

DIRECTORATE OF EMPLOYEES STATE INSURANCE SCHEME, ODISHA, BHUBANESWAR
Plot No. A/122, Unit-8, Nayapally, Bhubaneswar-751012,
Ph. No: 0674-2396747 / Email ID: directoresis@gmail.com

Letter No. 3997 /DESI
DEV-I-18/2020

dt. 21/05/2021

To

The Head of State Portal Group,
I.T Centre, Department of Information and Technology,
Government of Odisha, Bhubaneswar

Sub: Requesting for uploading of "Advertisement".

Sir,

I am to request you that the soft copy of the above advertisement as enclosed may please be uploaded and hosted on the website of www.odisha.gov.in at an early date.

Yours faithfully,


DIRECTOR

Memo No. _____ /DESI, dt.

Copy forwarded to Special Secretary to Government of Odisha, Labour & ESI Department, Bhubaneswar for information and necessary action.


DIRECTOR

Memo No. _____ /DESI dt.

Copy along with the soft copy of advertisement forwarded to Managing Director, IDCOL Software Ltd. IDCOL House, Unit-II, Ashok Nagar, Bhubaneswar-751009 for information and necessary action. He is requested to upload and hosted the Advertisement in the website of Director E.S.I Scheme, Odisha, Bhubaneswar.


DIRECTOR

ADVERTISEMENT

EXPRESSION OF INTEREST FOR EMPANELMENT OF HOSPITALS FOR PROVIDING SECONDARY CARE TREATMENT / INVESTIGATION TO ESI BENEFICIARIES

“Applications are invited from all reputed Government / Semi-Government / Private Hospitals for providing Secondary Care treatment /Investigation to the eligible ESI beneficiaries of the State of Odisha”.

The broad terms would be

1. Cashless and hassle free medical services to ESI beneficiaries.
2. The rate will not exceed the latest CGHS approved rate for Bhubaneswar along-with the following special conditions.
 - (a) 15% discount of Hospital rates if there is no package procedure under CGHS.
 - (b) For all implants 15% discount on MRP (Maximum Retail Price).
 - (c) For Drugs 10% discount on MRP.The approved CGHS rates can be down loaded from the Ministry of Health & Family Welfare, Website <http://www.mohfw.nic.in/cghs.htm>
3. Hospitals are either be in the current CGHS approved list or on panel of some Central or State Public Sector Institution. Secondary Care treatment /Investigation to be rendered to the patients at Secondary Care Hospital by a Specialist in the field of Medicines, Surgery, O&G, Orthopedic, Pediatrics, Eye, ENT, Dental, Hematological Disorders and Investigation procedures.
4. Interested Hospitals may apply for empanelment in sealed cover superscribing “Application for Empanelment for Secondary Care Treatment / Investigation for ESI Scheme” on the top of the envelope with details of Specialty Department and availability of Specialists and relevant facilities in their institutions to the undersigned in the given format.
5. The application, if any, submitted earlier by any Hospital in any other form shall not be considered. They may submit fresh application in response to this advertisement within 15 days from the date of publication of advertisement.
6. The tie-up Hospitals should be mapped with Bill processing Agency empanelled by ESI Corporation Hqrs. currently UTI-ITSL.
7. Necessary documents can be obtained from the office of Director, ESI Scheme, Odisha, Plot No. A/122, Nayapalli, Unt-VIII or the same can be down loaded from the Website. www.odisha.gov.in.

Completed application should reach this office by **4.00PM of 07-06-2021**

The Director, ESI Scheme, Odisha reserves the right to reject any application or cancel the advertisement without assigning any reason thereof.


DIRECTOR
ESI SCHEME, ODISHA

**APPLICATION FORMAT FOR EMPANELMENT OF HOSPITALS FOR
PROVIDING SECONDARY CARE TREATMENT / INVESTIGATION
TO ESI BENEFICIARIES**

Details of Accreditation and Validity period

- | | | |
|----------------------------|---|--------|
| Whether NABH Accredited | - | Yes/No |
| Pre-accredited entry level | - | Yes/No |
| Applied for NABH | - | Yes/No |
| Not Applied for NABH | - | Yes/No |
- (Enclosed a scanned copy of relevant certificate)
- 1 Name of the city /town where Hospital is located :
 - 2 Name of the Hospital :
 - 3 Address of the Hospital :
 - 4 Tel/fax/e-mail :
Telephone No. :
Fax :
E-mail ID :
Website :
 5. Total number of Beds :
 6. Categories of Beds availability with number of total Beds in following type of wards Causality/Emergency ward. :
ICCU/ICU/Life Support Measures :
General ward Bed (Department wise) :
 7. Clinical facilities available for Secondary Care/Department applied for.
(i)No. of Beds. (ii) Diet. (iii) Consulting Doctors with Name, Qualification and Experiences. (iv) OT/Labour Room facility:
(v) Availability of Related investigation procedures
(vi) Any other advanced facility available. : Yes/No
 8. Whether empanelled by CGHS/State Govt./PSU/etc. : Yes/No
(Please enclose copy of relevant document)
 9. Whether registered to DMET, Odisha/Appropriate Authority. : Yes/No
(Please enclose copy of relevant document)
 10. Whether PNDT certificate available. : Yes/No
(If yes, please enclose copy of relevant document)
 11. Fire Safety certificate available. : Yes/No
(Please enclose copy of relevant document)
 12. Issue of registration certificate under clinical establishment Act : Yes/No
(Please enclose copy of relevant document)
 13. Waste Management Disposal. : Yes/No
 14. Emergency treatment facilities availabilities: details mention.

I agree to abide by all terms and conditions of the Employees State Insurance Scheme, Odisha from time to time

Signature of Authorized Applicant with seal
Name: