



**Office of the CDM & PHO-Cum-DMD, Balasore.**

DISTRICT PROGRAMME MANAGEMENT AND SUPPORT UNIT (DTC wing)

Advt. No. 111A2 Dated:15.07.2025

**Expression of interest for Empanelment of X-Ray Services**

Sealed proposals are invited from interested eligible Service providers/agencies / vendors for empanelment to provide X-Ray services for Intensified TB Elimination Campaign in Balasore District. The eligible criteria, the detail requirement and the formats for submission of proposals are set forth in the EOI document which can be downloaded from the website: [www.balasore.odisha.gov.in](http://www.balasore.odisha.gov.in).

Interested agency fulfilling the eligibility criteria may submit their proposal (s) separately as per application format. The details of proposal(s) completed in all respect & super scribed with ***Expression of interest for empanelment to provide chest X-Ray services for Intensified TB Elimination Campaign in Balasore District.*** The agencies have to submit their proposals to the office of the CDM&PHO, Balasore which should reach on or before 30.07.2025 by 5.00 pm through Speed post / Regd. Post / courier only..And the same will be opened in the next working day ie on 31.7.2025 Incomplete application in any form is liable for rejection. The Authority reserves the right to reject any or all the proposals without assigning any reason thereof.

Sd/

CDM & PHO-Cum-DMD, Balasore.

  
15/7/25  
Chief Dist. Medical & Public Health Officer  
Balasore

**FORMAT-A**

| Sl. No. | Particulars   | Documents where ever required to be enclosed in support of the below mentioned Information. |
|---------|---|---|
| 01      | Name of the Applicant / Agency(Service Provider):   |   |
| 02      | Address with Contact No & E Mail IDs  |   |
| 03      | Registration No. & Place of Establishment   |   |
| 04      | Whether AERB Certified, Yes / No (If yes, then certificate must be enclosed)<br>Applicable for Static centers only. |   |
| 05      | Details of the Radiologist engaged for the said purpose (Regn. No.)   |   |
| 06      | I) EMD –Rs.40,000/-<br>II) Bid Processing Fee –Rs.2,000/-   | In shape of Demand Draft In favour of ZSS NON-NRHM A/C,Balasore.                            |
| 07      | Details of GST No & PAN No  |   |

**Declaration:** I do hereby declare that, all the aforementioned information furnished by me is true & correct. Any discrepancy if found in future I will be solely responsible and accountable as per law.

Signature of the Applicant

  
15/7/25  
Chief Dist. Medical & Public Health Office  
Balasore

**Expression of Interest for Empanelment of Service Providers for chest X-Ray Facility  
in Balasore District.**

Interested Service Providers/Agency/vendors with the following prerequisites are requested to submit "**Expression of Interest for empanelment of Service Providers to provide chest X-Ray facility**" for empanelment under Intensified TB Elimination Campaign in Balasore District.

**Eligibility**

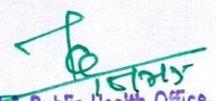
- a- X-rays shall be conducted by qualified Radiographer.
- b- The Service Provider must have AERB approval from Appropriate Authority.
- c- Radiologist either available physically or connected remotely to issue report with signature for each X-Ray conducted.

**Types of Service Required**

- a. Fixed Service Centre (Static)
- b. Mobile Service Centre ( Hand Held)
- c. Portable Service.

**Key Conditionality**

1. The bidder may opt for all the three types of services to offer or either of the three, must be mentioned clearly in their EOI.
2. The empanelment will be prepared on the basis of "**Types of services offered**".
3. The tender inviting authority will specify the area of service to the empanelled agencies.
4. The Service Provider must have their establishment with X-Ray facility in local area of Balasore district. This is applicable for Fixed Service Centre (Static) only.
5. The Service Provider will have to move to Public Health Institutions with their portable X-ray machine /Hand held machine to provide the services, where ever required. Like SDH/ CHC/ UPHC/ SC.
6. The selected service provider will provide service as per the requirement(mobilized Cases)
7. Rs.250/- including GST and other charges will be paid for each X-ray conducted successfully. No extra amount will be allowed an any manner.
8. The payment shall be made to the Service Provider on submission of X-ray Film along with signed report of Radiologist.
9. The service provider will submit the Softcopy and signed report of all patients. The hardcopy (Film) with signed report is required for abnormal cases.

  
Chief Dist. Medical & Public Health Officer.  
Balasore

- 10 The service provider will submit the following details on submission its claim a) Duly signed report from Radiologist b) X-Ray Referral Slip from the health care provider c) ID proof of the beneficiary .
- 11 The approved Unit Rate of X-Ray will be valid for ONE year from the date of approval.
- 12 No application/bids will be entertained after the scheduled date time.
- 13 Incomplete or ineligible bids will not be accepted.
- 14 The authority reserves the right to cancel the bid without assigning any reason thereof.
- 15 Bid envelop must be super scribed on the top as “EOI for Providing X-Ray Srrvices”.
- 16 All legal disputes are subject to the Balasore Jurisdiction only.

**Documents to be submitted**

- a. Copy of GST Certificate
- b. Copy of PAN .
- c. AERB certification in favour of the Establishment (Static Centre Service Provider).
- d. Details of Radiologist with Regd No engaged for the said service.
- e. Copy of Registration of the Bidder Establishment.
- f. EMD –Rs.40,000/- & Bid Processing Fee- Rs.2,000/-
- g. Format –A & Format- B

**Important Timeline :**

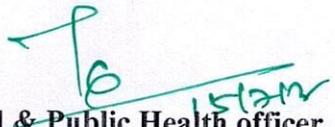
- a. Date of Floating of Bid 16.07.2025 in local Newspaper & Dist Web Site
- b. Date of Closing of Bid 30.07.2025 ,5.00 pm
- c. Date of Opening of Bid 31.07.2025 , 11.00 am

**Address for Submission of Bid & Dist Web Site**

Office of the CDM&PHO,Balasore.

Dist Head Quarter Hospital Campus,Pin:756001

Dist. Website: [www.balasore.odisha.gov.in](http://www.balasore.odisha.gov.in)

  
**Chief District Medical & Public Health officer**  
**Balasore.**  
Chief Dist. Medical & Public Health Office:  
Balasore

**X-Ray Referral Slip**

Name of the Beneficiary:.....

Age: ..... Gender..... Address.....

Symptoms: Yes / No

Vulnerable Category: Undernourished  PLHIV  Diabetics  Smokers  Alcoholics

Age >60 years  Household contacts of TB patients  Other

Is the individual a Previous TB patient: Yes  No

If a previous TB patient, taken ATT: Yes  No

If taken ATT, then duration in days: .....

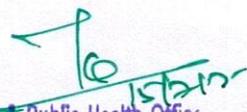
Referred by: Medical Officer of PHC/ Medical Officer of CHC/ ANM / CHO

Referred to the Health Facility:

Name of Referring Healthcare Provider:

Date of Referral:

Signature of the referring Health care Provider with date

  
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