

**Development of Radiology Diagnostic Canters in the State of Punjab on PPP Format**  
**ADDENDUM – 1 TO THE RFP DOCUMENT**  
**(Clarifications to the Queries Raised by the Prospective Bidders)**

**A. CLARIFICATIONS REGARDING PROVISIONS OF RFP DOCUMENT**

SR. NO.	SECTION	CLAUSE / ARTICLE NO.	QUERY	RESPONSE/ CLARIFICATIONS
1.	I	2.1.3	Concession Period and Right of First Refusal	<ul style="list-style-type: none"> <li>The Concession shall be for a period of 10 (ten) years with 'First Right of Refusal'.</li> <li>The provision w.r.t. the "First Right of Refusal" has been detailed out in Article 3.3.1 of the draft Concession Agreement (Section II of the RFP document).</li> </ul>
2.	I	2.1.4	The Concessionaire shall have the right to levy and collect revenues, as generated pursuant to the operationalisation of the Radiology Diagnostic Centre. What would be the modalities of revenue collection?	Refer Article 22 (Project Revenues) and Article 8 (BPL Revenues) of draft Concession Agreement (Section II of the RFP document).
3.	II,III		i) Can a bidder charge anything below CGHS rate? Can the bidder charge different rates for different hospitals? ii) Should a bidder charge 75% of CGHS rate for USG and X-Ray studies? iii) It has been mentioned both in the RFP and the Pre Bid Meeting that the BPL patients will be identified separately by a Government team and that the payment would be reimbursed for these patients by the Government. What would be the applicable rates for these patients?	i) As per Schedule - 13 (Tariff Schedules for Procedure) (Section III of the RFP document), the Concessionaire shall be required to charge CGHS Chandigarh rates (as amended from time to time) for various procedures / tests to be carried out within the Diagnostic Centre (s). However, the Concessionaire is not allowed to charge differential rates from different patients at any hospital (s) or differential prices at different hospital (s). ii) Yes, as per Schedule-13 of the draft Concession Agreement, in case of Ultrasound and X-Ray tests / procedures, 75% of CGHS, Chandigarh rates shall be charged by the

		<p>iv) USG equipment for Jalandhar, Bhatinda, Mansa, Muktsar, Women &amp; Children Hospital, Bhatinda &amp; Barnala hospitals would be transferred to bidders and the applicable rates would be PHCS.</p> <p>v) BPL patients - What is the penalty paid by Government, if the reimbursements for BPL patients is not done within 21 days of bill submission?</p> <p>vi) Govt. Free patients (such as Govt. employees, Ex employees etc) – No clause refers/clarifies payment for patients who are currently not charged at the Govt. Hospitals.</p>	<p>Concessionaire.</p> <p>iii) For BPL patients also, rates as defined in the Schedule 13 (Tariff Schedules for Procedure) (Section III of the RFP document) shall be applicable.</p> <p>iv) For existing Ultrasound Machines at Jalandhar, Bhatinda, Mansa, Muktsar, Women &amp; Children Hospital, Bhatinda &amp; Barnala to be transferred to the Concessionaire, the Concessionaire shall be entitled to charge only applicable PHSC rates, as amended from time to time. <b><i>Current PHSC rates for Ultrasound examinations are appended as Annexure VII to this document.</i></b></p> <p>v) <b>Addition of new clause in the draft Concession Agreement (Section II of the RFP document)</b></p> <p><b><i>“8.4 – Delay in Reimbursements</i></b></p> <p><i>In the event of delay of more than four weeks in payment of reimbursements to the Concessionaire, the Concessioneing Authority shall be required to pay the Concessionaire interest at the rate of SBI Base Rate plus 2% per annum.”</i></p> <p>vi) The Govt. Free patients (such as Govt. employees, Ex employees etc.) shall also be charged the rates as defined in the Schedule 13 (Tariff Schedules for Procedure) (Section III of the RFP document). However, these patients may get reimbursements of such expenses from their department / employer as per applicable rules.</p>
--	--	---	---

4.	II	<b>Article 2</b>	<ul style="list-style-type: none"> <li>i) Please specify the approximate on-Site Staffing structure.</li> <li>ii) If the bidder deploys PACS, RIS, Tele-Radiology services, is there any specific requirement to depute manpower on-site.</li> <li>iii) Who will recruit the On-Site Staff, Bidder or PIDB?</li> </ul>	<ul style="list-style-type: none"> <li>i) In Schedule-7 of the draft Concession Agreement, the minimum manpower requirement for each modality has been detailed out without factoring of PACS, RIS and Tele-radiology.</li> <li>ii) In case of deployment of PACS, RIS and Tele-radiology, etc., the Concessionaire, on its own, need to determine the staffing requirement so as to ensure the smooth functioning/ operations of the Diagnostic Centres and also compliance with the provisions of the Concession Agreement and its Schedules. In such cases, the Concessionaire is also required to take the approval of the same from the Expert Committee.</li> <li>iii) It shall be the responsibility of the Concessionaire to recruit the staff. PIDB / PHSC / DHFW shall have no responsibility in this. However, the Concessionaire has to ensure that the staff recruited is as per the minimum qualifications mentioned in the Schedules to the draft Concession Agreement.</li> </ul>
5.	III		<ul style="list-style-type: none"> <li>i) There is no obligation in 3 hospitals (Tarn Taran, Nawan Shahar &amp; Ropar) on the bidder for minimum equipment requirement. However there is a minimum requirement on manpower for these centers. Can you please clarify why this manpower is required in these hospitals?</li> <li>ii) Also, please clarify the modalities that need to be performed. Some of the modalities mentioned require equipment such as cathlabs to be performed.</li> </ul>	<ul style="list-style-type: none"> <li>i) As per Schedule-7 (Staffing Norms) of the draft Concession Agreement, the indicative staffing requirement is equipment-wise and not centre-wise. There is no obligation of providing any manpower in those hospitals where there is no equipment proposed.</li> <li>ii) As per the RFP document, the Diagnostic Centres are meant for doing pure radiology imaging investigations. However, wherever there is any support required to the various specialties, the Concessionaire shall have the obligation to provide the required service and right to generate revenue from it.</li> </ul>

6.	II,III		<p>i) Will the Ultrasound in the identified hospitals to be transferred to the PPP partner will be in working condition with CMC coverage? Details of existing ultrasound machines to be transferred in Jalandhar, Bhatinda, Mansa, Muktsar, Women &amp; Children Hospital, Bhatinda &amp; Barnala hospitals.</p> <p>ii) Would these have to be operated by manpower provided by Concessionaire and whether these to be considered for man power planning as per Schedule 7 (staffing norms).</p> <p>iii) In the space allocation, there is no space indicated for the existing ultrasound machines.</p> <p>iv) Is it possible to relocate USG machines from Muktsar or Mansa to Moga as there is no allocation of USG equipment in Moga?</p>	<p>i) All ultrasound machines in the hospitals under scheme are working. The CMC coverage is to be taken by prospective bidder on transfer of the machines.</p> <p>ii) Yes, it shall be the obligation of the Concessionaire to deploy staff for the equipments transferred by the Concessioneing Authority. The manpower norms shall be the same as described for the USG modality under Schedule 7.</p> <p>iii) The USG machines which are being transferred to the Concessionaire for O&amp;M are already installed and operational and hence do not need any further space allocation. The space, on which these equipments have been installed, shall be provided to the Concessionaire.</p> <p>iv) Reallocation of USG machines from Muktsar or Mansa to Moga or from any hospital to any other hospital is not permissible. However, the Concessionaire is free to install any additional equipment over and above the minimum equipment requirement.</p>
7.	II,III		The built-up space for one DH should be single block of space (one location) and not different areas. Please confirm.	The built up space to be provided at all the DHs (District Hospitals) might not be contiguous. However, the Concessioneing Authority shall make best efforts to provide contiguous space wherever possible.
8.	II,III		Clarity on the minimum staffing plan	<b>Please see Annexure I - of this Addendum.</b>
9.	II,III	2.1 (c)	The procurement & installation of new diagnostic equipments should only be in conformity with Schedule 8 and not as per the specs provided by Concessioneing authority & Confirming parties. Thus, there would be no confusion on the set of standards.	The procurement and installation of new diagnostic equipments, within the Project Facility, shall strictly be in conformity with Schedule 8 - Indicative Equipment Specifications of the draft Concession Agreement (Section II of the RFP document)

10.	II	3.1.2	Is there a list (or definition) of Applicable Permits?	<b>The list of Indicative Applicable Permits is enclosed as Annexure II to this Addendum for guidance purpose only.</b> However, the Concessionaire shall be required to carry out the due diligence and solely responsible for taking all applicable clearances/ permits required for this Project.
11.	II	3.2 (b)	Please confirm if this means that the equipments <u>cannot</u> be encumbered in favor of the senior lenders. This may have severe implications on the project/ equipment financing.	No Change. The provision shall remain same as laid down in the RFP document.
12.	II	7.2 (e)	Please confirm if the intent is to have a promoter contribution (and not equity capital) of 20% of the Total Project Cost. Such promoter contribution may be by way of preference share and / or unsecured debt.	The promoters contribution has to be in the form of equity (as per definition in the draft Concession Agreement) in the project cost and cannot be in any other form i.e. preference share / unsecured debt, etc.
13.	II	8	<p>i) In case of BPL patients, adequate documentation would need to be in place in order to avoid disputes later.</p> <p>ii) Also emergency cases (not accompanied by kin) should also be included here.</p> <p>iii) In case of delay in payment in lieu of BPL patients, an interest of 18% p.a. should be payable. Also any overdue amount, the concessionaire should be allowed to adjust from the ACF payment</p>	<p>i) Please refer Article 8 of Draft Concession Agreement (Section-II of the RFP document)</p> <p>ii) Please refer Point No. 51 of this Addendum.</p> <p>iii) <b>Addition of new clause in the draft Concession Agreement (Section II of the RFP document) as per the following:</b></p> <p><b><i>“8.4 - Delay in Reimbursements</i></b></p> <p><i>“In the event of delay of more than four weeks in payment of reimbursements to the Concessionaire, the Concessioneing Authority shall be required to pay the Concessionaire interest at the rate of SBI Base Rate plus 2% per annum.”</i></p>
14.	II	9.1 (b)	Please confirm if a development completion certificate will be issued within 28 hours or days (not clear) after the inspection.	Development Completion Certificate shall be issued by the Concessioneing Authority within 28 days after the joint inspection but after due satisfaction of the Concessioneing Authority and the Hospitals.

15.	II	3.4	Need more time as 6 months may not be adequate due to delays that may not be in Concessionaire's control and will have to pay penalty on a daily basis.	No Change. Shall remain same as per the provisions of the RFP document.
16.	II	Article 4	Bidders may need more time, at least 30 days to submit layout report for all the hospitals in a cluster. 15 days may not be adequate time to submit this report as it involves surveying at least 6 hospitals of the cluster.	<b>Please refer Annexure VIII to this Addendum.</b>
17.	II	10.2 (e)	Is any of the hospitals attached to any medical college? Please provide details. If not, please delete this clause?	At present, none of the district hospital(s) are attached to any medical college. However, the government has expansion and up gradation plans for some/all of these hospitals and the possibility of the larger hospitals being up-graded to teaching hospital attached to a medical college cannot be ruled out.
18.	II	Clause 14.4 (e)	There is no article 21.4	<b>Article 14.4 (e) of the draft Concession Agreement (Section II of the RFP document) shall now be read as under:</b>  <i>"If, upon receipt of a copy of the Termination Notice, the Senior Lender fails to exercise its rights under this Article 14.4 and procure that either:-</i>  <i>(i) The Concessionaire Event of Default is cured within the Suspension Period, or</i>  <i>(ii) The Concession is assigned under Article 14.4 (d) to a Substitute Entity capable of discharging the roles and responsibilities of the Concessionaire,"</i>
19.	II,III	<b>General</b>	i) Is the bidder given the freedom to choose the manufacturing company providing all these modalities?	• Yes the successful bidder/ Concessionaire is free to choose the equipment from any reputed international player for CT, MRI

			ii) If so, do all the modalities have to be from the same manufacturing company?	<p>and any reputed international or domestic player for all other modalities. The modalities can be from any vendor and no specific make is being prescribed. However, it is clarified that the equipment specifications has to be as per the minimum equipment specifications described in Schedules to the draft Concession Agreement (Section II of the RFP document).</p> <ul style="list-style-type: none"> <li>The Concessionaire may choose to procure any/ all modalities from any single or multiple vendors as per its own discretion.</li> </ul>
20.	I	2.1.5	Transfer of equipment at the end of the concession period	On the successful completion of the Concession Period of 10 years, the Concessionaire shall have the right to take back all the Equipment and related hardware as well as software. However, in case of early termination or determination due to any reasons, the Concessionaire shall leave the Equipments in fully functional condition at the respective Project Facility including the supporting hardware as well as software wherever applicable.
21.	I	3.2, 3.2.1	<p>Technical qualification conditions – status of applicant.</p> <p>i) Can an individual also apply? ii) Can consortiums apply under category II or HNI route</p>	<p>i) No, an individual (sole proprietor) is not allowed to bid for this Project.</p> <p>ii) The Joint Venture / Consortium are not allowed to bid under Category-II and through High Net worth Route.</p>
22.	I	3.2.3	JVC or SPC should as a whole should qualify on both technical and financial criteria.	For Category 1, the technical capacity of only the technical member shall be ascertained for qualification purpose. However, the financial capacity of the JV / Consortium shall be ascertained for the qualification purpose.
23.	I	3.2.3	Technical capability for Category I. Please clarify the years of operation	As per Clause 3.2.3 of Section –I of RFP document, the Bidder should have “owned, operated & maintained radiology diagnostics facilities for at least 2 (two) years prior to the Proposal Due Date/ submission date i.e. should have completed two years of operation by 5 <sup>th</sup> December 2011 or during the preceding 2 (two) financial years, i.e.,

				2009-10 and 2010-11 and must have at least requisite machines installed.
24.	I	3.2.3	How will the experience be deduced/ ascertained for Category I?	In support of the technical eligibility, the Bidder shall be required to provide certificate(s) from its statutory auditor clearly stating the required information. The Bidder shall also be required to provide sale/purchase agreements or lease agreements, installation report(s) and AMC/ CMC agreements (if applicable) for the radiology diagnostics equipment.
25.	I	3.2.3	How will the experience be deduced/ ascertained for Category II	In support of the technical eligibility under Category II, the Bidder shall be required to provide certificate(s) from its statutory auditor clearly stating the required information. The Bidder shall also be required to provide sale/purchase agreements or lease agreements, installation report(s) and AMC/ CMC agreements (if applicable) for the radiology diagnostics equipment.
26.	I	3.2.3	In Category 2 local Indian entity (not a dealer or distributor) of the equipment manufacturer should be entitled to qualify in this category.	Please refer Clause 3.2.3 of Section-I of document.
27.	I	3.2.3	How will the financial eligibility be deduced/ ascertained for all categories	The single Bidder / the Joint Venture Members shall attach copies of the audited balance sheets, financial statements and Annual Reports for financial year preceding the Proposal Due Date. The financial statements shall: <ul style="list-style-type: none"> <li>a) reflect the financial situation of the single Bidder or Joint Venture Members;</li> <li>b) be audited by a statutory auditor;</li> <li>c) Be complete, including all notes to the financial statements; and correspond to accounting periods already completed and audited (no statements for partial periods shall be requested or</li> </ul>

				accepted).  <ul style="list-style-type: none"> <li>Net Worth shall mean (Subscribed and Paid-up Equity + Reserves) less (Revaluation reserves + miscellaneous expenditure not written off + reserves not available for distribution to equity shareholders + Other Intangible Assets).</li> </ul>
28.	I	3.3	We propose that instead of the Lead Member, anyone of the original members should hold at 26%. Any member holding 26% stake should be allowed to become the lead member with the consent of Concessioneing Authority.	No Change. Shall remain same as laid down in the RFP document.
29.	I	3.2.4	i) If the bidder chooses to apply through HNI route showcasing a net worth above 70 Cr for FY 2010-11, Is it still required to have a Technical Experience?  ii) If the bidder independently demonstrates high net worth. Can there be a possibility of JV?	i) No technical experience is required for qualification under the High Net Worth Route.  ii) For all Bidders applying under High Net - worth Route, the net-worth criterion has to be met individually without forming any Joint Venture.
30.	I		Do all Bidders have to necessarily bid for all Clusters?	The Bidders shall have the right to submit the Proposals for any one or two or all the 3 (three) Clusters, subject to meeting the Eligibility Criteria.
31.	I		Can an individual be part of the JV	Individuals are not eligible for participation.
32.	I		Guarantee and Performance Security referred on page 5 of Section II - need more clarity	For Deed of Guarantee, refer Clause 3.7 and the prescribed format 5(H), (I) and (K) of Instructions to Bidders (Section I of the RFP Document). For Performance Security, refer Schedule - 12 of the draft Concession Agreement (Section II of the RFP document).
33.	I	3.5.2	Project development fee of Rs 25 lakhs per cluster — please explain about project development facilities that would be provided to the Concessionaires.	No Change. Shall remain same as per the RFP document.

34.	I		<p>For financial capability an individual's net worth should be included, in calculating the minimum net worth criterion if the individual holds more than 51% equity in the company, which is either a member of a JV, or a bidder.</p> <p>Please confirm. In such a scenario, would a net worth certificate from a CA along with tax filings be satisfactory back-up documents for evaluating the Bidders?</p>	Individual's Net-Worth cannot be considered in addition to the entity's net worth.
35.	II	24.10	Is it necessary that the 'Technical Member' should be the lead member of the JV? Technical Member may wish to provide its expertise for 2 years to the JV and subsequently JV could retain the expertise. Can the JV members designate any of themselves as the "Lead Member" or is it the member with Technical Qualifications who would be the Lead Member.	The Clause 24.10 of Section II shall be read and interpreted in conjunction with Clause 3.3.3 of Section I.
36.	I	3.2.3	<p>i) One Lead Member has to be notified — it should be technical partner.</p> <p>ii) In category 2 if the other member (other than the equipment manufacturer) is a member with expertise in providing clinical services, would that member qualify as Technical Member?</p>	<p>i) For Category I, the lead member shall mandatorily be the technical partner.</p> <p>ii) For Category II &amp; III, JV / Consortium are not allowed to bid.</p>
37.			The Concessionaire agreement should clearly define the responsibilities e.g. technical and clinical functions of the various JV partners. This will enable the functioning of the PPP Centers smoothly throughout the duration of the project as each partner would clearly know his responsibilities and his role towards patients / hospitals / Govt. Dispute, if any would also be resolved quickly if there is clear demarcation of responsibilities of the various JV partners.	<p>The responsibilities, as laid down in the RFP document (including the draft Concession Agreement) cannot be demarcated amongst the JV members.</p> <p>As per the provisions of the RFP document, the Joint Venture, if successful, shall be required to form a Special Purpose Company (SPC). The Concession Agreement shall be executed amongst DHFW, respective Hospitals within the Cluster and the Concessionaire (i.e. the SPC formed by the Joint Venture). Being a separate legal entity, the SPC shall be required to comply with all the obligations/</p>

				<p>responsibilities as detailed out in the draft Concession Agreement and the Schedules (Section II &amp; III of the RFP document). However, the Joint Venture members shall be required to execute a Deed of Guarantee towards the SPC, wherein it shall be confirmed that if SPC fails to comply with the obligations/ requirements laid down in the draft Concession Agreement, the Joint Venture members shall be held responsible for performance of the same</p> <p>In addition to the above stated, as per Article 24.10 of the draft Concession Agreement, if the Concessionaire is a joint venture of two or more Persons, all such Persons shall be jointly and severally liable to the Concessioning Authority for the fulfilment of the terms of this Concession Agreement.</p>
38.	I & II	3.3 (Section I) and 7.2 (Section II)	<p>i) Please confirm that the initial members of the JV could be diluted /reduced upto 51% from the formation of SPC till the issuance of Development Completion Certificate, and up to 26% thereafter. Would all such dilution require prior written approval of PHSC/DHFW/PIDB? Also, please confirm if inter-se transfers among the members (so far as Lead Member holds greater than 26%) would also require prior approval.</p> <p>ii) Also, that with approvals, the members of SPC could exit completely (after issuance of Development Completion Certificate) as long as Lead Member holds at least 26% and the financial capability is not weakened.</p> <p>iii) Clause 3.3.5. the Lead Member of the JV shall maintain a minimum equity component of at least 26% for the entire Concession Period". Can this mean that other original members can sell their entire stake? This seems contradictory to what is mentioned in the above point.</p>	<p>i) The aggregate equity share holding of the members/partners of the JV in the issued and paid up equity share capital of the SPC shall not be less than (i) 51% (fifty one per cent) till the issuance of Development Completion Certificate and (ii) 26% (twenty six per cent) during the Operation &amp; Maintenance Period thereafter. However, such dilution shall require prior approval from the Concessioning Authority.</p> <p>ii) In addition to the above obligations, the Lead Member of the JV shall maintain a minimum equity component of at least 26% for the entire Concession Period, in the SPC so formed.</p> <p>iii) The original members shall have to have a minimum shareholding of 26% (twenty six per cent) during the Operation &amp; Maintenance Period. In addition, the Lead Member is supposed to have at least 26% of the minimum equity component.</p>

39.	I	3.3.4	"SPC has to be formed within 3 weeks from date of notice of award" — this time period should be at least 60 days as 3 weeks may not be enough for the ROC to register a company.	No Change. Shall remain same as per the provisions of the RFP document.
40.	I		In case, new members are added to the SPC, would they be required to provide Guarantees/ undertaking which are being provided by the initial members of SPC?	Yes, other members of the SPC are also required to provide Deed of Guarantees / Undertaking towards the SPC. However, any such addition can happen only after taking prior approval of Concessioning Authority.
41.	I		<p>i) Clause 1.1 (xvii): Debt due is basically (a) principal amount excluding any scheduled repayment overdue for a period of more than 1 year + (b) accrued interest on (a) excluding overdue interest for a period of more than 1 year. Please confirm.</p> <p>ii) Clause 1.1 (xxii): please confirm that apart from equity share capital, it would also include any funds advanced (by any instrument – preference shares or shareholder advance) by the shareholders for meeting the equity component of Total Project Cost.</p>	<p>i) Debt Due is to be interpreted strictly as per the definition mentioned in Article 1.1 (xvii) of the draft Concession Agreement (Section II of the RFP document).</p> <p>ii) Equity is to be interpreted strictly as per the definition mentioned in Article 1.1 (xxii) of the draft Concession Agreement (Section II of the RFP document).</p>
42.	III		Please provide details of other government hospitals, health centers which would be referred to the Project.	<b>Please refer Annexure III.</b>
43.	I		What is the expected time-frame between the opening of technical bids and opening of the financial bids?	The financial bids shall be opened after approval of the evaluation of Technical Bids by the competent authority.
44.	I	3.5.1	Proposal Security of H1, H2 and H3 would be retained till concession agreement is signed. Should Bidders expect negotiations at this stage or H1 would have full rights to sign the concession agreement and H2 & H3 are just back-ups if H1 is unable to close the concession agreement? Please	The Proposal Security of H2 and H3 bidders are purely for backup purposes. In case H1 bidder is unable to sign the Concession Agreement or withdraws his Proposal for any reason whatsoever, the Proposal Security of H1 bidder shall be forfeited and the H2 bidder shall be issued the Notice of Award.

			confirm.	
45.	I	3.5.1	If a Bidder does not want to increase the Proposal validity date, would the Proposal Security be returned? Please confirm.	The Proposal Security shall be forfeited by PIDB, in the following cases: a) If the Bidder withdraws his Bid/ Proposal after Technical Proposal opening and during the Proposal Validity Period. b) If the Successful Bidder fails within the specified time limit to sign the Concession Agreement. c) If the Successful Bidder fails within the specified time limit to furnish the required Performance Security or fails to start the work within stipulated period. d) If the Bidder does not extend the validity of the Proposal.
46.	I		Please advise estimates/ rates for stamp duty on concession agreement, registration charges in Punjab.	As per applicable norms / rules of Government of Punjab and as amended from time to time.
47.	I		Is there any reserve price/ reserve ACF?	No, there is no reserve price for Annual Concession Fee (ACF). The Concessions Authority expects to obtain the most competitive quote for this Project.
48.	I, II, III		i) Due diligence: Can PHSC facilitate site visit, meetings with administrative staff etc.? Should bidders expect more data with respect to District Hospitals from PIDB/ PHSC apart from that already provided in ITB? ii) Whether any data on the traffic, market, existing conditions of Facilities can be shared (of course without ascribing any responsibility of the data or the decision thereafter to PHSC / PIDB)	i) PHSC/ DHFW shall provide assistance to facilitate the site visit, meetings with administrative staff etc. ii) PHSC can facilitate site visits and meetings. PHSC is ready to share additional data available and as provided for in <b>Annexure III</b> . iii) The Bidders are required to carry out their own feasibility study and thereby, bid for this Project.

			<p>iii) Viability of this model needs to be done by the partners. The viability model and its details for these clusters which have already been done by you may please be provided as assistance to the prospective bidders.</p>	
49.			<p>i) Contact Address for the hospital and the contact person details for meeting them to get an idea on the hospital, referral areas, patient flow etc.</p> <p>ii) The details of OP / IP figures given are general. Kindly provide us with Availability and doctor strength of departments like Orthopaedics, Neurosurgery, Neurology, General Medicine and Paediatrics in each of the identified hospitals where MRI, CT, Digital X Ray are being planned.</p> <p>iii) The OPD / IPD figures for these departments may also be provided as requested there in Pre bid Meet also. Specialty/ Super-specialty (Eg. Neuro, Gynae, Orthopaedic etc.) available in the Civil Hospitals and the Sub-divisional hospitals in the district.</p> <p>iv) Also share if there is any Expansion Plan at these hospitals in number of beds, specialty, equipments etc.</p>	<p>i) Contact details of Civil Surgeons, Dy. Medical Commissioners and SMO Incharge of the hospitals are enclosed as <b>Annexure IV</b>.</p> <p>ii) Posts of various doctors are enclosed as <b>Annexure V</b>.</p> <p>iii) Total OPD/IPD figures along with other performance details of district hospitals are enclosed as <b>Annexure-III</b>. In the secondary level hospitals, only the specialties relating to Orthopaedic, General Medicines and Paediatrics is available. No data concerning to specialty-wise OPD/IPD is available. Bidder can have a feel of the data by visiting the hospitals.</p> <p>iv) There is an immediate expansion plan in the following hospitals;</p> <p><b>1. Muktsar 50-100 beds</b></p> <p>Addition of 50 beds to bring this hospital to 100-beds as per the norm</p> <p><b>2. Nawanshahar 64-100 beds</b></p> <p>New hospital proposed, as there was no extension possible in the existing location. The Radiology Setup has to be put up at the new location.</p> <p><b>3. Tarn Taran 60-100 beds</b></p> <p>Addition of 40 beds to bring this hospital to 100-beds as per the norm</p> <p>In addition to these, hospital operations are reviewed every year by</p>

				PHSC and appropriate decisions are taken.
50.	II,III		The policies for Government employee's medical are already available. A policy change needs to be done to make usage of services of these PPP centres mandatory or eligible in medical scheme for Govt. employees.	Instructions can be issued for giving preference for using services of these PPP centres but making them mandatory will not be possible.
51.	II,III		<p>i) Payments for emergency / accidents cases- The policy for who will pay for these cases in case the patient is not able to make payment, needs to be clarified. How will the reimbursement be done? No clause refers/clarifies this payment.</p> <p>ii) Could you please clarify whether there would be a similar reimbursement mechanism (as in case of BPL patients) for emergency cases?</p>	<p>i) As per the Government policies, the Government is under obligation to provide free treatment to any unaccompanied trauma accident victims. Also, in the case of any natural and man made disasters, the treatment is to be provided.</p> <p>ii) Government shall reimburse the cost of services provided by the radiology centres (under PPP). It is clarified that such patients shall have to be approved by MS/ DMS or authorized representatives of the respective hospitals.</p>
52.	III	<b>Schedule 13</b>	The rates for digital X Ray may be specified.	The Digital X-ray has been replaced by conventional X ray of 800 ma. CGHS Chandigarh rates apply.
53.	III	<b>Schedule 2</b>	<p>i) CGHS rates are not available for each and every test listed. How the patient would be billed in absence of CGHS rate for a particular test.</p> <p>ii) Determination of rates for examinations which may not be covered under CGHS list.</p>	<p>i) For the examinations/ tests/ procedures for which the CGHS Chandigarh rates are not defined, the Concessionaire shall be required to determine the tariff on the same principle/ formula as employed in CGHS Chandigarh pricing and submit the same to the Expert Committee, for approval.</p> <p>ii) The rates, as finalized/ approved by the Expert Committee shall be considered as final and charged by the Concessionaire from the Patients.</p>

54.	III	<b>Schedule 3</b>	<p>i) Is there a format for the requisition/ referral which is already in use in the hospitals.</p> <p>ii) Please confirm that the concessionaire is not liable for patient transportation outside the facility</p> <p>iii) Whether the hospitals already have an HIS?</p> <p>iv) Please clarify that the concessionaire's HIS need not integrate with hospital's HIS.</p>	<p>i) Formats for the requisition / referral which are already in use by the respective hospitals can be obtained by the Concessionaire from the respective hospitals.</p> <p>ii) Concessionaire is not liable for patient transportation outside the facility. However he can provide such service to the patients/ attendants.</p> <p>iii) However, it is clarified that the concessionaire might have to make arrangements of external transport of emergency cases, where required.</p> <p>iv) Concessionaire is not obliged to integrate his RIS/PACS/ HIS with the hospital's HIS. However, it shall be beneficial for the concessionaire to integrate as it would not only help in administrative ease but shall also be helpful in addressing leakage of cases, if any and study the prescription practices of the consultants/ doctors.</p>
55.	III	<b>Schedule 4</b>	<p>i) Please advise if the concessionaire would have flexibility in scheduling the examination in case of rush (it is mentioned that scheduling to be done within next 4 hours)</p> <p>ii) Please confirm that the hospital services would be available if the patient develops allergies/ reaction during the examination</p>	<p>i) The Concessionaire shall have to comply with the Service Level Specifications (Schedule 4 of the draft Concession Agreement) and the Key Performance Indicators (Schedule 5 of the draft Concession Agreement).</p> <p>ii) Hospital emergency services shall be available in case the patient develops any allergies/ reaction due to the examination/ procedures because of injection of contrast/ dyes etc. However, in order to tackle the situation for emergency cases and during the night hours or when the hospital is closed, it is advised that the Concessionaire should have backup support from any other suitable consultant/ medical practitioner.</p>
56.	III	<b>Schedule 8</b>	The requirement of 16 Slice CT- Since the estimated requirements can be performed easily by a 2 or 6 slice CT, the	Punjab government is planning expansion and up gradation of some of its hospitals and profile of some of the district hospitals may

			need for 16 Slice CT may be clarified.	<p>change in future. The requirement has been given keeping in mind that the equipment/ technology/ platform should not become obsolete during the Concession Period.</p> <p>In addition, 16 slice CT would not only enable more and sophisticated examinations to be carried out but would also ensure that the examinations are carried out relatively fast and the radiation dosage received by the patient is reduced as compared to a dual slice or 6 slice CT machine.</p>
57.	II, III	<b>Clause 10.2 (L),  Schedule 3, 4</b>	<p>i) Deficiency of services above 12 hours- It is normal for some type of cases like CT / MRI Abdomen to be scheduled for fixed number of slots per day. This means that appointments for these types of cases can be given on subsequent days.</p> <p>ii) In addition, there can be equipment breakdowns of 24 hours or more. This clause of patients obtaining services from private parties with the PPP partner to bear these costs is prohibitive and beyond the spirit of the normal course of business. This clause may be removed.</p> <p>iii) With reference to Clause 10.2 (L) of Draft Concession agreement on Service Level Specification, the minimum uptime expectation should be changed to 95% instead of 98% uptime of all diagnostic Equipment. This request is on account of wide spread of imported, high end equipments across the state and at times there are administrative delays in importing the parts.</p>	<p>i) The service level expectations are after arrival of the patient at the facility for examination. The appointment for regular patients can be scheduled suitably so that the SLS/ KPIs are met for the centre. For emergency cases, the scheduling shall be done so as to meet the norms. Moreover, it is always possible to refer to other examination centers within the same cluster which is being run by the same concessionaire.</p> <p>ii) The equipment uptime of 98% to be followed by the concessionaire and for the breakdown within this limit the concessionaire can immediately inform the concessioning authority and confirming parties and get waiver of its service obligations for that particular modality within that period of breakdown. In case of equipment breakdown beyond the allowable limit at a particular centre and unwillingness/inability of the patients to be referred/ examined at other centre of the concessionaire in the same cluster, the concessionaire shall have to ensure alternate arrangements for examinations at its risk and cost.</p> <p>iii) The minimum uptime as decided by the authority is 98%. For the same it is expected that the concessionaire shall keep required reserves of spare parts and would have arrangements with repair agencies/ OEM / OEM suppliers etc. to maintain the</p>

				<p>expected uptime of 98%. In case of any emergency breakdown for which imported spares are required and in case such breakdown and downtime could not have been anticipated/expected, the concessionaire may ask for waiver/exemption from the authority for that particular breakdown, the permission to grant such extension at the sole discretion of Concessioning authority.</p>
58.	II, III		<p>i) Will the authority guarantee that the volumes of the district hospital and other Govt. hospitals in the catchment shall be referred only to these PPP centres?</p> <p>ii) What will be the system to be put in place by Punjab Government for ensuring that all referrals by doctors will be routed to the PPP Radiology centres?</p> <p>iii) How can the bidders be assured of the government volumes not being referred out by consultants to outside practitioners?</p> <p>iv) Why will private patients come to the PPP centre?</p> <p>v) Strongly worded directives to the referring DH, SDH &amp; CHC hospital doctors to ensure referral to the DH hospital radiology services and no reference to outside radiology setups.</p> <p>vi) There should be suitable mention of government directive/ instructions for referrals to the radiology diagnostic centers in the agreement such that it is binding on Concessioning Authority.</p> <p>vii) Volume risk (due to lower than expected usage) due to competition within hospital; due to existing install base</p>	<p>While there is no explicit guarantee of volumes, some measures shall be taken to ensure that the DHs are the first referral centres: -</p> <p>a. The PPP centres to be co-branded and promoted as In-House centres manned by quality service providers</p> <p>b. All In-Patients to be compulsorily referred to the hospital PPP centre.</p> <p>c. Written referrals for radiology imaging requisitions in the name of the PPP centres (the forms for the radiology investigations can have the centre name for investigations)</p> <p>d. Referral practices of doctors to be monitored.</p> <p>e. Any outside referral for any special investigation to be explicitly approved by the MS of the hospital</p> <p>f. All SDHs, CHCs, PHCs, to be instructed to refer the cases to the nearest District hospitals</p> <p>g. Monthly monitoring of the referral cases and action against hospitals/ doctors who are not following the referral practices.</p> <p>h. In case the concessionaire fails to produce satisfactory results during the first investigation, repeat investigation to be carried out free of charge. Even if second investigation is non-</p>

			of equipments;  viii) Competition by continuation of imaging of existing departments of hospitals (X-ray, Ultrasound) at lower rates than the Approved CGHS Rates.	satisfactory, only then MS of the respective hospital has the discretion to ask for outside referral at the risk and cost of the concessionaire responsible for that particular hospital.  i. Private cases shall utilize the services of the PPP centre owing to its attractive pricing. In addition, PPP centre to work continuously for 16 hours (2 shifts) and to provide emergency services during night hours also. This shall ensure the best services at a reasonable cost to the private player.
59.			Does the contract foresee sufficient rights for the Concessionaire to obtain financing?	Please refer Article 15 of Section II and Schedule 15 of Section III.
60.	II		Operational performance (not reaching KPIs) limitation only per default, number of defaults not limited? Not clear what represents a failure/default? Is there an overall cap?	Please refer Schedule 4, 5 and 14.
61.	II		i) Obtaining/maintaining licences and consents will delays in permitting / licensing not attributable to Concessionaire be an excusing cause?  ii) Will the Concessionaire get extension of development period, extension of concession period, compensation for loss of or delayed revenues?	i) Waiver for delay in obtaining permits/licenses etc. resulting in delay in obtaining development completion certificate, can be obtained from the concessioning authority at its sole discretion on a case to case basis.  ii) Any extension of concession period or compensation of any nature due to delays within or beyond the control of concessionaire shall be strictly as per the provisions of RFP document.
62.	II		Loss of performance security: Why are there no excusing causes (e.g. force majeure, delays caused by customer etc.) to be considered in the RFP?	Please refer Article 16 and other relevant clauses in the Section II of the RFP document.

63.	II		<p>i) Penalties / Liquidated Damages for late development limitation? Other cost of late development (e.g. in case of conditions as listed under 3.4)</p> <p>ii) Will the customer cover our higher cost e.g. if there is a delay due to force majeure?</p> <p>iii) Is there a possibility for the concessionaire to terminate in case of delays not caused by concessionaire? Consequences?</p>	<p>i) No Change. As provided for in the RFP document.</p> <p>ii) No Change. As provided for in the RFP document.</p> <p>iii) No Change. As provided for in the RFP document.</p>
64.			Loss / delay of revenue due to force majeure. Any regulation to compensate Concessionnaire not only for direct cost but also for loss of revenue?	No Change. As provided for in the RFP document
65.			Unfavorable decisions by expert committee Can Concessionnaire have 50% of votes in Expert Committee or RFP to clearly specify about the formation of the Expert committee.	No Change. Shall remain same as per the provisions of the RFP document.
66.			Transfer of personnel from hospital to Concessionnaire. Responsibility to be clearly mentioned in the RFP	It shall be the obligation of the Concessionaire to deploy staff for all the equipments as described under Schedule 7 of Section III of the RFP document.
67.			Unclear regulation regarding reasons for termination non-conformances points / guidelines to be clearly mentioned to avoid confusion on payment of damages and finally to termination?	No Change. Shall remain same as per the provisions of the RFP document.
68.			Request Extension of the RFP Submission date for another 4 weeks.	The Proposal submission date has been extended till <b>5<sup>th</sup> December 2011</b> on or before <b>1600 hrs.</b>

69.			Would the Authority consider agreeing a guaranteed minimum payment to give the Concessionaire some certainty over cash flow?	The Concessionaire needs to carry out his own due diligence and viability studies before bidding for this project. There will not be any guarantee for minimum payment from the Concessioneing Authority.
70.			Would the Authority consider dropping its requirement for a parent company guarantee and relying on the proposal and performance securities which should provide adequate cover?	No Change. Shall remain same as per the provisions of the RFP document.
71.			Specific issues such as appropriate floor weightings, ability to open up to install equipment etc will need to be addressed and risk realistically allocated in the RFP.	It is clarified that appropriate place will be made available. Where any reinforcement is required, that will be done by the Concessioneing Authority.
72.			It is market approach for contracts of this nature (ie where the Concessionaire is taking volume risk) to concentrate on output (as opposed to input) requirements. Would the Authority consider adopting this approach in the Concession Agreement?	No Change. Shall remain same as per the provisions of the RFP document.
73.	II	15 and 3.2 (b)	All equipment once installed becomes Authority property. In the event of termination during installation, compensation on termination may be inadequate. This could be dealt with in various ways.  The Concession Agreement precludes lease financing (Article 3.2(b)). (But Article 3.2(b) allows security over revenue flows as would be expected in a project financed deal).	No Change, shall remain same as per the provisions of the RFP document. Please refer Article 16.7, 16.10 and 16.11.
74.			The requirement to hand equipment over in good and operational condition. What is the expected life / replacement cycle of the equipment?	To be assessed by the prospective bidders and taken into consideration for bidding.

75.	II	3.4	<p>i) Would the Authority be willing to consider securing agreement of the design at least in outline before contract signature and for a more detailed objective design process to be developed?</p> <p>ii) Can the Authority confirm the extent of anticipated building works required to accommodate the service?</p>	<p>i) No Change. Shall remain as per the provisions of the RFP document.</p> <p>ii) Extent of anticipated building works to be assessed by the prospective bidders after site inspections.</p>
76.	II		<p>Concessionaire will need to identify required clearances, permits, Any relaxation would be give on completion period due to delay in getting the approval from the approving authority.</p>	<p>Refer article 4.4 (B) of Section II of the RFP document</p>
77.	II		<p>Would the Authority be willing to consider paying damages to the Concessionaire and/or granting an extension of the Concession Period if delay was caused by Authority/District Hospital fault?</p>	<p>Refer article 4.4 (B) of Section II of the RFP document</p>
78.	II		<p>Would the Authority consider revising the CPs to give the Concessionaire more comfort post contract signature?</p>	<p>No Change. Shall remain same as per the provisions of the RFP document.</p>
79.	II		<p>Would the Authority consider revising the levels of compensation payable to reflect more realistically the potential costs to the Concessionaire?</p>	<p>No Change. Shall remain same as per the provisions of the RFP document.</p>
80.	II		<p>Would the Authority consider other forms of security in place of the Performance Security?</p>	<p>No Change. Shall remain same as per the provisions of the RFP document.</p>
81.	II		<p>The exclusivity arrangements are of key commercial importance. Would the Authority consider any amendments</p>	<p>The concessionaire shall have 'Exclusive Rights' for operations of the modalities deployed under the PPP project in the respective district</p>

			to these clauses?	hospitals during the concession period.  For, any additional equipment (same modality or different modality) to be deployed at the site through a competitive procurement process, the concessionaire shall have 'First Right of Refusal' i.e. the Concessionaire shall be given the opportunity to match its bid with the lowest / highest bid as the case may be.
82.	II		Can the Authority confirm how an "as is where is" basis would work in respect of the Ultrasound equipment?	The already existing Ultrasound equipment at the hospitals will be transferred to the Concessionaire, for which he would be only entitled to charge the existing PHSC rates
83.	II		Concessioning authority to consider the Delay in obtaining the permits & power etc. from govt. agencies & completion period to be extended in case of getting approval delayed.	Refer article 4.4 (B) of Section II of the RFP document
84.	II	7.1	How the obligations under Article 7.1 can be achieved without some disruption to the hospitals and the service. Concessionaire would not be prepared to take this risk in the event that the disruption occurred due to Concessionaire complying with its obligations under the Concession Agreement. Would the Authority be prepared to take this risk?	The Concessionaire will be required to comply with all the obligations as per article 7.1 of the Section II of the RFP document.
85.	II	7.1	Are we clear as to who the Key Personnel are and whether the restrictions are appropriate to all of them? We should have ability to appoint acting replacements in case of need (illness, leaving on short notice, etc).	Please refer the Key Personnel in Article 1.1 and 7.1.
86.			Note that there is unlimited liability to indemnify the Authority, District Hospitals, their employees, etc for breach. This must be addressed either by liability limits in the Concession Agreement or by liability limits in the service provision contracts (if those are the contracts against which	No Change. Shall remain same as per the provisions of the RFP document.

			the parent company guarantee is given). Would the Authority consider introducing a cap on liability?	
87.	II	6.1 and 7.1	Obligations regarding power supply. Are these practical and affordable?	No Change, shall remain same as per the provisions of the RFP document.
88.			What is the minimum equity that is required in JV for non leading member?	No floor / cap for the equity of non-lead member.
89.			Would the proportion / number of BPL average guaranteed by the Concessioneing Authority per month?	The prospective bidders need to carry out his own due diligence and viability studies before bidding for this project. There will not be any guarantee from the Concessioneing Authority.
90.			Consider appointment of Independent Tester to certify rather than risk disputes with Authority. Would the Authority be willing to consider the appointment of an Independent Tester to certify completion of the development?	Refer Article 19.2 (B) of the Section II of the RFP document
91.	I & II		<p>Concessionaire would like to discuss potential interface issues and what comfort can be given in the Concession Agreement. like Accreditation , Medico Legal Cases , Concessionaire reporting obligation.</p> <p>Also the prime bidder should be allowed to do a clear assignment &amp; transfer of complete risk , liability to the third party service provider for clinical reporting &amp; facility management for the category 2 BIDDER under clause 3.2.3 page no. 9 of RFP.</p>	<p>No Change. Shall remain same as per the provisions of the RFP document.</p> <p>The Concessionaire shall be solely responsible for all the obligations / liabilities / rights under the Concession Agreement.</p>
92.	II		May also be worth considering an Independent Tester for certifying completion of Concession Agreement obligations. The Performance Security is not released until such certificate is given.	<ul style="list-style-type: none"> <li>Refer Article 19 of the Section II of the RFP Document for Independent Auditor</li> <li>No Change. Shall remain same as per the provisions of the RFP document.</li> </ul>

93.	II	13	<p>i) The Authority can require a Variation. The compensation to concessionaire would be an extension to the Concession. This may be a benefit but would not be so if the Concession was not making (sufficient) profit or if the extension of time resulted in additional life cycle/ refresh costs. We might need to consider financial compensation and the right to vary the Concession Fee as well as an extension to the Concession Period.</p> <p>ii) The Expert Committee has a lot of power (see below). "etc" should be deleted. The definition should not include the wording re "30 day adjustment". It is not appropriate to have operative provisions in definitions.</p> <p>iii) Would the Authority be willing to consider circumstances where financial compensation and/or adjustment to the Concession Fee were more appropriate than an extension to the Concession Period?</p> <p>iv) Terms of reference of the Expert Committee to be clearly specified in RFP.</p>	<p>i) No Change. Shall remain same as per the provisions of the RFP document.</p> <ul style="list-style-type: none"> <li>The revised definition of 'Variation' as per Article 1.1 (lxix) may be read as under: -</li> </ul> <p><i><b>"Variation"</b> means a modification, improvement or change in the Works, services, and facilities etc. to be carried out by the Concessionaire, such that the cost of implementing the modification, improvement or change can be recovered through an appropriate adjustment of the Concession Period.</i></p> <p>ii) No Change. Shall remain same as per the provisions of the RFP document.</p> <p>iii) No Change. Shall remain same as per the provisions of the RFP document.</p> <p>iv) No Change. Shall remain same as per the provisions of the RFP document.</p>
94.	II		Would the Authority consider compensation in the event of Authority default or in the case of a direct/indirect political force majeure event recognising the additional costs of termination and loss of profit to the Concessionaire?	No Change. Shall be as per the provisions of the RFP document. Please refer Article 14, 15 and 16.
95.	II		Would the Authority consider dispute resolution including binding international arbitration?	No Change. Shall be as per the provisions of the RFP document. Please refer Article 17.

96.	II		<p>Would the Authority consider limiting approval of subcontractors to subcontractors of the first tier and giving pre approval?</p> <p>Definition of "Good Medical Practice" to be developed and agreed.</p>	No Change. Shall be as per the provisions of the RFP document.
97.	II		<p>Membership and terms of reference for the Expert Committee to be discussed and agreed.</p>	No Change. Shall be as per the provisions of the RFP document.
98.	II	24.7	<p>Would the Authority consider issuing clarification to ensure the protection of Concessionaire IPR?</p>	<p><b><i>The revised Article 24.7 may be read as under:</i></b></p> <ul style="list-style-type: none"> <li>• “The Concessionaire, as beneficial owner, hereby transfers to the Concessioneing Authority copyright and registered design and all other intellectual property rights subsisting in or accruing to the Concessionaire, in relation to the Design Documents made or to be made by or on behalf of the Concessionaire, during the Concession Period for which such copyright subsists in such works. The Concessioneing Authority hereby grants to the Concessionaire non-exclusive royalty-free licence to use such documents and drawings solely for the purpose of complying with its obligations under this Concession Agreement.</li> <li>• Concessioneing Authority acknowledges that any and all trade marks, trade names, copyrights, patents and other intellectual property rights used or embodied in or in connection with the Equipment/ Modality/ Software/ Technology shall be and remain the sole property of the concessionaire and the OEM and/or its licensors, as applicable. Concessioneing Authority shall not during or any time after the expiry or termination of this Agreement in any way question or dispute the ownership by the concessionaire and the OEM and/or its licensors of such rights.</li> <li>• Concesisonaire agrees that the copyright, trade names, patents and other intellectual property rights for all the data generated in the Project Facilities shall be and remain the sole property of PHSC/ DHFW. Concessioniare shall not during or any time after</li> </ul>

				the expiry or termination of this Agreement in any way question or dispute the ownership by PHSC/ DHFW of such rights. “
99.	II		Joint and several liability. Please confirm that this Article only applies to unincorporated JVs.	No. All members of joint venture shall be jointly and severally liable to the Concessioneing Authority for the fulfilment of the terms of the Concession Agreement.
100.	II		Would the Authority be willing to agree fixed service levels that are only capable of change through Variation? This would give the Concessionaire greater certainty and enable the risk to be better priced.	No Change. Shall be as per the provisions of the RFP document.
101.	II		Performance Bank Guarantee of Concessionaire Is the Concessionaire to propose the level of the security?	No Change. Shall be as per the provisions of the RFP document.
102.			Would the Authority agree to the rates of charges being set out clearly in this schedule with specific rights to uplift?	No Change. Shall be as per the provisions of the RFP document.
103.			If a company has networth of Rs.140 Crores and above, the company has to purchase only one RFP document and the company can apply in two cluster satisfying the minimum net worth criteria of Rs.70 Crores of each cluster.	Yes, a company can apply in all the three clusters by purchasing single RFP document.
104.	II	<b>7A (d)</b>	Existing Articles:  The Parties understand that the title to and ownership of the Project Facilities and other equipments/ Diagnostic Equipments shall at all times vest in the Concessioneing Authority and in the Hospitals and shall not under any circumstance whatsoever pass over or be deemed to pass over to the Concessionaire or Persons or any other Third Party claiming by, under or through the Concessionaire. The Diagnostic Equipments as installed by the Concessionaire shall be owned by the Concessionaire during the Concession Period and shall be transferred to the Concessioneing Authority upon the expiry or prior termination of the Concession Agreement.	The Revised Article 7 A (d) may be read as under:  “The Parties understand that the title to and ownership of the Project Facilities shall at all times vest in the Concessioneing Authority and in the Hospitals and shall not under any circumstance whatsoever pass over or be deemed to pass over to the Concessionaire or Persons or any other Third Party claiming by, under or through the Concessionaire.”

105.	II	<b>23 (b) (c) (d)</b>	<p>Existing Articles:</p> <p>(b) The Concessionaire shall to the extent possible assign to the Concessioneing Authority or its nominated agency at the time of transfer all unexpired guarantees and warranties by Subcontractors and suppliers and all insurance policies. The Concessionaire shall ensure that any rights, which are to be so assigned, are capable of assignment and the counterpart to the Concessionaire has approved such assignment under the terms and conditions of the relevant contract.</p> <p>(c) The Concessionaire shall, to the extent possible at the time of transfer, assign to the Concessioneing Authority or its nominated agency all contracts, equipment contracts, supply contracts and all other contracts relating to the Project entered into by the Concessionaire and subsisting at the time of transfer except any contracts with employees.</p> <p>(d) At the time of transfer of the Project, all the Diagnostic Equipments shall be in good and operational conditions.</p>	<p>The Revised Article 23 (b) (c) (d) may be read as under:</p> <p>“(b) The Concessionaire shall to the extent possible assign to the Concessioneing Authority or its nominated agency at the time of transfer (in case of pre-mature termination of this Concession Agreement) all unexpired guarantees and warranties by Subcontractors and suppliers and all insurance policies. The Concessionaire shall ensure that any rights, which are to be so assigned, are capable of assignment and the counterpart to the Concessionaire has approved such assignment under the terms and conditions of the relevant contract.</p> <p>(c) The Concessionaire shall, to the extent possible at the time of transfer (in case of pre-mature termination of this Concession Agreement), assign to the Concessioneing Authority or its nominated agency all contracts, equipment contracts, supply contracts and all other contracts relating to the Project entered into by the Concessionaire and subsisting at the time of transfer except any contracts with employees.</p> <p>(d) At the time of transfer (in case of pre-mature termination of this Concession Agreement) of the Project, all the Diagnostic Equipments shall be in good and operational conditions.”</p>
106.	III	<b>Schedule 7</b>	<p>Please confirm that the following is the total staffing norm :</p> <p>a. For each MRI: 2 radiologist + 1 registrar + 3 radiographer + 1 assistant</p> <p>b. For each CT: same as MRI (if there is a CT &amp; MRI in once centre, can the concessionaire pool the radiologists?)</p> <p>c. Dexa: 2 radiographers</p> <p>d. X-Ray IITV: 1 radiologist+ 2 radiographers+ 2 assistant (if X ray and Dexa are in the same center, can the manpower be pooled?)</p> <p>e. USG: 2 radiologist</p> <p>f. Colour Dopplers: 2 radiologist + 1 assistance (Doppler &amp;</p>	<ul style="list-style-type: none"> <li>• Yes, the staffing norms as understood are correct. <b>However amended staffing norms are attached as Annexure I.</b></li> <li>• For Centers with multiple machines, pooling of radiologists, radiographers, technicians and assistants can be pooled with the prior approval of the Expert Committee / Concessioneing Authority. Please refer Annexure I for further clarity.</li> </ul>

			USG would require separate radiologists?) g. Mammo: 1 registrar + 2 radiographer	
107.	III	<b>Schedule 7</b>	What is the requirement of transcriptionist	Transcriptionists are optional
108.	III	<b>Schedule 7</b>	Why is there a need for a driver?	Driver is optional in case the concessionaire plans to provide external patient transportation services.
109.	III	<b>Schedule 7</b>	Would the ultrasound machines transferred by the hospital be included separately (over & above) on this when calculating staffing requirements?	Manpower for transferred ultrasound is separate as per the norms described for various modalities.
110.	III	<b>Schedule 7</b>	Bio medical engineer: please explain, what is meant by a Hub?	Bio medical engineer – requirement of 1 engineer per cluster.
111.	III	<b>Schedule 8</b>	<p>i) RIS / PACS required at all places? PACS AND TELERADIOLOGY (WHEREVER APPLICABLE), please explain wherever applicable? Tele radiology system linking at least all the hospitals of a cluster should be mentioned</p> <p>ii) Will the HIS system be provided by the hospital? Complete RIS/PACS may not be required in all the hospitals as most hospitals will have limited radiology equipment through PPP. RIS/PACS would be of use if the entire radiology department would run through PPP</p>	<p>i) PACS/ TELERADIOLOGY/RIS systems are optional in order to increase productivity and the Concessionaire has no obligation to provide the same. However, the concessionaire is encouraged to deploy PACS/ TELERADIOLOGY/RIS systems for cost savings and efficiency. The choice of the model and specifications is open.</p> <p>ii) HIS system shall not be provided by the hospital. However support for interconnectivity may be provided on case to case basis on the sole discretion of the Hospital / PHSC.</p>
112.	I	<b>Schedule 1</b>	Equipment Plan and Facility Plan	<ul style="list-style-type: none"> <li>▪ Please read SDH Pathankot in place of DH Gurdaspur.</li> <li>▪ Women &amp; Children Hospital Bathinda stands deleted and no more part of the project.</li> </ul> <p><i>The various relevant clauses of the RFP document shall accordingly be read with respect to the above changes, wherever applicable.</i></p>

**B. CLARIFICATIONS REGARDING EQUIPMENT SPECIFICATIONS**

S.NO.	QUERY	CLARIFICATION
1	<p><b>CT Scanner</b></p> <p>i) Reconstructed Slice Thickness: Should be 0.625mm or less in 16 slice. Reason for change: 0.625mm is the best slice thickness for getting best Image quality at lowest dose that is why all the companies have adopted this in their high end CT scanners and 0.625mm slice thickness gives isotropic resolution.</p> <p>ii) X-Ray Tube: Should be 3.5MHU instead of 5.0MHU X-Ray. 3.5MHU is optimum capacity and will evolve wide choice for the bidders. Recently in a pre bid meeting held at PHSC attended by the experts from PGIMER - for similar CT for Distt Hospital, Fazilka — the • specifications have been amended and the same can be taken as a reference point.</p> <p>iii) Spiral CT Scan Time: Should be 0.8 Sec instead of 0.6 Sec. As most of the manufacturers have scanners with 0.8sec or above. This point was also discussed at PHSC — pre bid meeting referred above and the copy of the specification can be taken from PHSC</p>	<p>i) No change. Range of slice thickness: minimum should be 0.75mm or less.</p> <p>ii) Revised clause to be read as -“Anode Heat Storage Capacity-3.5MHU or more.”</p> <p>iii) Revised clause to be read as “Range of Scan Time: minimum should be 0.8 seconds or less for full 360 degree rotation.”</p>
2	<p><b>DR System</b></p> <p>i) The purpose of Digital Radiography (DR) is to significantly reduce the workload of the busy set up and increase the productivity, at the same time DR provides patient comfort, safety through fastest processing and reduced dose to the patient with better resolution for better diagnosis.</p> <p>ii) Fluoroscopy is quite a time consuming process as it involves patient preparation and continuous study of moving organs using a contrast dye for much longer time which varies from 30 min up to 2 hours.</p> <p>iii) Hence if a Busy hospital is doing 80-90% of radiology procedures and only 5 to 10% of Fluoroscopy procedure, it is not justified to opt for a Digital. R&amp;F Machine because it would not help in serving the purpose of reduced workload and increased productivity.</p> <p>iv) The best suited option is to go with standalone Digital Radiography (DR) machine which is exactly designed to fulfill the desired purpose of these</p>	<ul style="list-style-type: none"> <li>• Conventional X ray of 800 ma to be deployed instead of Digital Radiography (DR).</li> <li>• Film Digitizer for CR (Computed Radiography) to be deployed.</li> <li>• Fluoroscopy system not to be deployed.</li> </ul>

	<p>hospitals. A separate analog X-Ray machine is always recommended for Fluoroscopy procedures if the number of procedures is less.</p> <p>v) Amended specs of the DR are attached with this letter.</p>	
3	<p><b>Ultrasound System</b></p> <p>i) The feature of touch screen is usually available in very high end Colour Doppler machines and is not required as per the technical specifications offered in the bidding document.</p> <p>ii) Cosmetic features that is available only in very high end models and is not required in the machine with the specifications as in the bid document However the tilting and swivel feature is on our machines as standard feature.</p>	No Change, the specifications of the Ultrasound System to be same.
4	<p><b>Mammography System</b></p> <p>i) Point h: SID (cm):65cm. Our suggestion: SID (cm): Please change to 60cm. If SID is less, it will reduce the dose and reduce scatter radiation also.</p> <p>ii) Screen Film System: Up to 13 film/screen combinations and additional 3 different CR — need clarity on this point.</p> <p>iii) Stereotactic Biopsy Attachment- Biopsy And Evaluation Units.</p> <ul style="list-style-type: none"> <li>• Point a) Ability to perform fine needle and core biopsies in sitting and lying positions</li> <li>• Our comment: Yes, possible — A table and chair needs to be a part of the system configuration.</li> <li>• Point b) Stereotactic Biopsy attachment with integrated object table. Need clarity about "integrated".</li> <li>• Explanation: We have the facility to do both sitting and lying position. This is possible in the SAME machine — where we attach the stereotactic device.</li> </ul> <p>iv) Point d) It should be possible to select needle lengths between 30 mm and 160 mm. 13G to 22G. Our comment: The range should be 60mm to 120mm. As in all practical situations less than 60mm is not applicable</p>	<p>i) Revised clause to be read as “SID ( cm ): 60 cm”</p> <p>ii) No Change in Screen Film System.</p> <p>iii) No Change in stereotactic Biopsy Attachment.</p> <p>iv) No change in Needle Length.</p>
5	<p><b>MRI System</b></p> <p>i) All the Manufacturers today have the MRI Systems having slew rate of 120</p>	i) The revised clause for gradient system shall read as : -

	<p>mT/m/sec and peak amplitude of 33 mT/m which should be standardized rather than asking for the same as preferably. Refer Point b of the Gradient system.</p> <p>ii) The Homogeneity is an essential part of the Magnet specifications and the minimum values should be mentioned. Point f of the Magnet system.</p> <p>iii) FOV of 35cm is too less and not practical. This should be 45cm or more and all the manufacturers have the system. Point f of the Gradient system.</p> <p>iv) Reconstruction speed of 600 images/sec is too less. All the manufacturers have the system with more than 1000images/sec. Point c of the Main console system.</p> <p>v) 20 CSI is more advanced and practical application. 3D CSI is irrelevant and should be removed. Point m of the Application software / hardware.</p> <p>The Prostate package is a recurring and essential requirement, which is not done in majority of the centers and should be removed or be asked for as an ,OPTION. Point N of the Application software.</p>	<p>“Actively shielded Gradient system with strength (amplitude) of at least 30 mT / m or more with the slew rate of 120 mT /m/sec or more. This minimum slew rate of 120 at 30 mT/m should be available in each axis independent, for overall better duty cycle performance of the gradient.”</p> <p>ii) No Change in Magnet system</p> <p>iii) The revised clause for FOV shall be read as: - “FOV: Largest Field of View should be at least 45x 45 cm in X and Y axes and 45 cm in Z axis”</p> <p>iv) No Change in reconstruction speed</p> <p>v) No Change in application software/hardware</p>
6	The requirement of 16 Slice CT- Since the estimated requirements can be performed easily by a 2 or 6 slice CT, the need for 16 Slice CT may be clarified.	No Change, 16 Slice CT Scan required.
7	<p><b><u>Dexa Scan :</u></b></p> <ol style="list-style-type: none"> <li>Number of detectors are not specified.</li> <li>Some of specs are of GE ---“ software term(composer)” is a GE term from their catalog and this should be removed or the line should say composer or its equivalent needs to be supplied”</li> <li>Machine need to be FDA approved as customer is looking for high end equipment</li> <li>Scan region spec are as below. I understand that only GE has this spec. Scan Region --- 190X60 CM</li> </ol>	<ol style="list-style-type: none"> <li>No Change, in detector specifications.</li> <li>Software: “composer or its equivalent needs to be supplied”</li> <li>Machine needs to be FDA or equivalent approved</li> <li>Minimum Scan region of 175 cms. X 50 cms.</li> </ol>
8	<p><b><u>Mammography :</u></b></p> <ol style="list-style-type: none"> <li>Stereotaxy— In most of the cases it is not used by customer. Analog stereotaxy takes a long time and a procedure can take up to 2 hours .If they insist on</li> </ol>	No Change in mammography systems

	<p>stereotaxy then they need to ask for digital stereotaxy in which the biopsy can be done in less than thirty minutes.</p> <p>2. If they insist on Stereotaxy then they need to add a device like a continuous vacuum assisted device made by hologic (suros), seneorex (bard) as well as mammotome (johnson and johnson).</p> <p>3. Need to check that why customer is asking for cross hair device and stereotaxy at the same time</p>	
9	<p><b>Gradient System</b> Actively shielded Gradient system with strength (amplitude) of at least 23mT/m or more with slew rate of 100mT/m/sec or more. This slew rate of 100 at 23mT should be available in each axis independent, for overall duty cycle performance of the gradient.</p> <p>Since the tender for MRI was asked for high end application like diffusion imaging, perfusion imaging, diffusion tensor imaging &amp; spectroscopy which are only possible at a higher gradient strength. Therefore request you to please delete the same.</p>	<p>The gradient system shall read as :- “Actively shielded Gradient system with strength (amplitude) of at least 30 mT / m or more with the slew rate of 120 mT /m/sec or more. This minimum slew rate of 120 at 30 mT should be available in each axis independent, for overall better duty cycle performance of the gradient.”</p>
10	<p><b>Gradient System</b> The Largest Field of View should be at least 40x40 cm in X and Y Axes and 35 Cm in Z axis</p> <p>Since the tender for MRI was asked for higher Field of View. It should be</p> <p>The Largest Field of View should be at least 48x48 cm in X and Y Axes and 48 cm in Z axis</p>	<p>FOV: Largest Field of View should be at least 45x 45 cm in X and Y axes and 45 cm in Z axis</p>
11	<p><b>RF Coils :</b> RF system should be fully digital with transmit power of at least 10KW and preferably 12 KW and more.</p> <p>Since the tender for MRI was asked for high end application it should be replaced RF system should be fully digital with transmit power of at least 15KW.</p>	<p>No Change in RF system power</p>
12	<p><b>RF Coils :</b> i) it should be possible to do Head and Spine imaging together without changing the</p>	<p>i) No Change in RF coils system for Head and Spine. Combination of various coils (compatible with the</p>

	<p>coil and the patient positioning. It should be possible to do the same either with combination of coils, otherwise a dedicated coil to achieve the same should be quoted. Please delete.</p> <p>ii) Since the Head Spine coil being a 33 element &amp; 16 channel coil. Therefore the same is not compatible with 8 channel machine. Request you to please delete the same.</p>	<p>machine) can be used.</p> <p>ii) Revised clause to be read as” - “Phased Array Head coil. 4 Elements or more.”</p>
13	<p><b>RF Coils :</b> Phased array body coil, capable of doing abdomen, pelvis, MRCP and peripheral imaging. It should have at least 8 elements and 40 cm or higher FOV should be achievable.</p> <p>4 channel body coil which is compatible with 8 channel system and 16 channel body coil compatible with 16 channel system.</p> <p>Phased array body coil, capable of doing abdomen, pelvis, MRCP and peripheral imaging. It should have at least 4 elements and 40 cm or higher FOV should be achievable.</p>	<p>Revised clause to be read as –</p> <p>“Phased array body coil, capable of doing abdomen, pelvis, MRCP and peripheral imaging. It should have at least 4 elements and 40 cm or higher FOV should be achievable.”</p>
14	<p><b>Digital Radiography system with IITV</b></p> <p>The specification are contradictory i.e. two different equipment specifications are putted in to single specification. Therefore request you to please amend the specification to single equipment.</p>	<ul style="list-style-type: none"> <li>• Conventional X ray of 800 ma to be deployed instead of Digital Radiography (DR).</li> <li>• Film Digitizer for CR (Computed Radiography) to be deployed.</li> <li>• Fluoroscopy system not to be deployed.</li> </ul>
15	<p>In the list of specifications the X Ray specs do not match the list of procedures. For example it is not possible to perform DSA and other DSA interventions on the X Ray equipment planned. Also need to understand the utility of flat panel detectors in the X Ray equipment. Can a CR system suffice</p>	<ul style="list-style-type: none"> <li>• Conventional X ray of 800 ma to be deployed instead of Digital Radiography (DR).</li> <li>• Film Digitizer for CR (Computed Radiography) to be deployed.</li> <li>• Fluoroscopy system not to be deployed.</li> </ul>
16	<p><b>The CT specs have been listed as 16 slice and above</b> Need to rationalize the requirement as most hospitals do not have super-specialities.</p>	<p>No Change, 16 Slice CT Scan required.</p>

	Please allow provider to choose the specs based on the requirements. Possible alternative could be Dual slice and above?	
17	There is no mention of portable X Rays. Is there any scope for the same?	No requirement of portable X-rays as they are being run by hospital departments.
18	PACS: Is it going to be mandatory as per NABH guidelines. Will the hospitals require Archiving and if yes for what duration?	As per guidelines of NABMIS/ NABH and guidelines for Medico-Legal cases
19	16 Slice CT Scanner : Schedule no. 8.2 Tube voltage to be changed to 80 to 130 KV or more	Revised clause to be read as” - “Tube Voltage: 80 to 130 kV or more.”
20	Anode heat dissipation to be changed to 300 KHU/ Minute or more	Revised clause to be read as” - “Anode Heat Dissipation: 300kHU/ minute or more.”
21	Mammography Unit Schedule no. 8.3 KV Range 20-33 KV to be changed to 23 - 33 KV or more	No Change
22	Digital Radiography system with IITV Schedule no. 8.5  The specification in the RFP is not clear as it is for 2 independent systems. The specifications of 2 independent systems have been mentioned under schedule no. 8.5.  The specification to be modified split into 2 systems specification, One for 1000 ma digital radiography system and another specification for the IITV Based Fluoroscopy & radiography system. Also the area for turnkey to be modified in RFP accordingly.	<ul style="list-style-type: none"> <li>• Conventional X ray of 800 ma to be deployed instead of Digital Radiography (DR).</li> <li>• Film Digitizer for CR (Computed Radiography) to be deployed.</li> <li>• Fluoroscopy system not to be deployed.</li> <li>• <b>Please refer to Annexure VI for the specifications of the New proposed X Ray system.</b></li> </ul>

## ANNEXURE I : REVISED STAFFING NORMS FOR CLINICAL STAFF

The indicative staffing for all radiology diagnostic imaging centers is as shown below. However, the concessionaire must make sure that he meets the quality criteria as well as the timelines as mentioned in the SLS (Service Level Specifications) and the thresholds as defined thereof.

REQUIREMENT	X-RAY FIXED	USG/ COLOUR DOPPLER	CT	MRI	DEXA SCAN	MAMMO-GRAPHY
<b>TOTAL MANPOWER</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>3</b>
<i><b>Radiologists</b></i>						
<b>Equipment</b>		<b>1</b>				
<b>Reporting</b>	<b>1</b>		<b>1/2</b>	<b>1/2</b>		
<i><b>Registrar/ SR</b></i>						
<b>Equipment</b>		<b>1</b>				
<b>Reporting</b>			<b>2/1</b>	<b>2/1</b>		<b>1 (Preferably Female)</b>
<i><b>Technician</b></i>						
<b>Radiographers</b>	<b>2</b>		<b>3</b>	<b>3</b>	<b>2</b>	<b>2 (Female)</b>
<b>Dark Room assistant</b>	<b>2</b>					
<b>Reporting assistant</b>	<b>1</b>					

It is to be further noted that the reporting manpower might reduce if the concessionaire goes ahead with the PACS (Picture Archival & Communication Systems). However,

1. There has to be minimum of 1 Radiologist for signing reports for all the centers.
2. Same radiologist can be used for CT/ MRI/USG report signing. However, actual reporting should be done and verified by CT/MRI/USG specialist.
3. Radiologist shall also be available for his comments on X rays, DEXA scans/ Mammography Scans when requested by the physicians/ doctors.

The following norms have to be followed in case of PACS/ Tele-Radiology Deployment:-

REQUIREMENT	X-RAY FIXED	USG/ COLOUR DOPPLER	CT	MRI	DEXA SCAN	MAMMO-GRAPHY
<b>TOTAL MANPOWER</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>3</b>
<i>Radiologists</i>						
<b>Equipment</b>		<b>1</b>				
<b>Reporting</b>	<b>1</b>		<b>1</b>	<b>1</b>		
<i>Registrar/ SR</i>						
<b>Equipment</b>		<b>1</b>				
<b>Reporting</b>						<b>1 (Preferably Female)</b>
<i>Technician</i>						
<b>Radiographers</b>	<b>2</b>		<b>3</b>	<b>3</b>	<b>2</b>	<b>2 (Female)</b>
<b>Dark Room assistant</b>	<b>2</b>					
<b>Reporting assistant</b>	<b>1</b>					

## 1. ANNEXURE II : INDICATIVE LIST OF LICENSES AND STATUTORY OBLIGATIONS

**(Indicative list – compliance to all applicable licenses, regulations and statutory certifications is the responsibility of the concessionaire)**

1. Building Permit (From the DoHFW).
2. No objection certificate from the Chief Fire officer.
3. **License under Bio- medical Management and handling Rules, 1998.**
4. No objection certificate under Pollution Control Act.
5. **Radiation Protection Certificate in respect of all X-ray and CT Scanners from BARC.**
6. Excise permit to store Spirit.
7. Income tax PAN.
8. Sales Tax Registration certificate.
9. Vehicle registration certificates for Ambulances.
10. **Atomic energy regulatory body approvals.**
11. **Biomedical waste management handling rules 1998.**
12. Central sales tax Act, 1956.
13. Consumer protection Act, 1986.
14. Contract Act, 1982; Copyright Act, 1982; Customs Act, 1962.
15. Electricity Act, 1998; Electricity rules, 1956.
16. Employees provident fund Act, 1952.
17. ESI Act, 1948.
18. Employment exchange Act, 1969.

19. Environment protection Act, 1986.
20. Equal remuneration Act, 1976.
21. Income Tax Act, 1961.
22. Maternity benefit Act, 1961.
23. Minimum wages Act, 1948; Payment of bonus Act, 1965; Payment of gratuity Act, 1972; Payment of wages Act, 1936.
24. Persons with disability Act, 1995.
- 25. PNDT Act, 1996.**
26. PPF Act, 1968.
- 27. BARC, Act.**
28. Tax deducted at source Act.
29. Sales tax Act.
30. Companies Act, 1956
31. Insurance Act, 1938

**3. ANNEXURE III: PATIENT VOLUME DATA FOR THE ENTIRE CATCHMENT FOR ALL 3 CLUSTERS (DISTRICT HOSPITALS, SUB-DIVISIONAL HOSPITALS & COMMUNITY HEALTH CENTRES. PHCs ARE ALSO THERE)**

<b>CLUSTER I</b>	<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
D.H Amritsar	75	7210	26049	154379	23728	8220	<b>2,490,891</b>
<i>SDH</i>							
Ajnala	50	3430	11502	113056	6423	0	
Baba Bakala	50	3074	4813	70686	4806	0	
<i>CHC</i>							
Lopoke	30	2085	1100	48983	1179	0	
Majitha	30	1265	2730	33102	3397	0	
Tarsika	30	1423	1869	40042	3105	0	
Jandiala	30	2841	8298	27166	2148	0	
<b>TOTAL</b>	<b>295</b>	<b>21328</b>	<b>56361</b>	<b>487414</b>	<b>44786</b>	<b>8220</b>	
D.H. Gurdaspur	100	10599	37416	178011	19083	3268	<b>2,299,026</b>
<i>SDH</i>							
Batala	50	5856	15650	87121	8861	1214	
Pathankot	100	9148	36409	124120	16552	2867	
<i>CHC</i>							
Quadian	20	804	2076	27231	2869	0	
Kot Santokh Rai	4	558	565	28708	0	0	
Kahnuwan	20	1492	4686	54309	1445	383	
Kalanaur	21	3657	7279	71825	3702	153	

Fatehgarh Churian	20	912	1910	29666	2205	0	
Bham	26	1953	5259	43455	2684	0	
Gharota	20	785	1007	40324	1556	0	
Bungal Badhani	15	967	1531	20337	1035	0	
Narot Jaimal Singh	12	1047	1434	24131	1330	0	
Ghuman	2	865	1644	35830	5113	0	
N M Singh	12	2454	4994	43036	1849	0	
Dera Baba Nanak	23	782	1884	31560	4717	0	
Dinagar	4	1149	1709	35010	631	0	
Sujanpur	4	1015	1101	49201	1218	0	
B M Khan	12	655	579	15398	836	0	
<b>TOTAL</b>	<b>465</b>	<b>44698</b>	<b>127133</b>	<b>939273</b>	<b>75686</b>	<b>7885</b>	
D.H. Hoshiarpur	200	13832	59180	229462	21818	6622	<b>1,582,793</b>
<b>SDH</b>							
Dasuya	100	9744	50041	147859	9523	4343	
Garhshankar	50	3528	10378	75208	7355	516	
Mukerian	50	5382	21293	99887	3919	3162	
<b>CHC</b>							
Bhunga	20	1513	2646	33646	2069	0	
Mand Mandher	10	838	1223	19350	0	0	
Budha Bar	8	938	1090	20747	1148	0	
Hajipur	30	3043	7003	48259	2807	0	
Tanda	30	2604	4860	81566	3858	0	
Mahalpur	24	1828	3543	57445	2484	165	
Sham Chaurasi	14	1427	2607	30057	2638	0	
Bhol Kalota	12	644	1771	15129	1939	1030	

<b>TOTAL</b>	<b>548</b>	<b>45321</b>	<b>165635</b>	<b>858615</b>	<b>59558</b>	<b>15838</b>	
D.H.Jalandhar	400	24562	116171	265185	27504	11122	<b>2,181,753</b>
<i>SDH</i>							
Nakodar	50	5184	17751	137205	10904	1750	
Phillaur	50	2055	5398	76607	5325	823	
Nurmahal	30	1792	4558	42082	3420	0	
<i>CHC</i>							
Kala Bakra	30	2840	5872	58761	3302	0	
Shahkot	30	2342	6442	43711	2815	0	
Bundala	30	864	650	23050	2098	0	
Bada Pind	12	1317	1856	37590	1503	0	
Kartarpur	30	2609	4063	86563	2820	0	
Shankar	25	1292	2816	32293	783	0	
Lohina Khas	25	1224	2856	31494	4503	0	
Apra	30	723	112	25186	1455	0	
<b>TOTAL</b>	<b>742</b>	<b>46804</b>	<b>168545</b>	<b>859727</b>	<b>66432</b>	<b>13695</b>	
D.H.Kapurthala	100	10249	31933	164396	12899	6306	<b>817,668</b>
<i>SDH</i>							
Phagwara	100	6824	28351	113883	11459	4890	
Sultanpur Lodhi	50	5287	16402	96069	3025	0	
<i>CHC</i>							
Kala Sanghian	20	4248	4238	53304	1732	0	
Begowal	8	1289	3083	42956	1922	0	
Panchat	25	1494	2133	31480	1443	0	
Tibba	30	1873	4124	40900	1944	0	
<b>TOTAL</b>	<b>333</b>	<b>31264</b>	<b>90264</b>	<b>542988</b>	<b>34424</b>	<b>11196</b>	
D.H. Tarn Taran	50	4962	15892	134690	6305	3114	<b>1,120,070</b>
<i>SDH</i>							

Patti	45	3959	13821	130032	5967	1717	
<b>CHC</b>							
Ghariaala	30	1275	2752	34177	966	0	
Khemkaran	20	793	1264	27667	3169	0	
Sur Singh Wala	30	1493	4372	47519	1762	0	
Sarhali	30	1391	2891	88155	3897	0	
Naushera Pannuan	30	1138	1536	30421	1480	0	
Maianwind	18	1299	1691	28482	1444	0	
Kairon	30	1064	2461	45524	1649	0	
<b>TOTAL</b>	<b>283</b>	<b>17374</b>	<b>46680</b>	<b>566667</b>	<b>26639</b>	<b>4831</b>	

<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
<b>2333</b>	<b>175525</b>	<b>564354</b>	<b>3711696</b>	<b>273101</b>	<b>50469</b>	<b>10,492,201</b>

<b>CLUSTER II</b>	<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
D.H Barnala	100	11126	33893	140120	10115	0	<b>596,294</b>
<b>CHC</b>							
Bhadaur	30	1464	2103	41916	1833	0	
Dhanaula	30	2732	6662	60434	3261	0	
Tapa	8	1128	1856	24692	1767	0	
<b>TOTAL</b>	<b>168</b>	<b>16450</b>	<b>44514</b>	<b>267162</b>	<b>16976</b>	<b>0</b>	
D.H. Bathinda	100	11626	32765	207261	27237	3932	<b>1,388,859</b>
<b>SDH</b>							
Rampura Phul	50	5069	10244	115680	9192	0	
Talwandi Sabo	50	3359	10682	85531	3843	0	
<b>CHC</b>							
Goniana	30	4513	10656	65035	5018	479	
Sangat	20	2882	4944	48863	3071	0	
Nathana	18	2483	3663	38664	1625	0	
Bhagta	18	1783	2244	32430	3028	0	
Raman Mandi	10	673	1131	24592	356	0	
Maur Mandi	25	1841	3547	42303	1429	0	
Bhucho Mandi	4	1656	1964	41644	1928	0	
Mehraj	4	921	1693	24316	635	0	
<b>TOTAL</b>	<b>329</b>	<b>36806</b>	<b>83533</b>	<b>726319</b>	<b>57362</b>	<b>4411</b>	
Women & Children Hospital	50	7206	15936	88796	1509	1444	
D.H. Faridkot	50	7410	28614	98406	9399	2474	<b>618,008</b>

<b>SDH</b>							
Kot Kapura	40	4485	8727	59296	7279	2593	
Jaitu	10	1288	1870	41668	3172	0	
<b>TOTAL</b>	<b>100</b>	<b>13183</b>	<b>39211</b>	<b>199370</b>	<b>19850</b>	<b>5067</b>	
D.H. Ferozepur	100	8029	35179	109358	14414	3180	<b>2,026,831</b>
<b>SDH</b>							
Abohar	100	8207	23319	150128	10764	3243	
Fazilka	50	4812	14364	108299	5246	1089	
Zira	50	3011	7758	37191	4577	0	
<b>CHC</b>							
Jalalabad	30	2177	4802	28405	2525	0	
Mamdot	30	1318	2130	31183	919	0	
Ferozeshah	12	1244	1696	17260	631	0	
Gur Har Sahai	30	2368	3382	30150	1618	0	
Dabwala Kalan	14	850	1005	19350	0	0	
Sitto Guino	30	866	1180	29857	570	0	
Khui Khera	3	1042	1922	22759	628	0	
<b>TOTAL</b>	<b>449</b>	<b>33924</b>	<b>96737</b>	<b>583940</b>	<b>41892</b>	<b>7512</b>	
D.H. Mansa	100	9718	21207	186165	17893	0	768,808
<b>SDH</b>							
Budhlada	30	3144	5226	42776	3322	143	
Sardulgarh	30	3089	7600	59474	6674	123	
<b>CHC</b>							
Kailan Kalan	20	2291	4434	51422	1516	0	
Bhikhi	12	1259	1743	23770	833	0	
<b>TOTAL</b>	<b>192</b>	<b>19501</b>	<b>40210</b>	<b>363607</b>	<b>30238</b>	<b>266</b>	
D.H. Moga	100	7947	30776	160196	12476	9979	<b>992,289</b>
<b>CHC</b>							

Nihal Singhwala	10	1067	1967	42440	1154	0	
Bagha Purana	30	1817	2942	31386	1712	0	
Dudhike	12	1486	3665	40151	1406	0	
Daroli Bhai	10	828	1180	14568	1176	0	
Kotise Khan	8	1397	2512	48767	1256	0	
<b>TOTAL</b>	<b>170</b>	<b>14542</b>	<b>43042</b>	<b>337508</b>	<b>19180</b>	<b>9979</b>	
D.H. Muktsar	50	5364	10280	91105	8769	17	<b>902,702</b>
<b>SDH</b>							
Gidderbaha	50	1391	2133	33923	3328	0	
Malout	50	4312	10960	102698	7215	7215	
<b>CHC</b>							
Chak Sherawala	12	1235	1329	26756	401	0	
Doda	12	1407	1847	35381	1284	0	
Badal	25	1832	5757	45980	5721	1793	
Sarawan Bodla	5	765	778	7631	68	0	
<b>TOTAL</b>	<b>204</b>	<b>16306</b>	<b>33084</b>	<b>343474</b>	<b>26786</b>	<b>9025</b>	
	<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
	<b>1612</b>	<b>150712</b>	<b>380331</b>	<b>2821380</b>	<b>212284</b>	<b>36260</b>	<b>7,293,791</b>

<b>CLUSTER III</b>	<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
D.H. Fatehgarh Sahib	68	4781	24728	94345	7731	327	<b>599,814</b>
<b>SDH</b>							
Mandi Gobindgarh	50	4710	17236	78833	6513	155	
<b>CHC</b>							
Amloh	30	1207	3885	30972	639	0	
Bassi Pathana	30	1667	3798	41652	0	0	
Khamano	25	1391	1898	27965	2551	0	
<b>TOTAL</b>	<b>203</b>	<b>13756</b>	<b>51545</b>	<b>273767</b>	<b>17434</b>	<b>482</b>	
D.H. Ludhiana	130	12521	42838	204025	20788	5634	<b>3,487,882</b>
<b>SDH</b>							
Jagraon	50	6021	20132	134649	9742	5875	
Payal	30	2493	4250	51223	2488	0	
Raikot	30	1885	2662	38281	2438	769	
Samrala	50	3734	12310	62078	7657	1994	
Khanna	50	6823	13171	114928	9151	1506	
<b>CHC</b>							
Sahnewal	30	3062	6342	64693	3941	0	
Malaud	30	1841	2974	49365	2906	0	
Pakhowal	30	1691	3835	33418	2004	0	
Manupur	30	1614	4476	35924	1025	0	
Machhiwara	30	3018	6498	62141	3385	0	
Sidhawan Bet	30	1853	8716	54082	2557	0	
Gur Sar Sudhar	30	2141	4771	51511	2769	0	
<b>TOTAL</b>	<b>550</b>	<b>48697</b>	<b>132975</b>	<b>956318</b>	<b>70851</b>	<b>15778</b>	
D.H. Mohali	70	7497	26853	188056	12604	7856	<b>986,147</b>
<b>SDH</b>							
Kharar	50	5681	18911	123239	7718	2176	

<b>CHC</b>							
Kurali	30	2282	5348	63875	3783	704	
Dera Bassi	30	5896	9047	89763	5530	3260	
Banaur	30	1647	4091	41401	1080	0	
<b>TOTAL</b>	<b>210</b>	<b>23003</b>	<b>64250</b>	<b>506334</b>	<b>30715</b>	<b>13996</b>	
D.H. Nawan Shahr	64	4980	14032	101865	7310	2806	<b>614,362</b>
<b>SDH</b>							
Balachaur	30	2066	4185	63891	6274	0	
<b>CHC</b>							
Banga	30	2440	7109	46340	4901	691	
Saroya	30	1167	3636	28985	2353	0	
Mukandpur	25	1331	2915	53675	2138	0	
<b>TOTAL</b>	<b>599</b>	<b>57990</b>	<b>160377</b>	<b>1307424</b>	<b>84406</b>	<b>31489</b>	
M.K.H. Patiala	154	14633	82659	228679	6047	7654	<b>1,892,282</b>
<b>SDH</b>							
Nabha	90	7433	35473	167699	8397	4247	
Rajpura	50	6716	17866	150961	8267	2239	
Samana	50	4805	25898	119172	3538	2260	
<b>CHC</b>							
CHC Model Town Patiala	15	1499	2731	44007	2525	0	
Dhudan Sadhan	6	1988	2863	21415	0	0	
Kalo Majra	6	1330	1534	32407	683	0	
Ghanaur	15	2705	5441	38454	2459	0	
Bhadson	12	1736	2072	39467	1712	0	
Badshahpur	12	1415	1524	35761	594	0	
Shutrana	11	750	760	33618	69	0	
Patran	14	1779	3232	39208	325	0	
<b>TOTAL</b>	<b>435</b>	<b>46789</b>	<b>182053</b>	<b>950848</b>	<b>34616</b>	<b>16400</b>	
D.H. Ropar	100	9050	21269	169796	14691	4509	<b>683,349</b>
<b>SDH</b>							

Anandpur Sahib	30	4370	12643	94459	5466	963	
<b>CHC</b>							
Chamkaur Sahib	21	2935	7512	65055	3449	0	
Nurpur Bedi	30	1670	4456	32359	1879	0	
<b>TOTAL</b>	<b>181</b>	<b>18025</b>	<b>45880</b>	<b>361669</b>	<b>25485</b>	<b>5472</b>	
D.H. Sangrur	100	13405	41434	205451	19651	7236	<b>1,654,408</b>
<b>SDH</b>							
Malerkotla	100	9437	25976	156887	13139	3944	
Sunam	50	2912	8178	52966	1933	222	
Dhuri	50	3816	9135	87073	6383	591	
<b>CHC</b>							
Lehragaga	30	1238	1917	38273	331	0	
Longowal	30	1038	1363	36904	1101	0	
Bhawanigarh	30	3023	5097	66857	2835	0	
Amargarh	30	1689	3929	48353	2403	0	
Ahmedgarh	30	2039	4196	57935	4394	0	
Kaurian	30	1232	1493	23139	495	0	
<b>TOTAL</b>	<b>480</b>	<b>39829</b>	<b>102718</b>	<b>773838</b>	<b>52665</b>	<b>11993</b>	

<b>Beds (Func)</b>	<b>Admn.</b>	<b>IP Days</b>	<b>OP</b>	<b>X Ray</b>	<b>Ultrasound</b>	<b>Dist Pop</b>
2658	248089	739798	5130198	316172	95610	9,918,244

**4. ANNEXURE IV : CONTACT DETAILS OF THE CIVIL SURGEONS, DY. MEDICAL COMMISSIONERS AND SMO INCHARGE**

<b>TELEPHONE NUMBERS</b>			
<b>Desi./ Place</b>	<b>Name of the Officer, S/Shri/Ms/Dr</b>	<b>Office Tel Nos.</b>	<b>Mobile</b>
<b>AMRITSAR</b>			
<b>DC</b>	RAJAT AGGARWAL	0183-2226262	<b>94170-22400</b>
<b>CIVIL SURGEON</b>	AVTAR SINGH JAREWAL	0183-2211864	<b>97811-30101</b>
<b>DMC</b>	HARDEEP SINGH GHAI	0183-2536460	<b>94631-33298</b>
<b>SMOs</b>			
AMRITSAR	BALBIR SINGH DHILLON	0183-255902	<b>98156-15553</b>
BABA BAKALA	VIJAY KUMAR SETHI	-	<b>94171-98657</b>
<b>BARNALA</b>			
<b>CIVIL SURGEON</b>	BALBIR SINGH	01679-234777	<b>98143-90555</b>
<b>DMC</b>	BHALINDER SINGH	01679-234941	<b>88720-94729</b>
<b>SMOs</b>			
BARNALA	DALJIT SINGH	01679-233042	<b>98155-57146</b>
<b>BATHINDA</b>			
<b>CIVIL SURGEON</b>	NEELAM BAJAJ	0164-2212501	<b>98761-54218</b>
<b>DMC</b>	VINOD GARG	0164-2217180	<b>98145-94352</b>
<b>SMOs</b>			
BATHINDA		0164-2210711	
<b>FARIDKOT</b>			
<b>CIVIL SURGEON</b>	GURMEL SINGH CHAHAL	01639-250947	<b>98145-12309</b>
<b>DMC</b>	ASHWANI KUMAR SONDHI	01639-253416	<b>97793-22866</b>
<b>SMOs</b>			
FARIDKOT	PARVINDER KAUR	01639-255137	<b>98552-44459</b>
<b>FATEHGARH SAHIB</b>			
<b>CIVIL SURGEON</b>	V.S.MOHI	01763-232136	<b>98550-99999</b>
<b>DMC</b>	JAGPAL SINGH BASSI	01763-232194	<b>87273-10008</b>
<b>SMOs</b>			

FATEHGARH SAHIB	JASWANT SINGH	01763-232203	94173-22094
<b>FEROZEPUR</b>			
CIVIL SURGEON	RENU SINGLA OFFICIATING	01632-245173	99142-60210
DMC	RENU SINGLA	01632-221473	99142-60210
SMOs			
FEROZEPUR	JAJBIR SINGH SANDHU	01632-242964	98140-28572
<b>GURDASPUR</b>			
CIVIL SURGEON	CHANDANJIT SINGH KONDAL	01874-240990	98141-30387
DMC	RAJ KUMAR ATTRI	01874-243300	98760-13274
SMOs			
GURDASPUR	DAVINDER SINGH	01874-240032	98151-37671
<b>HOSHIARPUR</b>			
CIVIL SURGEON	SHAM LAL MAHAJAN	01882-252170	98154-63966
DMC	PARAMJEET KAUR	01882-251701	99888-84518
SMOs			
HOSHIARPUR	ANIL MAHINDRA		98726-37288
HOSHIARPUR	BHUPINDERJEET SINGH		94170-51616
<b>JALANDHAR</b>			
CIVIL SURGEON	H.K.SINGLA	0181-2224848	94170-95099
DMC	AJAY SAHNI	0181-2220831	99155-68488
MS	SHASHI KHERA	0181-2230933, 2227560	98720-81525
<b>KAPURTHALA</b>			
CIVIL SURGEON	HARVINDER SINGH	01822-233770	9814172945
DMC	BALDEV RAJ	01822-231240	98767-22216
SMOs			
KAPURTHALA	GUR IQBAL SINGH		99150-44296
<b>LUDHIANA</b>			
CIVIL SURGEON	H.S.BALI	1612444193	98151-35617
DMC	A.K. HANDA	1612610522	98144-19291
SMOs			
LUDHIANA	SUBASH BATTA	1612610577	98454-86786
<b>MANSA</b>			

CIVIL SURGEON	PRITPAL SINGH	01652-222369	99152-59569
DMC	SURESH KUMAR	01652-222279	98141-63369
SMOs			
MANSA	SUBODH GUPTA	01652-222279	94179-39239
<b>MOGA</b>			
CIVIL SURGEON	AMARJIT SINGH	01636-228110	94177-64777
DMC	VINOD SINGH	01636-228098	98157-17242
SMOs			
MOGA	RAJESH PURI	01636 - 220410	98143-71979
<b>MUKTSAR</b>			
CIVIL SURGEON	TIRATH GOYAL	01633-264792	95010-83798
DMC	AJAY KUMAR JHANJI	01633-263753	98884-36306
SMOs			
MUKTSAR	RAJ KRISHAN KARKRA	01633-262175	98140-30467
<b>NAWANSHEHAR</b>			
CIVIL SURGEON	BHAG MAL	01823-222036	81465-91500 98532-53541
DMC	VED PARKASH	01823-222831	98883-70021
SMOs			
NAWANSHAHAR	GURMOHINDER SINGH	01823 - 222063	98722-12139
<b>PATIALA</b>			
DC		0175-2311300, 301	
CIVIL SURGEON	USHA BANSAL	0175-2211619	84277-49977
DMC	CHARNAJIT SINGH	0175-2211151	94631-09917
MS	JARNAIL SINGH	0175-2222481	98157-11640
<b>ROPAR</b>			
CIVIL SURGEON	SURJIT SINGH	01881-221140	98720-05030
DMC	BHARAT BHUSHAN	01881-221141	94173-59400
SMOs			
ROPAR	SURJIT SINGH	01881-221240	98143-55999
<b>SANGRUR</b>			
CIVIL SURGEON	RAMESH KUMAR VERMA	01672-234186	98729-14208
DMC	KIRANJOT KAUR	01672-231433	94179-69819

<b>SMOs</b>			
SANGRUR	SURINDER SINGLA	01672-232075	96460-70531
<b>MOHALI</b>			
<b>CIVIL SURGEON</b>	JATINDER KAUR	0172-2274343	95010-44899
<b>DMC</b>	PAWAN KUMAR JAGOTA	172-5099787	98726-72886
<b>SMOs</b>			
MOHALI	RAJIV BHALLA	0172-2273782	9814801292
KURALI	RAJIV PURI	0160-2640111	94171-52275
<b>TARN TARAN</b>			
<b>CIVIL SURGEON</b>	B.S. KALSI	01852-222990	98141-97360
<b>DMC</b>	PARAMJIT KAUR	-	98145-08569
<b>SMOs</b>			
TARN TARAN	SHAMSHER SINGH	01852-222755	88720-94508

**5. ANNEXURE V : SANCTIONED POSTS OF DOCTORS ACROSS HEALTH INSTITUTIONS**

		HOSPITAL WISE DISTRIBUTION OF SMO-MO-DENTAL												
No.	DISTRICT	Sanctioned Beds	Already Sanctioned Posts				Addl. Sanctioned Posts				Total Sanctioned Posts			
			SMO	MO	Dental	Total	SMO	MO	Dental	Total	SMO	MO	Dental	Total
<b>AMRITSAR</b>														
1	C.H. Amritsar	150	0	7	1	8	2	20	1	23	2	27	2	31
2	SDH Ajnala	50	1	7	1	9	0	5	0	5	1	12	1	14
3	SDH Baba Bakala	50	1	8	1	10	0	4	0	4	1	12	1	14
4	CHC Lopoke	30	1	4	1	6	0	1	0	1	1	5	1	7
5	CHC Majitha	30	0	6	1	7	1	-1	0	0	1	5	1	7
6	CHC Tarsika	30	1	4	1	6	0	1	0	1	1	5	1	7
7	CHC Jandiala (Manawala)	30	1	4	1	6	0	1	0	1	1	5	1	7
	<b>Total</b>		<b>5</b>	<b>40</b>	<b>7</b>	<b>52</b>	<b>3</b>	<b>31</b>	<b>1</b>	<b>35</b>	<b>8</b>	<b>71</b>	<b>8</b>	<b>87</b>
<b>BARNALA</b>														
8	SDH Barnala	100	1	16	2	19	0	4	-1	3	1	20	1	22
9	CHC Bhadaur	30	0	4	0	4	1	1	1	3	1	5	1	7
10	CHC Dhanaula	30	1	5	1	7	0	0	0	0	1	5	1	7
11	CHC Tappa	30	1	1	1	3	0	4	0	4	1	5	1	7
	<b>Total</b>		<b>3</b>	<b>26</b>	<b>4</b>	<b>33</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>10</b>	<b>4</b>	<b>35</b>	<b>4</b>	<b>43</b>
<b>BATHINDA</b>														
12	C.H. Bathinda	100	1	18	1	20	0	2	0	2	1	20	1	22
13	Children Hosp Bathinda	100	1	16	1	18	0	4	0	4	1	20	1	22
14	SDH Rampura Phul	50	1	11	1	13	0	1	0	1	1	12	1	14
15	SDH Talwandi Sabo	50	1	8	1	10	0	4	0	4	1	12	1	14
16	CHC Goniana	30	1	4	1	6	0	1	0	1	1	5	1	7
17	CHC Sangat	30	1	4	1	6	0	1	0	1	1	5	1	7

18	CHC Nathana	30	1	6	1	8	0	-1	0	-1	1	5	1	7
19	CHC Bhagta	30	1	5	1	7	0	0	0	0	1	5	1	7
20	CHC Ballianwali	30	1	1	1	3	0	4	0	4	1	5	1	7
21	CHC Mehraj	30	0	1	0	1	1	4	1	6	1	5	1	7
22	CHC Bucho Mandi	30	0	1	0	1	1	4	1	6	1	5	1	7
23	CHC Maur Mandi	30	1	1	1	3	0	4	0	4	1	5	1	7
24	CHC Raman Mandi	30	1	3	1	5	0	2	0	2	1	5	1	7
	<b>Total</b>		<b>11</b>	<b>79</b>	<b>11</b>	<b>101</b>	<b>2</b>	<b>30</b>	<b>2</b>	<b>34</b>	<b>13</b>	<b>109</b>	<b>13</b>	<b>135</b>
<b>FARIDKOT</b>														
25	C.H. Faridkot	100	0	4	1	5	1	16	0	17	1	20	1	22
26	SDH Kot Kapura	50	1	2	1	4	0	10	0	10	1	12	1	14
27	CHC Matta	30	0	2	1	3	1	3	0	4	1	5	1	7
28	CHC Jaitu	30	1	1	1	3	0	4	0	4	1	5	1	7
	<b>Total</b>		<b>2</b>	<b>9</b>	<b>4</b>	<b>15</b>	<b>2</b>	<b>33</b>	<b>0</b>	<b>35</b>	<b>4</b>	<b>42</b>	<b>4</b>	<b>50</b>
<b>FATEHGARH SAHIB</b>														
29	C.H. Fatehgarh Sahib	100	1	11	1	13	0	9	0	9	1	20	1	22
30	SDH Gobindgarh	50	1	8	1	10	0	4	0	4	1	12	1	14
31	CHC Amlah	30	1	1	1	3	0	4	0	4	1	5	1	7
32	CHC Bassi Pathana	30	1	1	1	3	0	4	0	4	1	5	1	7
33	CHC Khamano	30	0	1	0	1	1	4	1	6	1	5	1	7
	<b>Total</b>		<b>4</b>	<b>22</b>	<b>4</b>	<b>30</b>	<b>1</b>	<b>25</b>	<b>1</b>	<b>27</b>	<b>5</b>	<b>47</b>	<b>5</b>	<b>57</b>
<b>FEROZEPUR</b>														
34	C.H. Ferozpur	100	1	12	2	15	0	8	-1	7	1	20	1	22
35	SDH Fazilka	75	1	9	1	11	0	3	0	3	1	12	1	14
36	SDH Zira	50	1	7	1	9	0	5	0	5	1	12	1	14
37	Nehru Hospital, Abohar	106	1	17	2	20	0	3	-1	2	1	20	1	22
38	CHC Jalalabad	30	1	6	1	8	0	-1	0	-1	1	5	1	7
39	CHC Mamdot	30	1	5	1	7	0	0	0	0	1	5	1	7
40	CHC Firozshah	30	1	4	1	6	0	1	0	1	1	5	1	7
41	CHC Guru Harsahai	30	1	4	1	6	0	1	0	1	1	5	1	7
42	CHC Dhabwala kalan	30	1	5	1	7	0	0	0	0	1	5	1	7

43	CHC Sito Gunno	30	1	5	1	7	0	0	0	0	1	5	1	7
44	CHC Khui Khera	30	1	4	1	6	0	1	0	1	1	5	1	7
	<b>Total</b>		<b>11</b>	<b>78</b>	<b>13</b>	<b>102</b>	<b>0</b>	<b>21</b>	<b>-2</b>	<b>19</b>	<b>11</b>	<b>99</b>	<b>11</b>	<b>121</b>
<b>GURDASPUR</b>														
45	C.H. Gurdaspur	100	1	18	2	21	0	2	-1	1	1	20	1	22
46	C.H. Pathankot	100	1	17	2	20	0	3	-1	2	1	20	1	22
47	SDH Batala	100	1	10	1	12	0	10	0	10	1	20	1	22
48	CHC Qadian	30	0	4	1	5	1	1	0	2	1	5	1	7
49	CHC Kot Santokh Rai	30	0	5	0	5	1	0	1	2	1	5	1	7
50	CHC Khanuwan	30	1	5	0	6	0	0	1	1	1	5	1	7
51	CHC Kalanaur	30	1	5	1	7	0	0	0	0	1	5	1	7
52	CHC Fatehgarh Churian	30	1	6	1	8	0	-1	0	-1	1	5	1	7
53	CHC Bham	30	1	6	1	8	0	-1	0	-1	1	5	1	7
54	CHC Gharota	30	1	4	1	6	0	1	0	1	1	5	1	7
55	CHC Bungal Badhani	30	1	4	1	6	0	1	0	1	1	5	1	7
56	CHC Narot Jaimal Singh	30	1	7	1	9	0	-2	0	-2	1	5	1	7
57	CHC Ghuman	30	0	1	0	1	1	4	1	6	1	5	1	7
58	CHC Singowal (Dinanagar)	30	0	1	1	2	1	4	0	5	1	5	1	7
59	CHC N.M. Singh	30	1	2	1	4	0	3	0	3	1	5	1	7
60	CHC Dera Baba Nanak	30	0	5	1	6	1	0	0	1	1	5	1	7
61	CHC Sujanpur	30	0	1	1	2	1	4	0	5	1	5	1	7
62	CHC Bhaini Mian Khan	30	0	1	0	1	1	4	1	6	1	5	1	7
	<b>Total</b>		<b>11</b>	<b>102</b>	<b>16</b>	<b>129</b>	<b>7</b>	<b>33</b>	<b>2</b>	<b>42</b>	<b>18</b>	<b>135</b>	<b>18</b>	<b>171</b>
<b>HOSHIARPUR</b>														
63	C.H. Hoshiarpur	200	2	19	1	22	0	8	1	9	2	27	2	31
64	SDH Garh Shankar	50	1	10	1	12	0	2	0	2	1	12	1	14
65	SDH Mukerian	75	1	5	1	7	0	7	0	7	1	12	1	14
66	SDH Dasuya	100	1	8	1	10	0	12	0	12	1	20	1	22
67	CHC Bhunga	30	1	2	1	4	0	3	0	3	1	5	1	7
68	CHC Mand Mandher	30	1	4	1	6	0	1	0	1	1	5	1	7
69	CHC Budha Bar	30	1	3	1	5	0	2	0	2	1	5	1	7
70	CHC Hajipur	30	1	5	1	7	0	0	0	0	1	5	1	7

71	CHC Tanda	30	1	5	1	7	0	0	0	0	1	5	1	7
72	CHC Mahalpur	30	0	4	1	5	1	1	0	2	1	5	1	7
73	CHC Sham Chaurasi	30	0	1	0	1	1	4	1	6	1	5	1	7
74	CHC Bhol Kalota	30	0	2	0	2	1	3	1	5	1	5	1	7
	Total		10	68	10	88	3	43	3	49	13	111	13	137
<b>JALANDHAR</b>														
75	C.H. Jalandhar	400	4	29	2	35	0	4	0	4	4	33	2	39
76	SDH Phillaur	50	1	8	1	10	0	4	0	4	1	12	1	14
77	SDH Nakodar	50	1	12	1	14	0	0	0	0	1	12	1	14
78	CHC Bandala	50	1	4	1	6	0	8	0	8	1	12	1	14
79	CHC Apra	30	0	1	0	1	1	4	1	6	1	5	1	7
80	CHC Lohian	30	0	2	1	3	1	3	0	4	1	5	1	7
81	CHC Kala Bakra	30	1	5	1	7	0	0	0	0	1	5	1	7
82	CHC Kartar pur	30	1	4	1	6	0	1	0	1	1	5	1	7
83	CHC Shakot	30	1	5	1	7	0	0	0	0	1	5	1	7
84	CHC Bara Pind	30	1	4	1	6	0	1	0	1	1	5	1	7
85	CHC Nur Mahal	30	0	2	1	3	1	3	0	4	1	5	1	7
86	CHC Shankar	30	1	1	1	3	0	4	0	4	1	5	1	7
	Total		12	77	12	101	3	32	1	36	15	109	13	137
<b>KAPURTHALA</b>														
87	C.H. Kapurthala	125	1	18	1	20	0	2	0	2	1	20	1	22
88	SDH Phagwara	100	1	13	2	16	0	7	-1	6	1	20	1	22
89	SDH Sultanpur Lodhi	50	1	9	1	11	0	3	0	3	1	12	1	14
90	CHC Kala Sangian	30	1	5	1	7	0	0	0	0	1	5	1	7
91	CHC Begowal	30	0	5	1	6	1	0	0	1	1	5	1	7
92	CHC Panchhat	30	1	4	1	6	0	1	0	1	1	5	1	7
93	CHC Tibba	30	1	4	1	6	0	1	0	1	1	5	1	7
	Total		6	58	8	72	1	14	-1	14	7	72	7	86
<b>LUDHIANA</b>														
94	C.H. Ludhiana	150	1	19	2	22	0	9	0	9	1	28	2	31
95	SDH Samrala	50	1	10	1	12	0	2	0	2	1	12	1	14

96	SDH Khanna	75	1	12	2	15	0	0	-1	-1	1	12	1	14
97	SDH Raikot	50	0	2	0	2	1	10	1	12	1	12	1	14
98	SDH Jagraon	50	1	9	1	11	0	3	0	3	1	12	1	14
99	CHC Payal	30	1	5	1	7	0	0	0	0	1	5	1	7
100	CHC Sahnewal	30	1	4	1	6	0	1	0	1	1	5	1	7
101	CHC Malaud	30	1	5	1	7	0	0	0	0	1	5	1	7
102	CHC Pakhowal	30	1	4	1	6	0	1	0	1	1	5	1	7
103	CHC Manupur	30	1	4	1	6	0	1	0	1	1	5	1	7
104	CHC Machhiwara	30	1	5	1	7	0	0	0	0	1	5	1	7
105	CHC Sidhwan Bet	30	1	5	1	7	0	0	0	0	1	5	1	7
106	CHC Gur Sar Sudhar	30	1	5	1	7	0	0	0	0	1	5	1	7
	<b>Total</b>		<b>12</b>	<b>89</b>	<b>14</b>	<b>115</b>	<b>1</b>	<b>27</b>	<b>0</b>	<b>28</b>	<b>13</b>	<b>116</b>	<b>14</b>	<b>143</b>
<b>MANSA</b>														
107	C.H. Mansa	100	1	16	1	18	0	4	0	4	1	20	1	22
108	SDH Sardulgarh	50	0	5	1	6	1	7	0	8	1	12	1	14
109	CHC Khiala Kalan	30	1	4	1	6	0	1	0	1	1	5	1	7
110	CHC Bhikhi	30	0	2	1	3	1	3	0	4	1	5	1	7
111	CHC Bhudlada	30	1	5	1	7	0	0	0	0	1	5	1	7
	<b>Total</b>		<b>3</b>	<b>32</b>	<b>5</b>	<b>40</b>	<b>2</b>	<b>15</b>	<b>0</b>	<b>17</b>	<b>5</b>	<b>47</b>	<b>5</b>	<b>57</b>
<b>MOGA</b>														
112	C.H. Moga	100	1	17	2	20	0	3	-1	2	1	20	1	22
113	CHC Nihal Singh Wala	30	0	5	1	6	1	0	0	1	1	5	1	7
114	CHC Bagha Purana	30	0	5	1	6	1	0	0	1	1	5	1	7
115	CHC Dudhike	30	1	5	1	7	0	0	0	0	1	5	1	7
116	CHC Daroli Bhai	30	1	6	1	8	0	-1	0	-1	1	5	1	7
117	CHC Kot Ise Khan	30	1	4	0	5	0	1	1	2	1	5	1	7
	<b>Total</b>		<b>4</b>	<b>42</b>	<b>6</b>	<b>52</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>45</b>	<b>6</b>	<b>57</b>
<b>MOHALI</b>														
118	S.A.S. Nagar, Mohali	200	1	11	1	13	1	16	1	18	2	27	2	31
119	SDH Kharar	50	1	5	1	7	0	7	0	7	1	12	1	14
120	CHC Kurali	30	0	4	1	5	1	1	0	2	1	5	1	7

121	Dera Bassi	30	1	5	1	7	0	0	0	0	1	5	1	7
	Total		3	25	4	32	2	24	1	27	5	49	5	59
<b>MUKTSAR</b>														
122	C.H. Muktsar	50	1	7	1	9	0	5	0	5	1	12	1	14
123	SDH Malout	50	1	6	1	8	0	6	0	6	1	12	1	14
124	SDH Badal	50	0	2	1	3	1	10	0	11	1	12	1	14
125	SDH Giddhar Baha	50	1	2	1	4	0	10	0	10	1	12	1	14
126	CHC Chak Sherewala	30	1	4	1	6	0	1	0	1	1	5	1	7
127	CHC Doda	30	1	4	1	6	0	1	0	1	1	5	1	7
128	CHC Sarawan Bodla	30	0	1	0	1	1	4	1	6	1	5	1	7
	Total		5	26	6	37	2	37	1	40	7	63	7	77
<b>NAWAN SHAHAR</b>														
129	C.H. Nawan Shahar	64	1	8	1	10	0	4	0	4	1	12	1	14
130	SDH Balachaur	50	1	5	1	7	0	7	0	7	1	12	1	14
131	CHC Banga	30	1	4	1	6	0	1	0	1	1	5	1	7
132	CHC Mukandpur	30	1	4	1	6	0	1	0	1	1	5	1	7
133	CHC Saroya	30	1	4	1	6	0	1	0	1	1	5	1	7
	Total		5	25	5	35	0	14	0	14	5	39	5	49
<b>PATIALA</b>														
134	M.K.H. Patiala	200	2	19	1	22	0	8	1	9	2	27	2	31
135	SDH Rajpura	100	1	16	1	18	0	4	0	4	1	20	1	22
136	SDH Nabha	100	2	16	1	19	0	3	0	3	2	19	1	22
137	SDH Samana	100	1	8	1	10	0	12	0	12	1	20	1	22
138	Model Town, Patiala	30	0	5	1	6	1	0	0	1	1	5	1	7
139	CHC Dudhan Sadhan	30	1	5	1	7	0	0	0	0	1	5	1	7
140	CHC Kalo Majra	30	1	5	1	7	0	0	0	0	1	5	1	7
141	CHC Ghanaur	30	0	4	1	5	1	1	0	2	1	5	1	7
142	CHC Bhadson	30	1	5	1	7	0	0	0	0	1	5	1	7
143	CHC Badshapur	30	0	4	0	4	1	1	1	3	1	5	1	7
144	CHC Shutrana	30	1	5	1	7	0	0	0	0	1	5	1	7
145	CHC Banur	30	0	4	1	5	1	1	0	2	1	5	1	7

146	CHC Patran	30	0	1	0	1	1	4	1	6	1	5	1	7
	<b>Total</b>		<b>10</b>	<b>97</b>	<b>11</b>	<b>118</b>	<b>5</b>	<b>34</b>	<b>3</b>	<b>42</b>	<b>15</b>	<b>131</b>	<b>14</b>	<b>160</b>
<b>RUPNAGAR</b>														
147	C.H. Rupnagar	100	1	17	1	19	0	3	0	3	1	20	1	22
148	SDH Anandpur Sahib	100	1	4	1	6	0	16	0	16	1	20	1	22
149	CHC Chamkaur Sahib	30	1	5	1	7	0	0	0	0	1	5	1	7
150	CHC Nurpur Bedi	30	1	6	1	8	0	-1	0	-1	1	5	1	7
	<b>Total</b>		<b>4</b>	<b>32</b>	<b>4</b>	<b>40</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>18</b>	<b>4</b>	<b>50</b>	<b>4</b>	<b>58</b>
<b>SANGRUR</b>														
151	C.H. Sangrur	100	2	17	1	20	0	2	0	2	2	19	1	22
152	SDH Malerkotla	100	1	10	2	13	0	10	-1	9	1	20	1	22
153	SDH Sunam	50	1	7	1	9	0	5	0	5	1	12	1	14
154	SDH Dhuri	50	1	6	1	8	0	6	0	6	1	12	1	14
155	CHC Lehragaga	30	0	5	0	5	1	0	1	2	1	5	1	7
156	CHC Longowal	30	1	4	1	6	0	1	0	1	1	5	1	7
157	CHC Bhawanigarh	30	1	1	1	3	0	4	0	4	1	5	1	7
158	CHC Amargarh	30	1	4	1	6	0	1	0	1	1	5	1	7
159	CHC Ahmadgarh	30	0	4	1	5	1	1	0	2	1	5	1	7
160	CHC Kauhrian	30	1	4	1	6	0	1	0	1	1	5	1	7
	<b>Total</b>		<b>9</b>	<b>62</b>	<b>10</b>	<b>81</b>	<b>2</b>	<b>31</b>	<b>0</b>	<b>33</b>	<b>11</b>	<b>93</b>	<b>10</b>	<b>114</b>
<b>TARN TARAN</b>														
161	SDH Taran Taran	60	1	9	1	11	0	3	0	3	1	12	1	14
162	SDH Patti	50	1	7	1	9	0	5	0	5	1	12	1	14
163	CHC Ghariala	30	1	4	1	6	0	1	0	1	1	5	1	7
164	CHC Khem Karan	30	0	4	0	4	1	1	1	3	1	5	1	7
165	CHC Sur Singh Wala	30	1	1	1	3	0	4	0	4	1	5	1	7
166	CHC Sirhali	30	1	3	1	5	0	2	0	2	1	5	1	7
167	CHC Naushera Pannuan	30	0	4	1	5	1	1	0	2	1	5	1	7
168	CHC Mianwind	30	1	4	1	6	0	1	0	1	1	5	1	7
169	CHC Kairon	30	1	1	1	3	0	4	0	4	1	5	1	7

Total		7	37	8	52	2	22	1	25	9	59	9	77
<b>TOTAL</b>		<b>137</b>	<b>1026</b>	<b>162</b>	<b>1325</b>	<b>41</b>	<b>496</b>	<b>13</b>	<b>550</b>	<b>178</b>	<b>1522</b>	<b>175</b>	<b>1875</b>
CH = Civil Hospital, SDH = Sub Divisional Hospital, CHC = Community Health Centre													
<i>Note: Sanctioned Posts include posts sanctioned under Family Planning PP Units</i>													

## NORMS OF DOCTORS

UPGRADED NO. OF BEDS	30	50	100	200	400
NO. OF HOSPITALS **	111	30	22	5	1
SMO's	1	1	1	1	1
MEDICINE	1	1	1	2	3
SURGERY	1	1	1	2	3
GYANE	1	1	1	2	3
PAED	1	1	1	2	2
ORTHO		1	1	2	2
ANAES		1	1	2	2
PATHO		1	1	1	2
OPHTHAL		1	1	1	2
RADIO		1	1	1	2
PSY			1	1	1
BTO			1	1	1
MO (MBBS)	1	3	7	8	10
DENTAL	1	1	1	2	2
SKIN & VD			1	1	1
ENT			1	1	1
MICRO				1	1
<b>TOTAL</b>	<b>7</b>	<b>14</b>	<b>22</b>	<b>31</b>	<b>39</b>

**Note:** Posts of SMOs in the total sanctioned posts have been taken according to already sanctioned posts.

**6. ANNEXURE VI : SPECIFICATIONS OF THE NEW X RAY SYSTEM – 800 MA WITH CR SYSTEM**

**SPECIFICATION OF 800mA XRAY SYSTEM**

The System should be High Frequency X-Ray Unit with 50KW or more power for X-Ray Generator with Horizontal Bucky Table and Chest Bucky Stand .  
The X Ray Generator, Tube must be from the Principal supplier and of same supplier .

<u>X-RAY GENERATOR</u>	65 kW or more Power Generator
<u>RADIOGRAPHIC RATING</u>	
MA	The System should capable of expose upto 500
KV	40 to 125KV
EXPOSURE TIME	1ms. to 6 sec
mAs	0.5 to 850mAs
TUBEHEAD USED	Imported make double focus rotating anode x-ray tube with focal spot of minimum 0.6mm & 1.2mm (preferably)
DIGITAL DISPLAY	KV, mA, mAs or Secs.
COLLIMATOR	Double slot light beam manual collimator.
POWER REQUIREMENT	Three phase 440 Volts

**FEATURES:**

- System should have Programmable Radiography features (Anatomical)
- System should have pre programmed protection for x-ray tube.
- The System should have capability for manually overridden and stored in the system memory for later use.
- The System should have Dose Area product calculator

**TABLE:**

Type	4 - way floating table top
------	----------------------------

Lock system  
Height adjustment  
Top table sliding

Electromagnetic locking system  
The system should have motorized up and down movement  
4 way sliding table top longitudinal and transverse movement

COLUMN STAND:

System Should be a stationary diagnostic system having floor to ceiling column stand with counter balanced Vertical movement. Column stand should move horizontally on floor rails. The column stand has locks for various movements.

CHEST BUCKY STAND:

The System should be quoted with chest bucky stand for chest X Ray.

The System should be quoted with the following accessories:

1. Lead Apron : 2nos

**The System should be quoted with one Computed Radiography System for digitizing the X Ray images. The system should be supplied with 14 x 17" , 12 x15" , 11 x 14" , 8 x 10" cassettes ( 2 each )**

**7. ANNEXURE VII : PHSC RATES FOR ULTRASOUND EXAMINATIONS**

<b>Sr No</b>	<b>Item</b>	<b>Approved Rates</b>	<b>Sr No</b>	<b>Item</b>	<b>Approved Rates</b>
1.	Ultrasound foetal well being	150/-	6.	USG Orbit	200/-
2.	Ultrasound whole abdomen	150/-	7.	USG Soft Tissue Swelling	200/-
3.	USG Chest	200/-	8.	Colour Doppler Study FWB	500/-
4.	USG Scrotum	200/-	9.	Complete Follicular Study	500/-
5.	USG Thyroid / Neck	200/-	10.	USG Neonatal Brain	200/-

## 8. ANNEXURE VIII : REVISED ARTICLE 4 OF DRAFT CONCESSION AGREEMENT MAY BE READ AS

### **ARTICLE 4: CONDITIONS PRECEDENT**

Subject to the express terms to the contrary, limited aspects of the Development Period (when commenced) and any legitimate rights arising in law, the rights and obligations under this Concession Agreement shall take effect only upon fulfillment of all the Conditions Precedent set out in Articles 4.1 (A), 4.1(B) and 4.2 on or before the expiry of a period of 240 (Two Hundred and Forty) days from the Proposal Acceptance Date. However, the Concessions Authority may at any time at its sole discretion and in writing, waive fully or partially any of the Conditions Precedent of the Concessionaire.

#### **4.1(A) Conditions Precedent for Concessions Authority**

The Concessions Authority shall have:

- a. Constituted an Expert Committee, as per Article 19, within 15 (fifteen) days from the Proposal Acceptance Date.
- b. Through the Expert Committee, got approved or provided comments/ observations (if any) to the Report, within a period of 30 (thirty) days from the date of receipt of documents. ***Failure to do so will be considered deemed approval of the internal layout design by the Concessions Authority/ Expert Committee.***
- c. Issued government orders or gazette notifications as necessary for implementing the Project

#### **4.1(B) Conditions Precedent for Hospitals**

The respective Hospitals shall have:

- a. Handed over the built-up raw space (as detailed out in Schedule – 1), for a period co-terminus with this Concession Agreement. ***It is however clarified that this Conditions Precedent on the part of the respective Hospitals shall be fulfilled at the end, when all other Conditions Precedent of both the Parties are met/fulfilled or waived off as per Article 4.2. Also, the built-up raw space (as detailed out in Schedule-1) can be provided either within the hospitals or at any location nearby (i.e. within the same District).***

#### **4.2 Conditions Precedent for Concessionaire**

The Concessionaire shall have:

- a. Submitted the Total Project Cost to the Concessions Authority for perusal;

- b. Submitted the Report (consisting of the internal layout design and details of the Diagnostic Equipments, to be installed within the Project Facilities), to Concessioneing Authority, Hospitals and the Expert Committee, within a period of 60 (sixty) days from the Proposal Acceptance Date
- c. Incorporated the comments/ observations (if any) on the Report, as proposed by the Expert Committee and re-submitted for approval, within a period of 30 (thirty) days from the date of receipt of comments/ observations from the Concessioneing Authority;
- d. Achieved Financial Close and delivered complete Financial Package to the Concessioneing Authority that Financial Close has been accomplished.
- e. Provided an undertaking that all of the Representations and Warranties of the Concessioneire set forth in Article 12.2 are true and correct as on date of this Agreement and as on the Compliance Date and thereafter;
- f. Provided the Concessioneing Authority copies (certified as true copies by an authorised officer of the Concessioneire) of its constitutional documents of the Concessioneire;
- g. Provided the Concessioneing Authority copies (certified as true by the Director of the Concessioneire) of all resolutions adopted by the Board of Directors of the Concessioneire authorising the execution, delivery and performance of this Agreement by the Concessioneire;
- h. Received from the Indian Legal Counsel of the Concessioneire a legal opinion with respect to the authority of the Concessioneire to enter into this Agreement and the Project Agreements and the Financing Documents and the enforceability of the provisions thereof;

***However, it is clarified here that the Concessioneire shall not start the Development until and unless the Concessioneing Authority/ Expert Committee approves the Report of the Project again after carrying out necessary comments/ observations (if any), which shall not be unduly delayed.***

Provided that upon request in writing by the Concessioneire, the Concessioneing Authority may, at its sole discretion and in writing, waive fully or partially any or all the Conditions Precedent set forth in this Article 4.2.

#### **4.3 Obligations to satisfy Condition Precedents**

- a. Each Party hereto shall use all reasonable endeavours at its cost and expense to procure the satisfaction in full of its respective Conditions Precedent set out above within 240 (two hundred and forty) days of Proposal Acceptance Date.
- b. Upon satisfaction in full of all Conditions Precedent for a Party, the other Party shall forthwith issue to such Party a Certificate of Compliance with Conditions Precedent (**the "Certificate of Compliance"**).
- c. The later of the date of issue of Certificate of Compliance to the Concessioneire or the Concessioneing Authority shall be the Compliance Date, whereupon the obligations of the Parties under this Concession Agreement shall commence and whereon the Concessioneing Authority shall issue the Notice to Commence to the Concessioneire. However, it is being clarified here that any work of whatever nature, which the Concessioneire elects to carryout prior to the Proposal Acceptance Date including investigations, surveys etc. shall be entirely at the risk and cost of the

Concessionaire. Also, the Concessionaire shall not be permitted to commence the work at any part of the Project Facilities prior to the issuance of Notice to Commence.

- d. Each Party shall bear its respective costs and expenses of satisfying such Conditions Precedents unless otherwise expressly provided.

#### **4.4 Non-fulfillment of Conditions Precedent**

- (a) In the event that any of the Conditions Precedents relating to the Concessionaire have not been fulfilled within 240 (two hundred and forty) days of the signing of this Agreement and also, the Concessions Authority has not waived them fully or partially, this Agreement shall cease to have any effect as of that date and shall be deemed to have been terminated by the mutual agreement of the Parties and no Party shall subsequently have any rights or obligations under this Agreement and Concessions Authority shall not be liable in any manner whatsoever to the Concessionaire or persons claiming through or under it.
- (b) In the event that the Concessionaire has fulfilled its Conditions Precedent and Concessions Authority/ Hospitals has not procured fulfilment of any or all of the Condition Precedents set forth in Article 4.1(A) & 4.1(B) within the period specified in respect thereof, the Concessions Authority shall pay to the Concessionaire damages equivalent to an amount calculated at the rate of 0.1% (Zero point one per cent) of the Performance Security for each day's delay until the fulfilment of the Conditions Precedent, subject to a maximum of 20% (twenty percent) of the Performance Security. In the event when the maximum damages as above has become payable and the Concessions Authority has still not been able to procure fulfilment of any or all the condition Precedent set forth in Article 4.1(A) & (B) and the period for achievement of the same has not been mutually extended then the Concessions Authority shall be liable to return, to the Concessionaire, the Performance Security submitted before the signing of the Concession Agreement.
- (c) In the event the Concessions Authority has terminated this Agreement under Article 4.4 (a) due to non fulfilment of Conditions Precedent by the Concessionaire, the Concessions Authority shall not be liable in any manner whatsoever to the Concessionaire or its contractors, agents and employees. In addition to this, the Concessions Authority shall forfeit the Performance Security submitted before the signing of the Concession Agreement, by the Concessionaire.
- (d) Instead of terminating this Agreement as provided in paragraph (a), (b) above or as the case may be, the Parties may extend the time for fulfilling the Conditions Precedent by mutual agreement.