



आईएसओ 9001-2015 तथा  
आईएसपीएस अनुपालक पत्तन

# मुरगांव पत्तन प्राधिकरण

(पत्तन, पोत परिवहन और जलमार्ग मंत्रालय, भारत सरकार)

प्रशासनिक कार्यालय, हेडलण्ड सडा, मुरगाव, गोवा - 403 804

## MORMUGAO PORT AUTHORITY

(MINISTRY OF PORTS, SHIPPING & WATERWAYS, GOVT. OF INDIA)

ADMINISTRATIVE OFFICE, HEADLAND SADA, MORMUGAO, GOA - 403 804.

Website : <https://www.mptgoa.gov.in> Email : [cmo@mplgoa.gov.in](mailto:cmo@mplgoa.gov.in)

दूरभाष(कार्य) / Tel. (Off) : 0832-2521377, 2594901

EOI No: MD/76/2024/C2026

Dtd. 27.09.2024

To:

M/s.

**Sub: NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITAL LOCATED IN THE STATE OF GOA FOR TERTIARY CARE / SUPER SPECIALITY AND MULTI-SPECIALITY MEDICAL SERVICES ON CREDIT BASIS FOR A PERIOD OF 3 YEARS FOR MORMUGAO PORT AUTHORITY BENEFICIARIES.**

Dear Sir,

Mormugao Port Authority- Hospital invites expression of interest (EOI) for empanelment of Hospital located in the State of Goa for tertiary care / super specialty and multi-specialty medical services on credit basis for a period of 3 years for Mormugao Port Authority Beneficiaries.

We are enclosing herewith the Expression of Interest (EOI) documents inviting application from your esteemed organization for empanelment as per the terms & conditions mentioned.

The Expression of interest (EOI) in **sealed envelope** complete in all respects addressed to CHIEF MEDICAL OFFICER, Medical Department should be submitted at Medical Department, Mormugao Port Authority Hospital, Headland Sada, Mormugao Goa 403804 either physically or through Post or Courier on or before **18/10/2024** up to 15:30 hrs. MPA takes no responsibility for delay, loss or non-receipt of applications sent by post or courier. Applications which are submitted/reaching after due date and time will not be accepted. The applications/offers shall be opened on the same day i.e. **18/10/2024** at 16.00 hrs in presence of available representative of the bidders.

(Dr. J.S.N. Ravi Krishna)  
Chief Medical Officer



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### **1. BACKGROUND:**

Mormugao Port Authority is a major port under the control of Ministry of port shipping and waterways providing sea port services operating in Mormugao, Goa. The Port provides medical facilities for its employees, their dependents, pensioners and their spouses. To provide the medical facilities port operates a hospital in Headland Sada, for first level medical treatment. Approximately about 14000 nos of beneficiaries obtain medical facilities from the port hospital.

The Port intends to empanel reputed hospitals located in the State of Goa to provide Tertiary care / Super specialty and Multi-specialty treatment to its beneficiaries on credit basis.

### **2. SUBMISSION OF PROPOSAL**

The interested hospitals willing to provide the services may express their interest in writing

### **3. SCOPE OF PROJECT**

The scope of project is to Empanel Hospital to provide Tertiary care / Super specialty and Multi- specialty Medical Services on Credit Basis as per Central Government Health Scheme (CGHS) Pune rates for a period of 3 years for serving employees, Pensioners, Family Pensioners and CISF Staffs posted by MPA. Interested firms can opt for Plus/Minus percentage on CGHS Pune rates for a period of 3 years for Mormugao Port beneficiaries.

### **4. ELIGIBILITY CRITERIA:**

- a) The interested firm shall have a valid NABH accreditation. Copy of NABH accreditation along with scope of services shall be enclosed.
- b) The interested firm shall have not less than 100 beds with ICU facility of 10 beds (NOTE: The number of beds as certified in the Registration Certificate of State Government/Local-Bodies/NABH/Pollution control board authorities shall be taken as the valid bed strength of the Hospital).



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- c) The interested firm should have experience in the field of Tertiary care / Super specialty and Multi-specialty treatment in the State of GOA.
- d) The interested firm shall have an average annual turnover of Rs.45lakhs during the preceding three financial years i.e 2021-22, 2022-23 & 2023-24. Audited financial statements or a certificate from the practicing Chartered Accountant to be submitted.
- e) The interested firm shall have valid State registration certificate/registration with local bodies should be attached and registration certificate (Final/Provisional) under Clinical Establishment Act.
- f) Dialysis: Multi-specialty hospital with in-house dialysis facility. Dialysis center should be under the supervision of Nephrologist with arrangement of ICU services.
- g) 24X7 Emergency services managed by technically qualified staff.
- h) Blood Bank should have following criteria- • Licensing: The blood bank must possess a valid license issued by the relevant regulatory authority of the state. • Infrastructure and Facilities: The blood bank should have adequate space for blood collection, testing, processing, and storage. Arrangement for Blood Bank/Blood Storage Facility as per guidelines.
- i) Provision of Dietary Services for indoor patients.
- j) The interested firm should have in-house diagnostic facilities for providing Super Specialty Care treatment.
- k) For Blood Banks a valid license is mandatory.
- l) The empaneled hospital shall comply to all legal/statutory requirements.



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#### **5. THE SCOPE OF SERVICES FOR EMPANELED HOSPITAL WILL BE AS FOLLOWS:**

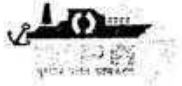
##### **Super Specialty Services:**

Sr.No.	Department	Sr.No.	Department
1	Cardiology & Cardiothoracic Surgery	2	Pulmonology
3	Emergencies	4	Gastroenterology
5	General & Laparoscopic Surgery	6	Nephrology
7	Gynecology & Obstetrics	8	Neurology, Neuro & Spinal Surgery
9	Internal Medicine	10	Orthopedics & Joint Replacement
11	Urology	12	Oncology
13	Psychiatry & Human Behavior	14	ENT
15	Pathology & Blood Bank	16	Radiology & Imaging
17	Ophthalmology	18	Any other Services

NOTES: Some of the above-mentioned facilities are available in-house in MPA Hospital and referrals will be made on actual need basis only. HOSPITALS shall offer only the services facilities/specialties for which it is empaneled, but in case any MPA beneficiary admitted in the empaneled HOSPITALS needs any other services other than the contract, the treatment shall be provided with due permission of the Competent Authority at rates agreed/finalised at CGHS Pune rates / Hospital rates as datum where bidders can opt for plus/minus percentage on CGHS Pune rates.

#### **6. COMMERCIALS**

1. The CGHS Pune rates are attached at Annexure 1. The Interested Firm has to quote their offer either plus/minus in terms of percentage on the rates applicable for CGHS Pune.
2. In cases of conservative treatment, where there is no CGHS package rate, calculation of admissible amount would be done item wise as per CGHS/AIIMS rates. If there is no CGHS/AIIMS rate for a procedure/investigation/treatment, admissible amount would be 15% discount on empaneled Hospitals rate-list submitted.



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The other terms of payment are as under:

- a) The empaneled Hospital would be paid at rates agreed/finalised at CGHS Pune rates / Hospital rates as datum where bidders can opt for plus/minus percentage on CGHS Pune rates. CGHS/Hospital rates, whichever is lower and terms and conditions as adopted by MPA from time to time. Any additional guidelines/circulars issued by CGHS from time to time shall also be applicable for the services provided by HOSPITALs under this empanelment contract.
- b) Cost of implants/stents/grafts is reimbursable in addition to package rates as per CGHS ceiling rates or as per actual, whichever is lower. However Stainless steel metal Orthopedic Implants shall be used for Patient. In case patient, desires to get him/herself a higher quality metal implant / implants apart from Stainless Steel, he/she may do so on his/her own volition, provided, he/she undertakes in writing to pay the difference in charges of the higher metal implant he/she prefers, sought by the patient.
- c) If there is no CGHS prescribed ceiling rate for any implant reimbursement shall be limited to 80% of the MRP including GST & HOSPITALs cannot charge more than that amount from MPA & its beneficiaries. The pouches/stickers etc. attached should be duly verified by the treating doctor and the specifications should match with those mentioned in Discharge Slip and original receipt/invoice or attested photocopy of receipt/invoice in case of bulk purchase to be submitted with the claim.
- d) Package rates also include two pre-operative consultations and two post-operative consultations.
- e) During in-patient treatment of the MPA beneficiary, the hospital will not ask the beneficiary or his/her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, as per the rates agreed/finalised at CGHS Pune rates / Hospital rates as datum where bidders can opt for plus/minus percentage on CGHS Pune rates.
- f) Package rates envisage up to a maximum duration of indoor treatment as follows:
  - Upto 12 days for specialized (Super Specialties) treatment
  - Upto 07 days for other major surgeries (other surgeries specialties)



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- Upto 03 days for /Laparoscopic surgeries/elective angioplasty/normal deliveries and 01 for day care/ minor (OPD) surgeries. Short admission/OPD treatment for injections, infusion, etc. Rs. 500/- would be payable/reimbursable for all categories of beneficiaries.
- g) Maximum duration of indoor treatment under package rate shall be as per applicable CGHS. However if additional stay beyond the period covered in package rate is required for recovery, in exceptional cases, supported by relevant medical records and certified as such by the hospital, additional reimbursement shall be allowed for accommodation charges (as per entitlement), investigation charges (at approved rates), doctor's visit charges (not more than two visits per day by specialists/consultation and cost of medicine (10% discount on MRP) if prior permission has been taken from the referring authority. No additional charge on account of extended period of stay shall be allowed if that extension is due to any complication/consequences of faulty surgical procedure/ faulty investigation procedure etc.
- h) Any legal liability out of such services shall be the sole responsibility of and shall be dealt with by the concerned empaneled hospital/center.
- i) The empaneled hospital cannot charge more than rates agreed/finalised against the er at CGHS Pune rates / Hospital rates as datum where bidders can opt for plus/minus percentage on CGHS Pune rates when a patient is admitted with a valid MPA Referral Letter with prior permission or **under emergency subject to intimation from HOSPITAL to Chief Medical Officer/MPAH.**
- j) If empaneled hospital charges from MPA beneficiary for any expenses incurred over and above the rates agreed/finalised at CGHS Pune rates / Hospital rates as datum where bidders can opt for plus/minus percentage on CGHS Pune rates vis-a-vis medicine, consumables, sundry equipment and accessories etc., which are purchased from external sources, based on specific authorization of treating doctor/staff of the concerned hospital and if they are not in-admissible items, prior approval to be taken of the CMO/MPAH.
- k) In case, the hospital rates for treatment procedure/ test are lower than applicable CGHS rates, the charges will be paid as per actual. The Hospitals to provide its complete rate list duly signed and stamped at the time of submission.
- l) If one or more minor procedures forms a part of a major treatment procedure, then package charges would be permissible for major procedures and only 50% of charges admissible for minor procedures.



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- m) The Empaneled Hospital shall raise the bills on their hospital letter heads as per the terms and conditions of MPA. Efforts will be made by MPA to make payments within prescribed time limit. Incomplete bills in any form shall not be processed and may be returned for correction. Empaneled Hospital shall respond to queries raised by MPA within the time frame. The responsibility of non-payment due to late response or no response will solely lie on the concerned Empaneled Hospital.
- n) The empaneled Hospital shall honor permission/referral letter issued by competent authority without delay and provide treatment as per referral letter on priority basis. The empaneled Hospital will provide medical care on a cashless basis as specified in the referral letter; **No payment shall be made to empaneled Hospital for treatment/procedure/investigations which are not mentioned in the referral letter, if the empaneled hospital feels the necessity of carrying out any additional treatment/ procedure/investigation in order to facilitate the procedure for which the patient was referred, the requisite permission for the same is to be taken from the referring authority .**

#### 7. TERMS AND CONDITIONS RELATED TO TREATMENT. PACKAGES AND RATES:

1. The employees/officers /Pensioners and their dependents of MPA referred to the 'HOSPITAL' are eligible for being admitted to the following wards, such eligibility being endorsed by Medical Officer or any other Medical Officer (s) authorized for the purpose by the MPA from time to time.

Sr.No.	Category of Employees	Class of Accommodation Eligibility
1	Class II Officers & above	Private Room
2	Class III employees	Semi Private Room
3	Class IV employees	General Ward

The referral letters from MPA to 'HOSPITAL', shall be addressed to the Medical Superintendent of concerned empanelled hospital and shall specify the entitlement of ward etc. of the employees referred therein (as per class).



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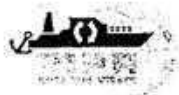
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2. In case of patient referred by the MPA, desires to get him/herself admitted to the category of Ward higher than the entitlement offered to him (as indicated in referral letter). He/she may do so on his/her own volition, provided, he/she undertakes in writing to pay the difference in charges not only of the higher ward category he/she prefers, but also in all other related and relevant charges applicable upon the admission to such higher category of ward, sought by the patient.
3. The HOSPITAL shall treat all cases referred to it by the Chief Medical Officer or in his absence the Acting Chief Medical Officer or any other Medical Officer authorized for the purpose, by the MPA. The letter will be valid for 15 days from date of issue to avail treatment and thereafter it should be rejected.
4. The 'HOSPITAL' shall send the bills directly to the Chief Medical Officer of the MPA by registered post / courier and not obtain any payment directly from the employees except in such cases specially mentioned at Clause 2 above in the Agreement.
5. In case patient expires in the HOSPITAL, the hospital will provide on request, Hearse van for transporting the dead body of the deceased person from 'HOSPITAL' to the Hospital of MPA, Goa as per the request of the member of the family accompanying the deceased person, and the charges on this account shall be included in the bill for payment.
6. The 'HOSPITAL' van may be provided for the transportation of cases referred from MPA Hospital for treatment other than ambulatory cases from 'HOSPITAL' to the Hospital of MPA, Goa with prior intimation to CMO, MPAH. MPA shall take upon the responsibility of reimbursing such transportation cost along with the other hospital bills on case to case basis. For this, an endorsement should be made by the treating Doctor in the case sheet as well as in the discharge summary clearly stating that the





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patient does not fall under the category of ambulatory case, and the same should be countersigned by the Medical Superintendent or authorized officials for proper check.

7. If a Drug needed to be administered to the patient costs above Rs. 10,000/- per item, the 'HOSPITAL' shall intimate the same to MPA for permission to use it or not. In Patient shall be given medicine for 07 days on discharge. Remaining medicine prescribed by Doctor to be taken from MPA Hospital "MPAH".
8. Original procurement invoice of the stents/implant/device used in the procedure along with its outer packing and sticker must be enclosed with the bills submitted for payment duly verified by treating specialist and authorized representative of Hospital.
9. The check – up / follow – up dates shall be advised strictly in writing and intimated to the patients at the time of their discharge from the 'HOSPITAL' with appropriate dates indicated for next appointment on the discharge summary sheet in case of in-patients or on the patient's copy of the referral letter. **In the case of out-patients also, the next review/reference shall be indicated in the patient's copy of the referral letter.** The attending Doctor or Specialist of the 'HOSPITAL' shall advise / indicate such check-up, if the patient needs further treatment.
10. In serious cases, beyond control and where further medical treatment is not advisable, such patients shall be discharged and sent back to the 'HOSPITAL' with prior intimation to CMO, MPAH. In case MPAH Ambulance is unavailable than the charges for providing van thereon shall be paid by the MPA.



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11. The 'HOSPITAL' can conduct their own investigations/ diagnostic tests for the purpose of diagnosis/ treatment of the diseases for admitted patients, In case of investigations to be conducted with outsource centers which costs 5000/-and above the hospital will intimate the same to Chief Medical Officer /MPA for permission. Whereas OPD Patients referred may be sent to MPAH with requisition for Tests/ Investigation required.
12. The Payment of bills shall be made after the scrutiny and certification of the Chief Medical Officer, MPA, within a month from the date of receipt of the bills. The 'HOSPITAL' will forward the bills pertaining to each patient at one time in 15 days interval to MPA. However, if any bill is omitted, supplementary bill will be forwarded in rare instances. The bills will clearly indicate the name of the drugs / medicines prescribed for the patients and the cost of the same. CGHS Code to be mentioned against Investigation, Procedures etc.
13. The order of arrangement of the bill to be forwarded to Chief Medical Officer will be as follows:
  - A. Referral Letter copy
  - B. Detailed Bills – in duplicate
  - C. Pharmacy Bills – in duplicate
  - D. Discharge Summary
14. The Agreement will be valid for a period of **three years** from the date of signing of the agreement.
15. The Agreement can be terminated by either party on giving Three months written notice in advance for the same. Notwithstanding such termination, the Hospital shall give treatment to the patients who were already admitted during the period, when the agreement was still in force. All communication under this Agreement shall be made



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at the addresses mentioned in this Agreement or as may be notified by either party subsequently.

16. The Agreement will be governed by, construed, interpreted and enforced in accordance with the laws of India and no suit or other proceedings relating to this contract shall be filed by the contractor in any court of competent jurisdiction except at Goa only.
- a) The specimen signatures of the authorized signatory (Nodal Officer nominated by the empanelled hospital) duly certified by the competent authority shall be submitted. Any change in authorized signatory, shall be promptly intimated by tie-up hospitals to TIA.
- b) TIA or an authorized person may visit the empanelled Hospitals to check the quality of services and other necessary certification. The Empanelled Hospital authorities shall co-operate in carrying out the inspection.

## **8. CRITERIA FOR DE-EMPANELMENT**

De-empanelment of the empaneled Health Care Organization(s) could be made due to any one of the following reasons:

- a) Rendering resignation/ written unwillingness to continue in the panel without serving the complete notice period of 3 months.
- b) Due to a proven case of malpractice/ misconduct.
- c) Refusal of services to MPA beneficiaries.
- d) Undertaking unnecessary procedures in patients referred for IPD/OPD management.
- e) Prescribing unnecessary drugs/tests and clinical trials while the patient is under treatment.
- f) Over billing of the procedures/ treatment/ investigations undertaken.
- g) Reduction in staff/ infrastructure/ equipment etc. after the hospital has been empanelled.
- h) Non submission of the report, habitual late submission or submission of incorrect data in the report.



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(पत्तन, पोत परिवहन और जलमार्ग मंत्रालय, भारत सरकार)

प्रशासनिक कार्यालय, हेडलैण्ड सडा, मुरुगांव, गोवा - 403 804

### **MORMUGAO PORT AUTHORITY**

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- i) Refusal of cashless treatment to eligible beneficiaries and instead asking them to pay.
- j) Discrimination against MPA beneficiaries vis-à-vis other patients.
- k) Death of owner/ Change of ownership, location of business place or the practice place, as the case may be, if not approved by Competent Authority.
- l) If the owner gives the establishment on lease to other agency, they will be liable for de-empanelment, if not approved by the Competent Authority.
- m) On receiving information of de-empanelment/ blacklisting of Health Care Organization(s) from the CGHS or any other Govt. Organization.

## **9. CRITERIA FOR BLACKLISTING**

- I. Criteria for blacklisting - At any stage of the empanelment process, submitting false/forged information and/ or document to MPA, raising false/ forged invoices of treatment, criminal negligence to patient causing either permanent or temporary adverse impact on patient during the empanelment process or period of contract shall lead to Black Listing of Empaneled Centre.
- II. Procedure for de-empanelment/blacklisting
  - a) A Committee will be constituted by the competent authority to investigate the matter.
  - b) Based on the investigation report and examining the reply of 'show cause' notice served to the empanelled Hospital, the competent authority, as the case may be., shall decide to de-empanel/ blacklist the Health Care Organization(s). A 15 days' notice to be provided for submission of reply.
  - c) Referral to be stopped with immediate effect from the date of issue of show cause. Once any empanelled Hospital is de-empaneled, the MoU with that empaneled Hospital shall stand terminated from the date of de-empanelment. The de-empanelled Hospital will be debarred for empanelment for a period of one year or till the completion of current contract whichever is later.
  - d) If the empanelled Hospital is blacklisted, then the MoU with that Health Care Organization shall stand terminated from the date of blacklisting. The blacklisted empanelled Hospital shall be debarred from empanelment for a period of two years or till the completion of current contract whichever is later.



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- III. The procedures/ treatment/ investigation provided by the Super specialist/Specialist should be duly signed by the treating Super Specialist/specialist along with their stamp & Registration No. or signature of Medical Superintendent of empanelled Hospital or by the authorized representative of the Hospital
- IV. Each and every paper/ record, attached with the bills so meant for MPA should be signed by the authorized representative of the Hospital.
- V. The referral hospital has to raise the bill at the time of discharge and get it counter signed by the Patient/attendant along with the mobile number of the Patient/attendant.
- VI In case of premature termination of contract/agreement by the empaneled Hospital without giving the required notice period of three month or a Hospital declared technically qualified for empanelment, but fails to sign an agreement within the stipulated time and fails to provide services will be debarred for a period of 3 years.

#### **10. TERMINATION CLAUSE:**

The agreement may be terminated by either party with prior three months' notice on either side.

#### **Mandatory Instructions for empaneled Hospital**

1. Empanelled hospital is instructed to perform only the procedure/treatment for which the patient has been referred.
2. In case, any additional procedure/treatment/investigation is essentially required in order to treat the patient for which he/she has been referred to, the permission for the same is essentially required from the Chief Medical Officer /MPA and to be confirmed at the earliest.
3. The referral hospital has to raise the bill at the time of discharge and get it countersigned by the Patient/attendant along with the mobile number of the Patient/attendant.

#### **Checklist of documents to be sent by referring MPA Hospital to Empaneled Hospital**

1. Duly filled & signed referral Letter of the specialist/concerned medical officer counter signed by Chief Medical Officer/MPAH.
2. Reports of investigations and treatment already done at MPAH



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## APPLICATION FORMAT FOR EXPRESSION OF INTEREST FOR EMPANELMENT OF HOSPITALS

1. Name of the city, district where the Hospital is located in GOA

City	District	District

2. Name of the HOSPITAL


3. Address


4. Telephone Nos. / E-Mail

Telephone Nos.
E-Mail

5.

Name and contact details of Nodal Persons of HOSPITAL:

1.
2.

6.

Whether empanelled with CGHS. (if yes, enclose approval along with scope of services & validity period):	YES	NO
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7.

Whether NABH Accredited. (if yes, enclose approval along with scope of services & validity period)	YES	NO
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### 8. Nursing Care

Total no. of Nurses		
Total No. of para-medical staff		
Category of Bed/ Nurse Ratio (acceptable Actual bed/nurse standard ratio High dependency unit 1:1)		
9. Alternate power source	YES	NO

### 10. Availability of Doctors

a Number of in-house doctors b Number of in-house specialists/consultants		
Number of in-house specialists/consultants		

### 11. Laboratory facilities available

a Pathology	YES	NO	
b Biochemistry	YES	NO	
c Microbiology	YES	NO	
d Any Other			
12 Whether there is separate OT for Specific cases	YES	NO	
13 Support Services	YES	NO	
a. Autoclave/sterilizers (specify)			
b. Ambulance			
c. Laundry			
d. Medical Gas plant			
e. Canteen			
f. Dietary			
g. Blood Bank			
h. Pharmacy			
i. Physiotherapy			



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j. Others (please specify)			
14. Bio Medical Waste & General Waste disposal system as per statutory requirements	YES	NO	
15. Any other additional facility in which Hospital specializes/ any other additional facilities for which hospitals willing to offer for MPA patients:			

I undertake that the information given above is correct to the best of my knowledge. If any information is found incorrect, then undersigned is responsible for the same and action may be taken by MPA as deemed fit. I do agree with the terms and conditions mentioned.

Signature of the Applicant Name Date & Stamp