



FOR MASTER HEALTH CHECK-UP FOR THE EMPLOYEES OF CIPET

Sl.No.	Particulars	Remarks
1	Name & Address of the Hospital / Laboratory	
2	Is the Hospital/Laboratory accredited with NABH/NABL/MICR ?	Yes / No
3	If yes, provide the Registration Number	
4	Validity duration of the Certificates & details of Renewal	
5	Enclosed the copy of the Certificate ?	Yes / No
6	Please mention the availability of the beds (in numbers) in the Hospital / Laboratory	
7	State the previous experience with the clients (in numbers & names)	
8	Enclose the copies of the work orders executed with the clients so far, are attached?	Yes / No
9	Whether the rates of charges for Master-Health Check-up will be applicable on the same rates to the dependant members of the employee ?	Yes / No

Authorized Signatory
Seal



Advertisement No: 07/2023

Date:17.12.2023

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Name & Address of the Hospital :			
Sl. No.	For Male Staff	For Female Staff	Charges (Rs.)
1	Hemogram	Hemogram	
2	Lipid Profile	Lipid Profile	
3	Liver Function Test	Liver Function Test	
4	FBS	FBS	
5	PPBS	PPBS	
6	RFT	RFT	
7	Vitamin D, B12	Vitamin D, B12	
8	HBA 1C	HBA 1C	
9	Blood Grouping & RH Typing	Blood Grouping & RH Typing	
10	Urine Routine	Urine Routine	
11	Stool Routine	Stool Routine	
12	ECG	ECG	
13	Chest X-Ray	Chest X-Ray	
14	USG Abdomen & Pelvis	USG Abdomen & Pelvis	
15	Tread Mill	Tread Mill/3D Digital Mammogram	
16	2D Echo	2D Echo	
17	Consultation-Eye/ENT	Pap Smear	
18	Surgeon Consultation	Gynaecologist Consultation	
19	Consultation-General	Surgeon Consultation	
20	--	Consultation-General	
21	--	Eye/ENT Consultation	
22	T3, T4, TSH (Thyroid Profile)	T3, T4, TSH (Thyroid Profile)	

The contract will be executed for 1 year and extendable upto 3 years.

Authorized Signatory
Seal