ZLO,DMCHO,DPHNO, Paschim Medinipur.
4. The Accounts Officer, CMOH Office, Paschim Medinipur.
5. The ACMOH(All),Paschim Medinipur with request to display in the Notice Board.
6. The BMOH, Bagda_Mohanpur, Chandrakona I, Garhbeta II, Keshiary and Daspur II TU Paschim Medinipur, with request to display in the Notice Board and also to inform all concerned.
7. The WHO Consultant (NTEP), Paschim Medinipur.
8. The District Information Officer, Paschim Medinipur with request to upload the EOI in the official website of Paschim Medinipur district.
9. The IT Coordinator, IT Cell, Swasthya Bhawan, with request to upload the EOI in the website.
10. The DPM, DPMU, Paschim Medinipur.
11. Office Notice Board.


District Tuberculosis Officer
Paschim Medinipur

“Expression of Interest” under NTEP

Name of the Institution/Facility	
Address with valid Phone no.	
Email Id	
Name of the Proprietor	
CE License No. with Validity	
PAN	
Rate of digital X-Ray (Chest X-Ray PA View)with film and report (in INR) as per approved rate chart.	
Experience if any in PPP mode	

Date:

Signature of Applicant with date & Seal