



**Government of West Bengal**  
**Office of the Superintendent, Mathabhanga S.D Hospital, Cooch Behar**  
P.O. Mathabhanga, Dist. Cooch Behar (W.B.), PIN- 736146  
Phone No: 03583-255261 Email- Id: mtbsdh@yahoo.in

No.: 321 /MTB/SDH/2020

Date: 22/02/2020

**NOTICE INVITING EXPRESS OF INTEREST**

Sealed expressions of interest are invited from the reputed owner of

**1) ULTRASOUND /USG Centre for ULTRASONOGRAPHY:**

for USG of JSSK Beneficiary under the scheme (JSSK free Investigation Pregnant Women & children upto 1 Year.)

**2) Pathological Laboratory:**

for the pathological test under JSSK Programme

**Interested laboratories/USG Centers are hereby requested to express their interest to be empaneled with Mathabhanga S.D. Hospital for Pathological Tests of JSSK Pregnant Women and Infants under PPP approved rate (Order Notification No. H/SFWB/3J-01-2014/2900 dated 04-06-2014). If there is no PPP approved rate for any other tests apart from the List, then rates under WB Health Scheme 2008 will be applicable.**

**Terms & Condition**

(a) Clinical Establishment license **up-to-date**

(b) Valid Trade license **up-to-date**

(c) Certificate from pollution control board

(d) Pan Card

(e) IT Clearance Up-to-date

(f) PC & PNDT (for USG)

(g) BMW License.

The owner of laboratory/USG Centre should express their interest to be empaneled with copies of the relevant paper / certificate as stated under eligibility criteria to the office of the undersigned with in 28/02/2020 up to 2.00 pm in sealed envelope superscripted "EOI for Pathological Test/USG by hand / **registered post / speed post ,any such EOI reached after the stipulated date and time** will be ignored .which will be opened for finalization on 29.02.2020 the at 12.30 pm. The successful empanelled party will have to execute an agreement with the undersigned on Non Judicial Stamp of Rs.50/- (the cost of which be borne by the party) with submission of DD of Rs.10,000/- (Rupees ten thousand ) only as security money in the name of Rogi Kalayan Samity Mathabhanga S.D Hospital

For detils please contact Office of the Superintendent, Mathabhanga S.D.Hospital

**The undersigned reserves the right to accept or reject any rates of all of a party without assigning any reason thereof.**

**Superintendent & Member secretary of RKS  
Mathabhanga S.D. Hospital  
Cooch Behar**

**To be submit in the pad of Interested Pathological Lab/USG Centre**

To  
The Superintendent & Member Secretary,R.K.S  
Mathabhanga S.D Hospital  
Cooch Behar

Date\_\_\_\_\_

In reference to you EOI No.\_\_\_\_\_ Dated\_\_\_\_\_ I would like to express my interest for  
Pathological Test/USG as per your EOI as per **PPP approved rate No. H/SFWB/3J-01-2014/2900**  
**Dated 04-06-2014** & required document as per your notice.

Attached document as follows (Tick in the Box Y/N)

- A. Clinical Establishment License Up-to-date
- B. VALID TRADE LINCENSE
- C. PAN CARD
- D. POLLUTION CERTIFICATE
- E. BIOMEDICAL WASTE LINCENSE
- F. Demand Draft of Rs.10,000.00 in the Name of **Rogi Kalayan Samiti, Mathabhanga S.D Hospital**
- G. PC & PNDT(FOR USG)
- H. Cancelled Cheque