

**-DEPARTMENT OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF ODISHA**



**AFFORDABLE HEALTHCARE FACILITIES IN THE  
STATE OF ODISHA  
UNDER PPP FRAMEWORK  
SCHEDULES TO THE DRAFT CONCESSION AGREEMENT**

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**SCHEDULE 1**

**SITE OF THE PROJECT**

*{Schedule 1: Sites of the project is attached separately}*

## SCHEDULE 2

### DEVELOPMENT OF HOSPITAL

#### {Applicable to Bhadrak}

1. The Concessionaire shall develop the Hospital at the Site, *inter alia*, in accordance with the requirements set forth in this Schedule 2, Schedule 3 and Schedule 4.
2. The Hospital shall provide for at least 100 (one hundred) Beds (“**Bed Capacity**”) in accordance with the Project Milestones and Schedule 10.
3. The minimum total built-up space of the Hospital Building shall be 70,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 40,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
4. The minimum total built-up space of the Staff Accommodation shall be 45,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 25,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
5. The Concessionaire shall equip the Hospital with medical and non-medical equipment, installations, plant and machinery etc. as may be necessary. The specifications for the medical equipment shall be as per prevailing medical practices. However, the Concessionaire shall provide for the minimum number of Equipment as listed in Schedule 6 and ensure that such Equipment conforms to the minimum specification prescribed therein.
6. The Concessionaire shall be responsible for deploying human resources at the Hospital including doctors, paramedical staff etc. in accordance with Applicable Laws and prevailing medical practices, however, the Concessionaire shall at all times during the Concession Period be required to satisfy the minimum requirements specified in Schedule 5.
7. The Concessionaire shall be responsible for installing, operating and maintaining effluent and sewage treatment plant(s), water treatment plant(s), reverse osmosis plant(s), hot water boiler/geyser(s) and bio-medical waste management system in accordance with Applicable Laws and the Concession Agreement.
8. The Concessionaire shall be responsible for procuring the required water connection for the construction, operation and maintained of the Hospital from the concerned Governmental Instrumentality. The Concessionaire may, if required, dig boreholes for drawing water for meetings its obligations under the Agreement, in accordance with Applicable Laws and with the prior permission of the concerned Governmental Instrumentality.
9. The Concessionaire shall procure electricity connection(s) for construction, operation and maintenance of the Hospital. Further, the Concessionaire shall, at its own cost and expense, install separate and dedicated transformers, electrical panels (HT & LT) at the Hospital. The Concessionaire shall be responsible for provision

of power backup system for the entire Hospital including provision of uninterrupted power supply for life saving, critical care and diagnostic equipment.

**{Applicable to Jharsuguda}**

1. The Concessionaire shall develop the Hospital at the Site, *inter alia*, in accordance with the requirements set forth in this Schedule 2, Schedule 3 and Schedule 4.
2. The Hospital shall provide for at least 100 (one hundred) Beds (“**Bed Capacity**”) in accordance with the Project Milestones and Schedule 10.
3. The minimum total built-up space of the Hospital Building shall be 70,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 40,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
4. The minimum total built-up space of the Staff Accommodation shall be 45,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 25,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
5. The Concessionaire shall equip the Hospital with medical and non-medical equipment, installations, plant and machinery etc. as may be necessary. The specifications for the medical equipment shall be as per prevailing medical practices. However, the Concessionaire shall provide for the minimum number of Equipment as listed in Schedule 6 and ensure that such Equipment conforms to the minimum specification prescribed therein.
6. The Concessionaire shall be responsible for deploying human resources at the Hospital including doctors, paramedical staff etc. in accordance with Applicable Laws and prevailing medical practices, however, the Concessionaire shall at all times during the Concession Period be required to satisfy the minimum requirements specified in Schedule 5.
7. The Concessionaire shall be responsible for installing, operating and maintaining effluent and sewage treatment plant(s), water treatment plant(s), reverse osmosis plant(s), hot water boiler/geyser(s) and bio-medical waste management system in accordance with Applicable Laws and the Concession Agreement.
8. The Concessionaire shall be responsible for procuring the required water connection for the construction, operation and maintained of the Hospital from the concerned Governmental Instrumentality. The Concessionaire may, if required, dig boreholes for drawing water for meetings its obligations under the Agreement, in accordance with Applicable Laws and with the prior permission of the concerned Governmental Instrumentality.
9. The Concessionaire shall procure electricity connection(s) for construction, operation and maintenance of the Hospital. Further, the Concessionaire shall, at its own cost and expense, install separate and dedicated transformers, electrical panels (HT & LT) at the Hospital. The Concessionaire shall be responsible for provision of power backup system for the entire Hospital including provision of uninterrupted power supply for life saving, critical care and diagnostic equipment.

**{Applicable to Angul and Kendujhar (at Barbil)}**

1. The Concessionaire shall develop the Hospital at the Site, *inter alia*, in accordance with the requirements set forth in this Schedule 2, Schedule 3 and Schedule 4.
2. The Hospital shall provide for at least 200 (two hundred) Beds (“**Bed Capacity**”) in accordance with the Project Milestones and Schedule 10.
3. The minimum total built-up space of the Hospital Building shall be 1,20,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 70,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
4. The minimum total built-up space of the Staff Accommodation shall be 80,000 sq.ft. such that the Concessionaire shall be required to construct, (a) at least 45,000 sq.ft. prior to the COD of Phase-I, and (b) the remaining space prior to COD of Phase-II, in accordance with Schedule 10.
5. The Concessionaire shall equip the Hospital with medical and non-medical equipment, installations, plant and machinery etc. as may be necessary. The specifications for the medical equipment shall be as per prevailing medical practices. However, the Concessionaire shall provide for the minimum number of Equipment as listed in Schedule 6 and ensure that such Equipment conforms to the minimum specification prescribed therein.
6. The Concessionaire shall be responsible for deploying human resources at the Hospital including doctors, paramedical staff etc. in accordance with Applicable Laws and prevailing medical practices, however, the Concessionaire shall at all times during the Concession Period be required to satisfy the minimum requirements specified in Schedule 5.
7. The Concessionaire shall be responsible for installing, operating and maintaining effluent and sewage treatment plant(s), water treatment plant(s), reverse osmosis plant(s), hot water boiler/geyser(s) and bio-medical waste management system in accordance with Applicable Laws and the Concession Agreement.
8. The Concessionaire shall be responsible for procuring the required water connection for the construction, operation and maintained of the Hospital from the concerned Governmental Instrumentality. The Concessionaire may, if required, dig boreholes for drawing water for meetings its obligations under the Agreement, in accordance with Applicable Laws and with the prior permission of the concerned Governmental Instrumentality.
9. The Concessionaire shall procure electricity connection(s) for construction, operation and maintenance of the Hospital. Further, the Concessionaire shall, at its own cost and expense, install separate and dedicated transformers, electrical panels (HT & LT) at the Hospital. The Concessionaire shall be responsible for provision of power backup system for the entire Hospital including provision of uninterrupted power supply for life saving, critical care and diagnostic equipment.



### SCHEDULE 3

#### PROJECT FACILITIES

1. The Concessionaire shall be responsible for providing at least the following facilities and specialty services in the Hospital:

**{Project facilities applicable to Bhadrak}**

**(a) Clinical facilities**

S.No.	Facility	Total during Phase I	Total during Phase II
<b>Outpatient Consultation Rooms</b>			
1.	Obstetrics & gynaecology	1	2
2.	Pediatrics	1	2
3.	ENT	1	1
4.	Dental	1	1
5.	Eye	1	1
6.	Medicine	1	2
7.	Orthopedics	1	1
8.	General surgery	1	2
Total		08	12
<b>Procedure Rooms</b>			
1.	Labour room	2	3
2.	General/Major OT	1	2
3.	Ophthal OT	1	1
4.	Minor OT/Procedure room	1	2
5.	Immunization	1	1
Total		06	09

**(b) Bed Mix:**

S.No.	Facility	Total beds during Phase I	Total beds during Phase II
1.	Single / Private rooms (with one bed <u>in each room</u> )	5	10
2.	Twin sharing rooms (with two beds <u>in each room</u> )	14	28
3.	General ward beds#	21	42
4.	ICU beds#	5	10
5.	NICU beds#	3	6
6.	Isolation beds#	2	4
Total		50	100
7.	Other beds (To be provided in addition to the Bed Capacity)	▲	▲

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S.No.	Facility	Total beds during Phase I	Total beds during Phase II
	Triage	2	4
	Observation	2	4
	Dialysis	2	3
	Pre-post labour	3	6
	Pre-post-operative	3	6
	Total	12	23

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#Note: For general beds, ICU beds, NICU beds and isolation beds, the Concessionaire shall provide the minimum number of beds for each phase as mentioned in the above table.

For other categories of beds, the Concessionaire may provide such number of beds as the Concessionaire may deem fit, provided that for each phase, the total number of beds provided by the Concessionaire shall not be less than the minimum total number of beds as per the table above.

(c) **Clinical Specialties:**

Phase I	Phase II (in addition to Phase I)
(i) Emergency and trauma;	<b>All clinical services as mentioned in Phase-I, including additional services as below:</b> (i) Psychiatry*
(ii) Dedicated OPD for Medicine, Surgery, Orthopedics, Obstetrics & Gynecology, ENT, Ophthalmology and Dental;	
(iii) Internal medicine;	
(iv) General Surgery;	
(v) Obstetrics & Gynecology including family planning and Post-partum services;	
(vi) Pediatrics including neonatology and immunization;	
(vii) Orthopedics;	
(viii) Critical care / Intensive care	
(ix) Anesthesia;	
(x) Ophthalmology*;	
(xi) ENT*;	

Phase I	Phase II (in addition to Phase I)
<p>(xii) Skin &amp; venereal diseases*</p> <p>(xiii) Radiology/<u>Tele-radiology</u> including Imaging and/or picture archiving and communication system (PACS); and</p> <p>(xiv) Dental*</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• <u>* For Specialties like Ophthalmology, ENT, Skin &amp; Venereal diseases, Dental and Psychiatry, Concessionaire may provide Inpatient Services through part-time specialists who shall be available on call with 24x7 coverage.</u></li> <li>• <i>Tele-ICU services for minimum 2 ICU Beds per 100 Beds to be provisioned in case Operator is not able to provide 24x7 Critical Care specialist cover. Such services to be procured from NABH accredited facility only.</i></li> <li>• <u>Tele-radiology services for 24x7 coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports to be provisioned and such services to be procured from NABH/NABL accredited facility only, in case Operator is not able to provide fulltime Radiologist coverage. Further, PACS is mandatory if the Concessionaire is not able to provide fulltime Radiologist.</u></li> </ul>	

(d) **Diagnostics & other para clinical services**

Phase I	Phase II (in addition to Phase I)
(i) Laboratory services (hematology, biochemistry, pathology, microbiology); (ii) Radiology/ <u>Tele-radiology</u> services (X-ray and Ultrasonography); (iii) Electrocardiography (ECG); (iv) Tread Mill Test (TMT); (v) Audiometry; (vi) Dialysis services; (vii) Blood Storage Unit; and (viii) Physiotherapy & rehabilitation	<b>All diagnostics &amp; other para clinical services as mentioned in Phase I including additional services as below:</b> (i) CT Scan; and (ii) Pulmonary function test (PFT)

**(e) Support Services:**

- (i) Administration
- (ii) Pharmacy
- (iii) Ambulance
- (iv) CSSD
- (v) Laundry
- (vi) Kitchen & pantry
- (vii) Mortuary
- (viii) Biomedical waste management
- (ix) HVAC
- (x) Security

{ APPLICABLE TO JHARSUGUDA }

(a) Clinical facilities

S.No.	Facility	Total during Phase I	Total during Phase II
<b>Outpatient Consultation Rooms</b>			
1.	Obstetrics & gynaecology	1	1
2.	Pediatrics	1	1
3.	Neonatology	1	1
4.	ENT	1	1
5.	Dental	1	1
6.	Eye	1	1
7.	Medicine	1	2
8.	Orthopedics	1	1
9.	General surgery	1	1
10.	Urology	Not applicable	1
<del>11.</del>	<del>Neurology &amp; Neurosurgery</del>	<del>Not applicable</del>	<del>1</del>
<b>Total</b>	<del>099</del>	<del>1211</del>	
<b>Procedure Rooms</b>			
1.	Labour room	2	3
2.	General OT	1	2
3.	Ophthal/ENT OT	1	1
4.	Minor OT/Procedure room	1	2
5.	Immunization	1	1
6.	Lithotripsy procedure room	Not applicable	1
<b>Total</b>	<del>066</del>	10	

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(b) Bed Mix

S.No.	Facility	Total <u>beds</u> during Phase I	Total <u>beds</u> during Phase II
1.	Single rooms (with one bed <u>in</u> each <u>room</u> )	5	10
2.	Twin sharing rooms (with two beds <u>in</u> each <u>room</u> )	14	28
3.	General ward beds#	21	42
4.	ICU beds#	5	10
5.	NICU beds#	3	6
6.	Isolation beds#	2	4
<b>Total</b>		<del>50</del> <del>100</del> <b>50</b>	<b>100</b>
<b>Other beds (To be provided in addition to the Bed Capacity)</b>			
	Triage	2	4
	Observation	2	4
	Dialysis	2	3
	Pre-post labour	3	6
	Pre-post-operative	3	6

S.No.	Facility	Total beds during Phase I	Total beds during Phase II
	Lithotripsy recovery	Not applicable	2
<b>Total</b>	12	25	

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#Note: For general beds, ICU beds, NICU beds and isolation beds, the Concessionaire shall provide the minimum number of beds for each phase as mentioned in the above table.

For other categories of beds, the Concessionaire may provide such number of beds as the Concessionaire may deem fit, provided that for each phase, the total number of beds provided by the Concessionaire shall not be less than the minimum total number of beds as per the table above.

(c) **Clinical Specialties**

Phase I	Phase II (in addition to Phase I)
(i) Emergency and trauma;	<b>All clinical services as mentioned in Phase I, including additional services as below:</b> (i) Urology and lithotripsy <del>(ii) Neurosurgery</del> <del>(iii)(ii) Neurology</del> <del>(v) Urology and lithotripsy</del> <del>(vi)(v) Obstetrics &amp; gynecology including family planning and post-partum services;</del> <del>(vii) Pediatrics</del> <del>(viii)(vi) including Neonatology and immunization;</del> <del>(ix)(vii) Orthopedics;</del> <del>(x)(viii) Critical care / intensive care</del> <del>(xi)(ix) Anesthesia;</del> <del>(xii)(x) Ophthalmology;*</del>
(ii) Dedicated OPDs for medicine, surgery, orthopedics, obstetrics & gynecology, <del>urology,</del> Neonatology, ENT, ophthalmology and dental;	
(iii) Internal medicine;	
(iv) General surgery;	
<del>(v) Urology and lithotripsy</del>	
<del>(vi)(v) Obstetrics &amp; gynecology including family planning and post-partum services;</del>	
<del>(vii) Pediatrics</del>	
<del>(viii)(vi) including Neonatology and immunization;</del>	
<del>(ix)(vii) Orthopedics;</del>	
<del>(x)(viii) Critical care / intensive care</del>	
<del>(xi)(ix) Anesthesia;</del>	
<del>(xii)(x) Ophthalmology;*</del>	

Phase I	Phase II (in addition to Phase I)
<p><del>(xiii)</del>(xi) ENT:-*:</p> <p><del>(xiv)</del>(xii) Skin &amp; venereal diseases*:</p> <p><del>(xv)</del>(xiii) Radiology/Tele-radiology including imaging and /or picture archiving communication system (PACS);</p> <p><del>(xvi)</del>(xiv) Dental:-* and</p> <p><del>(xvii)</del>(xv) Psychiatry:-*:</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li><i>* For Specialties like Ophthalmology, ENT, Skin &amp; Venereal diseases, Dental and Psychiatry, Concessionaire may provide Inpatient Services through part-time specialists who shall be available on call with 24x7 coverage.</i></li> <li><i>Tele-ICU services for minimum 2 ICU Beds per 100 Beds to be provisioned in case the Concessionaire is not able to provide 24x7 critical care specialist cover. Such services to be procured from a NABH accredited facility only.</i></li> <li><i>Tele-radiology services for 24x7 coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports to be provisioned and such services to be procured from NABH/NABL accredited facility only, in case Operator is not able to provide fulltime Radiologist coverage. Further, PACS is mandatory if the Concessionaire is not able to provide fulltime Radiologist.</i></li> </ul>	

(a) **Diagnostics & other para clinical services**

Phase I	Phase II (in addition to Phase I)
(i) Laboratory services (hematology, biochemistry, pathology,	<b>All diagnostics &amp; other para clinical services as mentioned</b>

histopathology, microbiology, serology and immunology);	<b>in Phase I, including additional services as below:</b>
(ii) Radiology/ <u>Tele-radiology</u> services (CT Scan; X-ray and Ultrasonography)	<del>(i) MRI</del> <del>(ii)(i)</del> Holter monitoring
(iii) Electrocardiography (ECG);	<del>(ii)(ii)</del> Endoscopy & colonoscopy
(iv) Tread mill test (TMT);	<del>(iv)(iii)</del> Bronchoscopy
(v) Pulmonary function test;	<del>(v)(iv)</del> Echocardiography (ECHO)
(vi) Audiometry;	
(vii) Dialysis services;	<del>(v)(v)</del> Urology diagnostics (uroflowmetry, lithotripter, cystoscopy & ureteroscopy)
(viii) Blood storage unit;	
(ix) Physiotherapy & rehabilitation	

**(d) Support services**

- (i) Administration
- (ii) Pharmacy
- (iii) Ambulance
- (iv) CSSD
- (v) Laundry
- (vi) Kitchen & pantry
- (vii) Mortuary
- (viii) Biomedical waste management
- (ix) HVAC
- (x) Security



{APPLICABLE TO THE PROJECT HOSPITALS AT ANGUL AND BARBIL}

(b) Clinical facilities

S.No.	Facility	Total during Phase I	Total during Phase II
<b>Outpatient Consultation Rooms</b>			
1.	Obstetrics & gynaecology	2	3
2.	Pediatrics & neonatal	2	3
3.	ENT	1	1
4.	Dental	1	1
5.	Eye	1	1
6.	Medicine	2	3
7.	Orthopedics	1	2
8.	General surgery	1	2
Total	11	16	
<b>Procedure Rooms</b>			
1.	Labour room	3	4
2.	General OT	3	5
3.	Ophthal OT	1	1
4.	Minor OT/Procedure room	2	3
5.	Immunization	1	1
Total	10	14	

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(c) Bed Mix

S.No.	Facility	Total beds during Phase I	Total beds during Phase II
1.	Single / Private rooms (with one bed in each room)	10	22
2.	Twin sharing rooms (with two beds in each room)	28	56
3.	General ward beds#	42	84
4.	ICU beds#	10	20
5.	NICU beds#	6	12
6.	Isolation beds#	4	6
Total	100	200	
<b>Other beds (To be provided in addition to the Bed Capacity)</b>			
	Triage	4	8
	Observation	4	6
	Dialysis	3	4
	Pre-post labour	6	8
	Pre-post-operative	6	10
Total		23	38

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**#Note:** For general beds, ICU beds, NICU beds and isolation beds, the Concessionaire shall provide the minimum number of beds for each phase as mentioned in the above table.

For other categories of beds, the Concessionaire may provide such number of beds as the Concessionaire may deem fit, provided that for each phase, the total number of beds provided by the Concessionaire shall not be less than the minimum total number of beds as per the table above.

**(d) Clinical Specialties:**

Phase I	Phase II (in addition to Phase I)
(i) Emergency and trauma;	<b>All clinical services as mentioned in Phase I, including additional services as below:</b> (i) Psychiatry*
(ii) Dedicated OPD for medicine, surgery, orthopedics, obstetrics & gynecology, ENT, ophthalmology and dental;	
(iii) Internal medicine;	
(iv) General Surgery;	
(v) Obstetrics & gynecology including family planning and post-partum services;	
(vi) Pediatrics including neonatology and immunization;	
(vii) Orthopedics;	
(viii) Critical care / Intensive care	
(ix) Anesthesia;	
(x) Ophthalmology*;	
(xi) ENT*;	
(xii) Skin & Venereal diseases*;	
(xiii) Radiology/ <u>Tele-radiology</u> including Imaging and/or picture archiving and communication system (PACS); and	
(xiv) Dental*	
<b>Note:</b> • <u>* For Specialties like Ophthalmology, ENT, Skin &amp; Venereal diseases,</u>	

Phase I	Phase II (in addition to Phase I)
<p><u>Dental and Psychiatry, Concessionaire may provide Inpatient Services through part-time specialists who shall be available on call with 24x7 coverage.</u></p> <ul style="list-style-type: none"> <li>• <b>Tele-ICU services for minimum 2 ICU Beds per 100 Beds to be provisioned in case Operator is not able to provide 24x7 Critical Care specialist cover. Such services to be procured from NABH accredited facility only.</b></li> <li>• <u>Tele-radiology services for 24x7 coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports to be provisioned and such services to be procured from NABH/NABL accredited facility only, in case Operator is not able to provide fulltime Radiologist coverage. Further, PACS is mandatory if the Concessionaire is not able to provide fulltime Radiologist.</u></li> </ul>	

(e) **Diagnostics & other para clinical services**

Phase I	Phase II (in addition to Phase I)
<p>(i) Laboratory services (hematology, biochemistry, pathology, microbiology);</p> <p>(ii) Radiology/<u>Tele-radiology</u> services (CT Scan; X-ray; and Ultrasonography);</p> <p>(iii) Electrocardiography (ECG);</p> <p>(iv) Tread mill test (TMT);</p> <p>(v) Audiometry;</p> <p>(vi) Dialysis services;</p> <p>(vii) Blood storage Unit;</p>	<p><b>All diagnostics &amp; other para clinical services as mentioned in Phase I including additional services as below:</b></p> <p>(i) Holter monitoring</p> <p>(ii) Pulmonary function test;</p>

Phase I	Phase II (in addition to Phase I)
(viii) Physiotherapy rehabilitation;	&

(e) **Support Services:**

- (i) Administration
- (ii) Pharmacy
- (iii) Ambulance
- (iv) CSSD
- (v) Laundry
- (vi) Kitchen & pantry
- (vii) Mortuary
- (viii) Biomedical waste management
- (ix) HVAC
- (x) Security
- (XI) Water/Drinking water (RO)/Wastewater treatment plants

## SCHEDULE 4

### SPECIFICATIONS AND STANDARDS

1. The Concessionaire shall comply with the specifications and standards set forth in this Schedule 4 while fulfilling its obligations under the Concession Agreement. For the avoidance of any doubt, the Concessionaire shall, in addition to the standards specified in this Schedule, adopt any other relevant standards required to be adopted in accordance with Applicable Laws and good industry practice.
2. For the purposes of Construction Works, the Concessionaire shall rely on the bills of quantities approved by the Independent Engineer in accordance with Annexure 1 of Schedule 4, Annexure 2 of Schedule 4 and Good Industry Practice.
3. **Standards to be followed for designing and construction of the Hospital**
  - (a) National Building Code of India (NBC) guidelines issued by Bureau of Indian Standards in 2016 (the latest published version);
  - (b) Indian standards such as National Accreditation Board for Hospitals and Healthcare Providers (NABH), Indian Public Health Standards (IPHS), ~~National Quality Assurance Standards (NQAS) and Standard No. CEA/Hospital-003 issued under the Clinical Establishments (Registration and Regulation) Act, 2010,~~ where applicable for space and services requirements of various clinical and service areas as applicable;
  - (c) International Revised NABH Guideline for Air Conditioning in OT (2018) and as mentioned in IPHS Guideline 2022- Sub District Hospital & District Hospital, when choosing the technology, guidelines and standards such as American Institute issued by the Ministry of Architects (AIA) and ASHRAE Standards New and Renewable Energy must be adhere to (these are provided in the Gazette of India April 16, 2018, No 1456) for Heating, Ventilation and Air-Conditioning (“HVAC”);
  - (d) ISO 15189:2012 (Medical laboratories – particular requirement for quality and competence) by National Accreditation Board for Testing and Calibration Laboratories (NABL);
  - (e) Hospital’s Medical Gas Pipeline System (MGPS) shall conform to Health Technical Memorandum (HTM)-02-01: Medical gas pipeline systems Part A for Design, Installation, Validation and Verification and NFPA’s (Medical Gas and Vacuum Systems Installation Handbook;
  - (f) Applicable guidelines of Atomic Energy Regulatory Board such as Regulatory Requirements for Diagnostic Radiology Facilities and Guidelines for Shielding of X-Ray Installations and other applicable safety codes.
  - (g) In addition to the above, Concessionaire shall also comply with the specifications set out in Schedule 4 Annexure I “HOSPITAL BUILDING SPECIFICATION” for Hospital Building.

- (h) In addition to the above, Concessionaire shall also comply with the specifications set out in Schedule 4 Annexure II “STAFF ACCOMMODATION BUILDING SPECIFICATION” for Staff Accommodation.
- (i) Environmental Sustainability Plan including:
  - (i) Manual on norms and standards for environment clearance of large construction projects, Ministry of Environment, Forest and Climate Change (MoEF) guidelines as applicable (Source: [http://envfor.nic.in/divisions/iass/Construction\\_Manual.pdf](http://envfor.nic.in/divisions/iass/Construction_Manual.pdf));
  - (ii) IFC Performance Standards (1 through 8) on Environmental and Social Sustainability, January 2012 available at ([http://www.ifc.org/wps/wcm/connect/115482804a0255db96fbffd1a5d13d27/PS\\_English\\_2012\\_Full-Documents.pdf?MOD=AJPERES](http://www.ifc.org/wps/wcm/connect/115482804a0255db96fbffd1a5d13d27/PS_English_2012_Full-Documents.pdf?MOD=AJPERES)), as may be modified and updated from time to time;
  - (iii) IFC Environmental, Health, and Safety Guidelines for Health Care Facilities (<http://www.ifc.org/wps/wcm/connect/bc554d80488658b6b6e6f66a6515bb18/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&id=1323161961169>), as may be modified and updated from time to time; and
  - (iv) IFC Environmental, Health, and Safety General Guidelines (<http://www.ifc.org/wps/wcm/connect/554e8d80488658e4b76af76a6515bb18/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES>), as may be modified and updated from time to time.

4. **Standard to be followed for O&M of Hospital**

- (a) National Accreditation Board for Hospitals & Healthcare Providers (NABH). Accreditation Standards for Hospitals;
- (b) Health Technical Memorandum (HTM)-02-01: Medical gas pipeline systems Part-A and NFPA’s (Medical Gas and Vacuum Systems Installation Handbook; ISO 7396-2:2007, ISO 9170-1:2008; ISO 9170-2:2008, ISO 10083:2006, ISO 10524 Part 1, ISO 11197:2004 and ISO 15002:2015;
- (c) ASHRAE Standards mentioned in IPHS Guideline 2022- Sub District Hospital & District Hospital for Heating, Ventilation and Air-Conditioning (HVAC); such as, refrigerants used in the Heating Ventilation & Air-conditioning (HVAC) equipment should be CFC (Chloro Fluoro Carbon) free, with a low Greenhouse Warming Potential (GWP) when available;

- (d) ISO 15189:2007 (Medical laboratories – particular requirement for quality and competence) by National Accreditation Board for Testing and Calibration Laboratories (NABL)
- (e) Compliance with the suppliers' maintenance manuals and guidelines for the equipment;
- (f) IFC norms:
  - (i) IFC Performance Standards (1 through 8) on Environmental and Social Sustainability, January 2012 available at ([http://www.ifc.org/wps/wcm/connect/115482804a0255db96bffd1a5d13d27/PS\\_English\\_2012\\_Full-Documents.pdf?MOD=AJPERES](http://www.ifc.org/wps/wcm/connect/115482804a0255db96bffd1a5d13d27/PS_English_2012_Full-Documents.pdf?MOD=AJPERES)), as may be modified and updated from time to time;
  - (ii) Environmental, Health, and Safety Guidelines for Health Care Facilities (<http://www.ifc.org/wps/wcm/connect/bc554d80488658b6b6e6f66a6515bb18/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&id=1323161961169>), as may be modified and updated from time to time; and
  - (iii) Environmental, Health, and Safety General Guidelines (<http://www.ifc.org/wps/wcm/connect/554e8d80488658e4b76af76a6515bb18/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES>), as may be modified and updated from time to time.

## 5. Safety requirement standards

- (a) Building and Fire safety: National Building Code of India (NBC) guideline issued by Bureau of Indian Standards and as per Section 3.3 of the IFC General EHS guidelines specified below;
- (b) Patient Safety: National Accreditation Board for Hospitals & Healthcare Providers (NABH) standards for Hospitals and World Health Organization (WHO) best practices for Injection Safety;
- (c) Staff Safety: ~~Occupation~~Occupational Safety ~~and~~ Health Administration (OSHA) ~~and Working Conditions Code, 2020~~ issued by the ~~United States Department~~Ministry of ~~Labour~~Law and Justice, India;
- (d) Radiation Safety: All applicable guidelines of Atomic Energy & Regulatory Board (AERB);
- (e) Infection Prevention: Centres for Disease Control and Prevention (CDC) guidelines for disinfection and sterilisation activities in healthcare facilities; and
- (f) IFC norms:

- (i) Environmental, Health, and Safety Guidelines for Health Care Facilities  
(<http://www.ifc.org/wps/wcm/connect/bc554d80488658b6b6e6f66a6515bb18/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&id=1323161961169>), as may be modified and updated from time to time; and
- (ii) Environmental, Health, and Safety General Guidelines  
(<http://www.ifc.org/wps/wcm/connect/554e8d80488658e4b76af76a6515bb18/Final%2B-%2BGeneral%2BEHS%2BGuidelines.pdf?MOD=AJPERES>), as may be modified and updated from time to time.

**6. Minimum space requirement for key areas**

The Concessionaire shall design and construct the Hospital Building in accordance with the minimum area requirements specified below. For the avoidance of doubt, the Concessionaire shall be free to provide for a greater area for any of the below mentioned facilities.

<b>Facilities/service areas</b>	<b>Area requirement</b>
Front office waiting space	Higher of 400 Sq. Ft or 1 sq.ft. per visitor
Counter working space and circulation space	65 sq.ft.
Receptionist counter	1.2 mt long
Floor space for ICU beds	269 to 323 sq.ft. per bed (this includes support services)
Floor space for paediatric ICU beds	108 to 129 sq.ft. per bed
Floor space for high dependency unit	215 to 258 sq.ft. per bed
Floor space for general ward	161 to 194 sq.ft. per bed
Minimum distance between centres of two beds	2.5 mt.
Minimum clearance at foot end of each bed	1.2 mt.
Minimum area for apertures (windows/ventilators)	20% of the floor area (if on same wall) 15% of the floor area (if on opposite walls)
Corridors width	a. General atleast 2.4 mt. wide



Facilities/service areas	Area requirement
	b. For OT area only 2.85 mt wide
Clear roof height in general	3.6 mt measured at any point from floor to roof
General operation theatre (OT)	32 sq.mt.
Lithotripsy - procedure cum operating room (without need for anaesthesia)	24 sq.mt
Minimum distance between centres of two ICU beds	3.5 mt.
Minimum clearance between head of bed to the wall	0.25 mt.
Minimum floor space per bed in a ward/ room (excluding allowance for support services, bathroom, etc.)	7 sq.mt.
Minimum floor space per bed in emergency/ acute ward/ rooms (excluding allowance for support services, bathroom, etc.)	10.5 sq.mt.
Minimum floor space per bed in isolation ward/ rooms (excluding allowance for support services, bathroom, etc.)	12 sq.mt.
Minimum floor space per bed in ICU ward/ rooms (excluding allowance for support services, bathroom, etc.)	20 sq.mt.
CSSD	{For Bed Capacity of 100: 70 sq.mt. For Bed Capacity of 200: 140 sq.mt.}
Pharmaceutical and consumable stores	{For Bed Capacity of 100: 50 sq.mt. For Bed Capacity of 200: 100 sq.mt.} <sup>1</sup>
Mortuary	50 sq.mt.
Clear roof height for OT	4 m. measured at any point from floor to roof

<sup>1</sup> *Note: Retain as applicable.*

Facilities/service areas	Area requirement
Super speciality OT (operating room area) for orthopaedics (with C-Arm/ fluoroscopy unit), <del>cardiology (with cath lab), CTVS,</del> neurosurgery and other tertiary care interventions	58 sq.mt. or 625 Sq.ft. per operating room (assuming one Table per operating room)
Other space requirements for OT: zoning required	<ol style="list-style-type: none"> <li>1. Protective zone: Includes reception, waiting area, trolley bay, changing room</li> <li>2. Clean zone: Includes preoperative room, recovery room, plaster room, staff room and stores</li> <li>3. Sterile zone: OT suite, scrub room, anaesthesia induction room, set-up room</li> <li>4. Disposal zone: Dirty utility room, disposal corridor</li> </ol>
Ramp	Slope of 1:12 to 1:18
Emergency bed and surrounding space	10.5 sq.mt. / bed: in addition, circulation space of 30% for nurse station, doctor duty room store, clean and dirty utility, dressing area, toilet etc.
Labour room (labour table and surrounding areas)	10.5 sq.mt. or 113 Sq.ft./ labour table and 3.5 sq.mt. or 37.67 Sq.ft. for toilet.
Pharmacy	The size should be adequate to contain 5 percent of the total clinical visits to the OPD in one session at the rate of 0.8 m2 per patient.
Laboratory – Clinical biochemistry	40 sq.ft. (additional 10 sq.ft.. for Biomedical Waste)
Laboratory – Clinical pathology / cyto Pathology / haematology	30 sq.ft. and Washing area for each

Facilities/service areas	Area requirement
Histopathology	100 sq.ft. for block and gross storage including Grossing and washing area
Microbiology - Bacteriology & parasitology	60 sq.ft.
Microbiology – Mycology	30 sq.ft.
Microbiology - Mycobacteriology	75 sq.ft.
Microbiology – Virology	100 sq.ft.
Microbiology - Immunoserology	30 sq.ft.
Microbiology - Molecular biology	100 sq.ft.
Radiology - Wall thickness	2mm lead equivalent
Radiology - Glass partition between the X-ray room and control panel room	Through lead glass of at least 2mm thickness
Radiology - CT scan <del>/MRI scan</del> unit	110 to 120 sq.mt.
OPD waiting area	1 sq.ft./per average daily patient with minimum 400 sq.ft. of area
OPD doctor's chamber	12.0 sq.mt. 129.17 Sq.ft.
Minor OT	20 sq.mt.
NICU (Neonatal intensive care unit)	11.22 sq.mt.
Isolation room	18.58 sq.mt.
Private room (1 bed)	20-22 sq.mt.
Semi private (2 bed)	10-11 sq.mt. per bed
General ward (maximum of 10 beds)	10-12 sq.mt. per bed

Measurement abbreviations used in the table above:

- Meter: mt / m
- Millimeter: mm
- Foot/ Feet: ft
- Square meter: sq.mt.

- Square feet: sq.ft.

**ANNEXURE I**

**HOSPITAL BUILDING SPECIFICATION**

*{Hospital Building specifications are attached separately}*

**ANNEXURE II**

**STAFF ACCOMMODATION BUILDING SPECIFICATION**

*{Staff Accommodation building specifications are attached separately}*

## **SCHEDULE 5**

### **HUMAN RESOURCE REQUIREMENT**

1. The Concessionaire shall deploy at least the following human resources at the Hospital for provision of medical, paramedical and support services. For the avoidance of any doubt, the requirements specified in this Schedule 5 are minimum, and the Concessionaire shall be required to deploy adequate human resources at the Hospital in accordance with Applicable Laws and Good Industry Practices (such as IFC Performance Standard 2 requirements) in light of the specialties offered at the Hospital and the number of Patients availing Healthcare Services at the Hospital. The concessionaire shall formulate and implement a Human Resource Management Systems in line with Good Industry Practices such as IFC Performance Standard 2 requirements.
2. The Concessionaire shall at all times during the Concession Period be required to maintain, with respect to doctors, nurses and Beds a ratio of at least 1:4:10, in each shift during all Phases.
3. The Concessionaire shall appoint the following categories of doctors as may be required in accordance with Good Industry Practice:
  - (a) Senior consultants: MD/ MS, DNB, MCh, DM;
  - (b) Consultants: MD/ MS, DNB, MCh, DM;
  - (c) Senior residents: MBBS with minimum 5 years of post-qualification experience in providing clinical services; and
  - (d) Junior residents: MBBS.
4. The nurses appointed by the Concessionaire shall possess the following qualifications:
  - (a) Nursing superintendent: M.Sc. (Nursing) with at least 5 years' experience/ B.Sc. (Nursing) with at least 7 years' experience;
  - (b) Deputy nursing superintendent: M.Sc. (Nursing) with at least 3 years' experience / B.Sc. (Nursing) / Diploma (Nursing)/ GNM with at least 5 years' experience;
  - (c) Senior nurses: B.Sc. / GNM / Diploma (Nursing) with at least 3 years' experience; and
  - (d) Shift duty nurses: GNM /Diploma (Nursing) with at least 1 year experience or ANM with at least 3 years' experience.
5. The Concessionaire shall appoint the following technicians as may be required in accordance with Good Industry Practice:
  - (a) OT technicians;

- (b) Laboratory technicians;
- (c) Radiology technicians;
- (d) Dialysis technicians;
- (e) Emergency trained experts / technicians;
- (f) Critical care technicians;

~~(g) Cath lab technicians;~~

~~(h)~~(g) Physiotherapist; and

~~(i)~~(h) Pharmacist.

6. The Concessionaire shall appoint the following support and administrative staff as may be required in accordance with Good Industry Practice, including:
- (a) Administration and managerial staff for O&M of the Hospital;
  - (b) Housekeeping staff;
  - (c) Security personnel;
  - (d) Kitchen staff;
  - (e) Laundry staff;
  - (f) Duty drivers.
7. The Concessionaire shall deploy minimum number of clinical specialists at the Hospital in accordance with the below set requirements.

**{Applicable to Bhadrak}**

Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
Medicine	MD DNB Medicine	Senior	1	2
General surgery	MS/ DNB General Surgery	Consultants-5 years of Experience.	1	2
Obstetrics & gynaecology	MS/DNB/Diploma (DGO) in Obstetrics & gynaecology	Consultants-2 years of Experience	1	3
Paediatrics	MD /MS/ DNB Paediatrics / PG Diploma in Child Health (DCH)		1	2
Neonatology	DM / DNB Neonatology		1	1



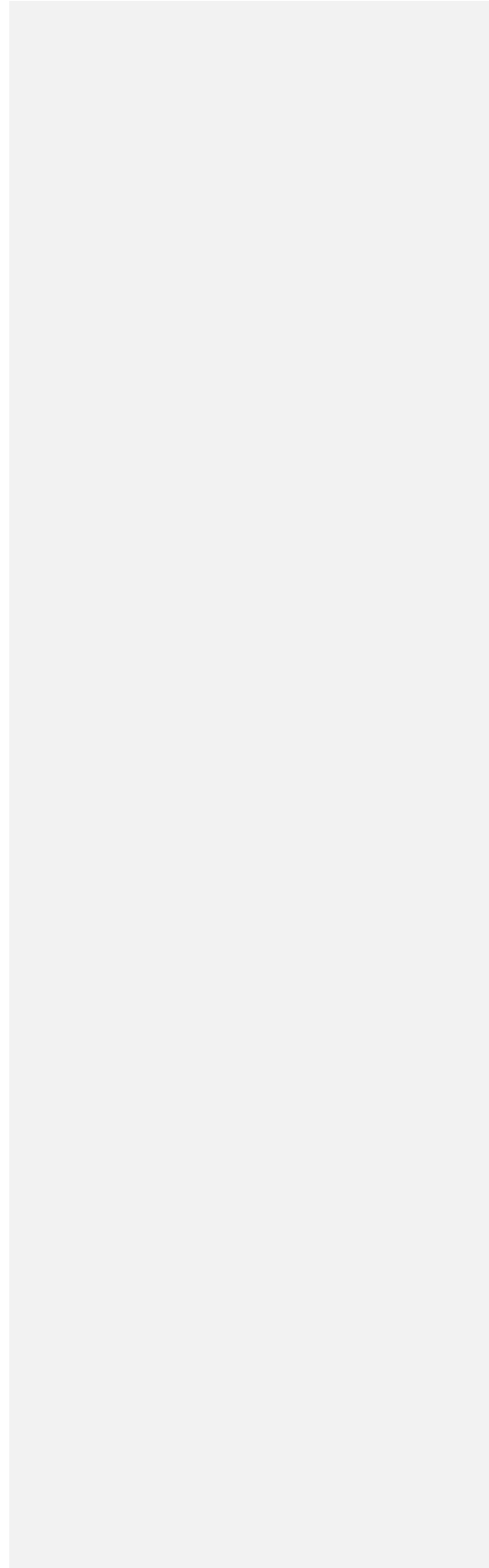
Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
Anaesthesia	MD/MS/DNB Anaesthesiology / PG diploma in Anaesthesiology		1	2
Ophthalmology#	MS/MD/DNB/ Diploma Ophthalmology		1	1
Orthopaedics	MS/DNB/Diploma in Orthopaedics		1	1
Radiology <sup>Ⓜ</sup> (Optional)*	MD/DNB/Diploma Radio-diagnosis		1	1
Critical Care	MD/FNB in Critical care medicine/ MD/MS/DNB/ PG diploma in anaesthesiology with at least 3 months formal training in Critical Care		1	2
Pathology*	MD / DNB/ Dip. Pathology/ PG diploma in clinical pathology		1	1
ENT# (Otorhinolaryngology)	MS/DNB/PG Diploma/ Diploma in ENT		1	1
Dental#	BDS		1	1
Dermatology#	MD/DNB/Diploma in Dermatology		1	1
Psychiatry#	MD/DNB/Diploma Psychiatry		Not applicable	1

\* Not applicable, in case provide services through Tele-radiology in accordance with Schedule 3 or outsourced to an O&M Contractor in accordance with the Agreement and Schedule 22.

# For the Specialties of Ophthalmology, ENT, Skin & Venereal diseases, Dental and Psychiatry, Concessionaire may engage Consultants or Senior Consultants (as per the Qualification and Minimum Experience mentioned in the table above) on part-time basis to provide Inpatient Services, who shall be available on call with 24x7 coverage and respective specialist will attend every IPD/Emergency patient within following time-frame from the patient admission time:

- Critical patient within 1 hour (60 minutes) and
- Non-critical patient within 24 hours.

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{APPLICABLE TO JHARSUGUDA}

Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
Medicine	MD / DNB Medicine	Senior	1	2
General surgery	MS / DNB Surgery	Consultants- 5 years' experience.	1	2
Obstetrics & gynaecology	MS/DNB/ Diploma (DGO) in Obstetrics & gynaecology		1	3
Paediatrics	MD/ DNB Paediatrics/ PG Diploma in Child Health (DCH)	Consultants- 2 years' experience	1	2
Neonatology	DM / DNB Neonatology		1	1
Anaesthesiology	MD/ DNB Anaesthesiology / PG Diploma in Anaesthesiology		1	2
Urology including Lithotripsy	Diploma/DNB/M. Ch Urology		Not applicable	1
<del>Neurosurgery</del>	<del>MCh. /DNB Neurosurgery</del>		<del>Not applicable</del>	<del>+</del>
<del>Neurology</del>	<del>DM / DNB Neurology</del>		<del>Not applicable</del>	<del>+</del>
Ophthalmology#	MS/DNB/Diploma Ophthalmology		1	1
Orthopaedics	MS/ DNB/Diploma Orthopaedics		1	1
Radiology* (Optional)*	MD/DNB/Diploma Radio diagnosis		1	1
Critical care	MD/FNB in Critical care medicine/ MD/MS/DNB Anaesthesiology / PG Diploma in Anaesthesiology with at least 3 months formal training in critical care.		1	2
Pathology*	MD / DNB/ Dip. Pathology/ PG diploma in clinical pathology		1	1
ENT (#(Otorhinolaryngology)	MS/DNB/PG Diploma/ Diploma in ENT		1	1
Dental#	BDS		1	1
Dermatology#	MD/DNB/Diploma in Dermatology		1	1
Psychiatry#	MD/DNB/Diploma		1	1

Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
	Psychiatry			
Microbiology*	MD/DNB/M.Sc./ Diploma Microbiology		1	1

\* Not applicable, in case provide services through Tele-radiology in accordance with Schedule 3 or outsourced to an O&M Contractor in accordance with the Agreement and Schedule 22.

# For the Specialties of Ophthalmology, ENT, Skin & Venereal diseases, Dental and Psychiatry, Concessionaire may engage Consultants or Senior Consultants (as per the Qualification and Minimum Experience mentioned in the table above) on part-time basis to provide Inpatient Services, who shall be available on call with 24x7 coverage and respective specialist will attend every IPD/Emergency patient within following time-frame from the patient admission time:

- Critical patient within 1 hour (60 minutes) and
- Non-critical patient within 24 hours.

{APPLICABLE TO ANGUL AND BARBIL}

Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
Medicine	MD DNB Medicine	Senior Consultants- 5 years of Experience.	2	4
General surgery	MS/ DNB General Surgery		2	4
Obstetrics & gynaecology	MS/DNB/Diploma (DGO) in Obstetrics & gynaecology		2	5
Paediatrics	MD / DNB Paediatrics / PG Diploma in Child Health (DCH)		1	2
Neonatology	DM / DNB Neonatology		1	1
Anaesthesiology	MD/DNB Anaesthesiology / PG diploma in Anaesthesiology		1	3
Ophthalmology#	MS/DNB/ Diploma Ophthalmology		1	2
Orthopaedics	MS/DNB/Diploma in Orthopaedics		1	2
Radiology* (Optional)*	MD/DNB/Diploma Radio-diagnosis		1	1
Critical Care	MD/FNB in Critical care medicine/ MD/MS/DNB/ PG diploma in anaesthesiology with at least 3 months formal training in Critical Care		2	3
Pathology*	MD / DNB/ Dip. Pathology/ PG diploma in clinical pathology	1	1	

Specialty	Qualification	Minimum Experience	Total during Phase I	Total during Phase II
ENT# (Otorhinolaryngology)	MS/DNB/PG Diploma/ Diploma in ENT		1	1
Dental#	BDS		1	2
Dermatology#	MD/DNB/Diploma in Dermatology		1	1
Psychiatry#	MD/DNB/Diploma Psychiatry		-	1

\* Not applicable, in case provide services through Tele-radiology in accordance with Schedule 3 or outsourced to an O&M Contractor in accordance with the Agreement and Schedule 22.

# For the Specialties of Ophthalmology, ENT, Skin & Venereal diseases, Dental and Psychiatry, Concessionaire may engage Consultants or Senior Consultants (as per the Qualification and Minimum Experience mentioned in the table above) on part-time basis to provide Inpatient Services, who shall be available on call with 24x7 coverage and respective specialist will attend every IPD/Emergency patient within following time-frame from the patient admission time:

- Critical patient within 1 hour (60 minutes) and
- Non-critical patient within 24 hours.

## SCHEDULE 6

### EQUIPMENT AND SPECIFICATIONS

1. The Concessionaire shall be responsible for providing functional Equipment for patient care areas and non-patient care areas, vehicles for transportation and furniture and fittings at the Hospital in accordance with this Schedule 6.
2. The Concessionaire shall procure new and unused equipment only, and such equipment must not have been refurbished.
3. All the medical equipment procured by the Concessionaire shall be required to have been certified by the United States Food & Drug Administration (“USFDA”) or possess a European Conformity (“CE”) mark unless required under this Schedule 6 to be certified by USFDA as well as possess a CE mark.
4. The Concessionaire shall procure Equipment which at the time of procurement, is under production and should have been launched in the market by its manufacturer not later than 5 years from the date of such procurement by the Concessionaire.
5. The Concessionaire shall provide at least the following Equipment. For the avoidance of doubt, the Concessionaire shall be free to install additional equipment as may be required in accordance with Good Industry Practice.

**{Applicable to Bhadrak}**

#### Key equipment requirement for patient care areas

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Outpatient Area</b>		
	<b>Consultation room – ENT OPD</b>		
(i)	ENT chair with work station	1	1
(ii)	Otoscope	1	1
(iii)	Head light unit	1	1
(iv)	Nasopharyngoscope with light source	1	1
(v)	Audiometer	1	1
(vi)	Instrument set	1	1
(vii)	Tuning fork	1	1
(viii)	Laryngoscope	1	1
	<b>Consultation room – Dental OPD</b>		
(i)	Dental chair with mini X-ray & instrument	1	1
(ii)	Airotar	1	1
(iii)	Instrument set	1	1
(iv)			
	<b>Consultation room – Opthal OPD</b>		
(i)	Slit lamp	1	1
(ii)	Applantation tonometer	1	1
(iii)	Keratometer	1	1

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(iv)	Examination Chair with light source	1	1
(v)	Indirect ophthalmoscope	1	1
(vi)	Direct ophthalmoscope	1	1
(vii)	Retinoscope	1	1
	<b>OP Procedure rooms</b>		
(i)	Minor procedure table	2	2
(ii)	Ot spot light	2	2
(iii)	Procedure kits	4	4
(iv)	Suction apparatus	2	2
(v)	Crash cart	2	2
<b>B</b>	<b>Dialysis</b>		
(i)	Dialysis units	2	3
(ii)	Dialysis fluid filter	2	3
(iii)	Reverse osmosis plant	1	1
(iv)	Automatic dialysis reprocessing unit	1	1
(v)	Monitors (ECG, NIBP, SpO2)	2	3
(vi)	Suction apparatus	1	1
(vii)	Crash cart and Defibrillator	1	1
<b>C</b>	<b>Radiology and imaging</b>		
(i)	X-ray	1	2
(ii)	Portable X-ray	1	1
(iii)	USG	1	1
(iv)	CT scan (16 Slice)	0	1
(v)	Auto film processor	1	2
<b>D</b>	<b>Cardiac diagnostics</b>		
(i)	ECG	1	2
<b>E</b>	<b>Pulmonary diagnostics</b>		
(i)	PFT	0	1
<b>F</b>	<b>Laboratory</b>		
(i)	Fully automatic clinical analyser	1	1
(ii)	Semi-automated analyser	0	1
(iii)	Electrolyte analyser	1	1
(iv)	Cell Counter (5 part Differential)	1	1
(v)	Microscope	1	2
(vi)	VDRL rotator	1	2
(vii)	Cell separator	1	1
(viii)	Digital hemoglobinometer	1	1
(ix)	Urine analyser	1	1
(x)	Coagulometer	1	1
(xi)	Cell washing system	1	1
(xii)	Plasma expressor automated	1	1
(xiii)	Fully Automated ID system	1	1
(xiv)	Automated blood culture system	1	1
(xv)	Binocular microscope	1	1
(xvi)	Blood gas analyzer	1	1
(xvii)	Incubator	1	1



S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(xviii)	Hot air oven	1	1
(xix)	Centrifuge machine	1	2
(xx)	Electronic balance	1	1
(xxi)	Lab autoclave	1	1
(xxii)	Blood Storage refrigerator (20 to 40 bags)	1	2
(xxiii)	Distilled Water equipment	1	1
<b>G</b>	<b>Emergency department</b>		
	<b>Emergency Triage</b>		
(i)	Multipara monitor	2	4
(ii)	Crash Cart with defibrillator	1	2
<b>H</b>	<b>Emergency observation</b>		
(i)	ECG	1	1
(ii)	Suction apparatus	1	1
(iii)	Syringe infusion pumps	2	4
(iv)	Monitors (ECG, NIBP, SPO2)	2	4
(v)	Medicine fridge	1	1
(vi)	Ventilator	1	1
<b>I</b>	<b>Physiotherapy</b>		
(i)	Shortwave diathermy	1	1
(ii)	Ultrasound therapy unit	1	2
(iii)	Muscle stimulator	1	2
(iv)	TENS	1	1
(v)	interferential Therapy Unit	1	2
(vi)	Tilt table	1	2
(vii)	Continuous passive movements machine	1	1
(viii)	Wax bath	1	2
<b>J</b>	<b>ICU</b>		
(i)	Bed side Monitors	5	10
(ii)	Syringe infusion pumps	10	20
(iii)	Crash cart with Defibrillator	1	2
(iv)	Ventilator	2	4
(v)	Nebulizer	5	10
(vi)	Central station	1	2
(vii)	Pulse oximeter	1	2
(viii)	Suction apparatus	1	2
<b>K</b>	<b>Labor Area and NICU</b>		
	<b>Pre-post Labor area</b>		
(i)	Syringe infusion pumps	3	6
(ii)	Suction apparatus	2	3
(iii)	Monitors (ECG, NIBP, SPO2)	2	3
	<b>Labor room</b>		
(i)	Scrub stations	1	2
(ii)	Labor table	2	3
(iii)	Delivery room Light	2	3

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(iv)	Suction apparatus	2	3
(v)	Assisted delivery equipment	2	3
(vi)	Instrument set	3	6
(vii)	Baby warmers	3	6
(viii)	Crash cart with defibrillator	1	2
	<b>Baby room</b>		
(i)	Baby bassinet	4	6
(ii)	Baby warmer	2	4
(iii)	Formula room apparatus	1	2
	<b>NICU/Incubator room</b>		
(i)	Incubator	1	1
(ii)	Phototherapy unit	4	6
(iii)	Baby warmer	4	6
(iv)	Suction apparatus	1	2
(v)	Neonatal monitors	1	2
(vi)	Nebulizer	4	6
<b>L</b>	<b>Operation theatre</b>		
	<b>Pre-operative area</b>		
(i)	Scrub stations	1	1
	<b>Operation theatre area</b>		
(i)	OT table	2	3
(ii)	OT table (Ophthal)	1	1
(iii)	Phaco emulsifier	1	1
(iv)	OT lights (shadowless, led)	2	3
(v)	OT lights (Ophthal)	1	1
(vi)	C-arm	0	1
(vii)	Multi para monitor	2	3
(viii)	Transport monitor	1	2
(ix)	Suction apparatus	2	4
(x)	Anesthesia work station with Ventilator	1	2
(xi)	Syringe infusion pumps	2	4
(xii)	Electro cautery	2	3
(xiii)	Crash cart and Defibrillator	1	2
(xiv)	Flash sterilizer	2	4
	<b>Pre and Post-Operative</b>		
(i)	Bed side Monitors	3	6
(ii)	Syringe infusion pumps	6	12
(iii)	Crash cart with Defibrillator	1	2
(iv)	Adult ventilator	1	1
(v)	Nebulizer	3	6
(vi)	Suction apparatus	1	2
<b>M</b>	<b>Isolation room</b>		
(i)	Bed side Monitors	2	4
(ii)	Syringe infusion pumps	4	8
(iii)	Adult ventilator	1	1
(iv)	Crash cart	1	2

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(v)	Nebulizer	2	4
(vi)	Suction apparatus	1	2
<b>N</b>	<b>Inpatient area</b>		
(i)	Infusion pumps	5	8
(ii)	Crash cart	10	18
(iii)	Nebulizer	15	27
(iv)	Suction apparatus	5	9

#### Key equipment for non-patient care areas

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Pharmacy and Stores (including Lab)</b>		
(i)	Fridge	2	3
(ii)	Barcode scanner	1	1
<b>B</b>	<b>CSSD</b>		
(i)	Steam sterilizer (Horizontal)	1	2
(ii)	Ultrasonic Instrument washer /cleaner	1	2
(iii)	Flash sterilizer	1	2
(iv)	Drying cabinet	1	2
(v)	Heat Sealing Machine with Trolley	1	2
(vi)	Disinfecter	1	2
<b>C</b>	<b>Laundry</b>		
(i)	Sluice washing machine	1	1
(ii)	Hydro extractor	1	2
(iii)	Drying tumbler	1	2
<b>D</b>	<b>Kitchen</b>		
(i)	Necessary kitchen equipment and utensils	as required	as required
<b>D</b>	<b>Morgue</b>		
(i)	Morgue freezers	2	4
<b>E</b>	<b>Electricals- as per connected load #</b>		
(i)	OT and Labor room UPS	As per requirement	As per requirement
(ii)	ICU UPS		
(iii)	Building emergency lights		
(iv)	Emergency and Procedure Area UPS		
(v)	Generators (500 kVA)	1	2
(vi)	Transformer (600 kVA)	2	2
<b>F</b>	<b>Biomedical Waste Management and House Keeping</b>		
(i)	Waste collection bins	80	150
(ii)	Needle destroyers	30	50
(iii)	Housekeeping mopper set	10	18
(iv)	STP/ETP, WTP & RO	1	1
<b>G</b>	<b>Information technology</b>		
(i)	Nurse call system	1	1

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(ii)	Hospital software	1	1
(iii)	EPABX & PA system	1	1
(iv)	CCTV system	1	1

# *Note: May be changed as per actual load calculation. But the concessioner will need to ensure uninterrupted power supply throughout 24x7x365*

#### Key equipment/utilities for transportation

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(i)	Ambulance (Basic life support)	1	2
(ii)	Office van	1	1

#### Key Furniture and Fittings requirement

- (i) **Patient related areas:** The Concessionaire shall provide adequate furniture at the Hospital to compliment the bed mix and specialty mix including but not limited to emergency beds, in-patients beds, dialysis beds, ICU beds, stretchers on trolley with oxygen cylinders, couches/chairs for patients' relatives, folding wheel chairs, over bed tables, bedside lockers, dressing trolleys, instrument and Mayo's table trolleys, bedside screens, soiled linen trolleys, cupboards, furniture for nurses stations etc. in accordance with Good Industry Practice.
- (ii) **Other service areas:** The Concessionaire shall provide adequate furniture at the Hospital for storage and management of medical records, drug store and pharmacy, administrative offices, engineering offices etc. in accordance with Good Industry Practice.
- (iii) **Public areas and living spaces:** The Concessionaire shall provide adequate furniture at the Hospital including but not limited to chairs, television sets, signage/ public notices etc. .in accordance with Good Industry Practice.

{APPLICABLE TO JHARSUGUDA}

**Key equipment for patient care areas**

S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Outpatient area</b>		
	<b>Consultation room – ENT OPD</b>		
(i)	ENT chair with work station	1	1
(ii)	Otoscope	1	1
(iii)	Head light unit	1	1
(iv)	Nasopharyngoscope with light source	1	1
(v)	Audiometer	1	1
(vi)	Instrument set	1	1
(vii)	Tuning fork	1	2
(viii)	Laryngoscope	1	1
	<b>Consultation room – Dental OPD</b>		
(i)	Dental chair with mini x-ray and instrument	1	1
(ii)	Airotar	1	1
(iii)	Instrument set	1	2
	<b>Consultation room – Ophthal OPD</b>		
(i)	Slit lamp	1	1
(ii)	Applanation tonometer	1	1
(iii)	Keratometer	1	1
(iv)	Examination chair with light source	1	1
(v)	Indirect ophthalmoscope	1	1
(vi)	Direct ophthalmoscope	1	1
(vii)	Retinoscope	1	1
	<b>OP procedure room</b>		
(i)	Minor procedure table	1	1
(ii)	OT spot light	2	2
(iii)	Procedure kits	4	4
(iv)	Suction apparatus	2	2
(v)	Crash cart	2	2
<b>B</b>	<b>Urology</b>		
(i)	ESWL	0	1
(ii)	Uroflowmeter	0	1
(iii)	Cystoscope	0	1
(iv)	Uretroscope	0	1
<b>C</b>	<b>Dialysis</b>		
(i)	Dialysis units	2	3
(ii)	Dialysis fluid filter	2	3
(iii)	Reverse osmosis plant	1	1
(iv)	Automatic dialysis reprocessing unit	1	1
(v)	Monitors (ECG, NIBP, SpO2)	2	3
(vi)	Suction apparatus	1	1
(vii)	Crash cart and defibrillator	1	1
<b>D</b>	<b>Radiology and imaging*</b>		
(i)	X-ray	1	1

S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
(ii)	Portable x-ray	1	1
(iii)	USG	1	1
(iv)	CT scan (64 slice)	1	1
<del>(v)</del>	<del>MRI</del>	<del>0</del>	<del>1</del>
<del>(v)</del>	Auto film processor	1	2
<b>E</b>	<b>Cardiac diagnostics</b>		
(i)	ECG	1	2
(ii)	ECHO colour doppler	1	1
(iii)	Holter monitor	1	1
(iv)	TMT	1	1
<b>F</b>	<b>Gastro diagnostics</b>		
(i)	Upper & lower GI endoscopy unit	0	1
<b>G</b>	<b>Pulmonary diagnostics</b>		
(i)	Bronchoscope	0	1
(ii)	PFT	1	1
<b>H</b>	<b>Laboratory*</b>		
(i)	Fully automatic clinical analyser	1	1
(ii)	Semi-automated analyser	1	1
(iii)	Electrolyte analyser	1	1
(iv)	Cell counter (5 part differential)	1	1
(v)	Microscope	2	3
(vi)	VDRL rotator	1	2
(vii)	Cell Separator	1	1
(viii)	Digital hemoglobinometer	1	1
(ix)	Urine analyser	1	1
(x)	Coagulometer	1	1
(xi)	Cell washing system	1	1
(xii)	Plasma expressor automated	1	1
(xiii)	Fully automated ID system	1	1
(xiv)	Automated blood culture system	1	1
(xv)	Binocular microscope	1	2
(xvi)	Blood gas analyzer	1	1
(xvii)	Incubator	1	1
(xviii)	Hot air oven	1	1
(xix)	Centrifuge machine	1	2
(xx)	Electronic balance	1	2
(xxi)	Lab autoclave	1	1
(xxii)	Blood storage refrigerator (20 to 40 bags)	1	1
(xxiii)	Distilled water equipment	1	1
<b>I</b>	<b>Emergency department</b>		
	<b>Emergency triage</b>		
(i)	Multipara monitor	2	4
(ii)	Crash cart with defibrillator	1	2
	<b>Emergency observation</b>		
(i)	ECG	1	1
(ii)	Suction apparatus	1	1

S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
(iii)	Syringe infusion pumps	2	4
(iv)	Monitors (ECG, NIBP, SpO2)	2	4
(v)	Medicine fridge	1	1
(vi)	Ventilator	1	1
<b>J</b>	<b>Physiotherapy</b>		
(i)	Shortwave diathermy	1	1
(ii)	Ultrasound therapy unit	1	2
(iii)	Muscle stimulator	1	2
(iv)	TENS	1	1
(v)	Interferential therapy unit	1	2
(vi)	Tilt table	1	2
(vii)	Continuous passive movements machine	1	1
(viii)	Wax bath	1	2
<b>K</b>	<b>ICU</b>		
(i)	Bed side monitors	5	10
(ii)	Syringe infusion pumps	10	20
(iii)	Crash cart with defib.	1	2
(iv)	Ventilator	2	4
(v)	Nebulizer	5	10
(vi)	Central station	1	2
(vii)	Pulse oximeter	1	2
(viii)	Suction apparatus	1	2
<b>L</b>	<b>Labor Area and NICU</b>		
	<b>Pre-post Labor area</b>		
(i)	Syringe infusion pumps	3	6
(ii)	Suction apparatus	2	3
(iii)	Monitors (ECG, NIBP, SpO2)	2	3
	<b>Labor room</b>		
(i)	Scrub stations	1	2
(ii)	Labor table	2	3
(iii)	Delivery room light	2	3
(iv)	Suction apparatus	2	3
(v)	Assisted delivery equipment	2	3
(vi)	Instrument set	3	6
(vii)	Baby warmers	3	6
(viii)	Crash cart with defibrillator	1	2
	<b>Baby room</b>		
(i)	Baby bassinet	4	6
(ii)	Baby warmer	2	4
(iii)	Formula room apparatus	1	2
	<b>NICU/Incubator room</b>		
(i)	Incubator	1	1
(ii)	Phototherapy unit	4	6
(iii)	Baby warmer	4	6
(iv)	Suction apparatus	1	2
(v)	Neonatal monitors	1	2

S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
(vi)	Nebulizer	4	6
<b>M</b>	<b>Operation theatre</b>		
	<b>Pre-operative area</b>		
(i)	Scrub stations	1	1
	<b>Operation theatre area</b>		
(i)	OT table	2	3
(ii)	OT table (Ophthal)	1	1
(iii)	Phaco emulsifier	1	1
(iv)	OT lights (shadow less, LED)	2	3
(v)	OT lights (Ophthal)	1	1
(vi)	C-Arm	0	1
(vii)	Multi para monitor	2	3
(viii)	Transport monitor	1	2
(ix)	Suction apparatus	2	4
(x)	Anesthesia work station with ventilator	1	2
(xi)	Syringe infusion pumps	2	4
(xii)	Electro cautery	2	3
(xiii)	Crash cart and defibrillator	1	2
(xiv)	Flash sterilizer	2	4
(xv)	Laparoscopic set	1	1
	<b>Pre and post-operative</b>		
(i)	Bed side Monitors	3	6
(ii)	Syringe infusion pumps	6	12
(iii)	Crash cart with defibrillator	1	2
(iv)	Adult ventilator	1	1
(v)	Nebulizer	3	6
(vi)	Suction apparatus	1	2
<b>N</b>	<b>Isolation Room</b>		
(i)	Bed side monitors	2	4
(ii)	Syringe infusion pumps	4	8
(iii)	Adult ventilator	1	1
(iv)	Crash cart	1	2
(v)	Nebulizer	2	4
(vi)	Suction apparatus	1	2
<b>O</b>	<b>Inpatient area</b>		
(i)	Infusion pumps	5	8
(ii)	Crash cart	10	18
(iii)	Nebulizer	15	27
(iv)	Suction apparatus	5	9

\* Not applicable, in case outsourced to an O&M Contractor in accordance with the Agreement and Schedule 22.

#### Key equipment for non-patient care areas

S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Pharmacy and stores (including lab)</b>		



S No.	Name of the department and equipment	Total during Phase I	Total during Phase II
(i)	Fridge	2	3
(ii)	Barcode scanner	1	1
<b>B</b>	<b>CSSD</b>		
(i)	Steam sterilizer (horizontal)	1	1
(ii)	ETO sterilizer	1	1
(iii)	Ultrasonic instrument washer /cleaner	1	2
(iv)	Flash sterilizer	1	2
(v)	Drying cabinet	1	2
(vi)	Heat sealing machine with trolley	1	2
(vii)	Disinfectant	1	2
<b>C</b>	<b>Laundry</b>		
(i)	Sluice washing machine	1	1
(ii)	Hydro extractor	1	2
(iii)	Drying tumbler	1	2
<b>D</b>	<b>Kitchen</b>		
(i)	Necessary kitchen equipment and utensils	As required	As required
<b>E</b>	<b>Morgue</b>		
(i)	Morgue freezers	2	4
<b>F</b>	<b>Electricals- as per connected load #</b>		
(i)	OT and labor room UPS	As required	As required
(ii)	ICU UPS	As required	As required
(iii)	Building Emergency Lights	As required	As required
(iv)	Emergency and Procedure Area UPS	As required	As required
(v)	Generators (500 kVA)	1	2
(vi)	Transformer (600 kVA)	2	2
<b>G</b>	<b>Biomedical waste management and house keeping</b>		
(i)	Waste collection bins	80	150
(ii)	Needle destroyers	30	50
(iii)	Housekeeping mop set	10	18
(iv)	Sewerage Treatment Plant (STP), Water Treatment Plant (WTP) and Reverse Osmosis Plant (RO)	1	1
<b>H</b>	<b>Information technology</b>		
(i)	Nurse call system	1	1
(ii)	Hospital software	1	1
(iii)	EPABX & PA System	1	1
(iv)	CCTV system	1	1

# Note: May be changed as per actual load calculation. However, the Concessionaire shall be required to ensure uninterrupted power supply at all times (24\*7) during the Concession Period.

**Key vehicles for transportation**

S No.	Utility	Total during Phase I	Total during Phase II
(i)	Ambulance - Basic life support ambulance	1	1
(ii)	Ambulance – Advance life support ambulance.	1	1
(iii)	Office van	1	1

**Key furniture and fittings**

- (i) **Patient related areas:** The Concessionaire shall provide adequate furniture at the Hospital to compliment the bed mix and specialty mix including but not limited to emergency beds, in-patients beds, dialysis beds, ICU beds, stretchers on trolley with oxygen cylinders, couches/chairs for patients’ relatives, folding wheel chairs, over bed tables, bedside lockers, dressing trolleys, instrument and Mayo’s table trolleys, bedside screens, soiled linen trolleys, cupboards, furniture for nurses stations etc. in accordance with Good Industry Practice.
- (ii) **Other service areas:** The Concessionaire shall provide adequate furniture at the Hospital for storage and management of medical records, drug store and pharmacy, administrative offices, engineering offices etc. in accordance with Good Industry Practice.
- (iii) **Public areas and living spaces:** The Concessionaire shall provide adequate furniture at the Hospital including but not limited to chairs, television sets, signage/ public notices etc. in accordance with Good Industry Practice.

{APPLICABLE TO ANGUL AND BARBIL}

**Key equipment requirement for patient care areas**

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Outpatient Area</b>		
	<b>Consultation room – ENT OPD</b>		
(i)	ENT chair with work station	1	1
(ii)	Otoscope	1	1
(iii)	Head Light Unit	1	1
(iv)	Nasopharyngoscope with light source	1	1
(v)	Audiometer	1	1
(vi)	Instrument set	1	1
(vii)	Tuning fork	1	1
(viii)	Laryngoscope	1	1
	<b>Consultation room – Dental OPD</b>		
(i)	Dental chair with mini X-ray & instrument	1	1
(ii)	Airotar	1	1
(iii)	Instrument set	1	1
	<b>Consultation room – Opthal OPD</b>		
(i)	Slit lamp	1	1
(ii)	Applantation tonometer	1	1
(iii)	KERATOMETER	1	1
(iv)	Examination chair with light source	1	1
(v)	Indirect ophthalmoscope	1	1
(vi)	Direct ophthalmoscope	1	1
(vii)	Retinoscope	1	1
	<b>OP procedure rooms</b>		
(i)	Minor procedure table	2	3
(ii)	OT Spot light	2	3
(iii)	Procedure kits	4	6
(iv)	Suction apparatus	2	3
(v)	Crash cart	2	3
<b>B</b>	<b>Dialysis</b>		
(i)	Dialysis units	3	4
(ii)	Dialysis fluid filter	3	4
(iii)	Reverse Osmosis Plant (RO)	1	1
(iv)	Automatic dialysis reprocessing Unit	1	2
(v)	Monitors (ECG, NIBP, SpO2)	3	4
(vi)	Suction apparatus	1	2
(vii)	Crash cart and defibrillator	1	2
<b>C</b>	<b>Radiology and imaging</b>		
(i)	X-ray	2	2
(ii)	Portable X-ray	1	1
(iii)	USG	1	1
(iv)	CT Scan (16 Slice)	1	1

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(v)	Auto film processor	1	1
<b>D</b>	<b>Cardiac Diagnostics</b>		
(i)	ECG	1	1
(ii)	ECHO colour doppler	0	1
(iii)	Holter monitor	0	1
(iv)	TMT	0	1
<b>E</b>	<b>Pulmonary diagnostics</b>		
(i)	PFT	0	1
<b>F</b>	<b>Laboratory</b>		
(i)	Fully automatic clinical analyser	1	1
(ii)	Semi-automated analyser	1	1
(iii)	Electrolyte analyser	1	1
(iv)	Cell Counter (5 part Differential)	1	1
(v)	Microscope	2	3
(vi)	VDRL rotator	2	3
(vii)	Cell Separator	1	1
(viii)	Digital hemoglobinometer	1	2
(ix)	Urine analyser	1	2
(x)	Coagulometer	1	2
(xi)	Cell washing system	1	1
(xii)	Plasma expressor automated	1	1
(xiii)	Fully automated ID system	1	1
(xiv)	Automated blood culture system	1	2
(xv)	Binocular microscope	1	2
(xvi)	Blood gas analyzer	1	1
(xvii)	Incubator	1	2
(xviii)	Hot air oven	1	2
(xix)	Centrifuge machine	2	3
(xx)	Electronic balance	1	2
(xxi)	Lab autoclave	1	1
(xxii)	Blood storage refrigerator (20 to 40 bags)	1	1
(xxiii)	Distilled water equipment	1	1
<b>G</b>	<b>Emergency department</b>		
	<b>Emergency triage</b>		
(i)	Multipara monitor	4	8
(ii)	Crash cart with defibrillator	1	2
	<b>Emergency observation</b>		
(i)	ECG	1	2
(ii)	Suction apparatus	1	2
(iii)	Syringe infusion pumps	4	6
(iv)	Monitors (ECG, NIBP, SpO2)	4	6
(v)	Medicine fridge	1	1
(vi)	Ventilator	1	1
<b>H</b>	<b>Physiotherapy</b>		
(i)	Shortwave diathermy	1	1

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(ii)	Ultrasound therapy unit	2	3
(iii)	Muscle stimulator	2	3
(iv)	TENS	1	2
(v)	Interferential therapy unit	2	3
(vi)	Tilt table	2	4
(vii)	Continuous passive movements machine	1	2
(viii)	Wax bath	2	3
<b>I</b>	<b>ICU</b>		
(i)	Bed side monitors	10	20
(ii)	Syringe infusion pumps	20	40
(iii)	Crash cart with defibrillator	1	2
(iv)	Ventilator	4	7
(v)	Nebulizer	10	20
(vi)	Central station	1	2
(vii)	Pulse oximeter	1	2
(viii)	Suction apparatus	2	4
<b>J</b>	<b>Labor area and NICU</b>		
	<b>Pre-post Labor area</b>		
(i)	Syringe infusion pumps	6	8
(ii)	Suction apparatus	3	4
(iii)	Monitors (ECG, NIBP, SpO2)	3	4
	<b>Labor room</b>		
(i)	Scrub stations	1	2
(ii)	Labor table	3	4
(iii)	Delivery room light	3	4
(iv)	Suction apparatus	3	4
(v)	Assisted delivery equipment	3	4
(vi)	Instrument set	6	8
(vii)	Baby warmers	6	8
(viii)	Crash cart with defibrillator	1	2
	<b>Baby room</b>		
(i)	Baby bassinet	6	10
(ii)	Baby warmer	2	3
(iii)	Formula room apparatus	2	3
	<b>NICU/Incubator room</b>		
(i)	Incubator	1	2
(ii)	Phototherapy unit	6	12
(iii)	Baby warmer	6	12
(iv)	Suction apparatus	2	3
(v)	Neonatal monitors	2	3
(vi)	Nebulizer	6	12
<b>K</b>	<b>Operation theatre</b>		
	<b>Pre-operative area</b>		
(i)	Scrub stations	1	2

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
	<b>Operation theatre area</b>		
(i)	OT table	3	5
(ii)	OT table (Ophthal)	1	1
(iii)	Phaco emulsifier	1	1
(iv)	OT lights (Shadowless, LED)	3	5
(v)	OT lights (Ophthal)	1	1
(vi)	C-Arm	1	1
(vii)	Multi para monitor	3	5
(viii)	Transport monitor	1	2
(ix)	Suction apparatus	4	6
(x)	Anesthesia work station with Ventilator	2	3
(xi)	Syringe infusion pumps	4	6
(xii)	Electro cautery	3	5
(xiii)	Crash cart and Defib	1	2
(xiv)	Flash sterilizer	4	6
	<b>Pre and Post-Operative</b>		
(i)	Bed side monitors	6	10
(ii)	Syringe infusion pumps	12	20
(iii)	Crash cart with Defib	1	2
(iv)	Adult ventilator	1	2
(v)	Nebulizer	6	8
(vi)	Suction apparatus	2	3
<b>L</b>	<b>Isolation room</b>		
(i)	Bed side monitors	4	6
(ii)	Syringe infusion pumps	8	12
(iii)	Adult ventilator	1	2
(iv)	Crash cart	1	2
(v)	Nebulizer	4	6
(vi)	Suction apparatus	1	2
<b>M</b>	<b>Inpatient area</b>		
(i)	Infusion pumps	8	16
(ii)	Crash cart	18	36
(iii)	Nebulizer	27	54
(iv)	Suction apparatus	9	18

**Key equipment requirement for non-patient care areas**

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
<b>A</b>	<b>Pharmacy and Stores (including Lab)</b>		
(i)	Fridge	3	4
(ii)	Barcode scanner	1	2
<b>B</b>	<b>CSSD</b>		
(i)	Steam sterilizer (horizontal)	2	3
(ii)	Ultrasonic Instrument washer /cleaner	1	2
(iii)	Flash sterilizer	2	3

S.No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(iv)	Drying cabinet	2	3
(v)	Heat Sealing machine with trolley	2	3
(vi)	Disinfectant	2	3
<b>C</b>	<b>Laundry</b>		
(i)	Sluice washing machine	2	3
(ii)	Hydro extractor	2	3
(iii)	Drying tumbler	2	3
<b>D</b>	<b>Kitchen</b>		
(i)	Necessary kitchen equipment and utensils	as required	as required
<b>E</b>	<b>Morgue</b>		
(i)	Morgue freezers	4	6
<b>F</b>	<b>Electricals- as per connected load #</b>		
(i)	OT and labor room UPS	As per requirement	As per requirement
(ii)	ICU UPS		
(iii)	Building emergency lights		
(iv)	Emergency and procedure area UPS		
(v)	Generators (500 kVA)	2	3
(vi)	Transformer (600 kVA)	2	3
<b>G</b>	<b>Biomedical Waste Management and House Keeping</b>		
(i)	Waste collection bins	150	250
(ii)	Needle destroyers	50	75
(iii)	Housekeeping mopper set	15	25
(iv)	Sewerage treatment plant (STP), water treatment plant (WTP) & reverse osmosis (RO)	1	1
<b>H</b>	<b>Information technology</b>		
(i)	Nurse call system	1	1
(ii)	Hospital software	1	1
(iii)	EPABX & PA system	1	1
(iv)	CCTV system	1	1

# Note: May be changed as per actual load calculation. But the concessioner will need to ensure uninterrupted power supply throughout 24x7x365

#### Key equipment/ utilities requirement for transportation

S. No.	Name of the Department and Equipment	Total during Phase I	Total during Phase II
(i)	Ambulance – Advance life support ambulance.	1	1
(ii)	Ambulance – Basic life support ambulance.	1	2
(iii)	Office van	1	1

**Key furniture and fittings**

- (i) **Patient related areas:** The Concessionaire shall provide adequate furniture at the Hospital to compliment the bed mix and specialty mix including but not limited to emergency beds, in-patients beds, dialysis beds, ICU beds, stretchers on trolley with oxygen cylinders, couches/chairs for patients’ relatives, folding wheel chairs, over bed tables, bedside lockers, dressing trolleys, instrument and Mayo’s table trolleys, bedside screens, soiled linen trolleys, cupboards, furniture for nurses stations etc. in accordance with Good Industry Practice.
- (ii) **Other service areas:** The Concessionaire shall provide adequate furniture at the Hospital for storage and management of medical records, drug store and pharmacy, administrative offices, engineering offices etc. in accordance with Good Industry Practice.
- (iii) **Public areas and living spaces:** The Concessionaire shall provide adequate furniture at the Hospital including but not limited to chairs, television sets, signage/ public notices etc. in accordance with Good Industry Practice.



6. **Minimum specification of key Equipment**

The following Equipment required to be procured by the Concessionaire in accordance with the provisions of this Agreement shall conform to the minimum specifications set out below. For the avoidance of doubt, the Concessionaire shall be free to procure the following Equipment having higher specifications than the specifications described below.

Department / Equipment	Minimum Specification
<b>Radiology &amp; Imaging</b>	
<p><del>MRI</del> <del>(Magnetic Resonance Imaging)</del></p>	<p><del>1. 1.5 Tesla or more whole body magnetic resonance imaging system optimized for higher performance in cardiac and neuro-radiological examination with short superconducting magnet, high performance gradients and digital radio frequency.</del></p> <p><del>2. Should have all standard accessories, computer, camera, data storage devices and PACS compatible.</del></p> <p><del>3. Must be USFDA and CE certified</del></p>
CT Scan	<p>1. The machine should be capable of acquiring minimum 16 slices per rotation (unless otherwise specified) and should be DICOM and PACS compatible.</p> <p>2. Consoles should be able to perform registration, scheduling, protocol selection, volume rendering, volume measurements, multi-planar reconstruction, standard evaluation application and all available post processing functions.</p> <p>3. Must be USFDA and CE certified</p>
X-Ray	<p>1. The machine should be 300 mA-125 KVP, preferably with a digitizer and that should be dicom compatible.</p> <p>2. It should also be compatible with all kinds of digital systems, PACS and tele-radiology.</p>

Department / Equipment	Minimum Specification
	3. It should have provision for automatic safety system to block unwanted exposure factors beyond the tube rating and digital display of active KVP and mAs.  4. Must be USFDA or CE certified.
Ultrasound 4D with multi frequency transducers of:  1. Linear; 2. Sector; 3. Convex; 4. TVS; and 5. Soft tissue.	1. The machine should be able to perform all diagnostic procedures relating to Obstetrics and gynecology.  2. It should be a multifunction system to measure parameters like distance, circumference, surface, volume, angle, depth, time, heart-rate, velocity, slope etc.  3. It should have an image and video recording system as per Preconception Prenatal Diagnostic Techniques Act, 1994 and rules, regulations, guidelines etc. made thereunder.  4. Must be USFDA or CE certified.
<b>Cardiology</b>	
Cath Lab	<del>1. Latest state of the art technology, single plane ceiling mounted C arm / G arm cardiovascular angiography system with flat detector technology digital imaging system for diagnostic procedures and interventional cardiovascular procedures, valvuloplasty and vascular angiography, online DSA and cardiovascular electrophysiology.</del>  <del>2. System should be complete with pressure injector, Hemodynamic &amp; Electrophysiological Study Recorder with programmed extra stimulus stimulator and radio frequency ablation generator and advanced integrated IVUS.</del>  <del>3. Must be USFDA and CE certified.</del>
ECG	1. It should have a minimum of 12 channels, high resolution LCD screen, computer

Department / Equipment	Minimum Specification
	<p>aided measurement software for adult, pediatric and neonatal ECGs.</p> <ol style="list-style-type: none"> <li>2. Lead switching should be manual and automatic.</li> <li>3. It should have inbuilt memory and data management software to transfer data.</li> <li>4. Machine should be able to operate on mains as well as battery.</li> <li>5. Must be USFDA or CE certified.</li> </ol>
Defibrillator / Monitor / Recorder	<ol style="list-style-type: none"> <li>1. It should have facility for ECG monitoring, defibrillation, external pacing (transcutaneous), recording and printing (preferably an inbuilt recorder printing facility of ECG trace and stored information).</li> <li>2. It should have a facility for automatic external defibrillation for both adults and pediatrics patients.</li> <li>3. It should have ECG waveform display and upgradable option for SPO2 monitoring.</li> <li>4. It must be USFDA and CE certified.</li> </ol>
Echo Doppler with multi frequency transducers of cardiac and paediatric cardiac	<ol style="list-style-type: none"> <li>1. It should have a multifunction system to measure of distance, circumference, surface, volume, angle, depth, time, heart rate, velocity, slope etc.</li> <li>2. It should have all standard accessories, storage devices and data grabbing software.</li> <li>3. It must be USFDA or CE certified.</li> </ol>
Tread Mill	<ol style="list-style-type: none"> <li>1. The treadmill stress test system should be complete with acquisition of resting and stress ECG, treadmill unit with interface with all the protocols and provision of printing the resting as well as stress ECG and analyzing the same. It should acquire,</li> </ol>

Department / Equipment	Minimum Specification
	<p>display and analyze 12/15 simultaneous ECG Leads.</p> <p>2. It should have facility of on line storage of patient ECG data on hard disk drive (HDD) that can later be transported to external storage devices. Automatic stage and real-time printouts, record can be reviewed before printing.</p> <p>3. USFDA or CE certified.</p>
Holter recorder & monitor	<p>Holter recorder with analysis protocol and all standard accessories with storage and printing devices</p> <p>USFDA or CE certified.</p>
PFT machine	<p>1. It should be able to measure/do Spirometry and Flow Volume Parameter such as FVC, FEV0.5 FEV1, FEF50, FIF 50, FEF75, MVV, FET &amp; MTT, SVC, Maximum inspiratory capacity, Expiratory Reserve volume.</p> <p>2. Pre &amp; Post Bronchodilatation comparison</p> <p>3. Lung Volumes &amp; Sub-divisions.</p> <p>4. Broncho provocation Test.</p> <p>5. It must meet latest American Thoracic society (ATS)/ European Respiratory Society (ERS) standards.</p> <p>6. USFDA or CE certified.</p>
<b>Laboratory</b>	
Automatic clinical analyser	<p>1. Fully Open, Random Access System: The instrument should be capable of all routine, STAT and special biochemical tests including specific proteins, therapeutic drugs (TDM), drugs of abuse, immune turbidimetric Assays and user definable applications in Blood, Serum or Urine.</p>

Department / Equipment	Minimum Specification
	<ol style="list-style-type: none"> <li>2. All standard accessories, printing and data storage devices must be present</li> <li>3. USFDA or CE certified.</li> </ol>
Cell Counter (5 part Differential)	<ol style="list-style-type: none"> <li>1. Fully Open 5 part automated hematology analyzer. Instrument should be capable of all routine, STAT and special hematological tests.</li> <li>2. USFDA or CE certified.</li> </ol>
Cell Counter (3 part Differential)	<ol style="list-style-type: none"> <li>1. Fully Open 3 part automated hematology analyser. The instrument should be capable of all routine, STAT and special hematological tests.</li> <li>2. USFDA or CE certified.</li> </ol>
Blood Gas Analyzer	<ol style="list-style-type: none"> <li>1. Fully automatic, upgradeable, fast electrolyte analyzer. Essential Measured parameters to include pH, pCO<sub>2</sub>, pO<sub>2</sub>, SaO<sub>2</sub>, tHb, Barometric Pressure, Na<sup>+</sup>, K<sup>+</sup>, Ca<sup>++</sup>, Cl<sup>-</sup> and preferably facility for upgradation.</li> <li>2. Calculated parameters should include BE, BE ecf, HCO<sub>3</sub>, Lactate, Anion Gap etc.</li> <li>3. FDA or CE certified.</li> </ol>
Electrolyte Analyser	<ol style="list-style-type: none"> <li>1. Compact system for measuring five Electrolytes like Na, K, Li, Ca and Cl in blood.</li> <li>2. All should be measured in a single injection / aspiration of Sample.</li> <li>3. USFDA or CE certified.</li> </ol>
Automated sample Culture System	<ol style="list-style-type: none"> <li>1. The system should be capable of culture and detection of bacteria, fungi and mycobacteria from blood and sterile body fluids. Should be capable of processing both adult and pediatric samples.</li> <li>2. The system should use leak proof and non-invasive system to avoid</li> </ol>

Department / Equipment	Minimum Specification
	<p>contamination of equipment and environment.</p> <p>3. The culture bottles should have high stability and long shelf life.</p> <p>4. The system should have facilities for data management and storage and Quality control</p> <p>5. USFDA or CE certified.</p>
Binocular Microscope	<p>1. Binocular body, 360° rotatable head.</p> <p>2. Eyepieces should be of highest quality wide angle anti fungus field eyepiece.</p> <p>3. Should have provision for Parfocal, anti-fungus coated 4x, 10x, 40x and 100x Optical system-infinity corrected</p> <p>4. Preferably to have built-in white light source for best vision and clarity.</p> <p>5. USFDA or CE certified.</p>
Elisa Reader & Washer	<p>1. Digital light control 8 measurement channels including 1 reference.</p> <p>2. Single and dual wavelength measurement with facility for kinetic</p> <p>3. USFDA or CE certified.</p>
Bio-safety cabinet	<p>1. Direction of flow of air should be horizontal.</p> <p>2. 2 HEPA Filter with Retention 0.22 Micron and Efficiency 99.97 with Ultra clean glass fibre paper having Epoxy coated CRCA frame casing with finely corrugated aluminum foils separators.</p> <p>3. USFDA or CE certified.</p>
<b>Endoscopy</b>	
Endoscope unit (Upper GI, Lower GI, ERCP)	<p>1. Fiber optic scopes with light sources and other accessories to be provided for Upper GI, Lower GI and ERCP. Capable</p>

Department / Equipment	Minimum Specification
	<p>of HD video processor with excellent high resolution light source</p> <ol style="list-style-type: none"> <li>2. Should be light weight, PAL type video signal, protection against electrical shock, should have controls for colour adjustment and balance settings.</li> <li>3. Latest computer system for imaging and documentation system. Facility for data download to external drive</li> <li>4. USFDA and CE certified.</li> </ol>
<b>OT Equipment</b>	
C-Arms	<ol style="list-style-type: none"> <li>1. It should be compact unit and should allow unobstructed positioning and ease of operative intervention.</li> <li>2. Should have various handles for positioning and movement, X ray high frequency generator, fluoroscopic settings, DICOM and PACS compatibility, advanced image quality, ease of use and safety, surgeon friendly, radiation safety features as per AERB requirements.</li> <li>3. Facility of locking movement with easy to turn handles on control unit.</li> <li>4. USFDA and CE certified.</li> </ol>
Anaesthesia machine with ventilator	<ol style="list-style-type: none"> <li>1. It should have integrated suction, auxiliary oxygen flow meter, integrated active AGS system and integrated Indicator. Provision to connect oxygen, air &amp; nitrous oxide directly to system.</li> <li>2. Should have pressure gauges for cylinders and central supply lines strategically mounted for best visibility.</li> <li>3. Integrated circle absorber with unidirectional and airway pressure relief valves, integrated sensing mechanism suitable for adult as well as pediatric patients.</li> </ol>

Department / Equipment	Minimum Specification
	4. Should have anesthesia ventilator with latest attachment for pediatric and adult. It should have an integrated vital para monitoring system.  5. USFDA and CE certified.
Electro cautery	1. It should have 2 distinct frequencies i.e. Mono-polar and Bi-polar with independent control for cutting/coagulation and fulguration.  2. Linear intensity control (calibrated power output knob). Equipment should be usable with laparoscopic monopolar and bipolar instruments if the need be, for which programmes and standard accessories must be available.  3. USFDA and CE certified.
<b>Urology</b>	
ESWL	Integrated Extracorporeal Shock Wave Lithotripter (ESWL) for treatment of urinary stones in adult and children. The system should provide anaesthesia-free treatment and should have integrated X-ray and ultrasound localization facilities. The system should be integrated and stationary. The system should comprise the following:  1. <b>Shock wave system:</b> <ol style="list-style-type: none"> <li>a. Latest generation electromagnetic shock wave emitter technology, shock wave head with motorized movements to ensure easy targeting without the need to change patient's position or rotating the table for left or right side stones, ECG gated triggering should be possible, facility for at least 12 variable energy levels in 12 or more steps for facilitating low energy &amp; high energy treatments.</li> </ol>



Department / Equipment	Minimum Specification
	<p data-bbox="651 472 1048 584">b. Treatment table, X-ray system and the shockwave head should be motorized to ensure easy and accurate stone targeting.</p> <p data-bbox="576 607 1048 696">2. <b>Stone localization system:</b> Integrated, egocentric fluoroscopy and ultrasonography.</p> <p data-bbox="651 719 1048 931">a. The C-arm, shock-head and patient table must be integrated. The equipment must have C-arm based auto-positioning capability for accurate stone localization after marking of stone location on the fluoroscopy image in two planes.</p> <p data-bbox="651 954 1048 1043">b. All movements of C-arm fluoroscope should be motorized and isocentric</p> <p data-bbox="651 1066 1048 1155">c. Simultaneous imaging with X-Ray and Ultrasound system should be possible.</p> <p data-bbox="651 1178 1048 1368">d. Localization should be done through an articulating arm ultrasound or in-line ultrasound, iso-centric to the shock wave source for best image quality. Colour Doppler imaging should be available</p> <p data-bbox="651 1391 1048 1503">e. Compatible with HIS 7 interface / DICOM 3.0 ready with print, save and modality work list for connecting to PACS.</p> <p data-bbox="651 1525 1048 1671">f. Patient data management software enabling entering of patient data, storage and retrieval with print-out of treatment details and image of stone location.</p> <p data-bbox="576 1693 1048 1715">3. <b>Treatment table &amp; accessories:</b></p> <p data-bbox="651 1738 1048 1792">a. Ergonomically designed patient table usable for both for ESWL</p>

Department / Equipment	Minimum Specification
	<p>and endourological procedures by allowing full patient access.</p> <p>b. Table should have fully motorized movements of standard dimension that can hold patient weighing up to 200 Kg or more.</p> <p>c. Standard extensions/accessories (manufactured by the principal table manufacturer and not locally sourced) for comfortable supine and lithotomy positioning of adult and children.</p> <p>4. <b>Patient monitor:</b> Latest generation multi-parameter monitor with ECG, Pulse, NIBP, Pulse oximeter and temperature monitoring systems.</p> <p>5. <b>Remote Control Panel:</b> Fully automated control panel on bedside and at a remote location behind a lead screen.</p> <p>6. <b>Patient Information Management System:</b></p> <p>a. Patient data management software enabling entering of patient data, storage and retrieval with printout of treatment details and image of stone location</p> <p>b. User defined templates for diagnosis and therapy, indication of calculi on image for easy documentation, patient history record and acquisition of therapy data, data analysis and statistics</p> <p>c. System Backup: CD-R or DVD-R or USB</p> <p>d. Patient data / image archive: CD-R or DVD-R or -RW or USB</p>
<b>Patient transport</b>	

Department / Equipment	Minimum Specification
Ambulance (basic life support)	<p>1. Patient cabin should have following features:</p> <ul style="list-style-type: none"> <li>• Properly ventilated patient cabin,</li> <li>• Adequate power supply arrangements including power backup for support power requirements of the Head lights, Tail lights and the power requirements of Medical equipment etc.,</li> <li>• Adequate Patient Cabin space for patient (in comfortable position), at-least one attendant and two paramedics,</li> <li>• Complete flooring free of joints suitable for easy cleaning / scientific fumigation and treatment with disinfectants,</li> <li>• Two(at-least) superior quality Fans and sufficient Lighting arrangement,</li> <li>• Storage space for keeping Medical equipment and consumables required,</li> <li>• Siren and beacon as per approved norms of Government with at least 3 flashers on both sides of ambulance.</li> </ul> <p>2. Ambulances shall be equipped with, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Minimum of two stretchers. One detachable and one automatic foldable.</li> <li>• Suction Devices: <ul style="list-style-type: none"> <li>○ An engine vacuum operated or electrically powered, complete suction aspiration system,</li> </ul> </li> </ul>

Department / Equipment	Minimum Specification
	<ul style="list-style-type: none"> <li>○ A manual suction device</li> <li>• Bag Mask Ventilation Units (hand operated): One each for adult, pediatric and infant</li> <li>• Nonmetallic Oropharyngeal (Berman type)/ Nasopharyngeal Airways - adult, child and infant sizes.</li> <li>• Oxygen Equipment: <ul style="list-style-type: none"> <li>○ Portable oxygen equipment: Minimum 360 Liter capacity oxygen cylinder.</li> <li>○ Permanent On-Board Oxygen Equipment: Hospital type piped oxygen system,</li> <li>○ Single use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes.</li> </ul> </li> <li>• Spinal immobilization devices suitable for adult and pediatric</li> <li>• Pulse oximeter</li> <li>• Blood pressure measuring device. Blood pressure set, portable, both pediatric and adult</li> <li>• Stethoscopes.</li> <li>• Emesis basin or commercially available emesis container.</li> <li>• Bedpan and urinal.</li> <li>• Two dependable flashlights /emergency light or electric lanterns</li> </ul>

Department / Equipment	Minimum Specification
	<ul style="list-style-type: none"> <li>• Minimum of one fire extinguisher, CO2 or dry chemical or type ABC.</li> <li>• Automatic External Defibrillator (A.E.D.)</li> </ul>
Ambulance (advance life support)	<p>Ambulance should be capable of providing treatment of life-threatening medical emergencies through the use of techniques such as endo- tracheal intubations, administration of drugs or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person.</p> <p>1. Patient cabin should have following features:</p> <ul style="list-style-type: none"> <li>• Properly ventilated patient cabin,</li> <li>• Adequate power supply arrangements including power backup for support power requirements of the Head lights, Tail lights and the power requirements of Medical equipment etc.,</li> <li>• Adequate Patient Cabin space for patient (in comfortable position), at-least one attendant and two paramedics,</li> <li>• Complete flooring free of joints suitable for easy cleaning / scientific fumigation and treatment with disinfectants,</li> <li>• Two(at-least) superior quality Fans and sufficient Lighting arrangement,</li> <li>• Storage space for keeping Medical equipment and consumables required,</li> <li>• Siren and beacon as per approved norms of Government with at</li> </ul>

Department / Equipment	Minimum Specification
	<p>least 3 flashers on both sides of ambulance.</p> <p>2. Ambulances shall be equipped with, but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Ventilation and Airway Equipment: <ul style="list-style-type: none"> <li>○ Transport Ventilator</li> <li>○ Portable suction apparatus</li> <li>○ Portable&amp; Fixed Oxygen equipment with key wrench &amp; trolley</li> <li>○ Oxygen administration equipment</li> <li>○ Pocket mask with one-way valve</li> <li>○ AMBU Resuscitation Bags: Adult &amp; Pediatrics</li> <li>○ Intubation equipment set</li> <li>○ Airways - Nasopharyngeal, Oropharyngeal (adult, child, and infant sizes)</li> <li>○ Oxygen saturation monitor with different probes for adult and child</li> </ul> </li> <li>• Monitoring and Defibrillation <ul style="list-style-type: none"> <li>○ Automatic external defibrillator</li> <li>○ Multi parameter monitor</li> <li>○ End Tidal CO2 Monitor</li> </ul> </li> <li>• Infusions - Syringe Pump and IV Lines</li> </ul>

Department / Equipment	Minimum Specification
	<ul style="list-style-type: none"> <li>• Immobilization Devices: <ul style="list-style-type: none"> <li>○ Cervical collars</li> <li>○ Head immobilization device</li> <li>○ Lower extremity traction devices</li> <li>○ Upper and lower extremity immobilization devices</li> <li>○ Radio lucent backboards (long, short) and extrication device</li> </ul> </li> <li>• Stretchers &amp; Splints: <ul style="list-style-type: none"> <li>○ Collapsible chair cum trolley stretcher</li> <li>○ Spine Board</li> <li>○ Pneumatic Splints</li> </ul> </li> <li>• Obstetrical Kit: <ul style="list-style-type: none"> <li>○ separate sterile kit and baby receiving tray with warmer</li> <li>○ Thermal absorbent blanket and head cover, aluminum foil roll, or appropriate heat-reflective material (enough to cover newborn)</li> <li>○ Appropriate heat source for ambulance compartment.</li> </ul> </li> <li>• Injury Prevention Equipment: <ul style="list-style-type: none"> <li>○ Appropriate restraints (seat belts, air bags) for</li> </ul> </li> </ul>

Department / Equipment	Minimum Specification
	<p>patient, crew and family members</p> <ul style="list-style-type: none"> <li>○ Child safety restraints</li> <li>○ Fire extinguisher</li> <li>○ Traffic signaling devices (reflective material triangles or other reflective, non-igniting devices)</li> </ul> <ul style="list-style-type: none"> <li>• Sphygmomanometer - infant, pediatric, and adult regular, large and extra large</li> <li>• Stethoscope (pediatric and adult)</li> <li>• Digital Thermometer</li> <li>• Heavy duty scissors for cutting clothing, belts, and boots</li> <li>• Flashlights (2) with extra batteries and bulbs.</li> </ul>



## SCHEDULE 7

### APPLICABLE PERMITS

#### PART A - APPLICABLE PERMITS TO BE OBTAINED AS A CONDITION PRECEDENT

{Applicable to Angul, Barbil, Bhadrak, and Jharsuguda}

The Concessionaire shall be responsible for procuring all Applicable Permits required for commencement of construction of the Hospital. An indicative list of Applicable Permits required to be procured by Concessionaire as a Condition Precedent is set out below. For the avoidance of any doubt, the below list is indicative and not exhaustive, and the Concessionaire shall procure all other Applicable Permits required to be procured by it under Applicable Laws.

1. Environment clearance under Category “B” of the Environment Impact Assessment Notification, 2006 from State Level Environment Impact Assessment Authority (SEIAA) under Environment (Protection) Act, 1986
2. Consent to establish from the relevant municipal authority/corporation /panchayat as applicable;
3. No-objection certificate for establishment of the Hospital from Department of Health& Family Welfare, Government of Odisha at the relevant district level;
4. Consent to establish from State Pollution Control Board, Odisha;
- ~~5.1. Sanction drawing approval from the relevant municipal authority or any other authority as required under Applicable Laws;~~
- ~~6. Sanction drawing approval from the Fire Department;~~
- ~~7.5.~~ Permission for setting up of a provisional electricity line from the relevant authority;
- ~~8.6.~~ Permission for digging deep bore well from the relevant ~~authority~~ authority, if required under Applicable Laws;
- ~~9.7.~~ Consent from National Highways Authority of India, if required under Applicable Laws;
- ~~10.8.~~ Consent from Airports Authority of India, if required under Applicable Laws;
- ~~11.9.~~ Consent from Bharat Sanchar Nigam Limited, if required under Applicable Laws;
- ~~12.10.~~ Labour license from the District Labour Officer or any other approval required under Applicable Laws for labour.

Commented [CAM1]: 1.If applicable

Commented [CAM2]: 2.Or any other approval required under applicable laws

**PART B - APPLICABLE PERMITS TO BE OBTAINED FOR COD OF PHASE-I AND/OR COD OF PHASE-II, AS THE CASE MAY BE**

The Concessionaire shall be responsible for procuring all Applicable Permits required for commencement of commercial operations of the Hospital. An indicative list of Applicable Permits required to be procured by Concessionaire is set out below. For the avoidance of any doubt, the below list is indicative and not exhaustive, and the Concessionaire shall procure all other Applicable Permits required to be procured by it under Applicable Laws as amended from time to time.

1. License under the Odisha Clinical Establishments (Control and Regulation) Act, 1991;
2. PNDT License from the Authority under Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994;
3. MTP License from the Authority under Medical Termination of Pregnancy Act, 1971 (if applicable);
4. License to sell, stock or exhibit or offer for sale or distribute by retail drugs specified in Schedules C and C(1) excluding those specified in Schedule 'X' from Drug Control Board under the Drugs and Cosmetics Act, 1940;
5. Permit to obtain Rectified Spirit / Absolute Alcohol from a Distillery or Warehouse on payment of duty at the Rate of Rupees Per London Proof Litre for industrial use from Excise Department under the Odisha Excise Act, 2008;
6. License to operate Blood Bank/ Blood Storage unit for processing of whole human blood and/ or preparation for sale or distribution of its components from State Blood Transfusion Council under the Drugs and Cosmetics Act, 1940;
7. No Objection Certificate from Fire & Emergency Services from State Fire Service Department;
8. License for Storage of medical gases under the Explosives Act, 1884;
9. Consent to Operate (CTO) from State Pollution Control Board, Odisha under the Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981;
10. Authorization from State Pollution Control Board, Odisha under Bio-Medical Waste Management Rules, 2016 and Hazardous Waste Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016;
11. MoU / agreement with an authorized agency for use of Common Bio-medical Waste Treatment Facility (CBMWTF);
12. License to operate a lift from the concerned state/district authority under Applicable Laws;
13. Registration of vehicles from State Transport Department under Motor Vehicles Act, 1988;

14. Municipal Corporation Trade License for Hospital and pharmacy under the Orissa Municipal Corporation Act, 2003;
15. Building Completion/ Occupancy Certificate from municipal authority or development authority under Odisha Development Authorities Act,1982;
16. No-objection certificate from Atomic Energy Regulatory Board for layout of the radiology unit, ~~Cath-Lab~~, C-Arm etc. as may be required;
17. GST registration from Government of Odisha;
18. EPF registration from the relevant department under the Employees Provident Funds and Miscellaneous Provisions Act, 1952; ~~and~~
- ~~19. ESI registration from the relevant department under the Employees' State Insurance Act,1948;~~
11. Sanction drawing approval from the relevant municipal authority or any other authority as required under Applicable Laws;
20. Sanction drawing approval from the Fire Department:- and
21. If Inpatient Services are provisioned for Psychiatry Patients, necessary clearance(s) from competent authority (e.g., State Mental Health Authority).

**SCHEDULE 8**

**AMOUNT AND FORM OF CONSTRUCTION PERFORMANCE SECURITY**

**AMOUNT OF CONSTRUCTION PERFORMANCE SECURITY**

<b>S No</b>	<b>Location of the Site</b>	<b>District</b>	<b>Construction Performance Security (INR Crores)</b>
1	Angul	Angul	4.1
2	Barbil	Keonjhar	4.1
2	Bhadrak	Bhadrak	2.3
3	Jharsuguda	Jharsuguda	2.3

## FORM OF CONSTRUCTION PERFORMANCE SECURITY

[On a Stamp Paper of Appropriate Value]

**THIS DEED OF GUARANTEE** is executed on this [insert date] day of [insert month and year] at [insert place] by [insert name of bank] with its head/registered office at [insert address], (hereinafter referred to as the **Guarantor**, which expression shall unless it is repugnant to the subject or context thereof include successors and assigns)

### IN FAVOUR OF:

**THE GOVERNOR OF ODISHA** represented by the Secretary to the Government, Department of Health and Family Welfare, Government of Odisha, with its principal office at [insert address] (hereinafter referred to as the **Authority** which expression shall, unless repugnant to the context or meaning thereof, include its administrators, successors and permitted assigns);

### WHEREAS:

- A. The Authority has entered into a concession agreement dated [insert date] (the “**Concession Agreement**”) with [insert name of Concessionaire], a company incorporated under the provisions of the Companies Act, 2013 with its registered office at [insert date] (hereinafter referred to as the **Concessionaire** which expression shall, unless repugnant to the context or meaning thereof, include its successors and permitted assigns).
- B. In terms of the Concession Agreement, the Concessionaire has agreed to undertake {development of a greenfield hospital located in [insert location], Odisha, on a design, build, finance, operate, and transfer basis (“**Project Hospital**”) and provide Healthcare Services to patients at the Project Hospital.
- C. Pursuant to Clause 9.1.1 of the Concession Agreement, the Concessionaire is required to furnish to the Authority, an unconditional, irrevocable, on demand bank guarantee for an amount equivalent to [●] (the “**Guaranteed Amount**”) as security for the due performance or discharge of the Concessionaire’s obligations and liabilities during subsistence of the Construction Performance Security Period, including any amounts due and payable by the Concessionaire as liquidated damages in accordance with the provisions of the Concession Agreement.
- D. At the request of the Concessionaire and for sufficient consideration, the Guarantor has agreed to provide an unconditional, irrevocable and on-demand bank guarantee, for the due and punctual performance or discharge by the Concessionaire of its obligations and liabilities under and in accordance with the Concession Agreement.

### NOW THEREFORE THIS DEED WITNESSETH AS FOLLOWS:

1. Capitalised terms used herein but not defined shall, unless repugnant to the context or meaning thereof, have the meaning ascribed to them in the Concession Agreement.
2. The Guarantor hereby irrevocably and unconditionally guarantees and secures, as primary obligor and not merely as guarantor, to the Authority the payment in full

of all amounts at any time that may be due, owing or payable to the Authority by the Concessionaire for the failure of the Concessionaire to duly and/or punctually perform all of its obligations under the Concession Agreement during the Construction Performance Security Period (“**Guarantee**”), without any demur, reservation, protest or recourse, immediately on receipt of a demand from the Authority.

3. The Guarantee is given on consideration received from the Concessionaire (the receipt and sufficiency of which is hereby acknowledged). The Guarantor agrees that the value of the Guarantee shall at all times be maintained at the amount equivalent to the Guaranteed Amount. The Guarantor further agrees that this Guarantee does not limit the number of claims that may be made by the Authority against the Guarantor. Upon a payment being made under this Guarantee, the amount of the Guarantee shall automatically be replenished to the full Guaranteed Amount. Any payment made hereunder shall be made free and clear of and without deduction for, or on account of, any present or future Taxes, deductions or withholdings of any nature whatsoever and by whomsoever imposed, and where any withholding on a payment is required by any Applicable Law, the Guarantor shall comply with such withholding obligations and shall pay such additional amount in respect of such payment such that the Authority receives the full amount due hereunder as if no such withholding had occurred.
4. The Guarantor shall not go into the veracity of any breach or failure on the part of the Concessionaire or validity of demand so made by the Authority and shall pay the amount specified in the demand notwithstanding any direction to the contrary given or any dispute whatsoever raised by the Concessionaire or any other Person. The Guarantor's obligations hereunder shall subsist until all such demands are duly met and discharged in accordance with the provisions hereof.
5. The obligations of the Guarantor herein are absolute and unconditional, irrespective of the value, genuineness, validity, regularity or enforceability of the Concession Agreement or the insolvency, bankruptcy, re-organisation, dissolution or liquidation of the Concessionaire or any change in ownership of the Concessionaire or any purported assignment by the Concessionaire or any other circumstance whatsoever, which might otherwise constitute a discharge or defence of a guarantor or a surety.
6. Further, this Guarantee is in no way conditional upon any requirement that the Authority shall first attempt to procure the Guaranteed Amount from the Concessionaire or any other Person, or resort to any other means of obtaining payment of the Guaranteed Amount.
7. In order to give effect to this Guarantee, the Authority shall be entitled to treat the Guarantor as the principal debtor. The obligations of the Guarantor under this Guarantee shall not be affected by any act, omission, matter or thing which, but for this provision, would reduce, release or prejudice the Guarantor from any part of the Guaranteed Amount or prejudice or diminish the Guaranteed Amount in whole or in part, including, whether or not known to it, or the Authority:
  - (a) any time or waiver granted to, or composition with, the Concessionaire or any other Person;

- (b) any incapacity or lack of powers, authority or legal personality of or dissolution or change in the status of the Concessionaire or any other Person;
  - (c) any variation of the Concession Agreement so that references to the Concession Agreement in this Guarantee shall include each variation;
  - (d) any unenforceability, illegality or invalidity of any obligation of any Person under the Concession Agreement or any unenforceability, illegality or invalidity of the obligations of the Guarantor under this Guarantee or the unenforceability, illegality or invalidity of the obligations of any Person under any other document or Guarantee, to the extent that each obligation under this Guarantee shall remain in full force as a separate, continuing and primary obligation, and its obligations be construed accordingly, as if there was no unenforceability, illegality or invalidity;
  - (e) the partial or entire release of any guarantor or other Person primarily or secondarily liable or responsible for the performance, payment or observance of any of the Concessionaire's obligations during the Concession Period; or by any extension, waiver, or amendment whatsoever which may release a guarantor or the Guarantor, other than performance or indefeasible payment of the Guaranteed Amount; or
  - (f) any part performance of the Concession Agreement by the Concessionaire or by any failure by the Authority to perform any of its obligations under the Concession Agreement, including payment of fees due and payable by the Authority for the treatment of the Select Patients.
8. If, and to the extent that for any reason the Concessionaire enters or threatens to enter into any proceedings in insolvency, bankruptcy or re-organisation or otherwise, or if, for any other reason whatsoever, the performance or payment by the Concessionaire of the Guaranteed Amount becomes or may reasonably be expected to become impossible, then the Guaranteed Amount shall be promptly paid by the Guarantor to the Authority on demand.
9. So long as any amount is due from the Concessionaire to the Authority, the Guarantor shall not exercise any right of subrogation or any other rights of a guarantor or enforce any guarantee or other right or claim against the Concessionaire, whether in respect of its liability under this Guarantee or otherwise, or claim in the insolvency or liquidation of the Concessionaire or any such other Person in competition with the Authority. If the Guarantor receives any payment or benefit in breach of this Clause 9, it shall hold the same upon trust for the Authority.
10. This Guarantee shall be obtained and renewed annually until the completion of the Construction Performance Security Period. Notwithstanding the foregoing, this Guarantee shall continue in effect until the sums payable under this Guarantee have been indefeasibly paid in full and the Guarantor receives written notice thereof from the Authority, such notice to be issued promptly upon such occurrence.
11. The Guarantor represents and warrants to the Authority that:

- (a) it has the power to execute, deliver and perform the terms and provisions of this Guarantee and has taken all necessary action to authorise the execution, delivery and performance by it of this Guarantee;
  - (b) the Guarantor has duly executed and delivered this Guarantee, and this Guarantee constitutes its legal, valid and binding obligation enforceable in accordance with its terms except as the enforceability thereof may be limited by applicable bankruptcy, insolvency, moratorium or other similar laws affecting the enforcement of creditors' rights generally and by general equitable principles;
  - (c) neither the execution, delivery or performance by the Guarantor of this Guarantee, nor compliance by it with the terms and provisions hereof will:
    - (i) contravene any material provision of any Applicable Law; (ii) conflict or be inconsistent with or result in any breach of any of the material terms, covenants, conditions or provisions of, or constitute a default under any agreement, contract or instrument to which the Guarantor is a party or by which it or any of its property or assets is bound; or (iii) violate any provision of the Guarantor's constituent documents;
  - (d) no order, consent, approval, license, authorisation or validation of, or filing, recording or registration with, except as have been obtained or made prior to the date hereof, or exemption by, any governmental or public body or authority, or any subdivision thereof, is required to authorise, or is required in connection with: (i) the execution, delivery and performance of this Guarantee; or (ii) the legality, validity, binding effect or enforceability of this Guarantee; and
  - (e) this Guarantee will be enforceable when presented for payment to the Guarantor's branch in Bhubaneswar at *[insert address]*.
12. This Guarantee is a continuing one and all liabilities to which it applies or may apply under the terms hereof shall be conclusively presumed to have been created in reliance hereon. No failure or delay on the part of the Authority in exercising any right, power or privilege hereunder and no course of dealing between the Authority and the Guarantor, or the Concessionaire, shall operate as a waiver thereof, nor shall any single or partial exercise of any right, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, power or privilege.
13. The rights, powers and remedies expressly provided in this Guarantee are cumulative and not exclusive of any rights, powers or remedies which the Authority would otherwise have. No notice to or demand on the Guarantor in any case shall entitle the Guarantor to any other further notice or demand in similar or other circumstances or constitute a waiver of the rights of the Authority to any other or further action in any circumstances without notice or demand.
14. If any one or more of the provisions contained in this Guarantee are or become invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or



impaired thereby, and the Guarantor shall enter into good faith negotiations with the Authority to replace the invalid, illegal or unenforceable provision.

15. The Guarantor hereby agrees to execute and deliver all such instruments and take all such actions as may be necessary to make effective fully the purposes of this Guarantee.
16. This Guarantee may be executed in one or more duplicate counterparts, and when executed and delivered by the Guarantor and the Authority shall constitute a single binding agreement.
17. The Authority may assign or transfer all or any part of its interest herein to any other person with prior written notice to the Guarantor. The Guarantor shall not assign or transfer any of its rights or obligations under this Guarantee.
18. All documents arising out of or in connection with this Guarantee shall be served:
  - (a) upon the Authority, at *[insert address]*; and
  - (b) upon the Guarantor, at *[insert address]*.
19. Any demand, notice or communication would have been deemed to have been duly served:
  - (a) if delivered by hand, when left at the proper address of services; and
  - (b) if given or made by pre-paid registered post or facsimile, when received.
20. Either party may change the above address by prior written notice to the other party.
21. This Guarantee shall be governed by, and construed in accordance with, the laws of India. The Guarantor irrevocably agrees that any dispute arising out of or relating to this Guarantee may be brought in the courts in Bhubaneswar.

**IN WITNESS WHEREOF** the Guarantor has set its hands hereunto on the day, month and year first hereinabove written.

Signed and delivered by *[insert name of Bank]* Bank, by *[insert name of branch]* Branch by hand

Of *[insert name of signatory]*

It's *[insert designation]* and duly authorized representative

Authorized by [Power of Attorney dated *[insert date]*] OR [Board resolution dated *[insert date]*].

**SCHEDULE 9**

**AMOUNT OF DEEMED PERFORMANCE SECURITY**

<b>HOSPITAL NO</b>	<b>SITE LOCATION</b>	<b>DISTRICT</b>	<b>PROJECT</b>	<b>DEEMED PERFORMANCE SECURITY (INR CRORES)</b>
1	Angul	Angul	Project A	4.1
2	Barbil	Keonjhar	Project B	4.1
3	Bhadrak	Bhadrak	Project C	2.3
4	Jharsuguda	Jharsuguda	Project D	2.3

**SCHEDULE 10**

**PROJECT COMPLETION SCHEDULE**

**{APPLICABLE TO HOSPITALS AT ANGUL, BARBIL, BHADRAK,  
JHARSUGUDA ONLY}**

**1. Scheduled completion Date(s) of Phase I & Phase II.**

<b>Phase</b>	<b>Scheduled Completion Date</b>
Phase-I	Within 731 days from Effective Date (ED).
Phase-II	Within 1826 days from Effective Date (ED).

The Concessionaire shall comply with the scheduled time for completion as set forth in Part II of this Schedule 10 for each of the Project Milestones. Within 15 (fifteen) days of the date of completion of each Project Interim Milestone and Project Milestone, the Concessionaire shall notify the Authority of such compliance along with necessary particulars thereof.

2. **Project Milestones for Phase-I & Phase-II:**

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
Phase-I	Project Milestone 1	<b>Project Interim Milestone - 1:</b> Initialisation of Construction Works	Setting up of Site office, mobilization of project management team and machinery.	Within 609 days from the Effective Date
		<b>Project Interim Milestone - 2:</b> Completion of foundation work	Completion of earth evacuation and foundation works for the Hospital Building and Staff Accommodation.	
		<b>Project Interim Milestone - 3:</b> Completion of structural works (Part I)	EITHER:  (a) Completion of each of the following:  (i) super structure works (beam, column, slab casting, lift and service shafts etc.);  (ii) roof casting of first floor of the Hospital Building and completion of structure; and  (iii) roof casting of 50% of the minimum built-up area of Staff Accommodation as set out in Schedule 2;  OR	

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			(b) Completion of structure and roof casting of 50% minimum built-up area of Hospital Building and Staff Accommodation as set out in 'Schedule-2'.	
		<b>Project Interim Milestone - 4:</b> Completion of structural works (Part II)	Completion of: (a) super structure works (beam, column, slab casting, lift and service shafts etc.) up to top floor of Hospital Building and Staff Accommodation; and (b) roof casting of 100% of the minimum built-up area of Hospital Building and Staff Accommodation as set out in Schedule 2.	
		<b>Project Interim Milestone - 5:</b> Completion of civil works	Completion of: (a) external and internal civil works such as wall partition, external & internal plastering etc. for Phase-I; and (b) underground water tanks for the entire Hospital.	
		<b>Project Interim Milestone - 6:</b> Completion of services works	(a) Installation of the following for the Hospital Building in Phase-I:  (i) HT and LT panels;	

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			<ul style="list-style-type: none"> <li>(ii) electrical wiring;</li> <li>(iii) plumbing and related fittings;</li> <li>(iv) firefighting systems;</li> <li>(v) HVAC;</li> <li>(vi) medical gases pipeline system;</li> <li>(vii) overhead water tanks;</li> <li>(viii) reverse osmosis plant (RO);</li> <li>(ix) water treatment plant (WTP);</li> <li>(x) sewerage treatment plant (STP);</li> <li>(xi) cable networking for communication etc.</li> </ul> <p>(b) Installation of the following for the Staff Accommodation in Phase-I:</p> <ul style="list-style-type: none"> <li>(i) HT and LT panels;</li> <li>(ii) electrical wiring;</li> <li>(iii) plumbing and related fittings;</li> </ul>	

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			<ul style="list-style-type: none"> <li>(iv) firefighting systems;</li> <li>(v) overhead water tanks;</li> <li>(vi) water treatment plant (WTP);</li> <li>(vii) cable networking for communication etc.</li> </ul>	
		<b>Project Interim Milestone - 7:</b> Completion of finishing works	Completion of the following for the Hospital Building and Staff Accommodation in Phase-I: <ul style="list-style-type: none"> <li>(i) flooring;</li> <li>(ii) installation of door, windows and false ceiling;</li> <li>(iii) internal and external painting;</li> <li>(iv) signage; and</li> <li>(v) furniture and fittings etc.</li> </ul>	
	<b>Project Milestone 2</b>	<b>Project Interim Milestone - 8:</b> Equipment installation and commissioning	Completion of each of the following: <ul style="list-style-type: none"> <li>(a) Procurement, installation and commissioning of Equipment for Phase-I in accordance with Schedule 6 along with CMC / AMC plans;</li> </ul>	731 days from the Effective Date

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			(b) Procurement, installation and commissioning of lifts along with CMC / AMC plans; and (c) Establishment of Project Facilities for Phase-I in accordance with Schedule 3.	
		<b>Project interim milestone - 9:</b> Manpower Recruitment & Training	Recruitment, training and orientation of Human Resources as per 'Schedule 5' for operationalization of Phase-I.	
		<b>Project Interim Milestone - 10:</b> Applicable Permits	Obtaining all Applicable Permits required for operationalization of Phase-I.	
		<b>Project Interim Milestone - 11:</b> Dry run and soft launch and achievement of COD of Phase-I	(a) Development of standard operating procedures, work instructions and policies as per NABH guidelines for Phase-I; and (b) Commencement of commercial operations of Phase-I.	
<b>Phase-II</b>	<b>Project Milestone 3</b>	<b>Project Interim Milestone - 12:</b> Completion of civil works	Completion of external and internal civil works such as wall partition, external & internal plastering etc. for Phase-II.	1583 days from the Effective Date
		<b>Project Interim Milestone - 13:</b> Completion of services works	(a) Installation of the following for the Hospital Building in Phase-II: (i) HT and LT panels;	



Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			<ul style="list-style-type: none"> <li>(ii) electrical wiring;</li> <li>(iii) plumbing and related fittings;</li> <li>(iv) fire-fighting systems;</li> <li>(v) HVAC;</li> <li>(vi) medical gases pipeline system;</li> <li>(vii) overhead water tanks;</li> <li>(viii) reverse osmosis plant (RO);</li> <li>(ix) water treatment plant (WTP);</li> <li>(x) sewerage treatment plant (STP);</li> <li>(xi) cable networking for communication etc.</li> </ul> <p>(b) Installation of the following for the Staff Accommodation in Phase-II:</p> <ul style="list-style-type: none"> <li>(i) HT and LT panels;</li> <li>(ii) electrical wiring;</li> <li>(iii) plumbing and related fittings;</li> </ul>	

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			<ul style="list-style-type: none"> <li>(iv) fire-fighting systems;</li> <li>(v) overhead water tanks;</li> <li>(vi) water treatment plant (WTP);</li> <li>(vii) cable networking for communication etc.</li> </ul>	
		<b>Project Interim Milestone - 14:</b> Completion of finishing works	Completion of the following for the Hospital Building and Staff Accommodation in Phase-II: <ul style="list-style-type: none"> <li>(i) flooring;</li> <li>(ii) installation of door, windows and false ceiling;</li> <li>(iii) internal and external painting;</li> <li>(iv) signage; and</li> <li>(v) furniture and fittings etc.</li> </ul>	
	<b>Project Milestone 4</b>	<b>Project Interim Milestone - 15:</b> Equipment installation and commissioning	Completion of each of the following: <ul style="list-style-type: none"> <li>(a) Procurement, installation and commissioning of Equipment for Phase-II in accordance with Schedule 6 along with CMC / AMC plans; and</li> </ul>	1826 days from the Effective Date

Phases	Project Milestone	Project Interim Milestones	Key activities required for achievement of Project Milestone	Completion time for Project Milestones
			(b) Establishment of Project Facilities for Phase-II in accordance with Schedule 3.	
		<b>Project Interim Milestone - 16:</b> Manpower Recruitment & Training	Recruitment, training and orientation of Human Resources as per 'Schedule 5' for operationalization of Phase-II.	
		<b>Project Interim Milestone - 17:</b> Applicable Permits	Obtaining all Applicable Permits required for operationalization of Phase-II.	

## SCHEDULE 11

### DRAWINGS

1. The drawing specified in this Schedule 11 is a minimum requirement to be complied with by the Concessionaire for designing and construction of the Hospital. The Concessionaire shall also prepare additional drawings that may be required under Applicable Laws.
2. The Concessionaire shall prior to the preparation of Drawings for construction of Hospital Building and/or Staff Accommodation, as the case may be, in accordance with Paragraph 3 below, undertake geotechnical investigations at the Site to determine bearing capacity of soil, water table, water characteristics and related parameters as may be required for the proposed development of the Hospital.
3. The Concessionaire shall comply with the requirements specified in Schedule 4 and all Applicable Laws in preparation of each of the following (“Drawings”):
  - (a) Master Plan;
  - (b) Concept Plan;
  - (c) Design Basis Report (DBR);
  - (d) Detailed structural drawings;
  - (e) Facade design and drawings;
  - (f) Detailed services drawings for:
    - (i) electrical;
    - (ii) plumbing;
    - (iii) sewerage network (in case of the Hospital Building, required to be prepared taking into account the bio-medical waste interface);
    - (iv) HVAC (mandatory only for Hospital Building);
    - (v) firefighting systems; and
    - (vi) lift design (mandatory only for Hospital Building).
  - (g) Municipal and other sanction drawings;
  - (h) Detailed interior drawings;
  - (i) Landscape design;
  - (j) Detailed coordinated working drawings (GFC drawings);
  - (k) External and internal signage designs;

- (l) Layout drawings of medical gases pipeline system, nurse call system and public announcement system (this sub-paragraph (l) shall be applicable only in relation to the development of the Hospital Building); and
- (m) Drawing for solar panels (if proposed to be installed by the Concessionaire).

Drawings required for Staff Accommodation:

- (a) Master Plan;
  - (b) Concept Plan;
  - (c) Design Basis Report (DBR);
  - (d) Detailed structural drawings;
  - (e) Facade design and drawings;
  - (f) Detailed services drawings for:
    - (i) electrical;
    - (ii) plumbing;
    - (iii) sewerage network;
    - (iv) HVAC (optional);
    - (v) firefighting systems; and
    - (vi) lift design (optional).
  - (g) Municipal and other sanction drawings;
  - (h) Detailed interior drawings;
  - (i) Landscape design;
  - (j) Detailed coordinated working drawings (GFC drawings);
  - (k) External and internal signage designs; and
  - (l) Drawing for solar panels (if proposed to be installed by the Concessionaire).
4. The Concessionaire shall procure and ensure that the Drawings are vetted by the Lead Technical Member prior to such Drawings being submitted by the Concessionaire to the Authority and/or Independent Engineer in accordance with the Agreement. For evidencing the vetting of the Drawings by the Lead Technical Member, the Drawings shall be countersigned by the authorized representative(s) of the Lead Technical Member.
  5. The Concessionaire shall, along with the Concept Plan, submit the following to the Authority and the Independent Engineer:

- (a) design methodology;
- (b) quality assurance procedures; and
- (c) the procurement, engineering and construction time schedule for completion of the Project in accordance with Schedule 10.

6. As built Drawings

Within 30 (thirty) days of the COD of Phase-I, the Concessionaire shall furnish to the Authority a complete set of as-built Drawings, in 2 (two) hard copies and in micro film form or in such other medium as may be acceptable to the Authority, reflecting the building(s), as actually designed, engineered and constructed, including an as-built survey illustrating the layout of the building and setback lines, if any, of the buildings and structures forming part of the Project.

Upon achieving COD of Phase-II and any further Additional Capacity, as the case may be, the Concessionaire shall be required to submit the updated as-built Drawings in the manner set out above.

## SCHEDULE 12

### COMPLETION TESTS

The Authority shall arrange the Independent Engineer and the Monitoring Agency to conduct, verify and approve the following activities / tests for quality check and award of Completion Certificate. The activities/tests mentioned in this Schedule are indicative, and the Independent Engineer and the Monitoring Agency reserve the right to add and/or delete any activities/ tests to be successfully undertaken by the Concessionaire for the purpose of awarding the Completion Certificate(s). In addition to the activities/tests specified in this Schedule 12, the Concessionaire shall also undertake test(s) as required under Annexure I of Schedule 4 and Annexure II of Schedule 4. Any amendments in Completion Tests as may be required by the Independent Engineer and/or Monitoring Agency shall be notified to the Concessionaire by the Independent Engineer and/or Monitoring Agency, as the case may be, at least 1 month prior to the date of the Concessionaire's undertaking of such Completion Test.

**1. Inspection by the Independent Engineer/ Tests required to be undertaken by the Concessionaire at the instructions of the Independent Engineer:**

- (a) Sample testing of construction materials such as concrete/RMC, steel (TMT bar), cement etc. for the purposes of verification of the quality of such material in accordance with Schedule 4;
- (b) Sample testing of bricks proposed to be used by the Concessionaire for construction of the Hospital for the purposes of verification of the quality of such bricks in accordance with Schedule 4;
- (c) Inspection and quality check of external and internal civil works for cracks, loose stones, plaster, chipping, wall partition for recommended space etc. for conformance with the provisions of Schedule 4 and Drawings approved in accordance with the Agreement;
- (d) Inspection of the Hospital Building and the Staff Accommodation to verify compliance with minimum built-up area requirements specified under Schedule 2.
- (e) Inspection of the Hospital Building and the Staff Accommodation for the purposes of verification of the quality and quantity of materials and fittings used in development of Hospital in accordance with Schedule 4;
- (f) Routine inspection of following services works for conformance to Schedule 4:
  - (i) High tension (HT) and low tension (LT) panels, internal and external electrical wiring and fittings etc.
  - (ii) Heating, Ventilation and Air Conditioning (HVAC), firefighting systems, medical gases piping etc.

- (iii) Plumbing and fittings, capacity of overhead water tanks, reverse osmosis (RO) plant, water treatment plant (WTP), sewerage/effluent treatment plant (STP/ETP) etc.,
- (iv) Cabling for communication, electronic private automatic branch exchanges (EPABX), nurse call system, master antenna television (MATV), public announcement system (PA).
- (g) Quality check of flooring, installation of door, windows, false ceiling, internal and external painting, signage, furniture and fittings etc. as per Schedule 4.
- (h) Independent Engineer who reviewed and certified the Life & Fire Safety design at design stage should conduct a review at the time of life and fire safety systems testing and commissioning, and certify that construction, installation and commissioning of L&FS infrastructure/systems has been carried out in accordance with the project L&FS standards and accepted design

**2. Inspection by the Monitoring Agency / Tests required to be undertaken by the Concessionaire at the instructions of the Monitoring Agency:**

- (a) Inspection of installation of medical and non-medical equipment and furniture for conformance to Schedule 4 (including evaluation of warranty certificates and calibration certificates of all medical equipment);
- (b) Verification of qualification and minimum number of Human Resources to ensure compliance with the minimum requirements specified under Schedule 5;
- (c) Display of all notices/signage/declarations in relation to Healthcare Services provided in the Hospital as required under Applicable Laws;
- (d) Evaluation of readiness to deal with internal and external unforeseen disasters for conformance to Schedule 4;

Verification that the Concessionaire has obtained all Applicable Permits (including those provided under Schedule 7) required for commencement of commercial operations of the Hospital.



**SCHEDULE 13**

**COMPLETION CERTIFICATE BY INDEPENDENT ENGINEER**

1. I/We, ..... (Name of the Independent Engineer), acting as Independent Engineer, under and in accordance with the Concession Agreement dated ..... (the **Agreement**), for the Hospital in city of [●], Odisha through ..... (Name of Concessionaire), hereby certify that the Tests specified in Clause 14.1 and Schedule 12 of the Agreement have been successfully undertaken to determine compliance of the [Phase I/Phase II] with the provisions of the Agreement, and I am satisfied that the [Phase I/Phase II] can be safely and reliably placed in commercial service of the Patients thereof.
  
2. It is certified that, in terms of the aforesaid Agreement, all works forming part of [Phase I/Phase II] have been completed, and the [Phase I/Phase II] is ready for entry into commercial operation on this ..... day of ....., 20.....

**SIGNED, SEALED AND DELIVERED**

For and on behalf of

**INDEPENDENT ENGINEER** by:

(Signature)

(Name)

(Designation)

(Address)

**COMPLETION CERTIFICATE BY MONITORING AGENCY**

1. I/We, ..... (Name of the Monitoring Agency), acting as Monitoring Agency, under and in accordance with the Concession Agreement dated ..... (the **Agreement**), for the Hospital in city of [●], Odisha through ..... (Name of Concessionaire), hereby certify that the Tests specified in Clause 15.1 and Schedule 12 of the Agreement have been successfully undertaken to determine compliance of the [Phase I/Phase II] with the provisions of the Agreement, and I am satisfied that the [Phase I/Phase II] can be safely and reliably placed in commercial service of the Patients thereof.
2. It is certified that, in terms of the aforesaid Agreement, all works forming part of [Phase I/Phase II] have been completed, and the [Phase I/Phase II] is ready for entry into commercial operation on this ..... day of ....., 20.....

**SIGNED, SEALED AND DELIVERED**

For and on behalf of  
**MONITORING AGENCY** by:  
(Signature)  
(Name)  
(Designation)  
(Address)

**SCHEDULE 14**

**KEY PERFORMANCE INDICATORS**

**{APPLICABLE TO HOSPITAL AT BHADRAK}**

<b>Sl. No.</b>	<b>KPI</b>	<b>Measure &amp; Explanation</b>	<b>Baseline Requirements</b>	<b>Source of Measuring Data</b>	<b>Time for Evaluation of KPI</b>	<b>Damages</b>	<b>Annual cap on Damages</b>
1.	NABH accreditation	Receiving of NABH accreditation and maintaining continuous validity thereof	<p>Receipt of entry level NABH accreditation within 24 (twenty four) months from COD of Phase-I.</p> <p>Receipt of final NABH accreditation within 48 (forty eight) months from COD of Phase-I, and</p> <p>Maintenance and continuous validity of:</p> <p>(a) entry level NABH accreditation until receipt of final</p>	<p>Immediately upon receipt, submission of a certified true copy of the entry level NABH accreditation certificate by the Concessionaire to the Authority.</p> <p>Immediately upon receipt, submission of a certified true copy of the final level NABH accreditation certificate by the</p>	<p>In respect of the entry level NABH accreditation – upon completion of 24 (twenty four) months from COD of Phase-I.</p> <p>In respect of the final level NABH accreditation – upon completion of 48 (forty eight) months from</p>	3% of the Deemed Performance Security for every month or part thereof during which the default continues.	20% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			NABH accreditation; and  (b) final NABH accreditation upon receipt of the same until the expiry of the Concession Period.	Concessionaire to the Authority.  Immediately upon receipt, submission by the Concessionaire to the Authority, of a certified true copy of the  Renewal letter of the NABH accreditation as issued by NABH.	COD of Phase-I.  In respect of the renewal of final level NABH accreditation – every year on January 1 after receipt of the final level NABH accreditation.		
2.	Healthcare Services to Select Patients	1. <b>Up to 50 (fifty percent) of Bed Capacity:</b> Minimum of 3,650 Bed Days per annum commencing from COD of Phase-I.  2. <b>Beyond 50% (fifty percent) of</b>	Compliance with the minimum Bed Days as stipulated under this KPI.	HMIS, examination of grievances received from Patients and/or audit by Monitoring Agency.	On January 1 and July 1 of every calendar year commencing from 1 <sup>st</sup> anniversary of COD of Phase-I.	INR 5,000 per Bed-Day shortfall from the minimum Bed Days as stipulated under this KPI.  The rate of Damages specified above	30% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
		<p><b>Bed Capacity:</b> In addition to 3,650 Bed Days per annum commencing from COD of Phase-I, for every additional Licenced Bed beyond 50% (fifty percent) of the Bed Capacity, 60 Bed Days per annum for each such additional Licenced Bed, maximum up-to 6,000 Bed Days per annum commencing from COD of Phase-I.</p>				<p>shall be increased in accordance with Inflation Index Formula commencing from the 2<sup>nd</sup> anniversary of COD of Phase-I.</p> <p>Provided that, this KPI shall be applicable only if the Hospital is empanelled under Government Health Schemes.</p>	
3.	Over charging of fees from Select Patients under Government Health Schemes	Number of Select Patients charged more than the rates specified under the	Compliance with the rates specified under the relevant	Examination of grievances received from Select Patients and/or audit by	On January 1 and July 1 of every calendar year commencing	0.1 % of the Deemed Performance	100% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
		relevant Government Health Scheme.	Government Health Scheme.	Monitoring Agency	from COD of Phase-I.	Security for every default.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
4.	Charging of fees to the Select Patients where such Select Patients are not required to pay directly to the Hospital for availing the Inpatient Services under the relevant Government Health	Number of Select Patients charged directly by the Hospital.	Compliance with this KPI.	Examination of grievances received from Select Patients and/or audit by Monitoring Agency	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	0.1 % of the Deemed Performance Security for every default.  The rate of Damages specified above shall be	100% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	Scheme or in terms of the Agreement					increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
5.	Round the clock coverage of onsite critical care specialists (or at least 1 acceptable Tele-ICU beds per 50 Licenced Beds)	Number of days when such services were not available	Availability of such services for at least 162 days in every six monthly period commencing from COD of Phase-I.	MIS, bio-metric attendance record of critical care specialist, examination of grievances received from Patients and/or audit by Monitoring Agency.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 50,000 per day for every day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above	100% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
6.	<u>Round the clock coverage of onsite Radiologist or PACS based Tele-Radiology coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports and such services to be procured from NABH/NABL accredited facility only</u>	<u>Number of days when such services were not available</u>	<u>Availability of such services for at least 162 days in every six monthly period commencing from COD of Phase-I.</u>	<u>MIS, scrutiny of sample signed radiology reports, bio-metric attendance record of radiologist, examination of grievances received from Patients and/or audit by Monitoring Agency.</u>	<u>On January 1 and July 1 of every calendar year commencing from COD of Phase-I.</u>	<u>Damages equal to INR 20,000 per day for every day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.</u>  <u>The rate of Damages</u>	<u>60% of the Deemed Performance Security.</u>



Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						<u>specified above shall be increased in accordance with Inflation Index Formula commencing from the 1<sup>st</sup> anniversary of COD of Phase-I.</u>	
6.7.	Round the clock coverage of at least 1 Resident Medical Officer for each 20 Licenced Beds.	Number of days when such services were not available	Availability of such services for at least 162 days in every six monthly period commencing from COD of Phase-I.	HMIS, bio-metric attendance record of critical care specialist, examination of grievances received from Patients and/or audit by Monitoring Agency.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 10,000 per day for every day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.	30% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
7.8.	Availability/uptime of CT Scan, and Ventilators	Number of days when any of the such equipment were unavailable/down	Availability of such services for at least 162 days in every six monthly period commencing from COD of Phase-I.	Scrutiny of equipment break-down and audit of maintenance register by Monitoring Agency/ Authority and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day per equipment for every day of non-availability of such equipment below 162 days in every six monthly period commencing	20% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
8.9.	Development of website of the Hospital in accordance with Schedule 19	Number of days when the website is unavailable.	Availability on and from of COD of Phase-I until Concession Period.	Audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is unavailable.  The rate of Damages specified above	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
9.10	Updating of website of the Hospital in accordance with the Schedule 19	Number of days when the website is not updated in accordance with Schedule 19 by the Concessionaire by 12:00 hours (IST) on the website.	Availability of updated website for at least 162 days in every six monthly period commencing from COD of Phase-I.	Audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
10.1	Development and maintenance of hospital MIS in accordance with Schedule 19 and updated from time to time by the Concessionaire in accordance with the requirements of the Authority	Number of days when system is non-functional	Availability of updated MIS for at least 162 days in every six monthly period commencing from COD of Phase-I.	Scrutiny of equipment break-down, audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
11.1	Patient Satisfaction Index of OPD and IPD through Patient Satisfaction Survey in accordance with Schedule 26	Analysis of Customer Satisfaction Survey	Satisfaction Index $\geq$ 3 out of 5	<p>Feedback form received from Inpatient</p> <p>(90% coverage for &lt;20 discharges /day; 75% for 21-50 discharges/day; 50% for &gt;50 discharges/day)</p> <p>Feedback form received from Outpatient</p> <p>(50% coverage for &lt;20 OP /day; 30% for 21-50 OP/day; 20% for 51-100 OP/day; 10% for &gt;100 OP/day.)</p>	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	<p>The Damage shall be calculated in an amount equal to 1% of the Deemed Performance Security for Satisfaction Index less than 3 out of 5 (measured half yearly).</p> <p>The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1<sup>st</sup> anniversary of</p>	2% of Deemed Performance Security.

<b>Sl. No.</b>	<b>KPI</b>	<b>Measure &amp; Explanation</b>	<b>Baseline Requirements</b>	<b>Source of Measuring Data</b>	<b>Time for Evaluation of KPI</b>	<b>Damages</b>	<b>Annual cap on Damages</b>
						COD of Phase-I.	

**{APPLICABLE TO HOSPITALS AT ANGUL AND BARBIL ONLY}**

<b>Sl. No.</b>	<b>KPI</b>	<b>Measure &amp; Explanation</b>	<b>Baseline Requirements</b>	<b>Source of Measuring Data</b>	<b>Time for Evaluation of KPI</b>	<b>Damages</b>	<b>Annual cap on Damages</b>
1.	NABH accreditation	Receiving of NABH accreditation and maintaining continuous validity thereof	<p>Receipt of entry level NABH accreditation within 24 (twenty four) months from COD of Phase-I.</p> <p>Receipt of final NABH accreditation within 48 (forty eight) months from COD of Phase-I, and</p> <p>Maintenance and continuous validity of:</p> <p>(a) entry level NABH accreditation until receipt of final NABH accreditation; and</p>	<p>Immediately upon receipt, submission of a certified true copy of the entry level NABH accreditation certificate by the Concessionaire to the Authority.</p> <p>Immediately upon receipt, submission of a certified true copy of the final level NABH accreditation certificate by the Concessionaire to the Authority.</p> <p>Immediately upon receipt, submission by the Concessionaire to the Authority, of a</p>	<p>In respect of the entry level NABH accreditation – upon completion of 24 (twenty four) months from COD of Phase-I.</p> <p>In respect of the final level NABH accreditation – upon completion of 48 (forty eight) months from COD of Phase-I.</p> <p>In respect of the renewal of final level NABH accreditation – every year on</p>	<p>3% of the Deemed Performance Security for every month or part thereof during which the default continues.</p>	<p>20% of Deemed Performance Security.</p>



Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			(b) final NABH accreditation upon receipt of the same until the expiry of the Concession Period.	certified true copy of the Renewal letter of the NABH accreditation as issued by NABH.	January 1 after receipt of the final level NABH accreditation.		
2.	Healthcare Services to Select Patients	<p>1. <b>Up to 50 (fifty percent) of Bed Capacity:</b> Minimum of 7,300 Bed Days per annum commencing from COD of Phase-I.</p> <p>2. <b>Beyond 50% (fifty percent) of Bed Capacity:</b> In addition to 7,300 Bed Days per annum commencing from COD of Phase-I, for every additional Licenced Bed beyond 50% (fifty percent) of the Bed Capacity, 60</p>	Compliance with the minimum Bed Days as stipulated under this KPI.	HMIS, examination of grievances received from Patients and/or audit by Monitoring Agency.	On January 1 and July 1 of every calendar year commencing from 1 <sup>st</sup> anniversary of COD of Phase-I.	<p>INR 5,000 per Bed-Day shortfall from the minimum Bed Days as stipulated under this KPI.</p> <p>The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 2<sup>nd</sup> anniversary of</p>	30% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
		Bed Days per annum for each such additional Licenced Bed, maximum up-to 12,000 Bed Days per annum commencing from COD of Phase-I.				COD of Phase-I. Provided that, this KPI shall be applicable only if the Hospital is empanelled under Government Health Schemes.	
3.	Over charging of fees from Select Patients under Government Health Schemes	Number of Select Patients charged more than the rates specified under the relevant Government Health Scheme.	Compliance with the rates specified under the relevant Government Health Scheme.	Examination of grievances received from Select Patients and/or audit by Monitoring Agency	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	0.1 % of the Deemed Performance Security for every default. The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup>	100% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						anniversary of COD of Phase-I.	
4.	Charging of fees to the Select Patients Fees for Select Patients where such Select Patients are not required to pay directly to the Hospital for availing the Inpatient Services under the relevant Government Health Scheme or in terms of the Agreement	Number of Select Patients charged directly by the Hospital.	Compliance with this KPI.	Examination of grievances received from Select Patients and/or audit by Monitoring Agency	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	0.1 % of the Deemed Performance Security for every default.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	100% of the Deemed Performance Security.
5.	Round the clock coverage of onsite critical care specialists	Number of days when such services were not available	Availability of such services for at least 162 days in	HMIS, bio-metric attendance record of critical care	On January 1 and July 1 of every calendar	Damages equal to INR 50,000 per day for every	100% of the Deemed Performance

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	(or at least 2 acceptable Tele-ICU beds per 100 Licenced Beds)		every six monthly period commencing from COD of Phase-I.	specialist, examination of grievances received from Patients and/or audit by Monitoring Agency.	year commencing from COD of Phase-I.	day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	Security.
6.	<u>Round the clock coverage of onsite Radiologist or PACS based Tele-Radiology</u>	<u>Number of days when such services were not available</u>	<u>Availability of such services for at least 162 days in every six monthly</u>	<u>MIS, scrutiny of sample signed radiology reports, bio-metric</u>	<u>On January 1 and July 1 of every calendar year</u>	<u>Damages equal to INR 20,000 per day for every day of non-</u>	<u>60% of the Deemed Performance</u>

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports and such services to be procured from NABH/NABL accredited facility only		period commencing from COD of Phase-I.	attendance record of radiologist, examination of grievances received from Patients and/or audit by Monitoring Agency.	commencing from COD of Phase-I.	availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	Security.
6.7.	Round the clock coverage of at least 1 Resident Medical Officer for each 20 Licenced	Number of days when such services were not available	Availability of such services for at least 162 days in every six monthly period	MIS, bio-metric attendance record of critical care specialist, examination of	On January 1 and July 1 of every calendar year commencing	Damages equal to INR 10,000 per day for every day of non-availability of	30% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	Beds.		commencing from COD of Phase-I.	grievances received from Patients and/or audit by Monitoring Agency.	from COD of Phase-I.	such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
7.8.	Availability/uptime of CT Scan, and Ventilators	Number of days when any of the such equipment were unavailable/down	Availability of such services for at least 162 days in every six monthly period commencing from	Scrutiny of equipment break-down and audit of maintenance register by Monitoring	On January 1 and July 1 of every calendar year commencing from COD of	Damages equal to INR 5,000 per day per equipment for every day of non-availability	20% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			COD of Phase-I.	Agency/ Authority and/or examination of grievances received from Patients.	Phase-I.	of such equipment below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
8.9.	Development of website of the Hospital in accordance with Schedule 19	Number of days when the website is unavailable.	Availability on and from of COD of Phase-I until Concession	Audit by Monitoring Agency and/or examination of grievances received from	On January 1 and July 1 of every calendar year commencing	Damages equal to INR 5,000 per day on which such website is	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			Period.	Patients.	from COD of Phase-I.	unavailable. The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
9-10	Updating of website of the Hospital in accordance with the Schedule 19	Number of days when the website is not updated in accordance with Schedule 19 by the Concessionaire by 12:00 hours (IST) on the website.	Availability of updated website for at least 162 days in every six monthly period commencing from COD of Phase-I.	Audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated. The rate of Damages specified above shall be increased in accordance with	10% of Deemed Performance Security.



Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
40.	Development and maintenance of hospital MIS in accordance with Schedule 19 and updated from time to time by the Concessionaire in accordance with the requirements of the Authority	Number of days when system is non-functional	Availability of updated MIS for at least 162 days in every six monthly period commencing from COD of Phase-I.	Scrutiny of equipment break-down, audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
11	Patient Satisfaction Index of OPD and IPD through Patient Satisfaction Survey in accordance with Schedule 26	Analysis of Customer Satisfaction Survey	Satisfaction Index $\geq 3$ out of 5	Feedback form received from Inpatient (90% coverage for <20 discharges/day; 75% for 21-50 discharges/day; 50% for >50 discharges/day)  Feedback form received from Outpatient  (50% coverage for <20 OP /day; 30% for 21-50 OP/day; 20% for 51-100 OP/day; 10% for >100 OP/day)	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	The Damage shall be calculated in an amount equal to 1% of the Deemed Performance Security for Satisfaction Index less than 3 out of 5 (measured half yearly).  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	2% of Deemed Performance Security.

**{APPLICABLE TO HOSPITAL AT JHARSUGUDA ONLY.}**

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
12.	NABH accreditation	Receiving of NABH accreditation and maintaining continuous validity thereof	<p>Receipt of entry level NABH accreditation within 24 (twenty four) months from COD of Phase-I.</p> <p>Receipt of final NABH accreditation within 48 (forty eight) months from COD of Phase-I, and</p> <p>Maintenance and continuous validity of:</p> <p>(a) entry level NABH accreditation until receipt of final NABH</p>	<p>Immediately upon receipt, submission of a certified true copy of the entry level NABH accreditation certificate by the Concessionaire to the Authority.</p> <p>Immediately upon receipt, submission of a certified true copy of the final level NABH accreditation certificate by the Concessionaire to the Authority.</p> <p>Immediately upon receipt, submission by the Concessionaire to the Authority, of a</p>	<p>In respect of the entry level NABH accreditation – upon completion of 24 (twenty four) months from COD of Phase-I.</p> <p>In respect of the final level NABH accreditation – upon completion of 48 (forty eight) months from COD of Phase-I.</p> <p>In respect of the renewal of final level NABH accreditation – every year on</p>	<p>3% of the Deemed Performance Security for every month or part thereof during which the default continues.</p>	<p>20% of Deemed Performance Security.</p>

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			accreditation; and  (b) final NABH accreditation upon receipt of the same until the expiry of the Concession Period.	certified true copy of the  Renewal letter of the NABH accreditation as issued by NABH.	January 1 after receipt of the final level NABH accreditation.		
43.	Healthcare Services to Select Patients	3. <b>Up to 50 (fifty percent) of Bed Capacity:</b> Minimum of 3,650 Bed Days per annum commencing from COD of Phase-I.  4. <b>Beyond 50% (fifty percent) of Bed Capacity:</b> In addition to 3,650 Bed Days per annum commencing from COD of Phase-I, for every additional Licenced Bed beyond 50% (fifty percent) of	Compliance with the minimum Bed Days as stipulated under this KPI.	HMIS, examination of grievances received from Patients and/or audit by Monitoring Agency.	On January 1 and July 1 of every calendar year commencing from 1 <sup>st</sup> anniversary of COD of Phase-I.	INR 5,000 per Bed-Day shortfall from the minimum Bed Days as stipulated under this KPI.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula	30% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
		the Bed Capacity, 60 Bed Days per annum for each such additional Licenced Bed, maximum up-to 6,000 Bed Days per annum commencing from COD of Phase-I.				commencing from the 2 <sup>nd</sup> anniversary of COD of Phase-I.  Provided that, this KPI shall be applicable only if the Hospital is empanelled under Government Health Schemes.	
14.	Over charging of fees from Select Patients under Government Health Schemes	Number of Select Patients charged more than the rates specified under the relevant Government Health Scheme.	Compliance with the rates specified under the relevant Government Health Scheme.	Examination of grievances received from Select Patients and/or audit by Monitoring Agency	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	0.1 % of the Deemed Performance Security for every default.  The rate of Damages specified above shall be increased in accordance with Inflation Index	100% of the Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
45.]	Charging of fees to the Select Patients where such Select Patients are not required to pay directly to the Hospital for availing the Inpatient Services under the relevant Government Health Scheme or in terms of the Agreement	Number of Select Patients charged directly by the Hospital.	Compliance with this KPI.	Examination of grievances received from Select Patients and/or audit by Monitoring Agency	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	0.1 % of the Deemed Performance Security for every default.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	100% of the Deemed Performance Security.
46.]	Round the clock coverage of onsite critical	Number of days when such services were not	Availability of such services for	MIS, bio-metric attendance record	On January 1 and July 1 of	Damages equal to INR 50,000	100% of the Deemed

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	care specialists (or at least 1 acceptable Tele-ICU beds per 50 Licenced Beds)	available	at least 162 days in every six monthly period commencing from COD of Phase-I.	of critical care specialist, examination of grievances received from Patients and/or audit by Monitoring Agency.	every calendar year commencing from COD of Phase-I.	per day for every day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	Performance Security.
1.	<u>Round the clock coverage of onsite Radiologist or PACS</u>	<u>Number of days when such services were not</u>	<u>Availability of such services for at least 162 days</u>	<u>MIS, scrutiny of sample signed radiology reports,</u>	<u>On January 1 and July 1 of every calendar</u>	<u>Damages equal to INR 20,000 per day for every</u>	<u>60% of the Deemed Performance</u>

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	based Tele-Radiology coverage with maximum turnaround time (TAT) of 24 hours for signing respective reports and such services to be procured from NABH/NABL accredited facility only	available	in every six monthly period commencing from COD of Phase-I.	bio-metric attendance record of radiologist, examination of grievances received from Patients and/or audit by Monitoring Agency.	year commencing from COD of Phase-I.	day of non-availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	Security.
17.	Round the clock coverage of at least 1 Resident Medical Officer for each 20 Licenced	Number of days when such services were not available	Availability of such services for at least 162 days in every six	HMIS, bio-metric attendance record of critical care specialist,	On January 1 and July 1 of every calendar year	Damages equal to INR 10,000 per day for every day of non-	30% of the Deemed Performance



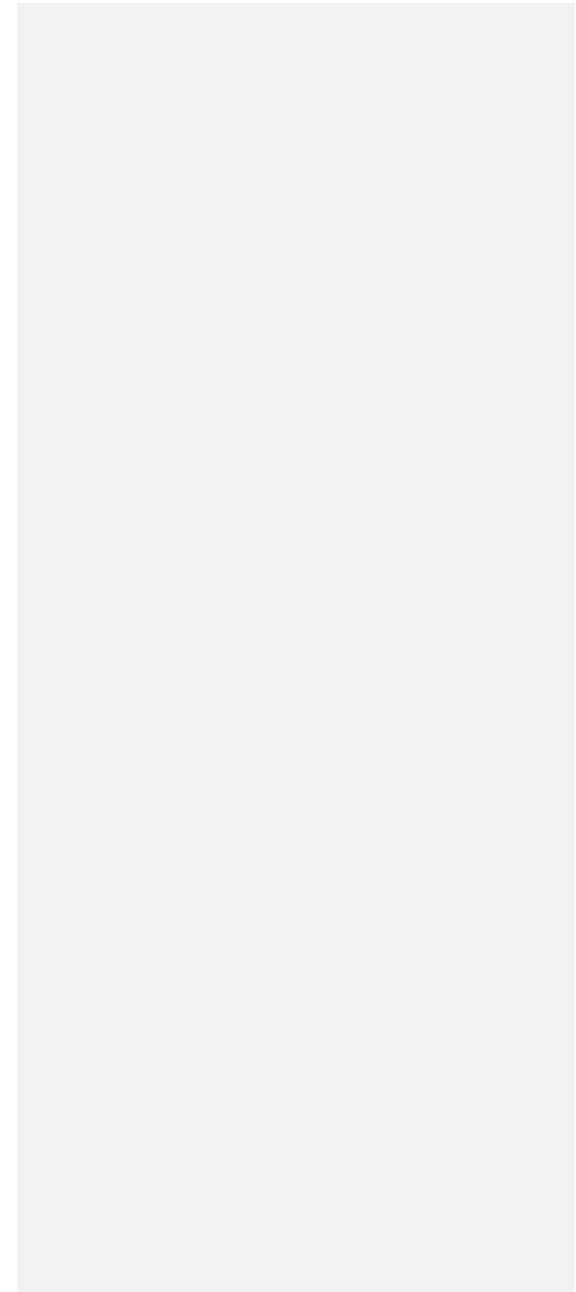
Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
	Beds.		monthly period commencing from COD of Phase-I.	examination of grievances received from Patients and/or audit by Monitoring Agency.	commencing from COD of Phase-I.	availability of such services below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	Security.
48.]	Availability/uptime of CT Scan, and Ventilators	Number of days when any of the such equipment were unavailable/down	Availability of such services for at least 162 days in every six monthly period	Scrutiny of equipment break-down and audit of maintenance register by	On January 1 and July 1 of every calendar year commencing	Damages equal to INR 5,000 per day per equipment for every day of non-	20% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			commencing from COD of Phase-I.	Monitoring Agency/ Authority and/or examination of grievances received from Patients.	from COD of Phase-I.	availability of such equipment below 162 days in every six monthly period commencing from COD of Phase-I.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
49.2	Development of website of the Hospital in accordance with Schedule 19	Number of days when the website is unavailable.	Availability on and from of COD of Phase-I until Concession	Audit by Monitoring Agency and/or examination of grievances received from	On January 1 and July 1 of every calendar year commencing	Damages equal to INR 5,000 per day on which such website is	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
			Period.	Patients.	from COD of Phase-I.	unavailable. The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
20.2	Updating of website of the Hospital in accordance with the Schedule 19	Number of days when the website is not updated in accordance with Schedule 19 by the Concessionaire by 12:00 hours (IST) on the website.	Availability of updated website for at least 162 days in every six monthly period commencing from COD of Phase-I.	Audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated. The rate of Damages specified above shall be increased in accordance with	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
						Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	
21.2	Development and maintenance of hospital MIS in accordance with Schedule 19 and updated from time to time by the Concessionaire in accordance with the requirements of the Authority	Number of days when system is non-functional	Availability of updated MIS for at least 162 days in every six monthly period commencing from COD of Phase-I.	Scrutiny of equipment break-down, audit by Monitoring Agency and/or examination of grievances received from Patients.	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	Damages equal to INR 5,000 per day on which such website is not updated.  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	10% of Deemed Performance Security.

Sl. No.	KPI	Measure & Explanation	Baseline Requirements	Source of Measuring Data	Time for Evaluation of KPI	Damages	Annual cap on Damages
22.2	Patient Satisfaction Index of OPD and IPD through Patient Satisfaction Survey in accordance with Schedule 26	Analysis of Customer Satisfaction Survey	Satisfaction Index $\geq 3$ out of 5	Feedback form received from Inpatient (90% coverage for <20 discharges/day; 75% for 21-50 discharges/day; 50% for >50 discharges/day)  Feedback form received from Outpatient (50% coverage for <20 OP /day; 30% for 21-50 OP/day; 20% for 51-100 OP/day; 10% for >100 OP/day.)	On January 1 and July 1 of every calendar year commencing from COD of Phase-I.	The Damage shall be calculated in an amount equal to 1% of the Deemed Performance Security for Satisfaction Index less than 3 out of 5 (measured half yearly).  The rate of Damages specified above shall be increased in accordance with Inflation Index Formula commencing from the 1 <sup>st</sup> anniversary of COD of Phase-I.	2% of Deemed Performance Security.



## **SCHEDULE 15**

### **ACCREDITATION STANDARDS**

1. The Concessionaire shall be responsible for obtaining and maintaining the NABH accreditation in accordance with latest revised guidelines of NABH. For the purpose of this Schedule 15, NABH accreditation means the public recognition by NABH and the term '*NABH accredited*' wherever used in the Agreement shall be construed accordingly.
2. The Concessionaire shall achieve entry level NABH accreditation of the Hospital within 24 (twenty four) months from COD of Phase-I and maintain the same until the receipt of final NABH accreditation in accordance with paragraph 3 below.
3. The Concessionaire shall achieve final NABH accreditation of the Hospital within 48 (forty eight) months from COD of Phase-I and maintain the same until the expiry of the Concession Period.

## SCHEDULE 16

### TERMS OF REFERENCE FOR INDEPENDENT ENGINEER

#### 1. Scope

- 1.1 These terms of reference for the Independent Engineer (the “**IE TOR**”) are being specified pursuant to the Concession Agreement.
- 1.2 The Independent Engineer shall perform its services and obligations under the Concession Agreement in accordance with this IE TOR.

#### 2. Definitions and Interpretation

- 2.1 The words and expressions beginning with or in capital letters used in this IE TOR and not defined herein but defined in the Concession Agreement shall have, unless repugnant to the context, the meaning respectively assigned to them in the Concession Agreement.
- 2.2 References to Articles, Clauses and Schedules in this IE TOR shall, except where the context otherwise requires, be deemed to be references to the Articles, Clauses and Schedules of the Concession Agreement, and references to Paragraphs shall be deemed to be references to Paragraphs of this IE TOR.
- 2.3 The rules of interpretation stated in Clauses 1.2, 1.3 and 1.4 of the Concession Agreement shall apply, *mutatis mutandis*, to this IE TOR.

#### 3. Roles, functions and obligations of the Independent Engineer

- 3.1 The Independent Engineer shall discharge its duties in a fair, impartial and efficient manner, consistent with the highest standards of professional integrity and Good Industry Practice.
- 3.2 The roles, functions and obligations of the Independent Engineer shall include the following:
  - (a) The Independent Engineer shall review and approve/ convey their observations on the Drawings for Ancillary Facilities submitted by the Concession under the Concession Agreement within 15 (fifteen) days of receipt of the Drawings. The Independent Engineer shall review the Drawings particularly vis-à-vis their conformity to the scope of Project and the Specifications and Standards. If the Concessionaire submits revised Drawings to the Independent Engineer, the Independent Engineer shall and comment upon the same within 7 (seven) days of receipt of the revised Drawings;
  - (b) The Independent Engineer shall review and approve/ convey its observations on the Drawings for Ancillary Facilities submitted by the Concession under the Concession Agreement within 15 (fifteen) days of receipt of the Drawings. The Independent Engineer shall review the Drawings particularly vis-à-vis their conformity to the scope of Project and



- the Specifications and Standards. If the Concessionaire submits revised Drawings to the Independent Engineer, the Independent Engineer shall and comment upon the same within 7 (seven) days of receipt of the revised Drawings;
- (c) The Independent Engineer shall review and approve/ provide its comments, observations or suggestions on the Construction Documents submitted by the Concessionaire in accordance with the Concession Agreement within 30 (thirty) days of receipt of the Construction Documents. Further, within 15 (fifteen) days of receipt of revised Construction Documents (if submitted by the Concessionaire), the Independent Engineer shall review it, and upon being satisfied that the revised Construction Documents are in compliance with the Standards and Specifications and the terms of this Agreement, shall approve such Construction Documents.
  - (d) The Independent Engineer shall advise the Authority (if the opinion of the Independent Engineer is sought by the Authority) on the environmental and sustainability plan prepared under Clause 5.10 of the Concession Agreement;
  - (e) During the Construction Period, the Independent Engineer shall inspect the Hospital, at least once a month and shall submit the Inspection Report. The Inspection Report shall especially detail the defects or deficiencies if any vis-à-vis the Specifications and Standards. Within 7 (seven) days of the inspection the Independent Engineer shall send the Inspection Report to the Authority and Concessionaire;
  - (f) The Independent Engineer shall notify the Authority and Concessionaire in accordance with Clause 13.3 of the Concession Agreement, if the Concessionaire fails to achieve any of the Project Milestones;
  - (g) The Independent Engineer shall be required to monitor the Construction Works in accordance with the Concession Agreement, and may make a recommendation to the Authority to suspend Construction Works in accordance with Clause 13.4.1 of the Concession Agreement;
  - (h) The Independent Engineer shall inspect (if so requested to by the Concessionaire through a notice) the remedial measures proposed/required to be undertaken under Clause 13.4.2 to secure safety of the suspended works, and shall, based on its review, recommend revocation or continuation of the suspension affected under Clause 13.4.1. This procedure shall be repeated until the Authority instructs that the suspension be revoked;
  - (i) Where the suspension of the Construction Works is not due to reasons attributable to the Concessionaire, the Independent Engineer shall determine a reasonable period by which the Project Completion Schedule should be extended and shall suggest to the Authority to extend the Project Completion Schedule by an equivalent period.

- (j) The Independent Engineer shall in consultation with the Concessionaire determine the date and time for each Completion Test and thereafter notify the Authority of such agreed upon date and time. It is clarified that the Independent Engineer and Monitoring Agency may conduct the relevant Completion Tests jointly or independently;
- (k) The Independent Engineer shall observe, monitor and review the results of the Completion Tests (conducted in accordance with Schedule 12) to determine compliance of the Hospital vis-à-vis the Specifications and Standards. If the Independent Engineer after such review concludes that the Hospital (or any part thereof) does not comply with the Specifications and Standards, the Independent Engineer shall suspend/delay such Completion Test and require the Concessionaire to remedy and rectify the defects or deficiencies;
- (l) In addition to the Completion Tests to be carried out under Schedule 12 of the Concession Agreement, the Independent Engineer may direct the Concessionaire to carry out or cause to be carried out additional Completion Tests, in accordance with Good Industry Practice, for determining whether the Hospital complies with Specifications and Standards;
- (m) The Independent Engineer shall upon completion of each Completion Test, provide to the Authority and to the Concessionaire copies of all Completion Test data including detailed Completion Test results;
- (n) The Independent Engineer shall issue a Completion Certificate for each relevant phase to the Concessionaire and Authority in the form set out under Schedule 13 within 5 (five) days after it determines successful completion of all Completion Tests, for Phase-I, Phase-II or any Additional Capacity, as the case may be, in accordance with the Concession Agreement;
- (o) The Independent Engineer (if requested by the Concessionaire in accordance with Clause 14.3) shall determine whether the Completion Tests are successful and whether all the facilities required for rendering Diagnostic Services (as contemplated in Phase I) and OPD Services, can be safely and reliably placed in commercial operation.
- (p) The Independent Engineer shall at least 4 (four) months prior to the Scheduled Completion Date of Phase-I and Phase – II, or the likely COD of Phase-I and Phase-II, as the case may be (as notified by the Concessionaire) conduct the Completion Tests specified in Schedule 12 to ascertain and certify that the Phase-I and/or Phase-II (as the case may be) is compliant with the Safety Requirements and is safe for entering into commercial service. The Independent Engineer may instruct the Concessionaire to conduct additional tests in compliance with Applicable Laws and/ or Good Industry Practice for the purpose of determining compliance with the Safety Requirements and the Concessionaire shall bear the costs of such additional tests.

- (q) The Independent Engineer shall be required to determine in accordance with the Concession Agreement, whether or not a Bed is an Operationalized Bed.
- (r) The Independent Engineer shall review, adjudge the reasonableness and thereafter certify the costs (to the extent reasonable) incurred by the Concessionaire in providing information required under Clause 16.2.2 of the Concession Agreement;
- (s) The Independent Engineer shall assess the costs in the event of a Dispute upon issuance of a Change of Scope Order;
- (t) After commencement of the work after issuance of change of work order, the Independent Engineer shall certify bills for payment in respect of the works in progress or completed works;
- (u) The Independent Engineer shall submit periodic reports (at least on a monthly basis) to the Authority in respect of its duties and functions as contemplated under Schedule 16;
- (v) The Independent Engineer shall designate up to 2 (two) persons employed in its firm to sign for and on behalf of the Independent Engineer. The Independent Engineer shall also notify the Authority and Concessionaire about the employees chosen to act as its designated representatives. The Independent Engineer shall retain the right to the substitute any of the designated persons by any of its employees by issuing notice in writing;
- (w) The Independent Engineer shall mediate and assist the Parties in arriving at an amicable settlement (if called upon to do so by either Party) in respect of any dispute between the Parties arising out of, or in respect of Construction Works;
- (x) The Independent Engineer shall review and approve any reasonable action required to be taken by the Concessionaire to cure any breach as per the Concession Agreement; and
- (y) In addition to the duties specified above in this Schedule 16, the Independent Engineer shall also perform any other roles, functions and duties specified under the Concession Agreement.

**4. Duties of the Independent Engineer under the Escrow Agreement**

- (a) Before the Escrow Bank disburses the State Capital Grant from the State Grants Account to the Concessionaire, the Independent Engineer is required to certify whether the particular Project Interim Milestone(s) as set out in Schedule 18 of the Concession Agreement has been met, in substantially the form set out in Annexure III to the Escrow Agreement; and
- (b) The Independent Engineer shall certify the date on which that the relevant Project Milestone/Project Interim-Milestone was achieved in terms of the

Concession Agreement as required under Annexure I to the Escrow Agreement.

**5. Authorized Signatories of the Independent Engineer**

The Independent Engineer shall designate up to 2 (two) persons employed in its firm to sign for and on behalf of the Independent Engineer. The Independent Engineer shall also notify the Authority and Concessionaire about the employees chosen to act as its designated representatives. The Independent Engineer shall retain the right to substitute any of the designated persons by any of its employees by issuing notice in writing;

## SCHEDULE 17

### TERMS OF REFERENCE FOR MONITORING AGENCY

#### 1. Scope

- 1.1 These terms of reference for the Monitoring Agency (the “MA TOR”) are being specified pursuant to the Concession Agreement.
- 1.2 The Monitoring Agency shall perform its services and obligations under the Concession Agreement in accordance with this MA TOR.

#### 2. Definitions and Interpretation

- 2.1 The words and expressions beginning with or in capital letters used in this MA TOR and not defined herein but defined in the Concession Agreement shall have, unless repugnant to the context, the meaning respectively assigned to them in the Concession Agreement.
- 2.2 References to Articles, Clauses and Schedules in this MA TOR shall, except where the context otherwise requires, be deemed to be references to the Articles, Clauses and Schedules of the Concession Agreement, and references to Paragraphs shall be deemed to be references to Paragraphs of this MA TOR.

The rules of interpretation stated in Clauses 1.2, 1.3 and 1.4 of the Concession Agreement shall apply, *mutatis mutandis*, to this MA TOR

#### 3. Roles, functions and obligations of the Monitoring Agency

- 3.1 The Monitoring Agency shall discharge its duties in a fair, impartial and efficient manner, consistent with the highest standards of professional integrity and Good Industry Practice.
- 3.2 The roles, functions and obligations of the Monitoring Agency shall include the following:
  - (a) The Monitoring Agency shall in consultation with the Concessionaire determine the date and time for each Completion Test and thereafter notify the Authority of such agreed upon date and time. It is clarified that the Independent Engineer and Monitoring Agency may conduct the relevant Completion Tests jointly or independently;
  - (b) The Monitoring Agency shall observe, monitor and review the results of the Completion Tests (conducted in accordance with Schedule 12) to determine compliance of the Hospital vis-à-vis the Specifications and Standards. If the Monitoring Agency after such review concludes that the Hospital (or any part thereof) does not comply with the Specifications and Standards, the Monitoring Agency shall suspend/delay such Completion Test and require the Concessionaire to remedy and rectify the defects or deficiencies;

- (c) In addition to the Completion Tests to be carried out under Schedule 12 of the Concession Agreement, the Monitoring Agency, may direct the Concessionaire to carry out or cause to be carried out additional Completion Tests, in accordance with Good Industry Practice, for determining whether the Hospital complies with Specifications and Standards;
- (d) The Monitoring Agency shall upon completion of each Completion Tests provide to the Authority and to the Concessionaire copies of all Completion Test data including detailed Completion Test results;
- (e) The Monitoring Agency shall issue a Completion Certificate for each relevant phase to the Concessionaire and Authority in the form set out under Schedule 13 within 5 (five) days of determination of the successful completion of all Completion Tests in accordance with Clause 14.1 of the Concession Agreement, for Phase-I, Phase-II or any Additional Capacity, as the case may be, by the Monitoring Agency;
- (f) The Monitoring Agency (if requested by the Concessionaire in accordance with Clause 14.3) shall determine whether the Completion Tests are successful and whether all the facilities required for rendering Diagnostic Services (as contemplated in Phase I) and OPD Services, can be safely and reliably placed in commercial operation;
- (g) The Monitoring Agency shall at least 4 (four) months prior to the Scheduled Completion Date of Phase-I and Phase – II, or the likely COD of Phase-I and Phase-II, (as notified by the Concessionaire) as the case may be, conduct the Completion Tests specified in Schedule 12. These Completion Tests shall be conducted to ascertain and certify that the Phase-I and/or Phase-II (as the case may be) is compliant with the Safety Requirements and is safe for entering into commercial service. The Monitoring Agency may instruct the Concessionaire to conduct additional tests in compliance with Applicable Laws and/ or Good Industry Practice for the purpose of determining compliance with the Safety Requirements and the Concessionaire shall bear the costs of such additional tests;
- (h) The Monitoring Agency shall be required to determine in accordance with the Concession Agreement, whether or not a Bed is an Operationalized Bed.
- (i) In the event of a Dispute upon issuance of a Change of Scope Order the Monitoring Agency shall assess the costs;
- (j) After commencement of the work post issuance of a Change of Scope Order, the Monitoring Agency shall certify bills for payment in respect of the works in progress or completed works.
- (k) The Monitoring Agency may request any relevant information in addition to the quarterly report submitted by Concessionaire under Clause 19.1.1 of the Concession Agreement. The Concessionaire shall promptly furnish such information;

- (l) The Monitoring Agency may request information with respect to unusual occurrences in addition to those specifically mentioned under Clause 19.2 (a) – Clause 19.2 (i) of the Concession Agreement. Under Clause 19.2 (j) of the Concession Agreement, the Concessionaire shall be bound to furnish such information;
- (m) The Monitoring Agency shall conduct an inspection of the Hospital on at least a quarterly basis, and within 7 (seven) days of such inspection send a copy of the O&M Inspection Report to the Concessionaire and to the Authority;
- (n) The Monitoring Agency shall instruct the Concessionaire to carry out tests specified by it in accordance with Good Industry Practice once in every quarter, commencing from the COD of Phase-I to ensure that the Project conforms to the Maintenance Requirements and Safety Requirements. The Concessionaire shall thereafter furnish the results of such tests to the Monitoring Agency. The Monitoring Agency shall review, adjudge reasonableness and certify the costs incurred by the Concessionaire in carrying out such tests;
- (o) The Monitoring Agency shall instruct the Concessionaire to carry out or cause to be carried out tests, at its own cost, to determine whether the remedial measures carried out under Clause 19.5.1 of the Concession Agreement, have brought the Hospital into compliance with the Maintenance Requirements and the Safety Requirements. The procedure under Clause 19.5 of the Concession Agreement shall be repeated until the Hospital conforms to the Maintenance Requirements and the Safety Requirements.
- (p) The Monitoring Agency, the Authority and the Concessionaire shall cooperate and consult each other in order to formulate and publicize, a system based on Good Industry Practice to ensure that no Patient or category of Patients is discriminated against or unduly favored, in the use of the Hospital;
- (q) In accordance with Clause 20.2.3 of the Concession Agreement, the Monitoring Agency may issue instructions to the Concessionaire to enhance security within and around the Hospital;
- (r) The Monitoring Agency shall conduct a Patient Satisfaction Survey bi-annually by handing out a Patient satisfaction form designed in consultation with the Concessionaire on a random sample method in accordance with Schedule 14 and consistent with Good Industry Practice.
- (s) The Monitoring Agency shall prepare a quarterly report on the status of compliance with the KPIs by the Concessionaire within 30 (thirty) days of receipt of report from the Concessionaire in accordance with Clause 21.4.1 of the Concession Agreement and shall submit such quarterly KPI status report to the Concessionaire for its comments. The Monitoring Agency may take into account feedback received from the Concessionaire (if acceptable)

- and submit the final report on the status of compliance of the KPIs for that quarter to the Authority with a copy to the Concessionaire within 15 (fifteen) days of receipt of feedback from the Concessionaire; or if no such feedback is received, within 7 (seven) days of expiry of the stipulated time period for receipt of feedback of Concessionaire;
- (t) On a quarterly basis, the Monitoring Agency shall present a performance review of the Hospital to the Project Level Coordination Committee basis the KPI Compliance Report for the preceding quarter.
  - (u) The Concessionaire shall in consultation with the Monitoring Agency evolve the Maintenance Manual at least 180 (one hundred and eighty) days prior to the COD of Phase I. One copy of the Maintenance Manual shall be provided to the Monitoring Agency. If the Concessionaire is required to modify the same as per comments given by the Authority, 2 (two) copies of the revised Maintenance Manual should be submitted to the Monitoring Agency;
  - (v) The Monitoring Agency shall submit periodic (at least quarterly) reports to the Authority in respect of its duties and functions set forth in Schedule 17;
  - (w) The Monitoring Agency shall assist the Authority (in accordance with the provisions of this Concession Agreement) in supervising the performance of the Concessionaire. The Monitoring Agency, in its discretion (to be exercised within the scope of this Concession Agreement), may specify to the Concessionaire the procedural requirements to be conformed to, such as any information, reports etc. to be provided by the Concessionaire including formats thereof;
  - (x) As per Clause 27.3.3 (c) (iii) of the Concession Agreement, within 30 (thirty) days of receipt of a Monthly Invoice, the Monitoring Agency shall verify the Monthly Invoice in light of the documents submitted by the Concessionaire in accordance with Clause 27.3.3(c)(ii) of the Concession Agreement. After verification, the Monitoring Agency may point out any error in the computation of amounts specified in or raise dispute on the amounts claimed under the Monthly Invoice. If rectification/revision of the Monthly Invoice is required, the Monitoring Agency will notify the Concessionaire about such rectification and/or revision, with a copy to the Escrow Bank in accordance with Clause 27.3.3 (c) (iv) of the Concession Agreement;
  - (y) The Monitoring Agency shall upon Termination review the monthly average of the O&M Expenses incurred by the Concessionaire during last 1 (one) year immediately preceding the date of Termination;
  - (z) The Monitoring Agency shall verify compliance by the Concessionaire with the Maintenance Requirements and Safety Requirements, and if required, instruct that appropriate tests be carried out at the Concessionaire's cost for this purpose. Such verification shall:



- occur not earlier than 90 (ninety) days before Termination but not later than 15 (fifteen) days prior to the effective date of such Termination; and
  - before conducting such verification, the Monitoring Agency shall give due notice to the Concessionaire of the time, date and venue of such verification and/or inspection.
- (aa) The Monitoring Agency shall verify the base case plan prepared in accordance with the internationally accepted accounting standards and adopted by the Senior Lenders to determine NPV as per Clause 36.3 of the Concession Agreement. This determination of the NPV is sought to place the Concessionaire in the same financial position as it would have enjoyed had there been no Change in Law;
- (bb) The Monitoring Agency shall mediate and assist the Parties in arriving at an amicable settlement (if called upon to do so by either Party) in respect of any dispute between the Parties arising out of, or in respect this Concession Agreement (other than the Dispute relating to Construction Works);
- (cc) The Monitoring Agency shall identify defects and deficiencies in the Hospital on or before the Transfer Date as per Clause 34.1 of the Concession Agreement;
- (dd) The Monitoring Agency shall review and approve any reasonable action required to be taken by the Concessionaire to cure any breach required under the Concession Agreement; and
- (ee) In addition to the duties specified above in this Schedule 17, the Monitoring Agency shall also perform any other roles, functions or duties specified under the Concession Agreement.

#### ~~4. Duties of the Monitoring Agency under the Escrow Agreement~~

~~Under the Escrow Agreement, the Monitoring Agency is required to issue a certificate in the form set out in Annexure V to the Escrow Agreement, certifying whether the Concessionaire has achieved 30% (thirty percent) Occupancy in the last 12 (twelve) months.~~

#### 5.4. Authorized Signatories of the Monitoring Agency

The Monitoring Agency shall designate up to 2 (two) persons on the panel to sign for and on behalf of the Monitoring Agency. The Monitoring Agency shall also notify the Authority and Concessionaire about the persons chosen to act as its designated representatives. The Monitoring Agency shall retain the right to the substitute any of the designated persons by any of its employees by issuing notice in writing.

**SCHEDULE 18**

**DISBURSEMENT OF STATE CAPITAL GRANT AND STATE OPERATIONAL GRANT {OR PAYMENT OF PREMIUM}**

{Applicable for all four Projects}

**STATE CAPITAL GRANT**

<b>Tranche of State Capital Grant Number</b>	<b>Project Interim Milestone(s) Description</b>	<b>Percentage of State Capital Grant (%)</b>
Tranche of State Capital Grant 1	Satisfactory completion of Project Interim Milestone – 1 and 2	7%
Tranche of State Capital Grant 2	Satisfactory completion of Project Interim Milestone – 3 and 4	33%
Tranche of State Capital Grant 3	Satisfactory completion of Project Interim Milestone – 5, 6 and 7	15%
Tranche of State Capital Grant 4	Satisfactory completion of Project Interim Milestone – 8,9,10 and 11	20%
Tranche of State Capital Grant 5	Satisfactory completion of Project Interim Milestone – 12, 13 and 14	12.5%
Tranche of State Capital Grant 6	Satisfactory completion of Project Interim Milestone – 15, 16 and 17	12.5%

**STATE OPERATIONAL GRANT {OR PAYMENT OF PREMIUM}**

<b>Tranche of State Operational Grant</b>	<b>Period</b>	<b>Amount of State Operational Grant(INR Crores)</b>
Tranche of State Operational Grant 1	From COD of Phase – I till the end of financial year (March 31 <sup>st</sup> ) in which the COD of Phase – I is falling	<i>[50% of the total Operational Grant quoted in the bid, for this tranche]</i> <i>[The above number is for a 365 day period, to be prorated to the number of days between the COD</i>

	<p>If <b>Premium</b>, on the first anniversary of COD of Phase - I</p>	<p><i>of Phase – I and end of the financial year in which the COD of Phase – I occurs.]</i></p>
Tranche of State Operational Grant 2	<p>From April 1<sup>st</sup> of the financial year, in which first anniversary of the COD of Phase – I will fall, till March 31<sup>st</sup> such financial year</p> <p>If <b>Premium</b>, on the second anniversary of COD of Phase - I</p>	<p><i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i></p>
Tranche of State Operational Grant 3	<p>From April 1<sup>st</sup> of the financial year, in which second anniversary of the COD of Phase – I will fall, till March 31<sup>st</sup> of such financial year</p> <p>If <b>Premium</b>, on the third anniversary of COD of Phase - I</p>	<p><i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i></p>
Tranche of State Operational Grant 4	<p>From April 1<sup>st</sup> of the financial year, in which third anniversary of the COD of Phase – I will fall, till March 31<sup>st</sup> of such financial year</p> <p>If <b>Premium</b>, on the fourth anniversary of COD of Phase - I</p>	<p><i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i></p>
Tranche of State Operational Grant 5	<p>From April 1<sup>st</sup> of the financial year, in which fourth anniversary of the COD of Phase – I will fall, till March 31<sup>st</sup> of such financial year</p> <p>If <b>Premium</b>, on the fifth anniversary of COD of Phase - I</p>	<p><i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i></p>
Tranche of State Operational Grant 6	<p>From April 1<sup>st</sup> of the financial year, in which fifth anniversary of the COD of Phase – I will fall, till end of financial year in which the</p>	<p><i>Balance amount of the Tranche of State Operational Grant 1, if any, for this tranche</i></p>

	fifth anniversary of the COD of Phase – I will occur	
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**SCHEDULE 18 – A**  
**DISBURSEMENT OF CENTRAL OPERATIONAL GRANT**

{Applicable for all four Projects}

<b>Tranche of Central Operational Grant</b>	<b>Period</b>	<b>Amount of Central Operational Grant* (INR Crores)</b>
Tranche of Central Operational Grant 1	From COD of Phase – I till the end of financial year (March 31 <sup>st</sup> ) in which the COD of Phase – I is falling	<i>[50% of the total Operational Grant quoted in the bid, for this tranche]</i>  <i>[The above number is for a 365 day period, to be prorated to the number of days between the COD of Phase – I and end of the financial year in which the COD of Phase – I occurs.]</i>
Tranche of Central Operational Grant 2	From April 1 <sup>st</sup> of the financial year, in which first anniversary of the COD of Phase – I will fall, till March 31 <sup>st</sup> of such financial year	<i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i>
Tranche of Central Operational Grant 3	From April 1 <sup>st</sup> of the financial year, in which second anniversary of the COD of Phase – I will fall, till March 31 <sup>st</sup> of such financial year	<i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i>
Tranche of Central Operational Grant 4	From April 1 <sup>st</sup> of the financial year, in which third anniversary of the COD of Phase – I will fall, till March 31 <sup>st</sup> of such financial year	<i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i>
Tranche of Central Operational Grant 5	From April 1 <sup>st</sup> of the financial year, in which fourth anniversary of the COD of Phase – I will fall, till March 31 <sup>st</sup> of such financial year	<i>[50% of the total Operational Grant quoted in the bid, for this tranche.]</i>
Tranche of Central Operational Grant 6	From April 1 <sup>st</sup> of the financial year, in which fifth anniversary of the COD of Phase – I will fall, till end of financial year in which the	<i>Balance amount of the Tranche of Central Operational Grant 1, if any, for this tranche.</i>

	5th anniversary of the COD of Phase – I will occur	
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**SCHEDULE 18 – B**

**CAPITAL GRANT ALLOCATION LETTER**

To,

[Insert name of the Concessionaire]

[Insert Address of the Concessionaire]

The Authority and the Concessionaire have entered into a concession agreement dated [●] (hereinafter referred to as the “**Concession Agreement**”), in terms of which the Concessionaire has agreed to undertake development of a hospital located in [●], Odisha, on a design, build, finance, operate, and transfer basis (hereinafter referred to as the “**Project**”) and provide, *inter alia*, Healthcare Services to patients at the Hospital. This is to inform you that pursuant to determination of amount of the Capital Grant to be allocated towards the Central Capital Grant and the State Capital Grant as per the Central VGF Scheme and the provisions of the Concession Agreement, allocation of amount towards the Central Capital Grant and the State Capital Grant for the Project shall be as follows:

<u>Grant</u>	<u>Allocated amount (in INR)</u>
<u>Central Capital Grant</u>	<u>[●]</u>
<u>State Capital Grant</u>	<u>[●]</u>

All capitalized words, terms and phrases not defined in this letter shall draw their meaning from the Concession Agreement.

For and On Behalf Of

[Authority]

## SCHEDULE 19

### HOSPITAL INFORMATION TECHNOLOGY & INFORMATION MANAGEMENT

1. The Concessionaire shall develop, commission and maintain a comprehensive website exclusively for the Hospital (“**Hospital Website**”) as set out in this Schedule 19 from COD of Phase-I until the expiry of the Concession Period. The information displayed on the Hospital Website shall be unambiguous and the Concessionaire shall be required to update the Hospital Website on a real-time basis but not later than 12:00 hours (IST) on each day commencing from COD of Phase-I until the expiry of the Concession Period.
2. The information required to be displayed by the Concessionaire on Hospital Website shall include the following:
  - (a) Names of all consultants (along with their qualifications) working in the Hospital across all clinical specialties;
  - (b) Healthcare Services available at the Hospital with timings of the provision of such services;
  - (c) Number of the following as of 6:00 hours (IST) the present day:
    - (i) Unoccupied Ward Beds;
    - (ii) Unoccupied beds in ICU; and
    - (iii) Unoccupied beds in NICU,
  - (d) Schedule for various OPDs;
  - (e) Procedure for seeking appointments (online and through telephone);
  - (f) Facility to reserve appointment online;
  - (g) Facility for providing feedback and/or registering complaints etc. online;
  - (h) Medical emergency contact numbers;
  - (i) List of insurance service providers with which the Hospital is empaneled;
  - (j) Patient Charter; and
  - (k) Upcoming camps and/or other promotional health activities planned, if any.
3. **Hospital Management Information System (HMIS):** Concessionaire shall ensure that the HMIS system should be safe and secure from a data management point-of-view. The system should ensure efficient flow of information that provides interdepartmental support to the establishment, functional and process integration, be adaptable and flexible from a user perspective, and be standards-based to ensure



interoperability in terms of syntactic, semantic and process. Use of ICD-10-CM codes mandatory for all outpatient and inpatient medical reporting requirements.

**4. Information Management:** All electronic and manual information pertinent to patient care and hospital administration must be well maintained. This information shall be maintained as follows:

- (a) Electronic - Hospital Management Information System (HMIS)
- (b) Manual/electronic - Medical records, register and patient files
- (c) The Concessionaire shall at all times comply with the provisions of Applicable Laws including but not limited to the following:
  - (i) Information Technology Act, 2000
  - (ii) Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994; and
  - (iii) Code of Medical Ethics Regulation, 2002.
- (d) The Concessionaire shall be required to create and maintain back-up of the electronically stored data in accordance with Applicable Laws and Good Industry Practice.
- (e) The data stored physically by the Concessionaire (such as medical records) shall be kept in a secured manner to prevent the risk of loss, theft, fire, floods, natural disasters and damage caused by rodents, pests etc.

**5. Indicative MIS (Clinical and Administrative):**

- (a) The Concessionaire shall update the MIS information on daily/real-time basis. MIS of preceding month shall also be compiled every month and shared with the Authority/Monitoring Agency on or prior to the 5th day of the immediately succeeding month.
- (b) The MIS indicator/parameters indicated in this Schedule 19 are indicative and Concessionaire is free to add more indicators.
- (c) The Authority and Monitoring Agency shall have the right to suggest addition/deletion of any indicator/parameters as deemed necessary by it.
- (d) The Authority and Monitoring Agency shall have right to view the MIS of Hospital and accordingly a link/tab shall be provided in the Website requiring 'login id and password'.
- (e) An indicative format of monthly MIS is provided in Annexure I (Monthly MIS reporting format) of this Schedule 19.

## SCHEDULE 20

### FORM OF ESCROW AGREEMENT

(See Clause 28.1.1)

THIS ESCROW AGREEMENT (“**Agreement**”) is entered into on this the [●] day of [●], 20[●].

#### AMONGST

1. [●], a company incorporated under the provisions of the Companies Act, 2013 and having its registered office at [●] (hereinafter referred to as the “**Concessionaire**” which expression shall, unless repugnant to the context or meaning thereof, include its successors, permitted assigns and substitutes) of the **FIRST PART**;
2. [●], and having its registered office at [●] acting for and on behalf of the Senior Lenders as their duly authorized agent with regard to matters arising out of or in relation to this Agreement (hereinafter referred to as the “**Lenders' Representative**” which expression shall, unless repugnant to the context or meaning thereof, include its successors and substitutes) of the **SECOND PART**;
3. [●], and having its registered office at [●] (hereinafter referred to as the “**Escrow Bank**” which expression shall, unless repugnant to the context or meaning thereof, include its successors and substitutes) of the **THIRD PART**; and
4. Governor of Odisha, represented by Secretary to Government, Department of Health and Family Welfare, Government of Odisha and having its principal offices at [Insert address] (hereinafter referred to as the “**Authority**” which expression shall unless repugnant to the context or meaning thereof include its administrators, successors and assigns) of the **FOURTH AND FINAL PART**.

The Concessionaire, the Lenders' Representative, the Escrow Bank and the Authority are referred to individually as a “**Party**” and collectively as the “**Parties**”.

#### WHEREAS:

- (A) The Authority and the Concessionaire have entered into a Concession Agreement dated [●] (the “**Concession Agreement**”) in terms of which the Concessionaire has agreed to undertake development of hospital located in [insert location], Odisha, on a design, build, finance, operate, and transfer basis (“**Hospital**”) and provide Healthcare Services to Patients at the Hospital.
- (B) The Senior Lenders have agreed to finance the Project in accordance with the terms and conditions set forth in the Financing Agreements.
- (C) The Concession Agreement requires the Concessionaire to establish an Escrow Account, *inter alia*, on the terms and conditions stated therein.

(D) The Escrow Bank has received a copy of the Concession Agreement and is aware of its terms.

**NOW THEREFORE**, in consideration of the foregoing and the respective covenants and agreements set forth in this Agreement, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the Parties agree as follows:

## **1. DEFINITIONS AND INTERPRETATION**

### **1.1. Definitions**

In this Agreement, the following words and expressions shall, unless repugnant to the context or meaning thereof, have the meaning hereinafter respectively assigned to them:

“**Advance Payment**” shall have the meaning ascribed thereto in Clause 3.2.1 (f);

“**Agreement**” means this Escrow Agreement and any amendment thereto made in accordance with the provisions contained herein;

“**Applicable Laws**” shall have the meaning as set forth in Article 43 of the Concession Agreement;

“**Applicable Permits**” shall have the meaning as set forth in Article 43 of the Concession Agreement;

“**Authority**” shall have the meaning as set forth in the Preamble;

“**COD**” shall have the meaning as set forth in Article 43 of the Concession Agreement;

“**Concession Agreement**” shall mean the agreement referred to in Recital (A);

“**Concession Period**” shall have the meaning as set forth in Article 43 of the Concession Agreement;

“**Concessionaire**” shall have the meaning as set forth in the Preamble;

“**Escrow Account**” shall have the meaning ascribed thereto in Clause 2.3.1;

“**Escrow Bank**” shall have the meaning ascribed thereto in the Preamble;

“**Escrow Bank Fee**” shall have the meaning ascribed thereto in Clause 2.4;

“**Escrow Default**” shall have the meaning ascribed thereto in Clause 6.1.1;

“**Fee**” shall have the meaning ascribed as set forth in Article 43 of the Concession Agreement;

“**Force Majeure**” shall have the meaning ascribed thereto in Article 43 in the Concession Agreement;

“**Governmental Instrumentality**” shall have the meaning ascribed thereto in Article 43 in the Concession Agreement;

“**Healthcare Services**” shall have the meaning as set forth in Article 43 of the Concession Agreement;

“**Hospital**” shall have the meaning ascribed to it in Recital (A);

“**Indemnified Party**” shall have the meaning ascribed thereto in Clause 9.2;

“**Indemnifying Party**” shall have the meaning ascribed thereto in Clause 9.2;

“**Independent Engineer**” shall have the meaning ascribed thereto in Article 43 of the Concession Agreement;

“**INR**” shall mean Indian National Rupees;

“**Lenders' Representative**” shall have the meaning ascribed thereto in the Preamble;

“**Non-Government Scheme Minimum Balance**” shall have the meaning as ascribed in Clause 3.2.1 (d);

“**Outstanding Fees**” shall mean Fees remaining unpaid to the Concessionaire by the Insurer or the concerned Government Instrumentality, as the case may be, towards Inpatient Services provided to Select Patients covered under relevant Government Health Scheme after the due date under such Government Health Scheme;

{“**Payment Milestone Date**” shall mean the dates for payment of the State Operational Grant in accordance with Schedule 18 of the Concession Agreement}<sup>2</sup>;

{“**Premium Installment**” shall mean the following:

- (i) For any month falling in the period between COD of Phase-I upto the Scheduled Premium Payment occurring immediately after the COD of Phase-I, the amount arrived at in the following manner:

Scheduled Premium Payment occurring  
immediately after the COD of Phase-I

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Number of months upto the  
Scheduled Premium Payment occurring  
immediately after the COD of Phase-I

---

<sup>2</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.

- (ii) For any month falling after the period between COD of Phase-I upto the Scheduled Premium Payment occurring immediately after the COD of Phase-I, one-twelfth of the next Scheduled Premium Payment;}<sup>3</sup>

{“**Scheduled Premium Payment**” shall mean the date of payment of Premium as specified in Schedule 18 of the Concession Agreement;}<sup>4</sup>

“**Tripartite Agreement**” means the agreement executed between the Empowered Committee, Lead Financial Institution and the Concessionaire in accordance with the Central VGF Scheme for disbursement of the Central Capital Grant {and / or the Central Operational Grant, as the case may be}<sup>5</sup>.

## **1.2. Interpretation**

- 1.2.1. References to Lenders’ Representative shall, unless repugnant to the context or meaning thereof, mean references to the Lenders’ Representative, acting for and on behalf of Senior Lenders.
- 1.2.2. The words and expressions beginning with capital letters and defined in this Agreement shall have the meaning ascribed thereto herein, and the words and expressions used in this Agreement and not defined herein but defined in the Concession Agreement shall, unless repugnant to the context, have the meaning ascribed thereto in the Concession Agreement.
- 1.2.3. References to Clauses are, unless stated otherwise, references to Clauses of this Agreement.
- 1.2.4. The rules of interpretation stated in Clause 1.2 of the Concession Agreement shall apply, mutatis mutandis, to this Agreement.

## **2. ESCROW ACCOUNT**

### **2.1. Escrow Bank to act as trustee**

- 2.1.1. The Concessionaire hereby appoints the Escrow Bank to act as trustee for the Concessionaire, the Lenders’ Representative and the Authority in connection herewith and authorizes the Escrow Bank to exercise such rights, powers, authorities and discretion as are specifically delegated to the Escrow Bank by the terms hereof together with all such rights, powers, authorities and discretion as are reasonably incidental hereto. The Lenders’ Representative and the Authority consents to, and the Escrow Bank accepts such appointment pursuant to the terms hereof.
- 2.1.2. The Concessionaire hereby declares that all rights, title and interest in and to the Escrow Account shall be vested in the Escrow Bank and held in trust for the Authority, the Lenders’ Representative and the Concessionaire, and applied in

<sup>3</sup> *Note: Applicable only in case the Bidder has quoted Premium as part of the Bid.*

<sup>4</sup> *Note: Applicable only in case the Bidder has quoted Premium as part of the Bid.*

<sup>5</sup> *Note: To be deleted if no Operational Grant has been quoted by the Bidder as part of the Bid.*

accordance with the terms of this Agreement. No person other than the Authority, the Lenders' Representative and the Concessionaire shall have any rights hereunder as the beneficiaries of, or as third party beneficiaries under this Agreement.

## **2.2. Acceptance of Escrow Bank**

The Escrow Bank hereby agrees to act as such and to accept all payments and other amounts to be delivered to and held by the Escrow Bank pursuant to the provisions of this Agreement. The Escrow Bank shall hold and safeguard the Escrow Account during the term of this Agreement and shall treat the amount in the Escrow Account as monies deposited by the Concessionaire, Senior Lenders or the Authority with the Escrow Bank. In performing its functions and duties under this Agreement, the Escrow Bank shall act in trust for the benefit of, and as agent for, the Authority, the Lenders' Representative and the Concessionaire or their nominees, successors or assigns, in accordance with the provisions of this Agreement.

## **2.3. Establishment and operation of Escrow Accounts**

2.3.1. Within 10 (ten) days from the date of this Agreement, the Escrow Bank shall open and establish the Escrow Accounts, in the name of the Concessionaire (other than the Authority Account which shall be established in the name of the Authority), with the (*name of Branch*) Branch of the Escrow Bank. The Escrow Accounts shall be denominated in INR. The following Escrow Accounts be established by the Escrow Bank:

- (a) Construction Account;
- (b) State Grants Account;
- (c) Central Operational Grant Account;
- (d) Revenue Account;
- (e) Advance Account;
- (f) Non-Government Scheme Select Patient Account; and
- (g) Authority Account.

The accounts as established under this Clause 2.3.1 are referred to individually as an "**Escrow Account**" and collectively as the "**Escrow Accounts**".

2.3.2. The Escrow Bank shall maintain the Escrow Accounts in accordance with the provisions of this Agreement, the Concession Agreement, its usual practices and applicable regulations.

2.3.3. The Escrow Bank and the Concessionaire shall, after consultation with the Lenders' Representative, agree on the detailed mandates, terms and conditions, and operating procedures for the Escrow Account, but in the event of any conflict or inconsistency

between this Agreement and such mandates, terms and conditions, or procedures, this Agreement shall prevail.

#### **2.4. Escrow Bank's fee**

The Escrow Bank shall be entitled to receive its fee and expenses in an amount, and at such times, as may be agreed between the Escrow Bank and the Concessionaire ("Escrow Bank Fee"). For the avoidance of doubt, the Escrow Bank Fee shall be appropriated from the Revenue Account in accordance with Clause 4.1.1.

#### **2.5. Rights of the parties**

Save and except as otherwise provided in the Concession Agreement or this Agreement, the rights of the Authority, the Lenders' Representative and the Concessionaire in the monies held in the Escrow Account are set forth in their entirety in this Agreement and the Authority and the Concessionaire shall have no other rights against or to the monies in the Escrow Accounts.

#### **2.6. Substitution of the Concessionaire**

The Parties hereto acknowledge and agree that upon substitution of the Concessionaire with the Nominated Company, pursuant to the Substitution Agreement, it shall be deemed for the purposes of this Agreement that the Nominated Company is a Party hereto and the Nominated Company shall accordingly be deemed to have succeeded to the rights and obligations of the Concessionaire under this Agreement on and with effect from the date of substitution of the Concessionaire with the Nominated Company.

### **3. DEPOSITS INTO ESCROW ACCOUNTS**

#### **3.1. Deposits by Senior Lenders**

3.1.1. The Lenders' Representative agrees, confirms and undertakes that:

- (a) the Senior Lenders shall deposit into and/or credit the Construction Account with all disbursements made by them for meeting the Total Project Cost in relation to or in respect of the Project;
- (b) it shall deposit or cause to be deposited the Central Capital Grant, as and when received from the Empowered Committee in accordance with the Tripartite Agreement, into the Construction Account; {and
- (c) it shall deposit or cause to be deposited the Central Operational Grant, as and when received from the Empowered Committee in accordance with the Tripartite Agreement, into the Central Operational Grant Account.}<sup>6</sup>

#### **3.2. Deposits by the Authority**

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<sup>6</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.

3.2.1. The Authority agrees and undertakes that it shall deposit or cause to be deposited the following inflows and receipts into the relevant Escrow Accounts:

- (a) Within the time specified in Clause 4.2.1 of the Concession Agreement or any extended time period as agreed between the Authority and the Concessionaire, the Authority agrees and undertakes that it shall deposit or cause to be deposited the first Tranche of the State Capital Grant in the State Grants Account.
- (b) The Authority shall deposit or cause to be deposited each subsequent Tranche of the State Capital Grant in the State Grants Account within 3 (three) months of receipt of: (a) written request from the Concessionaire substantially in the form set out in Annexure I, and (b) a certificate from the Statutory Auditor of the Concessionaire substantially in the form set out in Annexure IV, certifying that the Concessionaire has expended 50% (fifty percent) of the previous Tranche of State Capital Grant towards meeting the Total Project Cost.
- (c) {The Authority shall deposit or cause to be deposited each Tranche of State Operational Grant, as quoted by the Bidder for each year of operations of the Hospital, in the State Grants Account, in advance, on March 31<sup>st</sup> of each Financial Year post COD of Phase – I.} <sup>7</sup>
- (d) If the Annual Expenditure Budget for Non-Government Scheme Select Patients is notified in accordance with Clause 27.5.3 (a) of the Concession Agreement for any Financial Year, the Authority shall, within 7 (seven) business days from end of each month, fund or cause to be funded, the Non-Government Scheme Select Patients Account, with an amount such that the Non-Government Scheme Minimum Balance is maintained at all times.

For the purpose of this Clause 3.2.1 (d), “**Non-Government Scheme Minimum Balance**” shall mean, for any Financial Year, one-twelfth of the aggregate Annual Expenditure Budget for Non-Government Scheme Select Patients, in that Financial Year, approved or deemed to be approved, by the Authority in accordance with Clause 27.5.3 (a) of the Concession Agreement.

- (e) The Authority may, in its sole discretion, voluntarily fund the Non-Government Scheme Select Patients Account in accordance with Clause 27.5.3 (a) (ii) of the Concession Agreement.
- (f) The Authority may, in its own discretion, deposit any advance payment into the Advance Account in accordance with Clause 27.5.3 (b) (iii) of the Concession Agreement (“**Advance Payment**”).

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<sup>7</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.



(g) The Authority agrees and undertakes that, as and when due and payable in accordance with the Concession Agreement, it shall deposit or cause to be deposited the following into the Revenue Account:

- (i) Termination Payment; and
- (ii) other amounts required to be paid by the Authority to the Concessionaire not specifically provided for in the Escrow Agreement.

*Provided that*, notwithstanding anything to the contrary contained in this Escrow Agreement, the Authority shall be entitled to appropriate from the aforesaid amounts, any of the amounts owed to the Authority by the Concessionaire.

### **3.3. Deposits by the Concessionaire**

3.3.1. The Concessionaire agrees and undertakes that it shall deposit or cause to be deposited the following inflows and receipts into the Authority Account:

- (a) Within 7 (seven) days of the receipt of any payment from the relevant Insurer or Government Instrumentality, as the case may be, of any Fee corresponding to an Advance Payment, which was previously released to the Concessionaire under Clause 3.2.1 (f), the Concessionaire shall deposit such payment in the Authority Account.

3.3.2. The Concessionaire agrees and undertakes that it shall deposit into and/or credit the Revenue Account with:

- (a) all Fees and any other revenues from or in respect of the Hospital, including the proceeds of any rentals, deposits, capital receipts or insurance claims;
- (b) any funds received by the Concessionaire from its lenders or shareholders, in any manner or form, other than funds for meeting the Total Project Cost;

3.3.3. The Concessionaire may at any time make deposits of its other funds into the Escrow Accounts, provided that the provisions of this Agreement shall apply to such deposits.

### **3.4. Interest on deposits**

3.4.1. The Escrow Bank shall pay the maximum rate of interest payable (if any) to similar customers on the balances in the Escrow Accounts from time to time.

3.4.2. Subject to Clause 3.4.3 herein the Escrow Bank agrees and undertakes that all interest accruing on the balances of the relevant Escrow Account shall be first credited to such Escrow Account.

3.4.3. All interest credited to the State Grants Account, Non-Government Scheme Select Patient Account and Advance Account shall be transferred to the Authority Account.

3.4.4. Notwithstanding anything to the contrary contained in this Escrow Agreement, prior to crediting the interest to the respective Escrow Accounts, the Escrow Bank shall be entitled to appropriate from the interest accrued on the Escrow Accounts, any unpaid Escrow Bank Fee and expenses due to it from the Concessionaire in relation to the Escrow Account and credit the balance remaining to the Escrow Account(s). Provided that, no such appropriation towards the Escrow Bank Fee shall be made from any interest credited to the State Grant Account, Non-Government Scheme Select Patient Account and the Advance Account.

#### **4. WITHDRAWALS FROM ESCROW ACCOUNT**

##### **4.1. Withdrawals during Concession Period**

###### **4.1.1. Withdrawals from Revenue Account**

4.1.1.1. Commencing from the COD of Phase-I, at the beginning of every month or at such shorter intervals as the Lenders' Representative and the Concessionaire may determine, the Escrow Bank shall withdraw amounts from the Revenue Account and appropriate them in the following order for making due payments, and if such payments are not due in any month, then retain such monies in the Revenue Account and pay out therefrom on the month when due:

- (a) all taxes due and payable by the Concessionaire for and in respect of the Project;
- (b) Escrow Bank Fee;
- (c) O&M Expenses, subject to and in accordance with the conditions, if any, set forth in the Financing Agreements;
- (d) {Premium Installment}<sup>8</sup>;
- (e) monthly proportionate provision of Debt Due in a Financial Year;
- (f) all payments and Damages certified by the Authority as due and payable to it by the Concessionaire pursuant to the Concession Agreement;
- (g) balance, if any, in accordance with the instructions of the Concessionaire.

4.1.1.2. For the purpose of making the withdrawals as expressly stated in Clause 4.1.1.1 above, the Escrow Bank, the Concessionaire and the Authority agree as follows:

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<sup>8</sup> *Note: Applicable only in case the Bidder has quoted Premium as part of the Bid.*

- (i) for the withdrawals to be made by the Escrow Bank in relation to Clause 4.1.1.1(f) above, the Escrow Bank shall act in accordance with the details of the payment and Damages certified by the Authority substantially in the form set out in Annexure IX to this Agreement; and
- (ii) for all other withdrawal to be made by the Escrow Bank, the Escrow Bank shall act in accordance with the written instructions of the Concessionaire to be provided substantially in the form set out in Annexure VII to this Agreement.

4.1.1.3. No later than 60 (sixty) days prior to the commencement of each Financial Year, the Concessionaire shall provide to the Escrow Bank, with prior written approval of the Lenders' Representative, details of the amounts likely to be required for each of the payment obligations set forth in Clause 4.1.1.1 (other than Clause 4.1.1.1(f)); provided that such amounts may be subsequently modified, with prior written approval of the Lenders' Representative, if fresh information received during the course of the year makes such modification necessary.

#### 4.1.2. Withdrawals from Construction Account

4.1.2.1. At the beginning of every month, or at such shorter intervals as the Lenders' Representative and the Concessionaire may determine, the Escrow Bank shall withdraw amounts from the Construction Account and appropriate them in the following order for making due payments, and if such payments are not due in any month, then retain such monies in the Construction Account and pay out therefrom on the month when due:

- (a) all taxes due and payable by the Concessionaire for and in respect of the Project until the COD of Phase-I;
- (b) payments towards meeting the Total Project Cost of the Project, subject to and in accordance with the conditions, if any, set forth in the Financing Agreements;
- (c) all payments and Damages certified by the Authority, as due and payable to it by the Concessionaire, during the Construction Period and to the extent not recovered from the Construction Performance Security;

On the COD of Phase-II, all remaining amount, if any, shall be deposited in the Revenue Account.

4.1.2.2. For the purpose of making the withdrawals as expressly stated in Clause 4.1.2.1 above, the Escrow Bank, the Concessionaire and the Authority agree as follows:

- (i) for the withdrawals to be made by the Escrow Bank in relation to Clause 4.1.2.1(c), the Escrow Bank shall act in accordance with the payments and Damages certified by the Authority substantially in the form set out in Annexure X to this Agreement; and

- (ii) for all other withdrawals to be made by the Escrow Bank, the Escrow Bank shall act in accordance with the written instructions of the Concessionaire to be provided substantially in the form set out in Annexure VIII to this Agreement.

#### 4.1.3. {Withdrawals from Central Operational Grant Account

4.1.3.1. Subject to Clause 26.3.3 of the Concession Agreement and deposit of the Central Operational Grant in the Central Operational Grant Account in accordance with Clause 3.1.1(c) of this Escrow Agreement, the Escrow Bank shall disburse the Central Operational Grant to the Revenue Account, within 30 (thirty) days of receipt of written request for release from the Concessionaire addressed to the Escrow Bank and the Authority }<sup>9</sup>. For the purposes of making such disbursement, the Concessionaire shall furnish to the Escrow Bank such communication from the Independent Engineer intimating that the COD of Phase-I has occurred.

#### 4.1.4. Withdrawals from State Grants Account

4.1.4.1. Subject to Clause 26.25.5 of the Concession Agreement, the Escrow Bank shall disburse the relevant Tranche of State Capital Grant to the Construction Account, within 30 (thirty) days of receipt of: (a) written request for release from the Concessionaire addressed to the Escrow Bank substantially in the form set out in Annexure I to this Agreement, ~~and~~ (b) a certificate from the Independent Engineer in substantially the form set out in Annexure III to this Agreement, certifying that the particular Project Interim Milestone as set out in Schedule 18 of the Concession Agreement has been met and (c) a certificate from the Statutory Auditor of the Concessionaire in substantially the form set out in Annexure IV to this Agreement, certifying that the Concessionaire has expended at least 50% (fifty percent) of the previous Tranche of the State Capital Grant towards meeting a part of the Total Project Cost.

4.1.4.2. ~~{The~~{Subject to Clause 26.6.2 of the Concession Agreement, the Escrow Bank shall disburse the relevant Tranche of State Operational Grant to the Revenue Account no later than 30 (thirty) days of ~~disbursement receipt of the corresponding Tranche of Central Operational Grant. Provided that, the Concessionaire shall make-~~ (a) written ~~request in this regard~~direction for release from the Authority addressed to the Escrow Bank substantially in the form set out in Annexure II to this Agreement-}<sup>10</sup>; and (b) a certificate from the Statutory Auditor of the Concessionaire in substantially the form set out in Annexure V to this Agreement, certifying the amount of actual O&M Cost for the Project for the relevant Financial Year.<sup>11</sup>

#### 4.1.5. Withdrawals from Authority Account

The Authority may make withdrawal from the Authority Account at any time.

#### 4.1.6. Withdrawal from Non-Government Scheme Select Patients Account

<sup>9</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.

<sup>10</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.

<sup>11</sup> Note: Applicable only in case the Bidder has quoted Operational Grant as part of the Bid.

4.1.6.1. On and from the COD of Phase- I, the Concessionaire shall deliver to the Authority and the Escrow Bank, the Monthly Invoice or the Rectified Monthly Invoice, as the case may be, in accordance with Clause 27.5.3 (c) (ii) to Clause 27.5.3 (c) (iv) of the Concession Agreement respectively.

4.1.6.2. The Escrow Bank shall, within 35 (thirty five) days of receipt of the Monthly Invoice or the Rectified Monthly Invoice, as the case maybe, release to the Revenue Account:

- (a) 100% (hundred percent) of the undisputed Non-Government Scheme Select Patients Fee;
- (b) 50% (fifty percent) of the disputed Non-Government Scheme Select Patients Fee, and
- (c) any previously disputed Non-Government Scheme Select Patients Fee which has been resolved, each in accordance with Clause 27.5.3 (c) of the Concession Agreement.

4.1.7. Withdrawals from Advance Account

4.1.7.1. The Concessionaire shall deliver to the Authority and the Escrow Bank, the Monthly Invoice or the Rectified Monthly Invoice, as the case may be, in accordance with Clause 27.5.3 (c) (ii) to Clause 27.5.3 (c) (iv) of the Concession Agreement. Where the Concessionaire has claimed any Outstanding Fee under the Monthly Invoice or the Rectified Monthly Invoice, as the case may be, such invoice shall be accompanied by:

- (a) the relevant communications to the Insurer or concerned Governmental Instrumentality seeking payment for procedures performed, and
- (b) a certificate from Statutory Auditor substantially in the form set out in Annexure VI certifying that these amounts are unpaid for 30 (thirty) days.

4.1.7.2. The Escrow Bank shall, within 35 (thirty five) days of receipt of the Monthly Invoice or the Rectified Monthly Invoice, as the case maybe, release to the Revenue Account:

- (a) 100% (hundred percent) of the undisputed Outstanding Fees;
- (b) 50% (fifty percent) of the disputed Outstanding Fees, and
- (c) any previously disputed Outstanding Fees which has been resolved, each in accordance with Clause 28.2.1 (g) of the Concession Agreement.

**4.2. Withdrawals upon Termination**

4.2.1. Upon Termination of the Concession Agreement, all amounts standing to the credit of the Escrow Account shall, notwithstanding anything in this Agreement, be appropriated and dealt with in the following order:

- (a) all taxes due and payable by the Concessionaire for and in respect of the Hospital;
- (b) 90% of the Debt Due;
- (c) all payments and Damages certified by the Authority as due and payable to it by the Concessionaire pursuant to the Concession Agreement and any claims in connection with or arising out of Termination;
- (d) retention and payments arising out of, or in relation to, liability for defects and deficiencies set forth in Clause 34 of the Concession Agreement;
- (e) outstanding balance of Debt Due;
- (f) incurred or accrued O&M Expenses;
- (g) any other payments required to be made under the Concession Agreement; and
- (h) balance, if any, in accordance with the instructions of the Concessionaire. Provided that the disbursements specified in this Clause 4.2.1 (h) shall be undertaken only after the Vesting Certificate has been issued by the Authority.

**4.3. Application of insufficient funds**

Funds in the Escrow Account shall be applied in the serial order of priority set forth in Clauses 4.1 and 4.2, as the case may be. If the funds available are not sufficient to meet all the requirements, the Escrow Bank shall apply such funds in the serial order of priority until exhaustion thereof.

**4.4. Application of insurance proceeds**

Notwithstanding anything in this Agreement, the proceeds from all insurance claims, except life and injury, shall be deposited into and/or credited to the Escrow Account and utilised for any necessary repair, reconstruction, reinstatement, replacement or improvement of the Hospital, and the balance remaining, if any, shall be applied in accordance with the provisions contained in this behalf in the Financing Agreements.

**5. OBLIGATIONS OF THE ESCROW BANK**

**5.1. Segregation of funds**

Monies received by the Escrow Bank under this Agreement shall, until used or applied in accordance with this Agreement, be held by the Escrow Bank for the purposes for which they were received and shall be segregated from other funds and property of the Escrow Bank.

## **5.2. Notification of balances**

On the 10<sup>th</sup> (tenth) day of every month and on each due date for transfer of funds to the concerned accounts in accordance with this Agreement, the Escrow Bank shall notify the Lenders' Representative, the Concessionaire and the Authority of the balances in the Escrow Accounts as at the close of business on such due date, or the next business day in the event such due date is a public holiday.

## **5.3. Communications and notices**

In discharge of its duties and obligations hereunder, the Escrow Bank:

- (a) may, in the absence of bad faith or gross negligence on its part, rely as to any matters of fact which might reasonably be expected to be within the knowledge of the Authority or Concessionaire upon a certificate signed by or on behalf of the Authority;
- (b) may, in the absence of bad faith or gross negligence on its part, rely upon the authenticity of any communication or document believed by it to be authentic;
- (c) shall, within 5 (five) business days after receipt, deliver a copy to the Concessionaire of any notice or document received by it in its capacity as the Escrow Bank from the Authority in connection herewith; and
- (d) shall, within 5 (five) business days after receipt, deliver a copy to the Authority of any notice or document received by it from the Concessionaire in connection herewith.

## **5.4. No set off**

The Escrow Bank agrees not to claim or exercise any right of set off, banker's lien or other right or remedy with respect to amounts standing to the credit of the Escrow Account. For the avoidance of doubt, it is hereby acknowledged and agreed by the Escrow Bank that the monies held by the Escrow Bank in the Escrow Account shall not be considered as part of the assets of the Escrow Bank and, shall in the case of bankruptcy or liquidation of the Escrow Bank, be wholly excluded from the assets of the Escrow Bank in such bankruptcy or liquidation.

## **5.5. Regulatory approvals**

The Escrow Bank shall use its best efforts to procure, and thereafter maintain and comply with, all regulatory approvals required for it to establish and operate the Escrow Account. The Escrow Bank represents and warrants that it is not aware of

any reason why such regulatory approvals will not ordinarily be granted to the Escrow Bank.

## **6. ESCROW DEFAULT**

### **6.1. Escrow Default by Concessionaire**

6.1.1. Following events shall constitute an event of default by the Concessionaire (an “**Escrow Default**”) unless such event of default has occurred as a result of Force Majeure or any act or omission of the Authority:

- (a) the Concessionaire commits breach of this Agreement by failing to deposit any receipts into the Escrow Account as provided herein and fails to cure such breach by depositing the same into the Escrow Account within 7 (seven) business days;
- (b) the Concessionaire causes the Escrow Bank to transfer funds to any account of the Concessionaire in breach of the terms of this Agreement and fails to cure such breach by depositing the relevant funds into the Escrow Account in which such transfer should have been made, within 5 (five) business days of the relevant due date; or
- (c) the Concessionaire commits or causes any other breach of the provisions of this Agreement and fails to cure the same within 5 (five) business days.

6.1.2. Upon occurrence of an Escrow Default by Concessionaire, the consequences thereof shall be dealt with under and in accordance with the provisions of the Concession Agreement.

### **6.2. Event of default by Authority**

If the Authority fails to fund into the Escrow Account as provided in this Agreement, within 5 (five) business days or any other extended period as may be mutually agreed between the Authority and the Concessionaire, from the relevant due date set out in this Agreement or the Concession Agreement, the consequences thereof shall be dealt with under and in accordance with the provisions of the Concession Agreement.

## **7. TERMINATION OF ESCROW AGREEMENT**

### **7.1. Duration of the Escrow Agreement**

This Agreement shall remain in full force and effect so long as any sum remains to be advanced or is outstanding from the Concessionaire in respect of the debt, guarantee or financial assistance received by it from the Senior Lenders, or any of its obligations to the Authority remain to be discharged, unless terminated earlier by consent of all the Parties or otherwise in accordance with the provisions of this Agreement.

### **7.2. Substitution of Escrow Bank**



- 7.2.1. The Concessionaire may, by not less than 45 (forty five) days prior notice to the Escrow Bank, the Authority and the Lenders' Representative, terminate this Agreement and appoint a new Escrow Bank, provided that the new Escrow Bank is acceptable to the Lenders' Representative and arrangements are made satisfactory to the Lenders' Representative for transfer of amounts deposited in the Escrow Account(s) to new Escrow Account(s) established with the successor Escrow Bank.
- 7.2.2. The termination of this Agreement shall take effect only upon coming into force of an Escrow Agreement with the substitute Escrow Bank.

**7.3. Closure of Escrow Accounts**

Upon the Termination of the Concession Agreement or payment of all outstanding amounts under the Concession Agreement, Escrow Agreement and the Lease Deed, whichever is later, the Escrow Bank shall close the Escrow Accounts and pay any amount standing to the credit thereof in accordance with the directions of the Authority. Upon closure of the Escrow Accounts hereunder, the Escrow Agreement shall be deemed to be terminated.

**8. SUPPLEMENTARY ESCROW AGREEMENT**

The Lenders' Representative and the Concessionaire shall be entitled to enter into a supplementary escrow agreement with the Escrow Bank providing, inter alia, for detailed procedures and documentation for withdrawals from Revenue Account pursuant to Clause 4.1.1 and for matters not covered under this Agreement such as the rights and obligations of Senior Lenders, investment of surplus funds, restrictions on withdrawals by the Concessionaire in the event of breach of this Agreement or upon occurrence of an Escrow Default, procedures relating to operation of the Escrow Account and withdrawal therefrom, reporting requirements and any matters incidental thereto; provided that such supplementary escrow agreement shall not contain any provision which is inconsistent with this Agreement and in the event of any conflict or inconsistency between provisions of this Agreement and such supplementary escrow agreement, the provisions of this Agreement shall prevail.

**9. INDEMNITY**

**9.1. General indemnity**

- 9.1.1. The Concessionaire will indemnify, defend and hold the Authority, the Escrow Bank and the Senior Lenders, acting through the Lenders' Representative, harmless against any and all proceedings, actions and third party claims for any loss, damage, cost and expense arising out of any breach by the Concessionaire of any of its obligations under this Agreement or on account of failure of the Concessionaire to comply with Applicable Laws and Applicable Permits.
- 9.1.2. The Authority will indemnify, defend and hold the Concessionaire harmless against any and all proceedings, actions and third party claims for any loss, damage, cost and expense arising out of failure of the Authority to fulfil any of its obligations

under this Agreement materially and adversely affecting the performance of the Concessionaire's obligations under the Concession Agreement or this Agreement other than any loss, damage, cost and expense arising out of acts done in discharge of their lawful functions by the Authority, its officers, servants and agents.

- 9.1.3. The Escrow Bank will indemnify, defend and hold the Concessionaire and the Authority harmless against any and all proceedings, actions and third party claims for any loss, damage, cost and expense arising out of failure of the Escrow Bank to fulfil its obligations under this Agreement materially and adversely affecting the performance of the Concessionaire's obligations under the Concession Agreement other than any loss, damage, cost and expense, arising out of acts done in discharge of their lawful functions by the Escrow Bank, its officers, servants and agents.

## **9.2. Notice and contest of claims**

In the event that any Party hereto receives a claim from a third party in respect of which it is entitled to the benefit of an indemnity under Clause 9.1 or in respect of which it is entitled to reimbursement (the "**Indemnified Party**"), it shall notify the other Party responsible for indemnifying such claim hereunder (the "**Indemnifying Party**") within 15 (fifteen) days of receipt of the claim and shall not settle or pay the claim without the prior approval of the Indemnifying Party, which approval shall not be unreasonably withheld or delayed. In the event that the Indemnifying Party wishes to contest or dispute the claim, it may conduct the proceedings in the name of the Indemnified Party and shall bear all costs involved in contesting the same. The Indemnified Party shall provide all cooperation and assistance in contesting any claim and shall sign all such writings and documents as the Indemnifying Party may reasonably require.

## **10. DISPUTE RESOLUTION**

- 10.1.** Any dispute, difference or claim arising out of or in connection with this Agreement, which is not resolved amicably, shall be decided finally by reference to arbitration by a board of arbitrators appointed in accordance with Clause 39.3.2 of the Concession Agreement, provided that each Party shall be entitled to appoint one arbitrator. Such arbitration shall be held in accordance with the Rules of Arbitration of the International Centre for Alternative Dispute Resolution, New Delhi, or such other rules as may be mutually agreed by the Parties and shall be subject to the provisions of the Arbitration Act.
- 10.2.** The arbitrators shall issue a reasoned award and such award shall be final and binding on the Parties. The venue of such arbitration shall be Bhubaneswar, and the language of arbitration proceedings shall be English.
- 10.3.** The provisions of this Clause 10 shall survive the term of this Agreement.

## **11. MISCELLANEOUS PROVISIONS**

### **11.1. Governing Law and Jurisdiction**

This Agreement shall be construed in accordance with and governed by the laws of India, and subject to Clause 10 (Dispute Resolution) the courts in the State of Odisha shall have exclusive jurisdiction over matters arising out of or relating to this Agreement.

### **11.2. Waiver of Sovereign Immunity**

The Authority unconditionally and irrevocably:

- (a) agrees that the execution, delivery and performance by it of this Agreement constitute commercial acts done and performed for commercial purpose;
- (b) agrees that, should any proceedings be brought against it or its assets, property or revenues in any jurisdiction in relation to this Agreement or any transaction contemplated by this Agreement, no immunity (whether by reason of sovereignty or otherwise) from such proceedings shall be claimed by or on behalf of the Authority with respect to its assets;
- (c) waives any right of immunity which it or its assets, property or revenues now has, may acquire in the future or which may be attributed to it in any jurisdiction; and
- (d) consents generally in respect of the enforcement of any judgement or award against it in any such proceedings to the giving of any relief or the issue of any process in any jurisdiction in connection with such proceedings (including the making, enforcement or execution against it or in respect of any assets, property or revenues whatsoever irrespective of their use or intended use of any order or judgement that may be made or given in connection therewith).

### **11.3. Priority of Agreements**

In the event of any conflict between the Concession Agreement and this Agreement, the provisions contained in the Concession Agreement shall prevail over this Agreement.

### **11.4. Alteration of Terms**

All additions, amendments, modifications and variations to this Agreement shall be effectual and binding only if in writing and signed by the duly authorised representatives of the Parties.

### **11.5. Waiver**

11.5.1. Waiver by any Party of a default by another Party in the observance and performance of any provision of or obligations under this Agreement:

- (a) shall not operate or be construed as a waiver of any other or subsequent default hereof or of other provisions of or obligations under this Agreement;

- (b) shall not be effective unless it is in writing and executed by a duly authorised representative of the Party; and
- (c) shall not affect the validity or enforceability of this Agreement in any manner.

11.5.2. Neither the failure by any Party to insist on any occasion upon the performance of the terms, conditions and provisions of this Agreement or any obligation thereunder nor time or other indulgence granted by any Party to another Party shall be treated or deemed as waiver of such breach or acceptance of any variation or the relinquishment of any such right hereunder.

#### **11.6. No third party beneficiaries; permitted security interest**

11.6.1. This Agreement is solely for the benefit of the Parties and no other person or entity shall have any rights hereunder.

11.6.2. Notwithstanding anything contained in this Agreement, the Concessionaire shall be entitled to create security over the amounts lying in the Escrow Account (other than the Authority Account) to secure the indebtedness due to the Senior Lenders under the Financing Agreements and/or for working capital arrangements for the Hospital, without the prior consent of Escrow Bank or the Authority.

#### **11.7. Survival**

11.7.1. Termination of this Agreement:

- (a) shall not relieve the Parties of any obligations hereunder which expressly or by implication survive termination hereof; and
- (b) except as otherwise provided in any provision of this Agreement expressly limiting the liability of either Party, shall not relieve either Party of any obligations or liabilities for loss or damage to the other Party arising out of, or caused by, acts or omissions of such Party prior to the effectiveness of such termination or arising out of such termination.

11.7.2. All obligations surviving the cancellation, expiration or termination of this Agreement shall only survive for a period of 3 (three) years following the date of such termination or expiry of this Agreement.

#### **11.8. Severability**

If for any reason whatever any provision of this Agreement is or becomes invalid, illegal or unenforceable or is declared by any court of competent jurisdiction or any other instrumentality to be invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected in any manner, and the Parties will negotiate in good faith with a view to agreeing to one or more provisions which may be substituted for such invalid, unenforceable or illegal provisions, as nearly as is practicable to such invalid, illegal or unenforceable

provision. Failure to agree upon any such provisions shall not be subject to dispute resolution under Clause 10 of this Agreement or otherwise.

#### **11.9. Successors and Assigns**

This Agreement shall be binding on and shall inure to the benefit of the Parties and their respective successors and permitted assigns.

#### **11.10. Notices**

Any notice or other communication to be given by any Party to the other Party under or in connection with the matters contemplated by this Agreement shall be in writing and shall:

- a) in the case of the Concessionaire, be given by facsimile or e-mail and by letter delivered by hand to [*insert name*] at [*insert address*] or to such other person as the Concessionaire may from time to time designate by notice to the Authority; provided that notices or other communications to be given to an address outside Bhubaneswar may, if they are subsequently confirmed by sending a copy thereof by registered acknowledgement due, air mail or by courier, be sent by facsimile or e-mail to the number as the Concessionaire may from time to time designate by notice to the Authority;
- b) in the case of the Authority, be given by facsimile or e-mail and by letter delivered by hand and be addressed to [*insert address*] with a copy delivered to the Authority Representative or such other person as the Authority may from time to time designate by notice to the Concessionaire; provided that if the Concessionaire does not have an office in Bhubaneswar it may send such notice by facsimile or e-mail and by registered acknowledgement due, air mail or by courier; and
- c) any notice or communication by a Party to the other Party, given in accordance herewith, shall be deemed to have been delivered when in the normal course of post it ought to have been delivered and in all other cases, it shall be deemed to have been delivered on the actual date and time of delivery; provided that in the case of facsimile or e-mail, it shall be deemed to have been delivered on the working day following the date of its delivery. The notices shall be sent to the following:

**If to the Authority:**

Attn:

Address:

Fax No.:

Tel No :

E-mail :

**If to the Concessionaire:**

Attn:

Address:

Fax No.:

Tel No :

E-mail :

**If to the Escrow Bank:**

Attn:

Address:

Fax No.:

Tel No.:

E-mail :

**If to the Lenders' Representative:**

Attn:

Address:

Fax No.:

Tel No.:

E-mail :

**11.11. Language**

All notices, certificates, correspondence and proceedings under or in connection with this Agreement shall be in English.

**11.12. Authorised representatives**

Each of the Parties shall, by notice in writing, designate their respective authorised representatives who shall be entitled to issue instructions required from the relevant Party to operate or otherwise under this Agreement. A Party hereto shall be entitled to remove and/or substitute or make fresh appointment of such authorised representative by similar notice.

### **11.13. Books and records**

The Escrow Bank shall be responsible for maintaining a correct and complete record of all transactions, deposits, withdrawals or transfer of funds relating to the Escrow Account. The Authority and the Concessionaire shall have unrestricted access to review such books and records of the Escrow Bank in relation to the Escrow Account subject to the Applicable Laws.

### **11.14. Representations and warranties**

11.14.1. The Escrow Bank represents and warrants to the Authority and the Concessionaire as under:

- (a) That it has obtained the requisite licenses and permits for conducting its business, shall keep such licenses and permits current during the term of this Agreement and does not suffer from any statutory or legal infirmities affecting the pursuit or running of its business; and
- (b) that it has taken all necessary corporate and/or other actions as may be required for the execution, delivery and the performance of this Agreement and the other documents in pursuance hereof. Further, this Agreement and all other documents executed in pursuance hereof constitute legal, valid and binding obligations enforceable in accordance with their respective terms.

11.14.2. The Escrow Bank does hereby represent and warrant to the Authority that it shall hold all funds in the Escrow Account in accordance with the provisions of this Agreement and shall only transfer such funds in accordance with the provisions of this Agreement.

### **11.15. Original document**

This Agreement may be executed in 4 (four) counterparts, each of which when executed and delivered shall constitute an original of this Agreement.

**IN WITNESS WHEREOF THE PARTIES HAVE EXECUTED AND DELIVERED THIS AGREEMENT AS OF THE DATE FIRST ABOVE WRITTEN.**

<p>SIGNED, SEALED AND DELIVERED</p> <p>For and on behalf of the AUTHORITY by:</p>	<p>SIGNED, SEALED AND DELIVERED</p> <p>For and on behalf of the CONCESSIONAIRE by:</p>
<p>(Signature)</p> <p>(Name)</p> <p>(Designation)</p> <p>(Address)</p> <p>(Fax No.)</p> <p>(e-mail address)</p>	<p>(Signature)</p> <p>(Name)</p> <p>(Designation)</p> <p>(Address)</p> <p>(Fax No.)</p> <p>(e-mail address)</p>
<p>SIGNED, SEALED AND DELIVERED</p> <p>For and on behalf of ESCROW BANK by:</p>	<p>SIGNED, SEALED AND DELIVERED</p> <p>For and on behalf of LENDERS' REPRESENTATIVE by:</p>
<p>(Signature)</p> <p>(Name)</p> <p>(Designation)</p>	<p>(Signature)</p> <p>(Name)</p> <p>(Designation)</p>



(Address)	(Address)
(Fax No.)	(Fax No.)
(e-mail address)	(e-mail address)

In the presence of:

- 1.....
- 2.....

**ANNEXURE I**

**FORMAT FOR REQUEST FOR DISBURSEMENT OF STATE CAPITAL  
GRANT BY CONCESSIONAIRE TO THE AUTHORITY/ESCROW  
BANK/MONITORING AGENCY**

To,  
[Insert name of the authorised Escrow Bank official]  
[Insert Address of the authorised Escrow Bank official]

CC:

1. [Insert name of Authority Representative]  
[Insert address of Authority Representative], and
2. [Insert name of authorised Independent Engineer official]  
[Insert Address of authorised Independent Engineer official]
3. [Insert name of authorised Monitoring Agency official]  
[Insert Address of authorised Monitoring Agency official]

Dear Sir,

The [Insert the relevant Project Interim Milestone(s)] was achieved in terms of the Concession Agreement on [Insert date of achievement of relevant Project Interim Milestone(s)]. The same has been certified by the Independent Engineer vide letter dated [Insert date of issue of certificate by Independent Engineer] bearing reference no [Insert relevant reference no].

Accordingly, we hereby request you to release the [Insert relevant instalment of State Capital Grant] in an amount of INR [Insert amount to be disbursed].

For and On Behalf Of

[Insert name of Concessionaire]

Encl: A copy of the certificate as issued by the Independent Engineer in relation to achievement of Project Interim Milestone

## ANNEXURE II

### FORMAT FOR ~~REQUEST~~**DIRECTION** BY ~~CONCESSIONAIRE TO THE AUTHORITY/ TO THE ESCROW BANK/~~**MONITORING AGENCY** FOR DISBURSEMENT OF EACH TRANCHE OF STATE OPERATIONAL GRANT

To,

[Insert name of the authorised Escrow Bank official]

[Insert Address of the authorised Escrow Bank official]

CC:

1. [Insert name of ~~Authority~~**Concessionaire's** Representative]  
[Insert address of ~~Authority~~**Concessionaire's** Representative], and
2. [Insert name of authorised Monitoring Agency official]  
[Insert Address of authorised Monitoring Agency official]

Dear Sir,

This is a ~~request~~**direction** for disbursement of [insert relevant Tranche No.] for [insert the relevant Financial Year] in accordance with Schedule 18 of the Concession Agreement read with Clause 26.6- of the Concession Agreement.

The [Insert relevant COD Phase] was achieved in terms of the Concession Agreement on [Insert date of achievement of relevant COD Phase]. {[The Completion Certificate was issued in accordance with the Concession Agreement by the Independent Engineer and Monitoring Agency ~~which is attached herewith.-]~~} or [The completion was deemed to have occurred in accordance with Clause 14.2.2 of the Concession Agreement.]}

In accordance with the Concession Agreement, the report of the Statutory Auditor is attached herewith certifying the amount of O&M Cost incurred for [insert the Financial Year] as [insert the amount].

Accordingly, we ~~request~~**direct** you to disburse an amount of Rs. [insert amount of State Operational Grant ~~requested~~].

For and On Behalf Of

[~~Name of Concessionaire~~**Authority**]

Encl.:

~~{1- A copy of the Completion Certificate}~~

~~{2}~~**{1}**- A copy of the report issued by the Statutory Auditor determining the amount to be disbursed towards the relevant Tranche of State Operational Grant].

**ANNEXURE III**

**FORMAT FOR CERTIFICATION BY INDEPENT ENGINEER WITH  
REGARD TO DISBURSEMENT OF STATE CAPITAL GRANT**

To,

1. [*Insert name of Concessionaire*]  
[*Insert address of Concessionaire*],
2. [*Insert name of Escrow Bank*]  
[*Insert address of Escrow Bank*], and
3. [*Insert name of Authority Representative*]  
[*Insert address of Authority Representative*], and

CC:[*Insert name of authorised Monitoring Agency official*]  
[*Insert Address of authorised Monitoring Agency official*]

Dear Sir,

I, [*Name of Independent Engineer*], certify that I have verified that the [*relevant Project Milestone*] was achieved in terms of the Concession Agreement on [*date of achievement of Project Milestone*]. Thus, [*Insert relevant instalment for State Capital Grant*] for an amount of Rs. [*Insert amount of State Capital Grant requested*] may be released to the Concessionaire.

For and On Behalf Of

[*Insert name of Independent Engineer*]

**ANNEXURE IV**

**CERTIFICATE FROM STATUTORY AUDITOR OF CONCESSIONAIRE TO  
AUTHORITY CERTIFYING EXPENDITURE**

To,  
[*Insert name of Authority Representative*]  
[*Insert address of Authority Representative*]

Dear Sir,

I, [*Insert name of Statutory Auditor*], certify that the Concessionaire has expended 50% (fifty percent) of the [*insert relevant previous Tranche*] towards meeting the Total Project Cost, as per the Concession Agreement.

For and On Behalf Of

[*Insert name of Statutory Auditor*]

ANNEXURE V

OCCUPANCY

**CERTIFICATE FROM MONITORING AGENCY STATUTORY AUDITOR  
WITH REGARD TO DISBURSEMENT OF STATE OPERATIONAL GRANT**

*(On the letterhead of the Monitoring Agency)*

To,

1. *[Insert name of Concessionaire]  
[Insert address of Concessionaire],*

2. *[Insert name of Escrow Bank]  
[Insert address of Escrow Bank], and*

3. \_\_\_\_\_  
*[Insert name of Authority Representative]  
[Insert address of Authority Representative]*

Dear Sir,

~~We~~ *[Insert name of Statutory Auditor]*, certify that ~~30% (thirty percent) Occupancy was achieved~~ the actual O&M Cost for the period of 12 (twelve) months ending on Project during Financial Year *[insert date]* in terms ~~relevant~~ *Financial Year* is Rs. *[insert amount]* of ~~actual~~ *O&M Cost for the relevant Financial Year*, as per the Concession Agreement.

For and On Behalf Of

*[Insert name of authorized representative of the Monitoring Agency Statutory Auditor]*

**ANNEXURE VI**

**CERTIFICATE FROM STATUTORY AUDITOR CERTIFYING THAT  
OUTSTANDING FEES REMAIN UNPAID**

To,  
*[Insert name of Authority Representative]*  
*[Insert address of Authority Representative]*

Dear Sir,

I, *[Insert name of Statutory Auditor]*, certify that the fees of an amount of Rs. *[insert amount of fees]* due to be paid to the Concessionaire by *[Insert relevant Insurer/Government Instrumentality]* under the *[Insert name of relevant Government Health Scheme]* has not been paid for *[Insert number of days of delay, which shall not be fewer than 30 days]*.

For and On Behalf Of

*[Insert name of Statutory Auditor]*

**ANNEXURE VII**

**FORMAT FOR INSTRUCTION BY THE CONCESSIONAIRE TO THE  
ESCROW BANK FOR DISBURSEMENT OF AMOUNTS FROM THE REVENUE  
ACCOUNT**

To,  
[Insert name of the authorised Escrow Bank official]  
[Insert Address of the authorised Escrow Bank official]

CC:

1. [Insert name of Authority Representative]  
[Insert address of Authority Representative]
2. [Insert name of Lenders' Representative]  
[Insert address of Lender's Representative]

Dear Sir,

We instruct you to disburse Rs. [insert amount] (“**Revenue Disbursement Amount**”) from the Revenue Account within [insert number] days. We confirm that the Revenue Disbursement Amount is required for the following purpose(s):

**Purpose:** [Mention purpose]

For and On Behalf Of

[Name of Concessionaire]



**ANNEXURE VIII**

**FORMAT FOR INSTRUCTION BY THE CONCESSIONAIRE TO THE  
ESCROW BANK FOR DISBURSEMENT OF AMOUNTS FROM THE  
CONSTRUCTION ACCOUNT**

To,

*[Insert name of the authorised Escrow Bank official]*

*[Insert Address of the authorised Escrow Bank official]*

CC:

1. *[Insert name of Authority Representative]*  
*[Insert address of Authority Representative]*

2. *[Insert name of Lenders' Representative]*  
*[Insert address of Lender's Representative]*

Dear Sir,

We request you to disburse Rs. *[insert amount]* ("**Construction Disbursement Amount**") from the Construction Account within *[insert number]* days. We confirm that the Construction Disbursement Amount is required for the following purpose(s):

**Purpose:** *[Mention purpose]*

For and On Behalf Of

*[Name of Concessionaire]*

**ANNEXURE IX**

**FORMAT FOR INSTRUCTION BY THE AUTHORITY TO THE ESCROW  
BANK FOR DISBURSEMENT OF AMOUNTS FROM THE REVENUE  
ACCOUNT**

To,  
*[Insert name of the authorised Escrow Bank official]*  
*[Insert Address of the authorised Escrow Bank official]*

CC:

1. *[Insert name of Authority Representative]*  
*[Insert address of Authority Representative]*
2. *[Insert name of Lenders' Representative]*  
*[Insert address of Lender's Representative]*

Dear Sir,

This is to inform you that pursuant to the provisions of the Concession Agreement, Rs. [●] has become payable by the Concessionaire as Damages.

For and On Behalf Of

*[Authority]*

**ANNEXURE X**

**FORMAT FOR INSTRUCTION BY THE CONCESSIONAIRE TO THE  
ESCROW BANK FOR DISBURSEMENT OF AMOUNTS FROM THE  
CONSTRUCTION ACCOUNT**

To,  
*[Insert name of the authorised Escrow Bank official]*  
*[Insert Address of the authorised Escrow Bank official]*

CC:

1. *[Insert name of Authority Representative]*  
*[Insert address of Authority Representative]*
2. *[Insert name of Lenders' Representative]*  
*[Insert address of Lender's Representative]*

Dear Sir,

This is to inform you that pursuant to the provisions of the Concession Agreement, Rs. [●]  
has become payable by the Concessionaire as Damages.

For and On Behalf Of

*[Authority]*

**SCHEDULE 21**  
**DRAFT LEASE DEED**

**LEASE DEED**

**DATED [●]**

**BETWEEN**

**THE GOVERNOR OF ODISHA**  
**as the Lessor**

**AND**

**[●]**  
**as the Lessee**

## LEASE DEED

This **Lease Deed** (hereinafter referred to as the “**Lease Deed**”) made at [●] this [●] day of [●], 20[●]:

### BETWEEN

1. **THE GOVERNOR OF ODISHA**, represented by the [\_\_\_\_\_] having its principal office at [●] (hereinafter referred to as the “**Lessor**”, which expression shall, unless contrary to or inconsistent with the meaning or context thereof, include its administrator, successors and assigns) of the **FIRST PART**;

### AND

2. [●], a company incorporated under the provisions of the Companies Act, 2013 with corporate identification number [●] and having its registered office at [●] (hereinafter referred to as the “**Lessee**”, which expression shall, unless contrary to the context or meaning hereof, include its successors and permitted assigns) of the **Second Part**;

The Lessor and Lessee shall be jointly referred to as the “**Parties**” and severally as a “**Party**”.

### WHEREAS:

- (A) The Lessor (which is referred to as the “**Authority**” in the Concession Agreement) and the Lessee have entered into a concession agreement dated [●] (hereinafter referred to as the “**Concession Agreement**”), in terms of which the Lessee has agreed to undertake development of a hospital located in [●], Odisha, on a design, build, finance, operate, and transfer basis (hereinafter referred to as the “**Project**”) and provide, *inter alia*, Healthcare Services to patients at the Hospital.
- (B) Pursuant to the provision of Article 4.2.3 (i) of the Concession Agreement, the Lessor has agreed to grant lease to the Lessee over the property as described in **Annexure 1** (hereinafter referred to as the “**Property**”), on an ‘*as is where is*’ basis, and on the terms and conditions as set out in this Lease Deed, which is in the format prescribed under Schedule 21 of the Concession Agreement.
- (C) The Lessor is the absolute owner of, and otherwise well and sufficiently entitled to the land admeasuring [●], situated in [●] and is in exclusive possession of the Property and the Property is free of all encumbrances, litigation and encroachments.
- (D) On mutual representations and warranties of the Lessor and Lessee, the Parties have agreed to enter into this Deed to record the various terms and conditions for lease of the Property.

### NOW THIS DEED WITNESSETH AS FOLLOWS:

**1. THIS LEASE DEED *VIS-À-VIS* THE CONCESSION AGREEMENT AND THE DEFINITIONS OF EXPRESSIONS THEREIN**

The provisions of the Concession Agreement shall apply *mutatis mutandis* to this Lease Deed. All capitalized words, terms and phrases not defined in this Lease Deed shall draw their meaning from the Concession Agreement.

**2. GRANT OF LEASE AND POSSESSION**

2.1 In consideration of (a) sum of INR \_\_\_\_\_<sup>12</sup> paid by the Lessee as premium for the Property, the receipt of which the Lessor acknowledges before execution of these presents and; (b) the Ground rent and Cess hereinafter reserved; and (c) the terms and conditions, covenants and agreements herein contained and required to be observed, satisfied and performed by the Lessee, the Lessor does hereby demise unto the Lessee the Property, and the Lessee accepts the same with effect from the Commencement Date, for the purpose of fulfilling its obligations pursuant to the Scope of the Project specified in, and in accordance with the terms and conditions of the Concession Agreement, and in compliance with the stipulations of the Lease Deed and Applicable Laws.

2.2 The Lessor has simultaneously with the execution of this Lease Deed handed over to the Lessee, quiet and peaceful possession of the Property on an '*as is where is basis*'.

2.3 The Property has been handed over by the Lessor to the Lessee inclusive of all buildings, constructions or immovable assets created thereupon (if any), on an '*as is where is*' basis, and free of any Encumbrances, together with all and singular rights, liberties, privileges, easements and appurtenances whatsoever to the Property, hereditaments or premises, or any part thereof, belonging to or in any way appurtenant thereto or enjoyed therewith, for the duration of the lease, for the purposes permitted under this Lease Deed and the Concession Agreement, and for no other purpose whatsoever.

2.4 It is expressly agreed that trees on the Property are the property of the Lessor except that the Lessee shall be entitled to exercise usufructuary rights thereon during the Concession Period. No trees shall be felled or removed without prior written consent of the Lessor.

2.5 The Lessor reserves unto itself all mines, minerals, coals, gold-washing, earth oils and quarries in or under the Property, and full rights and power at all times to do all acts and things which may be necessary or expedient for the purpose of searching for working, obtaining, removing and enjoying the same without providing or leaving any vertical support for the surface of the Property or for any building for the time being standing thereon, provided always that the Lessor shall make reasonable compensation to the Lessee for all damage directly occasioned by the exercise of such rights hereby reserved or any of them. For abundant caution, it is clarified that the Lessee shall only have the surface right over the Property.

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<sup>12</sup> Lease premium shall be payable as per the applicable rates at the time of execution of the Lease Deed.

**3. TERM OF LEASE**

- 3.1 The lease for the Property shall commence from the date of execution of this lease (hereinafter referred to as the “**Commencement Date**”) and shall at all times be co-existent and co-terminus with the Concession Agreement, including any extensions thereof (hereinafter referred to as the “**Term of Lease**”).
- 3.2 Should there be any modification in the term of the Concession Agreement, including prior termination or extension of the term thereof, as the case may be, the Term of Lease shall automatically stand modified to the same extent.
- 3.3 Subject to renewal of the Concession Agreement, a fresh Lease Deed shall be executed by and between the Parties on the terms and conditions as agreed thereupon.

**4. LEASE PREMIUM, GROUND RENT & CESS**

- 4.1 In consideration of the lease of the Property:
- 4.2 The Lessee has paid a sum of INR \_\_\_\_\_ (Rupees \_\_\_\_\_), as premium for the Property, exclusive of applicable taxes.
- 4.3 The Lessee shall pay INR \_\_\_\_\_ (Rupees \_\_\_\_\_) per annum towards annual ground rent (“Ground Rent”) and INR \_\_\_\_\_ (Rupees \_\_\_\_\_) per annum towards cess for the Property (“Cess”). The Lessor or any other relevant Governmental Instrumentality shall have the right to revise the Ground Rent and Cess, from time to time as it may deem fit.
- 4.4 The Ground Rent and Cess shall be payable in advance on the fifteenth day of January in each year. The Ground Rent and Cess for the 1st year has been paid along with the Lease Premium.
- 4.5 In the event of non-payment of Ground Rent and Cess, the Lessor shall send a demand notice to the Lessee for payment of the same. The Lessee shall pay the amount set forth in the demand notice issued by the Lessor within 30 (Thirty) calendar days of receiving the demand notice. In the event of delay beyond such period, the Lessee shall pay interest at the rate of 5% (five percent) above the Bank Rate for the period of delay calculated, and recovery thereof shall be without prejudice to the rights of the Lessor under the terms of this Deed and Concession Agreement, including termination of this Deed.

**5. SUBSTITUTION OF THE CONCESSIONAIRE**

- 5.1 In the event that the Lessee is replaced in its capacity as the Concessionaire under the Concession Agreement by a Nominated Company, in accordance with the terms and conditions of the Concession Agreement read with the Substitution Agreement, such Nominated Company shall substitute the Lessee as the new lessee under this Lease Deed and all such terms, conditions, rights, liabilities and interests applicable

to the Lessee under this Lease Deed shall stand transferred to the new lessee in their entirety from the date of replacement thereof.

- 5.2 Upon the occurrence of the event mentioned in Clause 5.1 above, the Lessor shall execute a fresh lease deed with the substituted concessionaire on the same terms and conditions as provided herein. It is hereby clarified that the fresh lease deed shall be executed for the remaining term of the Term of Lease.

## 6. RESTRICTIONS AND PERMISSIONS

- 6.1 The Property and any buildings, fixtures and improvements constructed thereon may be utilised only for the purposes of fulfilling obligations pursuant to the Concession Agreement, and in compliance with the stipulations of the Lease Deed and Applicable Laws. The Lessee shall not without the prior written consent of the Lessor, use or permit to be carried on the Property or in any building thereon any trade or business whatsoever or use the same or permit the same to be used for any purpose other than that set out in the Concession Agreement.
- 6.2 The Lessee shall not, without prior written consent of the Lessor, be entitled to carry out any alteration and modifications on the Property. The Lessee shall maintain and preserve the Property in the manner as prescribed in the Concession Agreement.
- 6.3 The Lessee shall have the right to demolish, modify or make additions to any structures, erections, buildings or any other constructions existing on the Property on or before the Commencement Date at its costs, provided such demolition, modification or additions alterations are incidental to the Project, and subject to the prior permission of the Lessor.
- 6.4 The Lessee shall be responsible for the maintenance of internal, external and structural services of the Property in accordance with the Concession Agreement.
- 6.5 The Lessee shall not do or permit anything to be done on or under the Property which may cause an environmental hazard, nuisance, annoyance or disturbance to the owners, occupiers or residents of other land / premises in the vicinity.
- 6.6 The Lessee shall not sell, sub-let, transfer, assign, encumber, create any security interest or otherwise part with the possession of the whole or any part of the Property without the prior written consent of the Lessor.
- 6.7 Notwithstanding anything contained in this Agreement, the Lessee with prior written consent of Lessor, shall be entitled to (a) assign or mortgage its rights and interest under this Deed, and (b) mortgage its rights and interests in the Property and the buildings, fixtures and improvements constructed thereon, each in in favour of the Senior Lenders to the extent required under the Financing Agreements in accordance with the Concession Agreement read with the Substitution Agreement *provided however* that such mortgage or assignment shall in no event encumber the Lessor's title or leasehold interest (as applicable) in the Property or Lessor's interest under this lease.



## **7. ANCILLARY FACILITIES**

**7.1** Subject to the provisions of this Concession Agreement, Applicable Laws and Applicable Permits, the Lessee shall have the right to grant license on the Property or the built-up space constructed over the Property, in favour of third parties, for the purpose of ancillary facilities. The Lessee shall be entitled to receive and retain all revenues that may be generated from the ancillary facilities. The Lessee shall ensure that such licensee shall be bound by all the covenants and conditions contained herein and be answerable in all respects therefor.

## **8. ACCESS**

**8.1** The Lessor shall grant/ procure to grant the right of way to the Property for all purposes relating to the Project commencing from the date of this Deed.

**8.2** Save and except the permanent approach roads to the Property, which shall be constructed by the Lessor at its cost in accordance with the Concession Agreement (if applicable), the Lessee shall bear all costs and charges for any special or temporary right of way required by it in connection with access to the Property, as per applicable laws for obtaining and maintaining required licenses. Save and except the utilities and facilities to be provided by the Lessor in accordance with the Concession Agreement, the Lessee shall obtain at its own cost such facilities on or outside the Property as may be required by it for the purposes of the Project and the performance of its obligations under the Concession Agreement.

## **9. LESSEE'S COVENANTS**

**9.1** The Lessee covenants with the Lessor in the manner following, that is to say:

- (a) It is duly organised and validly existing under the laws of India, and hereby expressly and irrevocably waives any immunity in any jurisdiction in respect of this Lease Deed or matters arising thereunder including any obligation, liability or responsibility hereunder, and has full power and authority to perform and execute its obligations under this Lease Deed;
- (b) The Lessee has obtained all corporate and other Applicable Permits necessary to enter into this Lease Deed, and this Lease Deed constitutes valid and binding obligations of the Lessee, enforceable against it in accordance with its terms, except as enforceability may be limited by bankruptcy, insolvency, moratorium or reorganization or other similar laws affecting the enforcement of creditors' right generally and equitable principles of general application.
- (c) There are no actions, suits, proceedings, or investigations pending or, to its knowledge, threatened against it at law or in equity before any court or before any other judicial, quasi-judicial, Government Instrumentality or other authority, the outcome of which may result in the breach of this Lease Deed or which individually or in the aggregate may result in any material impairment of its ability to perform any of its obligations under this Lease Deed;

- (d) The Lessee shall at all times duly perform and observe all the covenants and conditions which are contained in the Lease Deed and the Concession Agreement.
- (e) The Lessee shall comply with all applicable environmental and safety standards, including emission standards prescribed by the Government of Odisha and Government of India and as amended from time to time, and shall obtain/ apply for all the necessary environmental and safety clearances.
- (f) The Lessee shall carry out its functions and perform its obligations under this Lease Deed and the Concession Agreement in such a manner that ensures that the existing approach road to the Hospital is open to users at all times. The Lessee shall additionally not commit such an act which infringes upon the rights and the ability of users to access the Hospital.
- (g) The Lessee shall pay all taxes applicable to the lease and the Project, including but not limited to Ground Rent and Cess or any other levies of whatsoever nature or otherwise payable in relation to the Lessee's activities and operations.
- (h) The Lessee shall protect the Property from any and all occupations, encroachments or Encumbrances, and shall not place or create nor permit any third party or other person claiming through or under the Lessee to place or create any Encumbrance or security interest over all or any part of the Property or the Project Assets, or on any rights of the Lessee therein or under this Lease Deed and the Concession Agreement, save and except as otherwise expressly set forth in this Lease Deed and the Concession Agreement.

## **10. LESSOR'S COVENANTS**

**10.1** The Lessor covenants with the Lessee in the manner following, that is to say:

- (a) The Lessor is the owner of or otherwise well and sufficiently entitled to the Property and the Lessor is in exclusive possession of the Property; the Lessor has good and clear title to the Property and the Property is free of any and all Encumbrances.
- (b) The Lessee shall have the right to carry out any surveys, investigations and soil tests on the Property as the Lessee may deem necessary until execution of the Lease Deed, it being expressly agreed and understood that the Lessor shall have no liability whatsoever in respect of survey, investigations and tests carried out or work undertaken by the Lessee on or about the Property pursuant hereto in the event of Termination or otherwise. In the event any damage has been caused to the Property pursuant to surveys, investigations and tests, excavation, construction (partial or full) etc., or at any point of time, then the Lessee shall hold the Lessor indemnified from all losses, costs, damages, expenses etc.

- (c) The Lessor shall, from the Commencement Date, grant the right of way to the Property for all purposes relating to the Project to the Lessee, its employees, agents, contractors, representatives etc.
- (d) The Parties covenant that their representations and warranties under this Lease Deed shall remain true, valid and continuous during the Term of Lease. Breach of this representation and warranty by any Party shall be a material event of default of such Party under this Lease Deed.

## **11. DISPUTE RESOLUTION**

### **11.1 Dispute resolution**

11.1.1 Any dispute, difference or controversy of whatever nature howsoever arising under or out of or in relation to this Lease Deed (including its interpretation) between the Parties, and so notified in writing by either Party to the other Party (the “**Dispute**”) shall, in the first instance, be attempted to be resolved amicably in accordance with the conciliation procedure set forth in Clause 11.2.

11.1.2 The Parties agree to use their best efforts for resolving all Disputes arising under or in respect of this Agreement promptly, equitably and in good faith, and further agree to provide each other with reasonable access during normal business hours to all non-privileged records, information and data pertaining to any Dispute.

### **11.2 Conciliation**

In the event of any other Dispute between the Parties arising under or in respect of this Agreement, either Party may call upon the Monitoring Agency to mediate and assist the Parties in arriving at an amicable settlement thereof. Failing mediation by the Monitoring Agency within period of 15 (fifteen) days from the date of reference to Monitoring Agency, as the case may be or without the intervention of the Monitoring Agency, as the case may be, either Party may require such Dispute to be referred to Principal Secretary to the Authority and the Chairman of the board of directors of the Concessionaire for amicable settlement, and upon such reference, the said persons shall meet no later than 7 (seven) days from the date of reference to discuss and attempt to amicably resolve the Dispute. If such meeting does not take place within the 7 (seven) day period or the Dispute is not amicably settled within 15 (fifteen) days of the meeting or the Dispute is not resolved as evidenced by the signing of written terms of settlement within 30 (thirty) days of the notice in writing referred to in Clause 11.1.1 or such longer period as may be mutually agreed by the Parties, either Party may refer the Dispute to arbitration in accordance with the provisions of Clause 11.3.

### **11.3 Arbitration**

11.3.1 Any Dispute which is not resolved amicably by conciliation, as provided in Clause 11.2, shall be finally decided by reference to arbitration by a board of arbitrators appointed in accordance with Clause 11.3.2. Such arbitration shall be held in accordance with the Rules of Arbitration of the International Centre for Alternative Dispute Resolution, New Delhi, and shall be subject to the provisions of the

Arbitration Act. The venue of such arbitration shall be Bhubaneswar, and the language of arbitration proceedings shall be English.

- 11.3.2 There shall be a Board of three arbitrators, of whom each Party shall appoint one, and the third arbitrator shall be appointed by the two arbitrators so selected, and in the event of disagreement between the two arbitrators, the appointment shall be made in accordance with the Rules of Arbitration of the International Centre for Alternative Dispute Resolution, New Delhi.
- 11.3.3 The arbitrators shall make a reasoned award (the “**Award**”). Any Award made in any arbitration held pursuant to this Clause 11 shall be final and binding on the Parties as from the date it is made, and the Concessionaire and the Authority agree and undertake to carry out such Award without delay.
- 11.3.4 The Concessionaire and the Authority agree that an Award may be enforced against the Concessionaire and/or the Authority, as the case may be, and their respective assets wherever situated.
- 11.3.5 This Agreement and the rights and obligations of the Parties shall remain in full force and effect, pending the Award in any arbitration proceedings hereunder.

#### **11.4 Adjudication by Regulatory Authority or Commission**

In the event of constitution of a statutory regulatory authority or commission with powers to adjudicate upon disputes between the Concessionaire and the Authority, all Disputes arising after such constitution shall, instead of reference to arbitration under Clause 11.3, be adjudicated upon by such regulatory authority or commission in accordance with the Applicable Law and all references to Dispute Resolution Procedure shall be construed accordingly.

- 11.5 For avoidance of doubt, it is hereby clarified that, in case of subsistence of a dispute under the Concession Agreement and an arbitral tribunal has been constituted or being constituted for the purpose of adjudicating the said dispute, then Disputes arising out of this Lease Deed shall also be adjudicated by the arbitral tribunal constituted under the Concession Agreement and that no separate arbitral tribunal is required to be constituted under this Lease Deed.

## **12. NOTICES**

- 12.1 Any notice or other communication to be given by any Party to the other Party under or in connection with the matters contemplated by this Lease Deed shall be in manner prescribed under the Concession Agreement.

## **13. TERMINATION**

- 13.1 This Lease Deed shall stand automatically terminated upon expiry/ earlier termination of the Concession Agreement in accordance with the terms and conditions set forth therein, without any further action required to be taken by any Party.
- 13.2 In the event that the Lessee fails to fulfil any of its obligations under this Lease Deed and/or commits any breach of the terms and conditions of this Lease Deed,

the Lessor shall provide a notice to the Lessee requesting the Lessee to fulfil such obligations and/or cure such breach within a period of 60 (sixty) days from the date of such notice, failing which, the Lessor shall be entitled to terminate this Lease Deed.

**13.3** Any notice required to be made or given to the Lessee hereunder shall be deemed to have been duly served on it if sent by the Lessor or any other officer authorized by him in his behalf, through post by registered letter, addressed to the Lessee at the address of the said business or at the registered office and failing that, if it is affixed at the entrance of the said premises in the presence of the two witnesses.

**13.4** In the event of termination of the Lease Deed, the Lessee shall have no rights, title or interest whatsoever with respect to the Property other than for the purposes required under Article 33 of the Concession Agreement and the decision of the Lessor in this regard shall be final and binding on the Lessee. Further, in the event of termination of this Lease Deed, it shall be lawful for the Lessor, notwithstanding the waiver of any previous cause or right of re-entry upon the Property hereby demised and the buildings thereon, to re-enter upon and take possession of the Property and buildings and fixtures and thereupon this lease and everything herein contained shall cease and determine and the Lessee shall not be entitled to any compensation whatsoever.

**13.5** The Property shall revert to the Lessor with immediate effect upon the expiry of the Term of Lease or earlier termination of this Lease Deed or Concession Agreement. The Lessee shall be obligated to handover quiet, vacant and peaceful possession of the Property to the Lessor on as is where is basis.

#### **14. INDEMNITY**

**14.1** The Lessee does hereby indemnify and shall at all times keep the Lessor and its assigns fully and effectively indemnified and saved harmless to the fullest extent permitted by law from and against any and all actions, suits, proceedings, losses, expenses (including legal costs and fees), damage, demands, claims, whether arising now or pursuant to reversion of the Property to the Lessee on account of: (a) misrepresentation made by Lessee in anywhere in this Lease Deed; (b) any breach of the warranty and/or covenant of the Lessee; (c) non-compliance of any Applicable Law by the Lessee which adversely impacts Lessor's rights or title to the Property; and/or (d) any damage to the Property due to any act of the Lessee or any person on its behalf. The indemnity provided herein shall be in addition to the other rights that the Lessor may have and/or be entitled to.

#### **15. STAMP DUTY AND REGISTRATION**

**15.1** All stamp duty and registration charges incidental to and in connection with this Lease Deed, shall be borne by the Lessee. Each Party bear shall its own costs and expenses incurred by it in connection with any discussions, negotiations and investigations undertaken in connection with the transaction contemplated by this Lease Deed, including costs and expenses associated with retention of financial, legal, tax and other professional advisers.

#### **16. SEVERANCE OF TERMS**

**16.1** If any provisions of this Lease Deed are declared to be invalid, unenforceable or illegal by any competent arbitral tribunal or court, such invalidity, un-enforceability or illegality shall not prejudice or affect the remaining provisions of this Lease Deed which shall continue in full force and effect.

**17. AMENDMENTS**

**17.1** No amendment or waiver of any provision of this Lease Deed, nor consent to any departure by any of the Parties therefrom, shall in any event be effective unless the same shall be in writing, signed and registered under the provisions of the Registration Act, 1908 by the Parties hereto and then such waiver or consent shall be effective only in the specific instance and for the specified purpose for which given. No waiver by either Party of any breach of, or of compliance with, any condition or provision of this Lease Deed by the other party will be considered a waiver of any other condition or provision or of the same condition or provision at another time. In case of any amendment or revision to the Concession Agreement and such amendment or revision will be applicable to this Lease Deed, the said amendments or revisions to the Concession Agreement shall apply *mutatis mutandis* to this Lease Deed and shall deem to be incorporated in this Lease Deed by reference, with effect from the effective date of said amendments or revisions to the Concession Agreement, unless and otherwise agreed between the Parties.

**[REMAINDER OF THE PAGE HAS BEEN INTENTIONALLY LEFT BLANK]**

### ANNEXURE I

Land admeasuring [●] bearing Plot No. [●], Khata No. [●] situated at Village or Mouza [●], Tehsil [●], Police Station [●], District [●], and as shown and marked by a [●] coloured boundary in **Annexure-II**, with the following boundaries:

North	[insert details]
South	[insert details]
East	[insert details]
West	[insert details]

Along with the following structures:

[insert details]

**ANNEXURE-II**

*[attach the site plan]*

\*\*\*



**IN WITNESS WHEREOF** this Deed has been executed by the duly authorized representatives of the parties hereto on the day and year first above written.

**SIGNED, SEALED AND DELIVERED** by the **Lessor** hereinabove mentioned [●] through its authorised signatory Mr. \_\_\_\_\_  
\_\_\_\_\_

**SIGNED, SEALED AND DELIVERED** by the **Lessee** hereinabove mentioned [●] through its authorised signatory Mr. \_\_\_\_\_  
\_\_\_\_\_

In the presence of:

Witness 1

Witness 2

## **SCHEDULE 22**

### **ELIGIBILITY CONDITIONS FOR THE O&M CONTRACTOR**

The Concessionaire shall ensure that O&M Contractor has adequate competence and capability to deliver the same level of quality services as expected by the Authority from Concessionaire under the Agreement. Without prejudice to the generality of the foregoing, the Concessionaire shall comply with the following:

- (a) If laboratory services (whole or in part) are proposed to be outsourced to an O&M Contractor, then the Concessionaire must ensure that laboratory of such O&M Contractor must, either (i) have a valid NABL certification in relation to each laboratory test(s) which are outsourced by the Concessionaire, or (ii) be a NABH accredited facility. For the avoidance of doubt, any O&M Contract for outsourcing of laboratory services shall be valid only until the laboratory of the O&M Contractor meets the eligibility conditions specified hereinbefore and the Concessionaire shall terminate any such O&M Contract immediately upon the laboratory ceasing to, either (i) have a valid NABL certification in relation to any of the outsourced laboratory tests, or (ii) forming a part of the NABH accredited facility.
- (b) If any Radiology Tests (whole or in part) are proposed to be outsourced to an O&M Contractor, then the Concessionaire must ensure that the Radiology Tests are carried out by the O&M Contractor within the premises of the Hospital Building. For the avoidance of doubt, the unit established by the O&M Contractor for carrying out the Radiology Test(s) shall also be required to be NABH accredited as applicable to the Hospital under the Agreement and Concessionaire shall be solely responsible for ensuring compliance by the O&M Contractor to this condition.
- (c) If any other Ancillary Facilities (for example, housekeeping, biomedical waste management, laundry, kitchen, pantry etc.) are proposed to be outsourced to an O&M Contractor, then the O&M Contractor should have valid and latest quality management systems certification such as ISO 9001:2015 or any other equivalent national or international certification/accreditation. The Concessionaire shall be solely responsible for ensuring the quality of the services procured from the O&M Contractor.

**SCHEDULE 23**

**VESTING CERTIFICATE**

- 1 Department of Health and Family Welfare, Government of Odisha (the **Authority**) refers to the Concession Agreement dated ..... (the **Agreement**) entered into between the Authority and ..... (the **Concessionaire**) for the Hospital.
- 2 The Authority hereby acknowledges compliance and fulfilment by the Concessionaire of the Divestment Requirements set forth in Clause 33.2 of the Agreement on the basis that upon issue of this Vesting Certificate, the Authority shall be deemed to have acquired, and all title and interest of the Concessionaire in or about the Hospital shall be deemed to have vested unto the Authority, free from any encumbrances, charges and liens whatsoever.
- 3 Notwithstanding anything to the contrary contained hereinabove, it shall be a condition of this Vesting Certificate that nothing contained herein shall be construed or interpreted as waiving the obligation of the Concessionaire to rectify and remedy any defect or deficiency in any of the Divestment Requirements and/or relieving the Concessionaire in any manner of the same.

Signed on this..... day of....., 20 .....at.....

AGREED, ACCEPTED AND SIGNED

For and on behalf of  
CONCESSIONAIRE by:

(Signature)  
(Name)  
(Designation)  
(Address)

SIGNED, SEALED AND DELIVERED

For and on behalf of  
AUTHORITY by:

(Signature)  
(Name)  
(Designation)  
(Address)

In the presence of:

1.

2.

## SCHEDULE 24

### SUBSTITUTION AGREEMENT

*[On appropriate stamp paper]*

This SUBSTITUTION AGREEMENT is entered into on this [●] 201[8]

#### **BETWEEN**

**THE GOVERNOR OF ODISHA** represented by the Secretary to the Government, Department of Health and Family Welfare, Government of Odisha, with its principal office at *[insert address]* (hereinafter referred to as the **Authority** which expression shall, unless repugnant to the context or meaning thereof, include its administrators, successors and permitted assigns); and

[●], a company incorporated under the provisions of the Companies Act, 2013 with its registered office at [●] (hereinafter referred to as the **Concessionaire** which expression shall, unless repugnant to the context or meaning thereof, include its successors and permitted assigns);

#### **AND**

[●] with its registered office at [●], [acting for itself and for and on behalf of the lenders listed at Annex hereto] (hereinafter referred to as the **Lenders' Representative**, which expression shall unless repugnant to the context or meaning thereof include its successors, assigns and permitted substitutes).

The Authority, Concessionaire and the Lenders' Representative are hereinafter collectively referred to as **Parties** and individually as **Party**.

#### **WHEREAS:**

- A. The Authority and the Concessionaire have entered into a concession agreement dated [●] (the **Concession Agreement**), in terms of which the Concessionaire has agreed to undertake {development of a greenfield hospital/expansion of a brownfield hospital located in [insert location], Odisha, on a design, build, finance, operate, and transfer basis ("**Project**") and provide Healthcare Services to patients at the Hospital. A copy of the Concession Agreement is annexed as Annexure A to this Substitution Agreement.
- B. With a view to facilitate obtaining financing for the Hospital by the Concessionaire and to enable the Concessionaire to design, construct, finance, commission, operate and maintain the Hospital pursuant to and in accordance with the Project Agreements, the Parties have agreed that, subject to the terms and conditions of the Project Agreements and the Financing Agreements, the Lenders shall have the right to substitute the Concessionaire by the Nominated Company (*defined hereinafter*) for the remaining Concession Period.
- C. The Parties have agreed to execute this Substitution Agreement on the terms and conditions mentioned herein below.

**NOW THEREFORE, in consideration of the premises and mutual covenants herein contained, the adequacy of which is hereby acknowledged and confirmed, the terms and conditions of this Substitution Agreement are set out below:**

**CLAUSE 1**

**DEFINITIONS AND INTERPRETATION**

**1.1 Definitions**

The capitalised terms not defined herein shall have the meaning ascribed to them in the Concession Agreement and RFP:

“**Arbitration**” shall have the meaning ascribed to it in Clause 8.2;

“**Arbitrator**” shall have the meaning ascribed to it in Clause 8.2;

“**Award**” shall have the meaning ascribed to it in Clause 8.5;

“**Clause**” means the clause of this Substitution Agreement;

“**Concession Agreement**” shall have the meaning ascribed to it in Recital A;

“**Concessionaire Default**” means occurrence of a Concessionaire Default as defined under the Project Agreements;

“**Dispute**” means any difference or dispute of whatsoever nature relating to this Substitution Agreement between the Parties arising under, out of or in connection with this Substitution Agreement;

“**Financial Assistance**” means all funded and non-funded financial assistance, including loans, advances, guarantees, lease finance, hire purchase or re-financing that may be provided for the Hospital, but shall exclude any funded or non-funded financial assistance for meeting working capital requirements of the Concessionaire;

“**Financial Default**” means Concessionaire event of default as set out under the Financing Agreements;

“**Financing Agreements**” shall have the meaning ascribed to it under the Concession Agreement;

“**Indemnified Party**” shall have the meaning ascribed to it in Clause 7.2.1;

“**Indemnifying Party**” shall have the meaning ascribed to it in Clause 7.2.1;

{“**Lease Deed**” shall mean the lease deed dated [●] entered into between the Authority (in its capacity as a Lessor) and the Concessionaire (in its capacity as a Lessee) for the grant of lease of the Site, on terms and conditions mentioned therein}

“**Lenders’ Representative**” means [●];

“**Senior Lenders**” means [•];

“**Senior Lenders' Dues**” means the aggregate of all monies owed by the Concessionaire to the Senior Lenders under the Financing Agreements on account of principal thereunder for funding the whole or any part of the cost to be incurred for implementing and operating and maintaining the Hospital and all accrued interest, additional interest, liquidated damages, commitment fees, commission, prepayment premium, costs, charges and other monies including financing charges and fees owed by the Concessionaire to the Senior Lenders under the Financing Agreements for the Hospital up to the Transfer Date, payable under the Financing Agreements;

“**Nominated Company**” means a new company proposed by the Senior Lenders pursuant to this Substitution Agreement for the remaining Concession Period by amendment of the Project Agreements or by execution of a new concession agreement, {new lease deed}, new substitution agreement and new escrow agreement;

“**Notice of Concessionaire Default**” shall have the meaning ascribed to it in Clause 3.3.1;

“**Notice of Financial Default**” shall have the meaning ascribed to it in Clause 3.2.1;

“**Notice of Dispute**” shall have the meaning ascribed to it in Clause 8.1;

“**Person**” means any, company, corporation, partnership, joint venture, trust, unincorporated organisation or any other legal entity;

“**Project Agreements**” shall mean, collectively, the Concession Agreement, {the Lease Deed}, Substitution Agreement and the Escrow Agreement;

“**Proposal**” shall have the meaning ascribed to it in Clause 4.1 (c);

“**Receiver**” shall have the meaning ascribed to it in Clause 5.1;

“**Recital**” means recital of this Substitution Agreement;

“**Substitution Agreement**” means this substitution agreement;

“**Substitution Notice under Concession Agreement**” shall have the meaning ascribed to it in Clause 3.3.2; and

“**Substitution Notice under Financing Agreements**” shall have the meaning ascribed to it in Clause 3.2.2.

## 1.2 Interpretation

In this Substitution Agreement:

- (a) References to any statute or statutory provision or order or regulation made there under shall include that statute, provision, order or regulation as

- amended, modified, re-enacted or replaced from time to time whether before or after the date hereof.
- (b) Headings to Clauses are for information only and shall not form part of the operative provisions of this Substitution Agreement and shall not be taken into consideration in its interpretation or construction.
  - (c) References to Recitals, Clauses or Annexes are, unless the context otherwise requires, are references to recitals, clauses or annexes of this Substitution Agreement.
  - (d) Unless the context otherwise requires, reference to one gender includes a reference to the other, words importing the singular include the plural and vice versa.
  - (e) References to the words “include” or “including” shall be construed as being suffixed by the term “without limitation”.
  - (f) Unless otherwise stated, any reference to any period commencing “from” a specific day or date and “till” or “until” a specific day or date shall include both, such days or dates.

## **CLAUSE 2**

### **ASSIGNMENT**

#### **2.1 Substitution of Nominated Company in Project Agreements**

The Concessionaire shall ensure and procure that each Project Agreement contains provisions that entitle the Nominated Company to step into such Project Agreements, in its sole discretion, in place and substitution of the Concessionaire in the event of the Nominated Company assuming all liabilities and obligations of the Concessionaire under the Project Agreements.

## **CLAUSE 3**

### **SUBSTITUTION OF THE CONCESSIONAIRE**

#### **3.1 Right of Substitution**

The Authority hereby irrevocably agrees to substitute the Concessionaire with a Nominated Company, selected by the Senior Lenders in accordance with the provisions of this Substitution Agreement and approved by the Authority, by amendment of the Project Agreements or by the execution of a new concession agreement, {new lease deed}, new substitution agreement and a new escrow agreement in favour of the Nominated Company for the purpose of securing the payments of the Senior Lenders Dues.

It is clarified that nothing contained herein shall entitle the Senior Lenders to operate the Project themselves under and in accordance with the Project Agreements either individually or collectively.

### 3.2 Procedure in case of a Financial Default

3.2.1 Upon occurrence of a Financial Default, the Lenders' Representative shall notify the Concessionaire by a notice in writing, with a copy simultaneously sent to the Authority, about the occurrence of a Financial Default (**Notice of Financial Default**). The Notice of Financial Default shall be accompanied by a certificate issued by the authorised officer of the Lenders' Representative, certifying:

- (a) the occurrence of a Financial Default; and
- (b) the amount of the Senior Lenders' Dues (**Senior Lenders' Certificate**).

The Senior Lenders' Certificate shall be conclusive evidence of occurrence of such Financial Default and of such Senior Lenders' Dues. Such Senior Lenders' Certificate shall be final, conclusive and binding upon the Concessionaire for the purpose of this Substitution Agreement and the Financing Agreements.

3.2.2 The Lenders' Representative may, at any time after the date of the Notice of Financial Default to the Concessionaire and without prejudice to any other right or remedy available to the Senior Lenders under the Financing Agreements, notify the Authority and the Concessionaire on behalf of all the Senior Lenders, about the Senior Lenders decision to invite, negotiate and procure offers, either through private negotiations or public auction or a process of tendering of the remaining Concession Period and the rights and obligations of the Concessionaire under the Project Agreements to a Nominated Company, subject to approval of such Nominated Company by the Authority (**Substitution Notice under Financing Agreements**). In such an event, the Senior Lenders/Lenders' Representative shall be entitled to substitute the Concessionaire with the Nominated Company within 180 (one hundred and eighty) days of the issuance of the Substitution Notice under the Financing Agreements. Provided that upon written request from the Lenders' Representative, the Authority shall extend the aforesaid period of 180 (one hundred and eighty) days by such further period not exceeding 90 (ninety) days, as the Authority may deem appropriate. In the event the Senior Lenders/Lenders' Representative do not convey their intention to substitute the Concessionaire with a Nominated Company within the prescribed time period, the Authority shall be entitled to terminate the Project Agreements forthwith by issuing the Termination Notice in accordance with the terms of the Concession Agreement.

In the event the Senior Lenders/Lenders' Representative fails to substitute the Concessionaire within the aforementioned time period, the Authority shall be entitled to terminate the Project Agreements forthwith by issuing the Termination Notice in accordance with the terms of the Concession Agreement.

### 3.3 Procedure in case of a Concessionaire Default

3.3.1 Upon occurrence of a Concessionaire Default, the Authority shall notify the Concessionaire by a notice in writing, with a copy simultaneously sent to the Senior Lenders/Lenders' Representative, about the occurrence of a Concessionaire Default (**Notice of Concessionaire Default**).



The Notice of Concessionaire Default shall be the conclusive evidence of occurrence of such Concessionaire Default. Such Notice of Concessionaire Default shall be final, conclusive and binding upon the Concessionaire for the purpose of this Substitution Agreement and the Project Agreements.

- 3.3.2 In the event the Concessionaire Default is not cured within the time period prescribed under the Project Agreements, the Authority shall inform the Senior Lenders/Lenders' Representative of its intention to issue a Termination Notice and allow 15(fifteen) days to the Senior Lenders/Lenders' Representative to make a representation, stating the intention to substitute the Concessionaire by a Nominated Company (**Substitution Notice under Concession Agreement**).

In the event that the Senior Lenders/Lenders' Representative issue the Substitution Notice under Concession Agreement, within 180 (one hundred and eighty) days of issue of such notice, they shall be entitled to undertake and complete the substitution of the Concessionaire by a Nominated Company in accordance with the provisions of this Substitution Agreement within 180 (one hundred and eighty) days from the date of the Substitution Notice under Concession Agreement. Provided that, upon written request from the Lenders' Representative, the Authority shall extend the aforesaid period of 180 (one hundred and eighty) days by such further period not exceeding 90 (ninety) days, as the Authority may deem appropriate. In the event the Senior Lenders/Lenders' Representative do not convey their intention to substitute the Concessionaire with a Nominated Company, or fail to substitute the Concessionaire within the prescribed time period, the Authority shall be entitled to terminate the Project Agreements forthwith by issuing the Termination Notice in accordance with its provisions.

#### 3.4 **Criteria for Selection of Nominated Company**

- 3.4.1 The Lenders' Representative shall apply the following criteria while selecting a Person as the Nominated Company:
- (a) the Person shall be capable of properly discharging the duties, obligations and liabilities of the Concessionaire under the Project Agreements;
  - (b) the Person shall provide security to the satisfaction of the Senior Lenders for repayment of Senior Lenders' Dues;
  - (c) the Person shall have the capability and shall unconditionally consent to assume the liability for the payment and discharge of dues of the Concessionaire to the Authority under and in accordance with the Project Agreements and of Senior Lenders' Dues upon terms and conditions as agreed to with the Senior Lenders;
  - (d) the Person shall have the Financial Capacity, the Technical Capacity and other eligibility and qualification criteria specified under the RFP to implement the Project and shall hold the minimum Equity of the Concessionaire as set forth in the RFP and the Concession Agreement;
  - (e) the Person shall have not been in breach of any agreement between itself and the Authority or any Government Instrumentality; and

- (f) any other appropriate condition or criterion, whereby continuity in the performance of the Concessionaire's obligations under the Project Agreements is maintained and the security in favour of the Senior Lenders under the Financing Agreements is preserved.

3.4.2 At any time prior to the approval of a Person as the Nominated Company by the Authority pursuant to this Substitution Agreement, the Authority may require the Lenders' Representative to satisfy the Authority as to the eligibility of such Person and the decision of the Authority in this behalf, which shall be reasonable, shall be final, conclusive and binding on the Senior Lenders and such Person.

#### **CLAUSE 4**

##### **MODALITIES OF SUBSTITUTION**

#### **4.1 Modalities**

The following modalities shall be applicable to any substitution of the Concessionaire by the Nominated Company:

- (a) the Lenders' Representative may invite, negotiate, procure offers either through private negotiations or public auction or process of tender or otherwise for the substitution of the Concessionaire by another Person;
- (b) the Lenders' Representative shall on behalf of the Senior Lenders propose to the Authority pursuant to Clause 4.1(c), the name of such Person proposed to be the Nominated Company for acceptance and shall apply as necessary to the Authority for:
  - (i) grant to such Person, as substitute to the Concessionaire, the right to design, construct, finance, operate, maintain and transfer the Hospital under and in accordance with and subject to and on the terms and conditions set out in the Project Agreements;
  - (ii) amendment of the Project Agreements or execution of a new concession agreement, {new lease deed}, new substitution agreement and new escrow agreement, to grant to such Person, upon being approved as the Nominated Company, the same terms and conditions and the remaining Concession Period under the Project Agreements; and
  - (iii) the execution of a new substitution agreement with such Person, upon being approved as the Nominated Company, for the remaining Concession Period on the same terms and conditions as set out in this Substitution Agreement;
- (c) the Lenders' Representative shall be entitled, within a period of 15 (fifteen) days from the date of the Substitution Notice under Financing Agreements or Substitution Notice under Concession Agreement, as the case may be, to select and propose a Person as the Nominated Company to the Authority for its approval (**Proposal**). The Proposal of the Lenders' Representative

pursuant to this Clause 4.1(c) shall contain the particulars and information in respect of such Person, the Senior Lenders' Dues and all other data and information as prescribed at Annex.

Without prejudice to the foregoing, the Lenders' Representative agrees and undertakes to provide to the Authority, such further and other information and clarifications in respect of any data, particulars or information, furnished by the Lenders' Representative as the Authority may reasonably require. The Authority shall convey its approval or otherwise of such Proposal, including such Person proposed as the Nominated Company, in its sole discretion within 15(fifteen) days of (i) the date of receipt of the Proposal by the Authority; or (ii) the date when the last of further and other information and such clarifications in respect of any data, particulars or information comprised in the Proposal, as have been provided by the Lenders' Representative to the Authority, whichever is later. It is expressly agreed between the Parties that the Proposal shall be accompanied by an unconditional undertaking of the Person proposed as the Nominated Company that it shall, upon approval by the Authority of the Proposal including such Person, observe, comply, perform and fulfil the terms and conditions of the Project Agreements on the footing as if such Person being the Nominated Company was the original private entity under the Project Agreements and shall be liable for and shall assume, discharge and pay the Senior Lenders' Dues under and in accordance with the terms and conditions of the Financing Agreements. Upon approval of the Proposal by the Authority, the Person shall become the Nominated Company hereunder;

- (d) The Authority shall, upon its satisfaction of the eligibility of the Nominated Company and in accordance with the provisions of this Substitution Agreement and subject to the provisions of Clause 4.1(e), proceed to substitute the Concessionaire with the Nominated Company by amendment of the Project Agreements or by execution of a new concession agreement, {new lease deed}, new substitution agreement and new escrow agreement or such other writing as the Authority may reasonably require, on the same terms and conditions as under the Project Agreements for the remaining Concession Period;
- (e) the substitution as aforesaid shall be subject to the Nominated Company obtaining Applicable Permits necessary for implementing and/or operating and maintaining the Hospital under and in accordance with the Project Agreements;
- (f) the objection, if any, of the Authority on the choice of the Nominated Company shall be made after hearing the Lenders' Representative, provided however, that in the event of a refusal as stated above, the Lenders' Representative may propose another Person as the Nominated Company. In the event that no objection is raised with respect to the Person proposed to be the Nominated Company by the Authority within the period set forth in Clause 4.1(c), the Person proposed as the Nominated Company shall be deemed to have been accepted by the Authority and the Authority shall, subject to Clause 4.1(e), grant the exclusive rights under Clause 4.2 of the Concession Agreement to the Nominated Company for the remaining

- Concession Period within 15 (fifteen) days of its acceptance/deemed acceptance of the Nominated Company;
- (g) the substitution aforesaid, pursuant to the security interest hereby created in favour of the Lender, shall be deemed to be complete only upon the Nominated Company accepting and complying with the terms and conditions stipulated in the Project Agreements; and
  - (h) all actions of the Lenders' Representative hereunder shall be deemed to be on behalf of the Senior Lenders and be binding upon them. The Lenders' Representative is authorised to receive payment of compensation, payment to cure default and any other payments, consideration for transfer in accordance with the Substitution Notice under Financing Agreements or Substitution Notice under Concession Agreement, as the case may be, the Project Agreements and the Financing Agreements and give valid discharge on behalf of all the Senior Lenders.

#### **4.2 Waiver of Concessionaire's Right to Remedy**

The Concessionaire hereby irrevocably agrees and waives any right to challenge the Senior Lenders' decision to apply to the Authority for substitution as aforesaid and neither the Concessionaire nor the Authority shall be entitled to prevent the Lenders' Representative from proceeding to seek such a substitution of the Concessionaire by the Nominated Company as hereinbefore provided. The Concessionaire agrees and confirms that the Concessionaire shall not have any right to seek re-evaluation of the Concessionaire's assets and the Project Agreements, otherwise than as contracted in the Financing Agreements while the Authority permits substitution as hereinbefore provided, pursuant to the Senior Lenders Agent's request. The Parties acknowledge that the rights of the Senior Lenders hereunder are irrevocable and shall not be contested in any proceedings before any court of law and the Concessionaire shall not have any right or remedy to prevent, obstruct, injunct or restrain the Authority and/or the Senior Lenders from effecting or causing the substitution as aforesaid. No third party shall have the right to question the decision of the Senior Lenders/Senior Lenders Agent and the Authority.

#### **4.3 No Guarantee by the Authority**

Nothing contained in these Clauses shall mean or be interpreted as provision of any guarantee or surety by the Authority and it is expressly agreed that the Authority has not provided any surety, guarantee or counter guarantee whether directly or indirectly for the recovery of amount of Financial Assistance advanced by the Senior Lenders to the Concessionaire.

### **CLAUSE 5**

#### **INTERIM PROTECTION OF SERVICES AND PRESERVATION OF SECURITY**

- 5.1 In the event that the Senior Lenders notify the Authority of a Financial Default and the Concessionaire has failed to cure such default for a period of more than 180 (one hundred and eighty) days, or in special circumstances affecting the security of

the Senior Lenders, the Senior Lenders shall be entitled to institute protective legal proceedings for a receivership (**Receiver**) to maintain, preserve and protect the assets, other than the Project Agreements, held as security for the Senior Lenders provided always that such Receiver shall be the Authority, if, in the opinion of Authority, it is necessary and required for the operation and maintenance of the Project and the Parties hereby consent and agree to the same. The Lenders' Representative shall in such an event notify the Authority to assume receivership of the Project Assets held as security and the Authority shall operate and maintain the same pending the substitution of the Concessionaire by the Nominated Company. In the event the Authority does not assume receivership and declines the request of the Lenders' Representative, the Lenders' Representative shall for itself and each of the Senior Lenders, be entitled to seek the appointment of a Receiver from the competent court having jurisdiction for the Project Assets held as security.

The Receiver shall be responsible for protecting the Project Assets in receivership and shall render a true and proper account of the receivership to the Senior Lenders in accordance with the terms of its appointment. The Receiver shall operate and maintain the Hospital in accordance with the obligations of the Concessionaire under the Project Agreements. Any Person other than the Authority may be appointed as the Receiver only with the prior consent of the Authority. In a declaratory suit for appointment of the Receiver, notwithstanding that no recovery mortgage suit or proceeding for enforcement of the Senior Lenders' security under the Financing Agreements is instituted by the Lenders' Representative for itself or the Senior Lenders, any action for appointment of the Authority as the Receiver or appointment of an independent Receiver by the court shall be without prejudice to the other rights and remedies of the Authority and of the Senior Lenders under the Financing Agreements.

## **CLAUSE 6**

### **INDEMNITY**

#### **6.1 Indemnity**

- 6.1.1 The Concessionaire will indemnify, defend and hold harmless the Authority and the Senior Lenders/Lenders' Representative against any and all proceedings, actions and third party claims for any loss, damage, cost and expenses of whatever kind and nature arising out of any breach by the Concessionaire of any of its obligations under this Substitution Agreement or on account of failure of the Concessionaire to comply with Applicable Laws and Applicable Permits.
- 6.1.2 The Lender/Lenders' Representative shall indemnify, defend and hold harmless the Concessionaire and the Authority against any and all proceedings, actions and third party claims for any loss, damage, cost and expenses arising out of the Senior Lenders/Lenders' Representative's failure to fulfil its obligations under this Substitution Agreement, materially or adversely affecting the performance of the Concessionaire's or the Authority's obligations under the Project Agreements, other than any loss, damage, cost and expenses arising out of acts done in discharge of their lawful functions by the Senior Lenders/Lenders' Representative.

## 6.2 Notices and Contest of Claims

- 6.2.1 In the event that any Party receives a claim from a third party in respect of which it is entitled to the benefit of an indemnity under Clause 6.1 or in respect of which it is entitled to reimbursement (**Indemnified Party**), it shall notify the other Party responsible for indemnifying such claim hereunder (**Indemnifying Party**) within 15 (fifteen) Days of receipt of claim and shall not settle or pay the claim without prior approval of the Indemnifying Party, such approval not being unreasonably withheld or delayed. In the event that the Indemnifying Party wishes to contest or dispute the claim, it may conduct the proceedings in the name of the Indemnified Party and shall bear all costs involved in contesting it. The Indemnified Party shall provide all cooperation and assistance in contesting any claim and shall sign all such writings and documents as the Indemnified Party may reasonably require.

## CLAUSE 7

### DISPUTE RESOLUTION

#### 7.1 Amicable Settlement

In the event of a Dispute either Party may give the other written notice at any time of a Dispute having arisen (**Notice of Dispute**). The Notice of Dispute shall set out brief details of the nature of the Dispute.

The Parties agree that they will endeavour to resolve any Dispute amicably and in good faith within 30 (thirty) days of a Notice of Dispute being served by one Party on the other Party in respect of that Dispute. In the event that resolution of the Dispute is reached pursuant to this Clause 7.1, the resolution and its terms shall be recorded in writing and signed by one representative from each of the Parties.

#### 7.2 Dispute Resolution by Arbitration

Failing amicable settlement and/or settlement of a Dispute pursuant to the provisions of Clause 7.1, each of the Parties unconditionally and irrevocably agrees to the submission of such Dispute to binding arbitration governed by the Arbitration and Conciliation Act, 1996, by appointment of a sole arbitrator to be appointed by mutual agreement of the Parties (**Arbitrator**). If the Parties fail to appoint an Arbitrator within 15 (fifteen) days of the decision to submit the Dispute to arbitration in accordance with this Clause 7.2, such Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

Any arbitration proceedings commenced pursuant to this Clause 7.2 shall be referred to as the arbitration (**Arbitration**).

#### 7.3 Place of Arbitration

The place of the Arbitration shall be Bhubaneswar.

#### 7.4 English Language

The request for the Arbitration, the answer to the request, the terms of reference, any written submissions, any orders and rulings pursuant to the Arbitration shall be

in English and, if oral hearings take place, English shall be the language to be used in the hearings.

**7.5 Fees and Expenses**

The fees and expenses of the Arbitrator and all other expenses of the Arbitration shall be initially borne and paid by respective Parties, subject to determination by the Arbitrator. The Arbitrator may provide in the award for the reimbursement to the prevailing Party of its costs and expenses in bringing or defending the Arbitration claim, including legal fees and expenses incurred by such Party.

**7.6 Performance of Obligations during the Pendency of the Arbitration Proceedings**

The Substitution Agreement and rights and obligations of the Parties shall remain in full force and effect pending the Award under any Arbitration proceedings pursuant to this Clause 7.

**7.7 Survival**

The provisions of this Clause 7 shall survive the termination of the Substitution Agreement.

**CLAUSE 8**

**GOVERNING LAW AND JURISDICTION**

The validity, construction and performance of this Substitution Agreement shall be construed and the legal relations between the Parties hereto shall be determined and governed according to the laws of India and subject to the exclusive jurisdiction of the courts in the State of Odisha.

**CLAUSE 9**

**MISCELLANEOUS**

**9.1 Representations and Warranties**

9.1.1 The Parties hereto expressly represent and warrant that they are duly empowered to sign and execute this Substitution Agreement.

**9.2 Notices**

Notices under this Substitution Agreement shall be sent to the addresses first hereinabove mentioned. Any change in the address of any Party shall be duly notified by registered post acknowledgement due and delivered to other Parties.

**9.3 Amendments to Substitution Agreement**

9.3.1 This Substitution Agreement shall not be affected by re-organisation of any Lender, Lenders' Representative or the Authority and the successor-in-interest of such

Lender, Lenders' Representative and the Authority shall have the benefit of this Substitution Agreement.

- 9.3.2 No amendment, variation or modification to this Substitution Agreement shall be valid and effectual unless made in writing and executed by the duly authorised representatives of all the Parties.
- 9.3.3 All stamp duties or other imposts and charges as are applicable on this Substitution Agreement or on amendment of the Project Agreements or execution of a new concession agreement for the purpose of substitution as aforesaid shall be borne by and be to the account of the Concessionaire. In the event of Senior Lenders making such payment for time being, it shall be deemed to be a part of the Senior Lenders' Dues.

9.4 **Harmonious Construction**

- 9.4.1 The Parties hereby expressly agree that for the purpose of giving full and proper effect to this Substitution Agreement. The Concession Agreement and this Substitution Agreement shall be read together and construed harmoniously. The terms of the Concession Agreement shall prevail in the event of any inconsistencies with the Substitution Agreement.
- 9.4.2 The consultation, recommendation or approval of the Lenders' Representative under this Substitution Agreement shall always be taken as consultation, recommendation or approval of every concerned Lender and each such Lender shall be bound by the same and hereby waives its right to question or dispute it.
- 9.4.3 This Substitution Agreement shall be in addition to and shall not be in derogation of the terms of the Financing Agreements.
- 9.4.4 It shall not be necessary for the Senior Lenders or the Lenders' Representative to enforce or exhaust any other remedy available to them before invoking the provisions of this Substitution Agreement.

**IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS AND SEAL TO THESE PRESENTS ON THE DAY, MONTH & YEAR FIRST ABOVE WRITTEN IN PRESENCE OF THE FOLLOWING WITNESSES:**

SIGNED, SEALED & DELIVERED

for and on behalf of  
the Authority

(Authorised Signatory)

for and on behalf of  
(Concessionaire)



(Authorised Signatory)

for and on behalf of  
(Senior Lenders)

(Authorised Signatory)

Witnesses:

1.

2.

**ANNEXURE A**  
**COPY OF THE CONCESSION AGREEMENT**  
*[To be annexed]*

## **SCHEDULE 25**

### **ROLES AND RESPONSIBILITIES OF THE LEAD TECHNICAL MEMBER**

1. The Lead Technical Member or its Associate, in case appointed by the Concessionaire as the O&M Contractor for the O&M of the Hospital including for providing Core Clinical Services in accordance with the Agreement, shall provide such services in the Hospital in accordance with the Agreement.
2. The Lead Technical Member shall at all times during the Concession Period, be responsible for the appointment of the Key Managerial Personnel of the Concessionaire. For evidencing the same, the appoint letters of the Key Managerial Personnel shall be countersigned by the authorized representative(s) of the Lead Technical Member.
3. The Lead Technical Member shall be responsible for vetting the Drawings prior to the same being submitted by the Concessionaire to the Authority and/or Independent Engineer as required under the Agreement. For evidencing the same, the Drawings shall be countersigned by the authorized representative(s) of the Lead Technical Member.

**SCHEDULE 26**

**PATIENT SATISFACTION SURVEY**

Concessionaire shall obtain patient feedback on a continuous basis through a structured questionnaire for the calculation of patient satisfaction index. An indicative Inpatient and Outpatient feedback forms to be used for patient satisfaction survey are provided in this Schedule 26. Authority and/or Monitoring Agency reserves the right to amend the attributes/parameters of these forms to ensure its continuous suitability over the time. Concessionaire shall furnish patient satisfaction index to the Authority and/or Monitoring Agency as and when requested.

**I. Inpatient feedback/survey form**

Dear Friend,

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment. It will help us in our endeavour to improve the quality of service, if you share your opinion on the service attributes of this hospital enumerated in the table below.

**Please tick the appropriate box and drop the questionnaire in the Suggestion box**

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
1.	Availability of sufficient information at Registration/Admission counter						
2.	Behaviour and attitude of staff at the registration/ admission counter						
3.	Waiting time at the Registration/Admission counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
4.	Availability of adequate directional signage						

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
5.	Display of available services being offered at this hospital						
6.	Availability of diagnostics and laboratory services within the facility as displayed						
7.	Attitude & communication of Doctors						
8.	Regularity of Doctor's attention / visit						
9.	Round the clock availability and promptness of Nurses response in the ward						
10.	Availability of prescribed drugs from the hospital						
11.	Timeliness and Quality of diet supplied						
12.	Cleanliness of the ward and toilets						
13.	Cleanliness of Bed sheets/ pillow covers etc.						
14.	Cleanliness of surroundings and campus drains						
15.	You satisfaction level on the discharge process and time taken for same						

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
Your valuable suggestions (if any)							
1.							
2.							
3.							
4.							
5.							

Date: \_\_\_\_\_ IPD Regn. No.: \_\_\_\_\_

Ward Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Contact No. (Optional): \_\_\_\_\_

## II. Outpatient feedback/survey Form

Dear Friend,

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment. You are requested to share your opinion about the service attributes of this hospital which will be used for improving the services

**Please tick the appropriate box and drop the questionnaire in the Suggestion box**

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
1.	Availability of adequate signage						
2.	Availability of sufficient information at Help Desk you asked for	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
3.	Waiting time at the Registration counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
4.	Behavior and attitude of staff at the registration counter						
5.	Waiting time for consultation						
6.	Behavior of Doctor and other staff at OPD						
7.	Arrangement & Privacy for physical examination						
8.	Availability of laboratory and diagnostics tests						
9.	Behavior and cooperation of staff at Laboratory / Radio diagnostic department						
10.	Availability of medicines at OPD pharmacy						
11.	Arrangement at waiting area at different places (sitting arrangement, drinking water, toilets etc.)						
12.	Cleanliness of OPD area, waiting area, toilets etc						

Sl. No.	Attribute/parameter	Your rating* (in a scale of 1 – 5) 1 being lowest satisfaction & 5 being highest satisfaction)					
		1	2	3	4	5	No comments
<b>Your valuable suggestions ( if any )</b>							
1.							
2.							
3.							
4.							
5.							

Date:

OPD Regn. No.:

OPD Name:

Full Name:

Contact No. (Optional):



**ANNEXURE I OF SCHEDULE 19**

**MONTHLY MIS REPORTING FORMAT**

**(a) Volume Indicators**

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
<b>(A) HEALTHCARE FACILITY STATISTICS</b>															
1	Total OPD Attendance														
1 (a)	Old														
1 (b)	New														
2	BPL OPD Attendance														
3	Male OPD														
4	Female OPD														
5	Total IPD Admissions														
6	BPL IPD admissions														
7	Patient Bed Days (Cumulative total of midnight head count of all days of the month)														
8	No. of Deaths														
9	No. of patients attended in Emergency														
10	No. of Licensed beds														
11	No. of functional Beds on ground														
12	No. of functional ambulances available														
13	No. of trips made by ambulance for transferring patients														
<b>(B) OPERATION THEATRE</b>															
14	No. of Minor Surgeries														

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
15	No. of Select <del>BPL</del> Patients underwent Minor Surgeries														
16	No. of Female Patients underwent Minor Surgeries														
17	No. Major surgeries Done														
17 (a)	No. of OBG surgeries														
17 (b)	No. of Orthopedics Surgeries														
17 (c)	No. of General Surgeries														
18	No. of Select Patients underwent Major Surgeries														
19	No. of Female Patients underwent Major Surgeries														
<b>(C) MATERNAL &amp; CHILD HEALTH</b>															
20	No. of Normal Deliveries in Healthcare facility														
21	Number of Normal Deliveries- (Select <del>BPL</del> Category)														
22	No. of C-Section Deliveries														
23	No. of C-Section Deliveries- (Select)Category														
24	No. of complicated deliveries														
25	No. of Maternal Deaths														
26	No. of Neonatal Deaths including still births.														
27	No. of IUD insertions performed.														
28	No of condoms distributed														
29	No. of Vasectomy performed														
30	No. of Tubectomy performed														
31	No of MTPs conducted														

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
32	No of Postpartum sterilization														
33	No. of children immunized														
<b>(D) BLOOD BANK / STORAGE UNIT</b>															
34	No. of Blood Units Issued														
35	No. of units Demanded by Healthcare facility														
<b>(E) LABORATORY SERVICES</b>															
36	No. of Lab tests done														
37	No. of Lab test done - (Select Category)														
<b>(F) RADIOLOGY</b>															
38	No. X-Ray Taken														
39	No. of X-Ray taken - (Select Category)														
40	No. of ultrasound done														
40 (a)	No. of OBS ultrasound done														
40 (b)	No. of Gen. ultrasound done														
41	No. of ultrasound Done- (Select Category)														
42	No. of ECG Done														
43	No. of ECG Done- (BPL Category)														
<b>(G) DEPARTMENT WISE STATISTICAL DATA</b>															
<b>(G-1) OPD ATTENDANCE</b>															
44	Medicine														
45	Surgery														
46	Pediatrics														
47	Orthopedics														
48	Obstetrics & Gynecology														
49	Dental														
50	T.B.														
51	E.N.T.														
52	ICTC														

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
53	Others (if any)														
54	<b>TOTAL OPD ATTENDANCE</b>														
<b>(H) INPATIENT DEPARTMENT</b>															
55	Male Ward														
55 (a)	Total Admissions														
55 (b)	Select														
55 (c.)	Discharge														
55 (d)	Death														
55 (e.)	Referred to higher level of facility														
55 (f)	Absconding														
55 (g)	LAMA														
56	Female Ward														
56 (a)	Total Admissions														
56 (b)	Select patient														
56 (c.)	Discharge														
56 (d)	Death														
56 (e.)	Referred to higher level of facility														
56 (f)	Absconding														
56 (g)	LAMA														
57	Medicine														
57 (a)	Total Admissions														
57 (b)	Select patient														
57 (c.)	Discharge														
57 (d)	Death														
57 (e.)	Referred to higher level of facility														
57 (f)	Absconding														
57 (g)	LAMA														
58	Surgery														

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
58 (a)	Total Admissions														
58 (b)	Select patient														
58 (c.)	Discharge														
58 (d)	Death														
58 (e.)	Referred to higher level of facility														
58 (f)	Absconding														
58 (g)	LAMA														
59	Pediatrics														
59 (a)	Total Admissions														
59 (b)	Select patient														
59 (c.)	Discharge														
59 (d)	Death														
59 (e.)	Referred to higher level of facility														
59 (f)	Absconding														
59 (g)	LAMA														
60	Orthopedics														
60 (a)	Total Admissions														
60 (b)	Select patient														
60 (c.)	Discharge														
60 (d)	Death														
60 (e.)	Referred to higher level of facility														
60 (f)	Absconding														
60 (g)	LAMA														
61	Obstetrics and Gynecology														
61 (a)	Total Admissions														
61 (b)	Select patient														
61 (c.)	Discharge														
61 (d)	Death														

S. NO.	Parameter/Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
61 (e.)	Referred to higher level of facility														
61 (f)	Absconding														
61 (g)	LAMA														
62	Others (if any)														
62 (a)	Total Admissions														
62 (b)	Select patient														
62 (c.)	Discharge														
62 (d)	Death														
62 (e.)	Referred to higher level of facility														
62 (f)	Absconding														
62 (g)	LAMA														
63	<b>TOTAL IPD</b>														
63 (a)	Total Admissions														
63 (b)	Select patient														
63 (c.)	Discharge														
63 (d)	Death														
63 (e.)	Referred to higher level of facility														
63 (f)	Absconding														
63 (g)	LAMA														

(b) Performance Indicators

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
				(A) HEALTHCARE FACILITY STATISTICS													
1	Bed occupancy Rate (BOR)	Rate	Total Patient Bed Days x 100 ÷ (Functional Beds in Healthcare facility × Calendar Days in month) Bed Patient days- Sum of daily patient census for whole month.														
2	Bed Turnover Rate (BTR)	Rate	Inpatient discharge including deaths in the month ÷ Functional Bed on Ground														
3	Average Length of Stay (ALOS)	Rate	Total Patient Bed Days in the month (excluding New Born) ÷ Discharges in the month (including Death, LAMA, absconding)														

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
4	LAMA rate	Rate/100 Admission	Total No. of LAMA cases × 100 ÷ Total No. of Admissions														
<b>(B) PATIENT CARE</b>																	
5	Nurse to Bed ratio	Ratio	Total Healthcare facility Beds/Total No. of Nurses (including ANM)														
<b>(C) Operation Theatre</b>																	
6	Percent of Cancelled surgeries	Percent	surgeries Cancelled x 100 ÷ Total surgeries performed														
7	Total No. of death on Operation Table and Postoperative Deaths	Numbers	Count														



SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
8	Anesthesia related mortality	Numbers	Count														
<b>(D) MATERNAL &amp; CHILD HEALTH</b>																	
9	LSCS Rate	Rate	No. of CS delivery x 100 ÷ No. of Total delivery														
10	Percentage of mothers leaving Healthcare facility in less than 48 hrs.	Percent	no. of mothers leaving Healthcare facility in less than 48 hrs. of delivery x 100 ÷ Total No. of delivery														
11	Percentage of mothers getting JSY benefits within 48 hours of delivery	Percent	No of institutional deliveries, receiving JSY benefits within 72 hrs. of delivery × 100 ÷ Total no. of mothers entitled														

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
				(E) DISPENSARY													
12	No of drugs expired during the month	Number (Volume and Type)	Count														
13	Percentage of drugs available	Percent	No. of drugs available in the dispensary x 100/ No. of drugs as per essential drug list for the facility														
(F) Blood Bank																	
14	Blood Bank Turnover	Ratio	No. of unit issued/ No. of units collected (including replacements)														
(G) LABORATORY SERVICES																	
15	Sputum Positive Rate	Rate	No. of slide found positive in AFB x 100 ÷ Total slide Prepared for test														

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average		
16	M P Positive Rate	Rate	No. of slide found positive for Malaria Parasite x 100 ÷ Total slide Prepared for test																
<b>(H) HOUSEKEEPING</b> <i>for every YES give 1 for every NO give 0,  add scores of all 10 attributes to get the final score</i>																			
17	Hygiene Score	Score of 0-10 (for every YES give 1 for every NO give 0, add scores of all 10 attributes to get the final score)	Availability of running water																
			Availability of functional Cisterns																
			Clean toilets																
			No broken seats, cistern, tiles.																
			No water logging																
			No water leakage from taps/overhead tanks																
			Clean wards/corridors																

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
			No clogged / overflowing drains														
			No over grown weed shrubs in the premises.														
			Toilets meant for patients not locked from outside.														
<b>(I) HOSPITAL INFECTION CONTROL</b>																	
18	Number of Culture Surveillance conducted	Number	Number of Culture Surveillance with details of departments in which they are conducted. <i>Reports of Surveillance to be attached</i>														
<b>(J) ENGINEERING AND MAINTENANCE</b>																	
19	Down Time Critical equipment	In Hours/ Days	Total time critical equipment cannot be used because of being out of order														

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average		
20	No. of Instrument Calibrated	Numbers	Count																
<b>(K)BIO MEDICAL WASTE MANAGEMENT</b>																			
<i>for every YES give 1 for every NO give 0, add scores of all 10 attributes to get the final score</i>																			
21	BMW Score	Scale 1-10	Availability of colour coded Bins at point of BMW generation																
			Availability of coloured liners																
			Display of work instructions at the point of segregation																
			Segregation of BMW at point of generation																
			Availability of sharps pit and disposal of sharps as per rules.																

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
			Availability of deep burial pit and disposal of placenta and other anatomical waste as per rule														
			Availability of PPE(Personal Protective Equipment) with biomedical waste handlers														
			Availability of sodium hypochlorite solution and puncture proof boxes														
			Mutilation and disinfection of plastic waste before disposal														
			Authorization under BMW management rules.														

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average		
<b>(L) Patient Rights and Information</b> <i>for every YES give 1 for every NO give 0,  add scores of all 10 attributes to get the final score</i>																			
22	Patient Information Score	Scale 1-10	Citizen Charter available and prominently displayed																
			Emergency signage prominently displayed																
			Help Desk/ Enquiry counter with dedicated person available																
			User Charges (OPD/IPD/Diagnostics/blood bank/others) prominently displayed																
			Availability of drugs prominently displayed (at dispensary and IPD)																
			Departmental Signage prominently displayed																

SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
			Display of mandatory information (under PNDT/RTI etc.														
			Complaint/Suggestion box prominently placed														
			Safety/ Hazard and caution sign prominently displayed.														
			Consent Practiced (OT/IPD/MTP/HIV testing)														
<b>(M) INTERNAL, MEDICAL AUDIT AND DEATH AUDIT</b>																	
23	Internal Audit conducted during the month (Yes / No)	Yes / No	1) Details to be attached including report, if audit conducted  2) If Internal Audit not conducted in this month then														



SR. NO.	TITLE	METRIC	HOW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Average
			specify the due date for the same.														
24	Death Audit conducted during the month (Yes / No)	Number	Medical Audit Conducted - YES / NO Number of cases discussed?														
25	Medical Audits conducted during the month / Number of cases discussed	Number	Medical Audit Conducted - YES / NO Number of cases discussed?														

**SCHEDULE 27****CGHS BHUBANESWAR RATE LIST (2014)**

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1	Consultation OPD	135	135
2	Consultation- for Inpatients	270	270
3	Dressings of wounds	50	58
4	Suturing of wounds with local anesthesia	108	124
5	Aspiration Plural Effusion - Diagnostic	120	138
6	Aspiration Plural Effusion - Therapeutic	193	222
7	Abdominal Aspiration - Diagnostic	345	397
8	Abdominal Aspiration - Therapeutic	460	529
9	Pericardial Aspiration	380	437
10	Joints Aspiration	317	365
11	Biopsy Skin	210	242
12	Removal of Stitches	36	41
13	Venesection	112	129
14	Phimosis Under LA	1,180	1,357
15	Sternal puncture	156	179
16	Injection for Hemorrhoids	414	476
17	Injection for Varicose Veins	315	362
18	Catheterization	83	95
19	Dilatation of Urethra	500	575
20	Incision & Drainage	420	483

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
21	Intercostal Drainage	125	144
22	Peritoneal Dialysis	1,319	1,517
	<b>TREATMENT PROCEDURE SKIN</b>		
23	Excision of Moles	345	397
24	Excision of Warts	294	338
25	Excision of Molluscum contagiosum	130	150
26	Excision of Venereal Warts	160	184
27	Excision of Corns	140	161
28	I/D Injection Keloid	97	112
29	Chemical Cautery (s)	110	127
	<b>TREATMENT PROCEDURE OPHTHALMOLOGY</b>		
30	Subconjunctival/subtenon's injections in one eye	69	79
31	Subconjunctival/subtenon's injections in both eyes	124	143
32	Pterygium Surgery	86	99
33	Conjunctival Peritomy	58	67
34	Conjunctival wound repair or exploration following blunt trauma	115	132
35	Removal of corneal foreign body	115	132
36	Cauterization of ulcer/subconjunctival injection in one eye	69	79
37	Cauterization of ulcer/subconjunctival injection in both eyes	138	159
38	Corneal grafting—Penetrating keratoplasty	5,175	5,951
39	Corneal grafting—Lamellar keratoplasty	4,500	5,175

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
40	Cyanoacrylate /fibrin glue application for corneal perforation	690	794
41	Bandage contact lenses for corneal perforation	460	529
42	Scleral grafting or conjunctival flap for corneal perforation	2,300	2,645
43	Keratoconus correction with therapeutic contact lenses	1,200	1,380
44	UV radiation for cross-linking for keratoconus	1,800	2,070
45	EDTA for band shaped keratopathy	863	992
46	Arcuate keratotomy for astigmatism	2,800	3,220
47	Re-suturing (Primary suturing) of corneal wound	1,150	1,323
48	Penetrating keratoplasty with glaucoma surgery	10,930	12,570
49	Penetrating keratoplasty --- with vitrectomy	12,144	13,966
50	Penetrating keratoplasty with IOL implantation	12,290	14,134
51	DALK- Deep anterior lamellar keratoplasty	15,525	17,854
52	Keratoprosthesis stage I and II	11,500	13,225
53	DSAEK- Descemet's stripping automated endothelial keratoplasty	16,675	19,176
54	ALTK- Automated lamellar therapeutic keratoplasty	16,500	18,975
55	Probing and Syringing of lacrimal sac- in one eye	69	79
56	Probing and Syringing of lacrimal sac- in both eye	138	159
57	Dacryocystorhinostomy—Plain	2,588	2,976
58	Dacryocystorhinostomy—Plain with intubation and/or with lacrimal implants	8,775	10,091
59	Dacryocystorhinostomy—conjunctival with implant	9,200	10,580
60	Caliculoplasty	2,300	2,645

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
61	Dacryocystectomy	1,725	1,984
62	Punctal plugs for dry eyes	130	150
63	Refraction	40	46
64	Indirect Ophthalmoscopy	67	77
65	Orthoptic check-up- with synoptophore	44	51
66	Lees' charting or Hess' charting	100	115
67	Orthoptic exercises	50	58
68	Pleoptic exercises	50	58
69	Perimetry/field test—Goldman	140	161
70	Perimetry/field test— automated	140	161
71	Fluorescein angiography for fundus or iris	920	1,058
72	Ultrasound A- Scan	777	894
73	Ultrasound B- Scan	207	238
74	Fundus Photo Test	200	230
75	Indocyanin green angiography	920	1,058
76	Corneal endothelial cell count with specular microscopy	230	265
77	Corneal topography	331	381
78	Corneal pachymetry	230	265
79	Auto-refraction	35	40
80	Macular function tests	44	51
81	Potential acuity metry	100	115
82	Laser interferometry	173	199
83	OCT-Optical coherence tomography	1,913	2,200

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
84	HRT- Heidelberg's retinal tomogram	150	173
85	GDX--- Nerve fibre layer analyzer	88	101
86	UBM- Ultrasound bio microscopy	150	173
87	Non-Contact tonometry	50	58
88	IOP measurement with schiotz	30	35
89	IOP measurement with applation tonometry	50	58
90	Three mirror examination for reti	58	67
91	90 D lens examination	50	58
92	Gonioscopy	58	67
93	Chalazion incision and curettage in one eye	400	460
94	Chalazion incision and curettage in both eyes	431	496
95	Ptosis surgery with fasanella servat procedure	2,300	2,645
96	Ptosis surgery with LPS resection one lid	4,950	5,693
97	Ptosis surgery with Sling surgery one lid	6,003	6,903
98	Ectropion surgery- one lid	1,400	1,610
99	Ectropion surgery- both lids	2,500	2,875
100	Epicanthus correction	1,550	1,783
101	Cantholysis and canthotomy	575	661
102	Entropion surgery- one lid	1,380	1,587
103	Entropion surgery- both lids	2,000	2,300
104	Tarsorrhaphy	650	748
105	Suturing of lid lacerations	1,150	1,323
106	Lid retraction repair	1,700	1,955

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
107	Concretions removal	115	132
108	Bucket handle procedure for lid tumors	345	397
109	Cheek rotation flap for lid tumors	6,900	7,935
110	Orbitotomy	7,245	8,332
111	Enucleation	3,000	3,450
112	Enucleation with orbital implants and artificial prosthesis	3,000	3,450
113	Evisceration	3,450	3,968
114	Evisceration with orbital implants and artificial prosthesis	5,693	6,547
115	Telecanthus correction	4,658	5,357
116	Orbital decompression	5,175	5,951
117	Exenteration	5,175	5,951
118	Exenteration with skin grafting	6,210	7,142
119	Fracture orbital repair	8,280	9,522
120	Retinal laser procedures	1,500	1,725
121	Retinal detachment surgery	11,500	13,225
122	Retinal detachment surgery with scleral buckling	13,800	15,870
123	Buckle removal	1,150	1,323
124	Silicone oil removal	2,520	2,898
125	Anterior retinal cryopexy	1,162	1,336
126	Squint correction for one eye	4,500	5,175
127	Squint correction for both eyes	6,750	7,763
128	Trabeculectomy	6,210	7,142
129	Trabeculotomy	6,210	7,142

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
130	Trabeculectomy with Trabeculotomy	9,315	10,712
131	Trephition	2,070	2,381
132	Goniotomy	345	397
133	Glaucoma surgery with Glaucoma valves	6,210	7,142
134	Cyclocryotherapy	1,150	1,323
135	YAG laser iridotomy	1,500	1,725
136	YAG laser capsulotomy	1,093	1,257
137	ALT-Argon laser trabeculoplasty	1,495	1,719
138	PDT-Photodynamic therapy	3,450	3,968
139	TTT- Transpupillary thermal therapy	3,000	3,450
140	PTK- Phototherapeutic keratectomy	7,000	8,050
141	Argon/diode laser for retinal detachment	1,150	1,323
142	Intralase application for keratoconus	5,750	6,613
143	EOG- electro-oculogram	900	1,035
144	ERG- Electro-retinogram	794	913
145	VEP- visually evoked potential	800	920
146	Vitreotomy- pars plana	10,350	11,903
147	Intravitreal injections- of antibiotics	1,150	1,323
148	Intravitreal injections- of lucentis excluding cost of drug	2,700	3,105
149	X- Ray orbit	115	132
150	CT-orbit and brain	173	199
151	MRI- Orbit and brain	3,450	3,968
152	Dacryocystography	340	391



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
153	Orbital angio-graphical studies	1,500	1,725
154	ECCE with IOL	3,105	3,571
155	SICS with IOL	4,500	5,175
156	Phaco with foldable IOL (silicone and acrylic)/PMMA IOL	9,703	11,158
157	Pars plana lensectomy with/without IOL	9,315	10,712
158	Secondary IOL implantation- AC IOL PC IOL or scleral fixated IOL	6,900	7,935
159	Cataract extraction with IOL with capsular tension rings (Cionni's ring)	13,500	15,525
160	Optic nerve sheathotomy	7,500	8,625
161	Iridodialysis repair or papillary reconstruction	5,000	5,750
162	Iris cyst removal	850	978
163	Lid Abscess incision and Drainage	1,700	1,955
164	Orbital Abscess incision and Drainage	3,000	3,450
165	Biopsy	460	529
166	Paracentesis	230	265
167	Scleral graft for scleral melting or perforation	2,800	3,220
168	Amniotic membrane grafting	1,100	1,265
169	Cyclodiathermy	2,070	2,381
170	Intraocular foreign body removal	187	215
171	Electrolysis	230	265
172	Perforating injury repair	4,050	4,658
173	Botulinum injection for blepharospasm or squint	2,400	2,760
	<b>TREATMENT PROCEDURE DENTAL PROCEDURES</b>		

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
174	Flap Operation per quadrant	360	414
175	Gingivectomy per quadrant	234	269
176	Reduction & immobilization of fracture- Maxilla Under LA	900	1,035
177	Reduction & immobilization of fracture-Mandible Under LA	3,150	3,623
178	splints/Cirucum mandibular wiring under LA	510	587
179	splints/Cirucum mandibular wiring under GA	990	1,139
180	Internal wire fixation/plate fixation of Maxilla under LA	3,000	3,450
181	Internal wire fixation/plate fixation of Maxilla under GA	4,000	4,600
182	Internal wire fixation/plate fixation of Mandible under LA	3,500	4,025
183	Internal wire fixation/plate fixation of Mandible under GA	4,250	4,888
184	Extraction per tooth under LA	80	92
185	Complicated Ext. per Tooth under LA	100	115
186	Extraction of impacted tooth under LA	160	184
187	Extraction in mentally retarded/patients with systemic diseases/patient with special needs under short term GA	939	1,080
188	Cyst & tumour of Maxilla /mandible by enucleation/ excision/ marsupialisation upto 4 cms under LA	244	281
189	Cyst & tumour of Maxilla/mandible by enucleation/ excision/ marsupialisation size more than 4 cms under LA	406	467
190	Cyst & tumour of Maxilla/mandible by enucleation /excision/marsupialisation size more than 4 cms under GA	1,000	1,150
191	TM joint ankylosis- under GA	7,500	8,625
192	Biopsy Intraoral-Soft tissue	374	430

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
193	Biopsy Intraoral-Bone	374	430
194	Hemi-mandibulectomy with graft	18,900	21,735
195	Hemi-mandibulectomy without graft	18,900	21,735
196	Segmental-mandibulectomy with graft	3,400	3,910
197	Segmental-mandibulectomy without graft	990	1,139
198	Maxillectomy- Total with graft	2,500	2,875
199	Maxillectomy- Total without graft	1,755	2,018
200	Maxillectomy- partial with graft	3,000	3,450
201	Maxillectomy- partial without graft	2,500	2,875
202	Release of fibrous bands & grafting -in (OSMF) treatment under GA	1,500	1,725
203	Pre-prosthetic surgery- Alveoloplasty	500	575
204	Pre-prosthetic surgery - ridge augmentation	1,200	1,380
205	Root canal Treatment (RCT) Anterior teeth (per tooth)	500	575
206	Root canal Treatment (RCT) Posterior teeth (per tooth)	700	805
207	Apicoectomy- Single root	500	575
208	Apicoectomy-Multiple roots	650	748
209	Metal Crown-per unit	500	575
210	Metal Crown with Acrylic facing per unit	700	805
211	Complete single denture-metal based	1,500	1,725
212	Complete denture- acrylic based per arch	855	983
213	Removable partial denture-Metal based-upto 3 teeth	700	805
214	Removable partial denture-Metal based-more than 3 teeth	900	1,035
215	Removable partial denture-Acrylic based-upto 3 teeth	450	518

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
216	Removable partial denture-Acrylic based-more than 3 teeth	264	304
217	Amalgum restoration-per tooth	180	207
218	Composite Restoration-per tooth-anterior tooth	250	288
219	Glas Ionomer-per tooth	180	207
220	Scaling & polishing	300	345
221	Removable Orthodontics appliance- per Arch	700	805
222	Fixed Orthodontics-per Arch	1,150	1,323
223	Space maintainers-Fixed	500	575
224	Habit breaking appliances-removable	800	920
225	Habit breaking appliances-Fixed	1,500	1,725
226	Expansion plate	1,000	1,150
227	Feeding appliance for cleft palate	1,500	1,725
228	Maxillo-facial prosthesis (sal/auricular/orbital/facial lost part)	3,500	4,025
229	Functional orthodontic appliances	3,000	3,450
230	Obturator (Maxillo-facial)	1,440	1,656
231	Occlusal night guard(splint)	800	920
	<b>TREATMENT PROCEDURE ENT</b>		
232	Pure Tone Audiogram	172	198
233	Impedence with stepedeal reflex	230	265
234	SISI Tone Decay	132	152
235	Multiple hearing assessment test to adults	115	132
236	Speech Discrimination Score	90	103
237	Speech Assessment	120	138

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
238	Speech therapy per session of 30-40 minutes	120	138
239	Cold Calorie Test for Vestibular function	172	198
240	Removal of foreign body From Nose	311	358
241	Removal of foreign body From Ear	230	265
242	Syringing (Ear)	166	191
243	Polyp removal under LA	575	661
244	Polyp removal under GA	850	978
245	Peritonsillar abscess Drainage under LA	1,449	1,666
246	Myringoplasty	6,900	7,935
247	Stapedectomy	9,200	10,580
248	Myringotomy with Grommet insertion	4,600	5,290
249	Tympanotomy	8,625	9,919
250	Tympanoplasty	13,800	15,870
251	Mastoidectomy	14,950	17,193
252	Otoplasty	16,100	18,515
253	Labyrinthectomy	13,800	15,870
254	Skull Base surgery	25,000	28,750
255	Facial Nerve Decompression	17,250	19,838
256	Septoplasty	5,750	6,613
257	Submucous Resection	7,314	8,411
258	Septo-rhinoplasty	16,100	18,515
259	Rhinoplasty- Non-cosmetic	11,500	13,225
260	Fracture Reduction	4,250	4,888

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
261	Intra nasal Diathermy	1,150	1,323
262	Turbinectomy	5,750	6,613
263	Endoscopic DCR	13,000	14,950
264	Endoscopic Surgery	13,800	15,870
265	Septal Perforation Repair	13,800	15,870
266	Antrum Puncture	950	1,093
267	Lateral Rhinotomy	1,000	1,150
268	Cranio-facial resection	25,500	29,325
269	Caldwell Luc Surgery	10,626	12,220
270	Angiofibroma Excision	17,000	19,550
271	Endoscopic Hypophysectomy	21,500	24,725
272	Endoscopic Optic Nerve Decompression	32,775	37,691
273	Decompression of Orbit	25,500	29,325
274	Punch/Wedge biopsy	674	775
275	Tonsillectomy	5,000	5,750
276	Uvulo-palatoplasty	15,000	17,250
277	FESS for antrochoal polyp	5,750	6,613
278	FESS for ethmoidal polyp	5,750	6,613
279	Polyp removal ear	748	860
280	Polyp removal Nose (Septal polyp)	748	860
281	Mastoidectomy plus Ossiculoplasty including TORP or PORP	2,415	2,777
282	Endolymphatic sac decompression	2,875	3,306
283	Diagnostic endoscopy under GA	2,070	2,381

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
284	Yonges operation for Atrophic rhinitis	6,900	7,935
285	Vidian neurectomy for vasomotor Rhinitis	10,350	11,903
286	Nasal Packing-anterior	345	397
287	Nasal Packing-posterior	805	926
288	Ranula Excision	6,843	7,869
289	Tongue Tie excision	1,500	1,725
290	Sub Mandibular Duct Lithotomy	269	309
291	Adenoidectomy	5,640	6,486
292	Palatopharyngoplasty	8,165	9,390
293	Pharyngoplasty	17,193	19,772
294	Styloidectomy	9,200	10,580
295	Direct laryngoscopy including Biopsy under GA	5,000	5,750
296	Oesophagoscopy/foreign body removal from	1,800	2,070
297	Bronchoscopy with F.B.removal	2,438	2,804
298	Other Major Surgery	13,500	15,525
299	Other Minor Surgery	7,650	8,798
	<b>TREATMENT PROCEDURE FOR HEAD AND NECK</b>		
300	Ear Lobe Repair one side	500	575
301	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	4,000	4,600
302	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	3,800	4,370
303	Partial Amputation of Pinna	4,500	5,175
304	Total Amputation of Pinna	6,200	7,130

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
305	Total Amputation & Excision of External Auditory Meatus	1,500	1,725
306	Excision of Cystic Hygroma	5,175	5,951
307	Excision of Cystic Hygroma Extensive	7,452	8,570
308	Excision of Branchial Cyst	10,350	11,903
309	Excision of Branchial Sinus	10,350	11,903
310	Excision of Pharyngeal Diverticulum	10,580	12,167
311	Excision of Carotid Body-Tumours	11,615	13,357
312	Operation for Cervical Rib	12,500	14,375
313	Block Dissection of Cervical Lymph Nodes	15,000	17,250
314	Pharyngectomy & Reconstruction	13,500	15,525
315	Operation for Carcinoma Lip - Wedge-Excision	8,050	9,258
316	Operation for Carcinoma Lip - Vermilionectomy	5,758	6,622
317	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	9,292	10,686
318	Estlander Operation	7,475	8,596
319	Abbe Operation	9,800	11,270
320	Cheek Advancement	9,775	11,241
321	Excision of the Maxilla	19,320	22,218
322	Excision of mandible-segmental	15,525	17,854
323	Mandibulectomy	21,000	24,150
324	Partial Glossectomy	5,520	6,348
325	Hemiglossectomy	7,000	8,050
326	Total Glossectomy	22,885	26,318
327	Commondo Operation	22,000	25,300



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
328	Parotidectomy - Superficial	12,075	13,886
329	Parotidectomy - Total	13,500	15,525
330	Parotidectomy - Radical	19,550	22,483
331	Repair of Parotid Duct	11,500	13,225
332	Removal of Submandibular Salivary gland	8,625	9,919
333	Hemithyroidectomy	9,500	10,925
334	Partial Thyroidectomy (lobectomy)	11,500	13,225
335	Subtotal Thyroidectomy	13,053	15,011
336	Total Thyroidectomy	19,000	21,850
337	Resection Enucleation of thyroid Adenoma	10,580	12,167
338	Total Thyroidectomy and Block Dissection	26,450	30,418
339	Excision of Lingual Thyroid	16,882	19,414
340	Excision of Thyroglossal Cyst/Fistula	13,225	15,209
341	Excision of Parathyroid Adenoma/Carcinoma	21,275	24,466
342	Laryngectomy	17,825	20,499
343	Laryngo Pharyngectomy	27,000	31,050
344	Hyoid Suspension	10,350	11,903
345	Genioplasty	12,000	13,800
346	Direct Laryngoscopy including biopsy under GA	5,175	5,951
347	Phonosurgery	13,800	15,870
348	Fibroptic examination of Larynx under LA	1,725	1,984
349	Microlaryngeal Surgery	10,350	11,903
350	Laryngofissure	17,250	19,838

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
351	Tracheal Stenosis Excision	19,780	22,747
	Head and neck cancer		
352	Excisional Biopsies	5,175	5,951
353	Benign Tumour Excisions	8,550	9,833
354	Temporal Bone subtotal resection	18,630	21,425
355	Modified Radical Neck Dissection	22,770	26,186
356	Carotid Body Excision	23,400	26,910
357	Total Laryngectomy	39,192	45,071
358	Flap Reconstructive Surgery	37,260	42,849
359	Parapharyngeal Tumour Excision	35,397	40,707
360	Other Major Surgery	19,125	21,994
361	Other Minor Surgery	4,500	5,175
	<b>TREATMENT PROCEDURE BREAST</b>		
362	Drainage of abscess	6,000	6,900
363	Excision of lumps	6,969	8,014
364	Local mastectomy-simple	12,650	14,548
365	Radical mastectomy-formal or modified.	25,875	29,756
366	Excision of mammary fistula	13,973	16,069
367	Segmental resection of breast	14,490	16,664
368	Other Major Surgery	22,500	25,875
369	Other Minor Surgery	4,500	5,175
	<b>TREATMENT PROCEDURE GENERAL SURGERY</b>		
370	Injury Of Superficial Soft Tissues	425	489

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
371	Suturing of small wounds	269	309
372	Secondary suture of wounds	290	334
373	Debridement of wounds	432	497
374	Removal Of Foreign Bodies	300	345
	<b>BIOPSIES</b>		
375	Excision of Cervical Lymph Node	1,725	1,984
376	Excision of Axillary Lymph Node	2,277	2,619
377	Excision of Inguinal Lymph Node	2,277	2,619
378	Excision Biopsy of Ulcers	1,470	1,691
379	Excision Biopsy of Superficial Lumps	3,220	3,703
380	Incision Biopsy of Growths/Ulcers	1,470	1,691
381	Trucut Needle Biopsy	1,550	1,783
382	Percutaneous Kidney Biopsy	1,470	1,691
383	Marrow Biopsy (Open)	1,060	1,219
384	Muscle Biopsy	1,470	1,691
385	Scalene Node Biopsy	1,350	1,553
386	Excision of Sebaceous Cysts	1,242	1,428
387	Excision of Superficial Lipoma	1,932	2,222
388	Excision of Superficial Neurofibroma	2,400	2,760
389	Excision of Dermoid Cysts	2,277	2,619
390	Haemorrhoidectomy	2,500	2,875
391	Stappler haemorrhoidectomy	4,025	4,629
392	keloid excision	1,150	1,323

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
393	Vericose vein surgery;Tendelenburg operation with suturing or ligation.	<b>8,625</b>	<b>9,919</b>
	<b>TREATMENT PROCEDURE OESOPHAGUS</b>		
394	Atresia of Oesophagus and Tracheo Oesophageal Fistula	<b>26,400</b>	<b>30,360</b>
395	Operations for Replacement of Oesophagus by Colon	<b>25,000</b>	<b>28,750</b>
396	Oesophagectomy for Carcinoma Easophagus	<b>25,000</b>	<b>28,750</b>
397	Oesophageal Intubation (Mausseau Barbin Tube)	<b>11,500</b>	<b>13,225</b>
398	Achalasia Cardia Transthoracic	<b>13,455</b>	<b>15,473</b>
399	Achalasia Cardia Abdominal	<b>12,650</b>	<b>14,548</b>
400	Oesophago Gastrectomy for mid1/3 lesion	<b>22,046</b>	<b>25,353</b>
401	Heller's Operation	<b>19,750</b>	<b>22,713</b>
402	Colon-Inter position or Replacement of Oesophagus	<b>22,540</b>	<b>25,921</b>
403	Oesophago Gastrectomy – Lower Corringers procedure	<b>21,390</b>	<b>24,599</b>
404	Other Major Surgery	<b>24,863</b>	<b>28,592</b>
405	Other Minor Surgery	<b>4,500</b>	<b>5,175</b>
	<b>TREATMENT PROCEDURE ABDOMEN / GI SURGERY</b>		
406	Gastroscopy	<b>1,553</b>	<b>1,786</b>
407	Gastric & Duodenal Biopsy (Endoscopic)	<b>1,800</b>	<b>2,070</b>
408	Pyloromyotomy	<b>2,800</b>	<b>3,220</b>
409	Gastrostomy	<b>7,763</b>	<b>8,927</b>
410	Simple Closure of Perforated peptic Ulcer	<b>9,775</b>	<b>11,241</b>
411	Vagotomy Pyloroplasty / Gastro Jejunostomy	<b>13,800</b>	<b>15,870</b>
412	Duodenojejunosomy	<b>17,055</b>	<b>19,613</b>

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
413	Partial/Subtotal Gastrectomy for Carcinoma	23,000	26,450
414	Partial/Subtotal Gastrectomy for Ulcer	22,425	25,789
415	Operation for Bleeding Peptic Ulcer	20,976	24,122
416	Operation for Gastrojejunal Ulcer	19,780	22,747
417	Total Gastrectomy for Cancer	22,368	25,723
418	Highly Selective Vagotomy	18,630	21,425
419	Selective Vagotomy & Drainage	18,630	21,425
420	Congenital Diaphragmatic Hernia	18,975	21,821
421	Hiatus Hernia Repair- Abdominal	14,490	16,664
422	Hiatus Hernia Repair- Transthoracic	16,100	18,515
423	Exploratory Laparotomy	12,650	14,548
424	Epigastric Hernia Repair	11,385	13,093
425	Umbilical Hernia Repair	11,385	13,093
426	Ventral /incisional Hernia Repair	10,293	11,837
427	Inguinal Hernia Herniorraphy	14,835	17,060
428	Inguinal Hernia – Hernioplasty	16,500	18,975
429	Femoral Hernia Repair	18,000	20,700
430	Rare Hernias Repair (Spigalion, Obturator, Lumbar, Sciatic)	18,975	21,821
431	Splenectomy - For Trauma	18,975	21,821
432	Splenectomy - For Hypersplenism	14,490	16,664
433	Splenorenal Anastomosis	23,000	26,450
434	Portocaval Anastomosis	27,200	31,280
435	Direct Operation on Oesophagus for Portal Hypertension	22,885	26,318

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
436	Mesentericocaval Anastomosis	25,450	29,268
437	Warren Shunt	28,750	33,063
438	Pancreato Duodenectomy	21,735	24,995
439	By Pass Procedure for Inoperable Carcinoma of Pancreas	23,000	26,450
440	Cystojejunostomy or Cystogastrostomy	14,490	16,664
441	Cholecystectomy	10,292	11,836
442	Cholecystectomy & Exploration of CBD	14,375	16,531
443	Repair of CBD	13,600	15,640
444	Operation for Hydatid Cyst of Liver	11,902	13,687
445	Cholecystostomy	10,292	11,836
446	Hepatic Resections (Lobectomy /Hepatectomy)	14,375	16,531
447	Operation on Adrenal Glands - Bilateral	26,105	30,021
448	Operation on Adrenal Glands - Unilateral	13,800	15,870
449	Appendicectomy	8,108	9,324
450	Appendicular Abscess – Drainage	9,775	11,241
451	Mesenteric Cyst- Excision	11,040	12,696
452	Peritonioscopy/Laparoscopy	4,600	5,290
453	Jejunostomy	5,750	6,613
454	Ileostomy	15,410	17,722
455	Resection & Anastomosis of Small Intestine	20,700	23,805
456	Duodenal Diverticulum	18,400	21,160
457	Operation for Intestinal Obstruction	10,350	11,903
458	Operation for Intestinal perforation	34,200	39,330

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
459	Benign Tumours of Small Intestine	19,550	22,483
460	Excision of Small Intestine Fistula	19,550	22,483
461	Operations for GI Bleed	16,000	18,400
462	Operations for Haemorrhage of Small Intestines	19,550	22,483
463	Operations of the Duplication of the Intestines	17,825	20,499
464	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for Adhesions)	23,000	26,450
465	Ilieosigmoidostomy and related resection	16,790	19,309
466	Ilieotransverse Colostomy and related resection	16,790	19,309
467	Caecostomy	3,903	4,488
468	Loop Colostomy Transverse Sigmoid	13,110	15,077
469	Terminal Colostomy	17,250	19,838
470	Closure of Colostomy	17,480	20,102
471	Right Hemi-Colectomy	13,800	15,870
472	Left Hemi-Colectomy	13,800	15,870
473	Total Colectomy	17,250	19,838
474	Operations for Volvulus of Large Bowel	24,920	28,658
475	Operations for Sigmoid Diverticulitis	18,630	21,425
476	Fissure in Ano with Internal sphinctrectomy with fissurectomy.	12,420	14,283
477	Fissure in Ano – Fissurectomy	5,750	6,613
478	Rectal Polyp-Excision	5,658	6,507
479	Fistula in Ano - High Fistulectomy	16,780	19,297
480	Fistula in Ano - Low Fistulectomy	9,867	11,347

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
481	Prolapse Rectum - Theirch Wiring	10,350	11,903
482	Prolapse Rectum – Rectopexy	5,750	6,613
483	Prolapse Rectum - Grahams Operation	18,400	21,160
484	Operations for Hirschsprungs Disease	14,260	16,399
485	Excision of Pilonidal Sinus (open)	11,500	13,225
486	Excision of Pilonidal Sinus with closure	10,350	11,903
487	Abdomino-Perineal Excision of Rectum	18,300	21,045
488	Anterior Resection of rectum	21,850	25,128
489	Pull Through Abdominal Resection	17,170	19,746
490	Retro Peritoneal Tumor Removal	17,000	19,550
491	Radio ablation of varicose veins	1,800	2,070
492	Laser ablation of varicose veins	17,250	19,838
493	Laparoscopic Fundoplication	19,300	22,195
494	Laparoscopic Splenectomy	25,000	28,750
495	Laparoscopic Removal of hydatid cyst	18,000	20,700
496	Laparoscopic treatment of Pseudo Pancreatic cyst	18,000	20,700
497	Laparoscopic whipples operation	18,000	20,700
498	Laparoscopic GI bypass operation	22,000	25,300
499	Laparoscopic Total Colectomy	25,000	28,750
500	Laparoscopic Hemi Colectomy	23,000	26,450
501	Laparoscopic Anterior Resection	23,000	26,450
502	Laparoscopic Cholecystetomy	18,975	21,821
503	Laparoscopic Appedicectomy	17,000	19,550



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
504	Laprosopic Hernia inguinal repair	18,000	20,700
505	Laprosopic ventral Hernia Repair	17,500	20,125
506	Laprosopic Paraumbilical Hernia Repair	12,580	14,467
507	Laprosopic Adrenelectomy	12,000	13,800
508	Laprosopic Nephrectomy	19,800	22,770
509	Other Major Surgery	34,200	39,330
510	Other Minor Surgery	5,400	6,210
	<b>TREATMENT PROCEDURE ICU/CCU PROCEDURES (SPECIAL CARE CASES)</b>		
511	Coronary Care with Cardiac Monitoring (Room Rent extra)	750	863
512	Compressed air / piped oxygen /per hour	50	58
513	Ventilator charges (Per day)	531	611
514	Paediatric care for New born (Per day)	186	214
515	Incubator charges (Per day)	345	397
516	Neonatal ICU charges (Per day)	391	450
517	Resuscitation	184	212
518	Exchange Transfusion	265	305
519	Pneupack ventilator in Nursery (Per day)	575	661
	<b>TREATMENT PROCEDURE CARDIOVASCULAR AND CARDIAC SURGERY &amp; INVESTIGATIONS</b>		
520	ASD Closure	51,808	59,579
521	VSD with graft	51,808	59,579
522	TOF/TAPVC/TCPC/REV/RSOV repair	1,27,075	1,46,136
523	B.D.Glenn/Left atrium myxoma	80,750	92,863

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
524	Senning/ASO with graft	1,22,188	1,40,516
525	DSO	93,254	1,07,242
526	AV Canal repair	1,61,000	1,85,150
527	Fonten	1,69,000	1,94,350
528	Conduit repair	1,69,000	1,94,350
529	CABG	1,27,075	1,46,136
530	CABG + IABP	1,69,000	1,94,350
531	CABG + Valve.	1,69,000	1,94,350
532	CABG without bypass.	1,26,000	1,44,900
533	Ascending aorta replacement	1,30,000	1,49,500
534	DVR	53,000	60,950
535	MVR/AVR	93,254	1,07,242
536	MV repair + AV repair	1,03,615	1,19,157
537	Aorta femoral bypass	52,000	59,800
538	B.T Shunt/Coarctation	51,980	59,777
539	P.A.Banding septostomy	51,980	59,777
540	Pericardectomy	42,320	48,668
541	CMV/PDA	51,980	59,777
542	Gunshot injury	51,980	59,777
543	Heart transplant	2,48,400	2,85,660
544	Balloon coronary angioplasty/PTCA with VCD	80,000	92,000
545	Balloon coronary angioplasty/PTCA without VCD	80,000	92,000
546	Rotablation	48,875	56,206

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547	balloon valvotomy/PTMC	10,264	11,804
548	CATH	9,000	10,350
549	Arch Replacement	10,350	11,903
550	Aortic Dissection	12,650	14,548
551	Thoraco Abdominal Aneurism Repair	15,000	17,250
552	Embolectomy	21,000	24,150
553	Vascular Repair	34,000	39,100
554	Bentall Repair with Prosthetic Valve	30,000	34,500
555	Bentall Repair with Biologic Valve	1,24,500	1,43,175
556	Coarctation dilatation	13,200	15,180
557	Coarctation dilatation with Stenting	18,500	21,275
558	TPI Single Chamber	6,750	7,763
559	TPI Dual Chamber	7,344	8,446
560	Permanent pacemaker implantation- Single Chamber	12,420	14,283
561	Permanent pacemaker implantation- Dual Chamber	17,388	19,996
562	Permanent pacemaker implantation Biventricular	31,050	35,708
563	AICD implantation Single Chamber	25,875	29,756
564	AICD implantation Dual Chamber	36,000	41,400
565	Combo device implantation	40,000	46,000
566	Diagnostic Electrophysiological studies conventional	4,550	5,233
567	Ambulatory BP monitoring	587	675
568	External Loop/event recording	2,848	3,275
569	RF Ablation conventional	31,500	36,225

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
570	RF Ablation Atrial Tachycardia/Carto	45,000	51,750
571	Endomyocardial biopsy	10,000	11,500
572	IABP	7,820	8,993
573	Intra vascular coils	46,000	52,900
574	Septostomy- Balloon	16,150	18,573
575	Septostomy- Blade	19,550	22,483
576	AVBD/PVBD	48,300	55,545
577	Digital subtraction angiography-Peripheral artery	11,500	13,225
578	Digital subtraction angiography- venogram	11,500	13,225
579	C.T Guided biopsy	1,265	1,455
580	Sinogram	863	992
581	Peripheral Angioplasty with VCD	11,500	13,225
582	Peripheral Angioplasty without VCD	11,500	13,225
583	Renal Angioplasty	54,315	62,462
584	IVUS	25,000	28,750
585	FFR	12,750	14,663
586	Holter analysis	850	978
587	Aortic stent grafting for aortic aneurysm	78,500	90,275
588	IVC Filter implantation	14,516	16,693
589	ASD/VSD/PDA device closure	32,603	37,493
590	ECG	50	58
591	HUTT	2,200	2,530
592	2 D echocardiography	1,200	1,380

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593	3 D echocardiography	1,403	1,613
594	Fetal Echo	1,400	1,610
595	2 D TEE	1,275	1,466
596	3 D TEE (Transoesophageal Echo)	1,403	1,613
597	Stress Echo- exercise	1,350	1,553
598	Stress Echo- pharmacological	2,500	2,875
599	Stress MPI- exercise	1,955	2,248
600	Stress MPI- pharmacological	2,500	2,875
601	Coronary angiography	10,350	11,903
602	CT coronary angiography	6,030	6,935
603	Cardiac CT scan	2,272	2,613
604	Cardiac MRI	2,444	2,811
605	Stress Cardiac MRI	3,000	3,450
606	MR angiography.	5,072	5,833
607	Cardiac PET	1,500	1,725
608	Pericardiocentesis	3,400	3,910
609	Other Major Surgery	20,000	23,000
610	Other Minor Surgery	4,250	4,888
	<b>TREATMENT PROCEDURE OBSTETRICS AND GYNAECOLOGY</b>		
611	Normal delivery with or without Episiotomy & P. repair	8,000	9,200
612	vacuum delivery	8,625	9,919
613	Forceps Delivery	9,200	10,580
614	Cesarean Section	14,050	16,158

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615	Cesarean Hysterectomy	18,975	21,821
616	Rupture Uterus closure & repair with Tubal Ligation	17,250	19,838
617	Perforation of Uterus after D/E Laparotomy & Closure	13,800	15,870
618	Laparotomy for Ectopic pregnancy	13,800	15,870
619	Laparotomy-peritonitis Lavage and Drainage	11,500	13,225
620	Salphingo-Oophorectomy/ Oophorectomy Laproscopic	10,000	11,500
621	Ovarian Cystectomy-laparoscopic.	10,350	11,903
622	Ovarian Cystectomy -laparotomy.	13,800	15,870
623	Salpingo-Oophorectomy-laparotomy	11,520	13,248
624	Laposcopic Broad Ligament Hematoma Drainage with repair	6,900	7,935
625	Exploration of perineal Haematoma & Repair	8,000	9,200
626	Exploration of abdominal Haematoma (after laparotomy + LSCS)	8,050	9,258
627	Manual Removal of Placenta	3,450	3,968
628	Examination under anesthesia (EUA)	1,000	1,150
629	Burst-abdomen Repair	10,000	11,500
630	Gaping Perineal Wound Secondary Suturing	1,656	1,904
631	Gaping abdominal wound Secondary Suturing	3,450	3,968
632	Complete perineal tear-repair	2,128	2,447
633	Exploration of PPH-tear repair	3,500	4,025
634	Suction evacuation vesicular mole	5,000	5,750
635	Suction evacuation Missed abortion/ incomplete abortion	5,175	5,951
636	Colpotomy	3,450	3,968

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637	Repair of post-coital tear/ perineal injury	3,508	4,034
638	Excision of urethral caruncle	3,450	3,968
639	Shirodhkar/ Mc. Donald's stitch	3,220	3,703
640	Abdominal Hysterectomy with or without salpingo-oophorectomy	17,250	19,838
641	Vaginal Hysterectomy (NDVH)	17,250	19,838
642	Vaginal Hysterectomy with repairs (UV Prolapse)	17,250	19,838
643	Myomectomy -laparotomy	14,000	16,100
644	Myomectomy -laparoscopic	6,325	7,274
645	Vaginoplasty	14,950	17,193
646	Vulvectomy -Simple	9,200	10,580
647	Vulvectomy-Radical	9,200	10,580
648	RVF Repair	14,000	16,100
649	Manchester Operation	15,000	17,250
650	Shirodkar's sling Operation or other sling operations for prolapse uterus	3,450	3,968
651	Laparoscopic sling operations for prolapse uterus	25,200	28,980
652	Diagnostic Curettage	2,484	2,857
653	Cervical Biopsy	1,800	2,070
654	Polypectomy	1,518	1,746
655	Other-Minor Operation Endometrial	2,300	2,645
656	Excision Vaginal Cyst/Bartholin Cyst	3,450	3,968
657	Excision Vaginal Septum	4,600	5,290

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658	Laparoscopy -Diagnostic with chromopertubation and or adhesiolysis and drilling	4,025	4,629
659	Laparoscopy Sterilization	3,450	3,968
660	LAVH	22,719	26,127
661	Balloon Temponade for PPH	2,800	3,220
662	Total laparoscopic hysterectomy	25,243	29,029
663	Laparoscopic treatment of Ectopic pregnancy-salpingectomy/salpinostomy conservative	9,775	11,241
664	Conisation of cervix	4,025	4,629
665	Trachhelectomy of cervix for early CA cervix	5,500	6,325
666	Hysteroscopic cannulation	2,875	3,306
667	Laparotomy recanalization of Fallopian tubes-(Tubuloplasty)	20,183	23,210
668	Laparoscopic recanalization of Fallopian tubes-(Tubuloplasty)	19,500	22,425
669	Colposcopy	958	1,102
670	Inversion of Uterus – Vaginal Reposition	2,500	2,875
671	Inversion of Uterus – Abdominal Reposition	2,500	2,875
672	Laparoscopic VVF Repair	25,200	28,980
673	Abdominal VVF Repair	25,200	28,980
674	Vaginal VVF Repair	25,200	28,980
675	Interventional Ultrasonography (CVS)	880	1,012
676	Amniocentesis	880	1,012
677	Karyotyping	800	920



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678	Thermal balloon ablation.	11,500	13,225
679	Ultrasonographic myolysis	10,293	11,837
680	Vaginal Myomectomy	10,000	11,500
681	Intra Uterine Insemination	920	1,058
682	ICSI	11,500	13,225
683	Laparotomy abdominal sacro-colpopexy	15,000	17,250
684	Vaginal Colpopexy	22,000	25,300
685	Laparoscopic abdominal sacro-colpopexy	20,000	23,000
686	Laparotomy pelvic Lymphadenectomy	1,200	1,380
687	Laparoscopic pelvic Lymphadenectomy	3,500	4,025
688	Endometrial aspiration cytology/biopsy	513	590
689	Transvaginal sonography (TVS for Follicular monitoring /aspiration)	460	529
690	laparoscopic treatment for stress incontinence	13,500	15,525
691	Transvaginal tapes for Stress incontinence	15,000	17,250
692	trans-obturator tapes for Stress incontinence	12,000	13,800
693	Interventional radiographic arterial embolization	18,000	20,700
694	Diagnostic cystoscopy	2,875	3,306
695	Staging laparotomy surgery for CA Ovary	6,325	7,274
696	Internal Iliac ligation	3,393	3,902
697	stepwise devascularisation	9,200	10,580
698	Assisted breech delivery	10,925	12,564
699	Intra-uterine fetal blood transfusion	21,275	24,466
700	Hysteroscopy TCRE	8,500	9,775

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701	Hysteroscopy Removal of IUCD	7,500	8,625
702	Hysteroscopy Removal of Septum	11,000	12,650
703	Hysteroscopy Diagnostic	7,475	8,596
704	Radical Hysterectomy for Cancer cervix with pelvic lymphadenectomy	8,500	9,775
705	Radical Hysterectomy for Cancer endometrium extending to cervix with pelvic and para-aortic lymphadenectomy	8,500	9,775
706	Sterilization Post-partum (minilap)	3,750	4,313
707	Sterilization interval (minilap)	3,750	4,313
708	Ultrasonography Level II scan/Anomaly Scan	500	575
709	Fetal nuchal Translucency	270	311
710	Fetal Doppler/Umbilical Doppler/Uterine Vessel Doppler	850	978
711	MTP- 1st Trimester	3,000	3,450
712	MTP - 2nd Trimester	4,370	5,026
713	Quadruple test	2,000	2,300
714	Biophysical score	540	621
715	Other Major Surgery	25,200	28,980
716	Other Minor Surgery	5,000	5,750
	<b>TREATMENT PROCEDURE NEPHROLOGY AND UROLOGY</b>		
717	Partial Nephrectomy -open	16,215	18,647
718	Partial Nephrectomy-laprosopic/endoscopic	14,490	16,664
719	Nephrolithomy -open	12,000	13,800
720	Nephrolithomy -laprosopic/endoscopic	14,000	16,100

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721	Pyelolithotomy-open	13,000	14,950
722	Pyelolithotomy -laproscopic/endoscopic	10,580	12,167
723	Operations for Hydronephrosis -pyeloplasty open	18,400	21,160
724	Operations for Hydronephrosis -pyeloplasty Lap/endoscopic	19,000	21,850
725	Operations for Hydronephrosis Endopyelotomy antegrade	20,000	23,000
726	Operations for Hydronephrosis Endopyelotomy retrograde	20,000	23,000
727	Operations for Hydronephrosis -ureterocalicostomy	18,000	20,700
728	Operations for Hydronephrosis-Ileal ureter	18,000	20,700
729	Open Drainage of Perinephric Abscess	8,000	9,200
730	Percutaneous Drainage of Perinephric Abscess -Ultrasound guided	5,750	6,613
731	Cavernostomy	9,775	11,241
732	Operations for Cyst of the Kidney -open	11,960	13,754
733	Operations for Cyst of the Kidney -Lap/endoscopic	14,030	16,135
734	Ureterolithotomy -open	13,248	15,235
735	Ureterolithotomy-Lap/Endoscopic	10,000	11,500
736	Nephroureterectomy open	14,490	16,664
737	Nephroureterectomy -Lap/Endoscopic	16,100	18,515
738	Operations for Ureter for -Double Ureters	19,000	21,850
739	Operations for Ureter -for Ectopia of Single Ureter	18,000	20,700
740	Operations for Vesico- ureteric Reflux -Open	18,000	20,700
741	Operations for Vesico- ureteric Reflux-Lap/Endoscopic	18,000	20,700

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
742	Operations for Vesico- ureteric Reflux/ Urinary incontinence with bulking agents	20,700	23,805
743	Ureterostomy – Cutaneous	12,000	13,800
744	Uretero-Colic anastomosis	16,000	18,400
745	Formation of an Ileal Conduit	17,250	19,838
746	Ureteric Catheterisation	690	794
747	Biopsy of Bladder (Cystoscopic)	2,300	2,645
748	Cysto-Litholapaxy	10,925	12,564
749	Operations for Injuries of the Bladder	10,000	11,500
750	Suprapubic Drainage (Cystostomy/vesicostomy)	5,400	6,210
751	Simple Cystectomy	17,250	19,838
752	Diverticulectomy -open	16,000	18,400
753	Diverticulectomy- Lap/Endoscopic	18,400	21,160
754	Diverticulectomy -Endoscopic incision of neck	1,725	1,984
755	Augmentation Cystoplasty	6,670	7,671
756	Operations for Extrophy of the Bladder- Single stage repair	22,300	25,645
757	Operations for Extrophy of the Bladder- Multistage repair	20,815	23,937
758	Operations for Extrophy of the Bladder- simple cystectomy with urinary diversion	22,500	25,875
759	Repair of Ureterocoel -Open	13,800	15,870
760	Repair of Ureterocoel -Lap/Endoscopic	14,375	16,531
761	Repair of Ureterocoel -Endoscopic incision	13,000	14,950
762	Open Suprapubic Prostatectomy	20,700	23,805

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
763	Open Retropubic Prostatectomy	20,125	23,144
764	Transurethral Resection of Prostate (TURP)	18,630	21,425
765	Urethroscopy/ Cystopanendoscopy	4,200	4,830
766	Internal urethrotomy -optical	5,750	6,613
767	Internal urethrotomy -Core through urethroplasty	11,040	12,696
768	Urethral Reconstruction -End to end ansatamosis	3,450	3,968
769	Urethral Reconstruction - substitution urethroplasty (Transpubic urethroplasty)	19,550	22,483
770	Abdomino Perineal urethroplasty	14,000	16,100
771	Posterior Urethral Valve fulguration.	11,270	12,961
772	Operations for Incontinence of Urine - Male -Open	17,250	19,838
773	Operations for Incontinence of Urine - Male -Sling	18,400	21,160
774	Operations for Incontinence of Urine - Male-Bulking agent	19,435	22,350
775	Operations for Incontinence of Urine - Female -Open	17,250	19,838
776	Operations for Incontinence of Urine - Female-Sling	18,400	21,160
777	Operations for Incontinence of Urine - Female-Bulking agent	19,435	22,350
778	Reduction of Paraphimosis	1,725	1,984
779	Circumcision	3,000	3,450
780	Meatotomy	2,346	2,698
781	Meatoplasty	3,220	3,703
782	Operations for Hypospadias + Chordee Correction	8,280	9,522
783	Operations for Hypospadias - Second Stage	15,000	17,250
784	Operations for Hypospadias - One Stage Repair	9,200	10,580

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785	Operations for Crippled Hypospadias	11,500	13,225
786	Operations for Epispadias- primary repair	12,593	14,482
787	Operations for Epispadias-crippled epispadias	11,385	13,093
788	Partial Amputation of the Penis	10,764	12,379
789	Total amputation of the Penis	12,000	13,800
790	Orchidectomy-Simple	9,775	11,241
791	Orchidectomy -Radical	12,075	13,886
792	Post Radical Orchidectomy retroperitoneal lymph node dissection.	14,000	16,100
793	Epididymectomy	8,000	9,200
794	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma- Open	25,300	29,095
795	Adrenectomy Unilateral/Bilateral for Tumour/For Carcinoma - Lap/Endoscopic	14,375	16,531
796	Operations for Hydrocele - Unilateral	5,865	6,745
797	Operations for Hydrocele - Bilateral	8,556	9,839
798	Operation for Torsion of Testis	11,500	13,225
799	Micro-surgical Vasovasostomy /Vaso epididymal anastomosis.	11,040	12,696
800	Operations for Varicocele Unilateral-Microsurgical	7,705	8,861
801	Operations for Varicocele Palomo's Unilateral - Lap	9,200	10,580
802	Operations for Varicocele Bilateral --Microsurgical	12,650	14,548
803	Operations for Varicocele Bilateral – Lap/ Palomo	14,950	17,193
804	Block Dissection of ilio-inguinal Nodes - One Side (For Ca-Penis)	6,325	7,274

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805	Block Dissection of ilio-inguinal Nodes - Both Sides (For Ca-Penis)	23,000	26,450
806	Excision of Filarial Scrotum	11,500	13,225
807	Kidney Transplantation (related)	3,500	4,025
808	Kidney Transplantation (Spousal/ unrelated)	1,43,000	1,64,450
809	ABO incompatible Transplantation	4,90,000	5,63,500
810	Swap Transplantation	3,88,000	4,46,200
811	Kidney Transplant Graft Nephrectomy	59,500	68,425
812	Donor Nephrectomy (open)	28,750	33,063
813	Donor Nephrectomy (Laprosopic)	46,000	52,900
814	Cadaver Transplantation	83,300	95,795
815	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Unilateral	28,000	32,200
816	Kidney Transplant with Native Kidney Nephrectomy (Related)/ Bilateral	85,000	97,750
817	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Unilateral	85,000	97,750
818	Kidney Transplant with Native Kidney Nephrectomy (Spousal/ Unrelated) Bilateral	85,000	97,750
819	Post-Transplant Collection drainage for Lymphocele (open)	6,800	7,820
820	Post-Transplant Collection drainage for Lymphocele (percutaneous)	6,800	7,820
821	Post-Transplant Collection drainage for Lymphocele (Laprosopic)	7,650	8,798

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822	Arteriovenous Fistula for Haemodialysis	2,300	2,645
823	Arteriovenous Shunt for Haemodialysis	3,500	4,025
824	Jugular Catheterization for Haemodialysis	1,500	1,725
825	Subclavian Catheterization for Haemodialysis	2,250	2,588
826	One sided (single Lumen) Femoral Catheterization for Haemodialysis	1,000	1,150
827	Bilateral (single Lumen) Femoral Catheterization for Haemodialysis	1,500	1,725
828	Double Lumen Femoral Catheterization for Haemodialysis	1,850	2,128
829	Permcath Insertion	2,520	2,898
830	Arterio venous Prosthetic Graft	1,850	2,128
831	Single lumen Jugular Catheterization	1,500	1,725
832	Single lumen Subclavian Catheterization	1,700	1,955
833	Plasma Exchange/ Plasma phresis	1,725	1,984
834	Open method CAPD catheter insertion	3,150	3,623
835	Schlendinger method CAPD catheter insertion	3,500	4,025
836	Sustained low efficiency hemodialysis	1,250	1,438
837	Continuous Veno venous/Arteriovenous Hemofiltration	2,025	2,329
838	Hemodialysis for Sero negative cases	1,260	1,449
839	Hemodialysis for Sero Positive cases	1,530	1,760
840	Acute Peritoneal Dialysis	1,305	1,501
841	Fistulogram for Arteriovenous Fistula	2,500	2,875
842	Ultrasound guided kidney Biopsy	850	978



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843	Fistula stenosis dilation	3,000	3,450
844	Slow continuous Ultrafiltration	2,500	2,875
845	PCNL – Unilateral	20,000	23,000
846	PCNL – Bilateral	25,000	28,750
847	Endoscopic Bulking agent Inject	4,500	5,175
848	Testicular Biopsy	1,955	2,248
849	Radical Nephrectomy -Open	17,250	19,838
850	Radical Nephrectomy -Lap/Endoscopic	20,700	23,805
851	Radical Nephrectomy plus IV thrombus	23,000	26,450
852	Radical Nephrectomy plus IV thrombus plus cardiac bypass.	23,000	26,450
853	Vesico Vaginal Fistula Repair (Open)	16,000	18,400
854	Vesico Vaginal Fistula Repair (Laparoscopic)	21,000	24,150
855	Radical Cystectomy -Ileal conduit	17,000	19,550
856	Radical Cystectomy - continent diversion.	15,000	17,250
857	Radical Cystectomy – Neo bladder	16,650	19,148
858	Nephrectomy Simple -Open	10,074	11,585
859	Nephrectomy Simple-lap/Endoscopic	12,000	13,800
860	Nephrostomy -Open	10,000	11,500
861	Nephrostomy -Lap/Endoscopic	10,704	12,310
862	Ureteric Re- implant for Megaureter/Vesicoureteric reflex/ uterocele (open)	10,494	12,068
863	Ureteric Re -implant for Megaureter/Vesicoureteric reflex/ uterocele (Laparoscopic)	10,494	12,068

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864	Partial Cystectomy	13,800	15,870
865	TURP & TUR Bladder Tumour	17,250	19,838
866	TURP with Cystolithotripsy	17,000	19,550
867	Closure of Urethral Fistula	11,000	12,650
868	Orchidopexy - Unilateral -Open	9,867	11,347
869	Orchidopexy - Unilateral- Lap/Endoscopic	12,334	14,184
870	Orchidopexy - Bilateral -Open	12,282	14,124
871	Orchidopexy - Bilateral -Lap/Endoscopic	14,500	16,675
872	Cystolithotomy -Suprapubic	9,775	11,241
873	Endoscopic Removal of Stone in Bladder	3,450	3,968
874	Resection Bladder Neck Endoscopic /Bladder neck incision /transurethral incision on prostrate	10,925	12,564
875	Ureteroscopy Surgery	10,350	11,903
876	Urethroplasty 1st Stage	10,925	12,564
877	Scrotal Exploration	8,556	9,839
878	Perineal Urethrostomy	4,715	5,422
879	Dilatation of Stricture Urethra under G.A.	2,000	2,300
880	Dilatation of Stricture Urethra under LA	1,680	1,932
881	Laparoscopic Nephrectomy	30,015	34,517
882	Laparoscopic partial Nephrectomy	10,000	11,500
883	Laparoscopic pyelolithotomy	12,650	14,548
884	Laparoscopic Pyeloplasty	9,775	11,241
885	Laparoscopic surgery for Renal cyst	9,775	11,241

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886	Laposcopic ureterolithotomy	11,500	13,225
887	Laposcopic Nephro ureterotectomy	13,225	15,209
888	Lithotripsy Extra corporeal shock wave.	19,000	21,850
889	Uroflow Study (Uroflometry)	405	466
890	Urodynamic Study (Cystometry)	480	552
891	Cystoscopy with Retrograde Catheter -Unilateral /RGP	2,803	3,223
892	Cystoscopy with Retrograde Catheter - Bilateral /RGP	4,665	5,365
893	Cystoscopy with Bladder Biopsy (Cold Cup Biopsy)	3,381	3,888
894	Voiding-cysto-urethrogram and retrograde urethrogram (Nephrostogram)	414	476
895	Radical prostatectomy-Open	17,825	20,499
896	Radical prostatectomy-Laposcopic	20,125	23,144
897	Radical prostatectomy- Robotic (Robotic Partial Nephrectomy)	20,125	23,144
898	Hollmium YAG Prostate Surgery	15,000	17,250
899	Hollmium YAG OIU	4,600	5,290
900	Hollmium YAG Core Through	17,250	19,838
901	Hollmium YAG Stone Lithotripsy	10,200	11,730
902	Green Light laser for prostate	17,250	19,838
903	RIRS/ Flexible Ureteroscopy	6,800	7,820
904	Microscopic VEA/ Vaso-Vasostomy (for Infertility)	13,500	15,525
905	Cystoscopic Botulinum Toxin Injection (Over active bladder/ Neurogenic bladder)	6,800	7,820
906	Peyronie's disease – Plaque excision with grafting	3,400	3,910

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907	High Intensity Focus Ultrasound (HIFU) (Robotic) for Carcinoma prostate and renal cell carcinoma	4,600	5,290
908	Prosthetic surgery for urinary incontinence	2,300	2,645
909	TRUS guided prostate biopsy	575	661
910	Ultra sound guided PCN	720	828
911	Other Major Surgery	15,000	17,250
912	Other Minor Surgery	6,120	7,038
<b>TREATMENT PROCEDURE NEURO-SURGERY</b>			
913	Craniotomy and Evacuation of Haematoma -Subdural	50,715	58,322
914	Craniotomy and Evacuation of Haematoma -Extradural	50,000	57,500
915	Evacuation /Excision of Brain Abscess by craniotomy	40,000	46,000
916	Excision of Lobe (Frontal Temporal Cerebellum etc.)	41,000	47,150
917	Excision of Brain Tumours -Supratentorial	39,123	44,991
918	Excision of Brain Tumours -Infratentorial	45,000	51,750
919	Surgery of spinal Cord Tumours	45,000	51,750
920	Ventriculoatrial /Ventriculoperitoneal Shunt	25,000	28,750
921	Twist Drill Craniostomy	4,250	4,888
922	Subdural Tapping	2,456	2,824
923	Ventricular Tapping	2,967	3,412
924	Abscess Tapping	2,875	3,306
925	Placement of ICP Monitor -	2,875	3,306
926	Skull Traction Application	2,300	2,645
927	Lumber Pressure Monitoring	4,250	4,888

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928	Vascular Malformations	22,000	25,300
929	Meningo Encephalocoele excision and repair	15,000	17,250
930	Meningomyelocoele Repair	24,995	28,744
931	C.S.F. Rhinorrhoea Repair	28,750	33,063
932	Cranioplasty	24,150	27,773
933	Anterior Cervical Dissectomy	16,600	19,090
934	Brachial Plexus Exploration and neurotization	15,525	17,854
935	Median Nerve Decompression	14,000	16,100
936	Peripheral Nerve Surgery- Major	17,250	19,838
937	Peripheral Nerve Surgery- Minor	8,280	9,522
938	Ventriculo-Atrial Shunt	11,615	13,357
939	Nerve Biopsy	6,900	7,935
940	Brain Biopsy	5,808	6,679
941	Anterior Cervical Spine Surgery with fusion	32,200	37,030
942	Anterio Lateral Decompression of spine	28,750	33,063
943	Brain Mapping	837	963
944	Cervical or Dorsal or Lumbar Laminectomy	23,000	26,450
945	Combined Trans-oral Surgery & CV Junction Fusion	34,500	39,675
946	C.V. Junction Fusion procedures	30,000	34,500
947	Depressed Fracture Elevation	22,500	25,875
948	Lumbar Dissectomy	27,600	31,740
949	Endarterectomy (Carotid)	20,000	23,000
950	R.F. Lesion for Trigeminal Neuralgia	11,500	13,225

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951	Spasticity Surgery -	39,675	45,626
952	Spinal Fusion Procedure	30,000	34,500
953	Spinal Intra Medullary Tumours	34,500	39,675
954	Spinal Bifida Surgery Major	18,975	21,821
955	Spinal Bifida Surgery Minor	15,000	17,250
956	Stereotaxic Procedures- biopsy/aspiration of cyst	23,000	26,450
957	Trans Sphenoidal Surgery	27,000	31,050
958	Trans Oral Surgery	30,000	34,500
959	Implantation of DBS -One electrode	34,500	39,675
960	Implantation of DBS -two electrodes	40,250	46,288
961	Endoscopic aqueductoplasty	15,000	17,250
962	Facial nerve reconstruction	30,000	34,500
963	Carotid stenting	42,263	48,602
964	Cervical disc arthroplasty	27,600	31,740
965	Lumbar disc arthroplasty	13,800	15,870
966	Corpus callostomy for Epilepsy	35,000	40,250
967	Hemishpherotomy for Epilepsy	32,200	37,030
968	Endoscopic CSF rhinorrhea repair	30,000	34,500
969	Burr hole evacuation of chronic subdural haematoma	24,150	27,773
970	Epilepsy surgery	36,225	41,659
971	RF lesion for facet joint pain syndrome	17,250	19,838
972	Cervical laminoplasty	32,000	36,800
973	Lateral mass C1-C2 screw fixation	23,000	26,450

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974	Microsurgical decompression for Trigeminal nerve	38,000	43,700
975	Microsurgical decompression for hemifacial spasm	4,646	5,343
976	IC EC bypass procedures	32,000	36,800
977	Image guided craniotomy	28,980	33,327
978	Baclofen pump implantation	39,000	44,850
979	Programmable VP shunt	25,000	28,750
980	Endoscopic sympathectomy	17,107	19,673
981	Lumber puncture	207	238
982	External ventricular drainage (EVD)	4,600	5,290
983	Endoscopic 3rd ventriculostomy	36,000	41,400
984	Endoscopic cranial surgery/Biopsy/aspiration	31,536	36,266
985	Endoscopic discectomy (Lumbar, Cervical)	35,621	40,964
986	Aneurysm coiling (Endovascular)	34,400	39,560
987	Surgery for skull fractures	36,000	41,400
988	Carpel Tunnel decompression	15,000	17,250
989	Clipping of intracranial aneurysm	24,150	27,773
990	Surgery for intracranial Arteriovenous malformations (AVM)	40,000	46,000
991	Foramen magnum decompression for Chari Malformation	1,100	1,265
992	Dorsal column stimulation for backache in failed back syndrome	28,750	33,063
993	Surgery for recurrent disc prolapse/epidural fibrosis	32,200	37,030
994	Surgery for brain stem tumours	43,988	50,586

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995	Decompressive craniotomy for hemishpherical acute subdural haematoma/brain swelling/large infarct	40,000	46,000
996	Intra-arterial thrombolysis with TPA (for ischemic stroke)	4,600	5,290
997	Steriotactic aspiration of intracerebral haematoma	32,545	37,427
998	Endoscopic aspiration of intracerebellar haematoma	40,000	46,000
999	Steriotactic Radiosurgery for brain pathology (X knife / Gamma) - ONE session	27,560	31,694
1000	Steriotactic Radiosurgery for brain pathology (X knife / Gamma knife - Two or more sessions	57,500	66,125
1001	Chemotherapy wafers for malignant brain tumors	14,450	16,618
1002	Battery Placement for DBS	19,800	22,770
1003	Baclofen pump implantation for spasticity	17,330	19,930
1004	Peripheral Nerve tumor surgery	24,000	27,600
1005	Surgery Intra Cranial Meningioma	20,000	23,000
1006	Surgery for Intracranial Schwannoma	35,000	40,250
1007	Surgery for Gliomas	45,000	51,750
1008	Surgery for Orbital tumors	40,000	46,000
1009	Surgery for Cranial (Skull) tumors	38,500	44,275
1010	Surgery for Scalp AVM's	25,000	28,750
1011	Kyphoplasty	36,000	41,400
1012	Balloon Kyphoplasty	36,000	41,400
1013	Lesioning procedures for Parkinson's disease, Dystonia etc.	31,500	36,225
1014	Other Major Surgery	40,000	46,000



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1015	Other Minor Surgery	15,300	17,595
	<b>TREATMENT PROCEDURE PAEDIATRIC SURGERY</b>		
1016	Excision of thyroglossal Duct/Cyst	16,000	18,400
1017	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	17,250	19,838
1018	Tracheo Oesophageal Fistula (Correction Surgery)	23,000	26,450
1019	Colon Replacement of Oesophagus	23,000	26,450
1020	Omphalo Mesenteric Cyst Excision	17,250	19,838
1021	Omphalo Mesenteric Duct- Excision	15,525	17,854
1022	Meckels Diverticulectomy	3,347	3,849
1023	Omphalocele 1st Stage (Hernia Repair)	15,525	17,854
1024	Omphalocele 2nd Stge (Hernia Repair)	17,250	19,838
1025	Gastrochisis Repair	16,100	18,515
1026	Inguinal Herniotomy	12,558	14,442
1027	Congenital Hydrocele	12,000	13,800
1028	Hydrocele of Cord	12,000	13,800
1029	Torsion Testis Operation	15,000	17,250
1030	Congenital Pyloric Stenosis- operation	13,938	16,029
1031	Duodenal- Atresia Operation	14,000	16,100
1032	Pancreatic Ring Operation	22,425	25,789
1033	Meconium Ileus Operation	14,500	16,675
1034	Malrotation of Intestines Operation	13,000	14,950
1035	Rectal Biopsy (Megacolon)	9,736	11,196
1036	Colostomy Transverse	15,000	17,250

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1037	Colostomy Left Iliac	15,000	17,250
1038	Abdominal Perineal Pull Through (Hirschsprugis Disease)	19,000	21,850
1039	Imperforate Anus Low Anomaly -Cut Back Operation	10,235	11,770
1040	Imperforate Anus Low Anomaly - Perineal Anoplasty	12,000	13,800
1041	Imperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	12,500	14,375
1042	Imperforate Anus High Anomaly - Closure of Colostomy	8,625	9,919
1043	Intususception Operation	20,700	23,805
1044	Choledochoduodenostomy for Atresia of Extra Hepatic Billiary Duct	15,000	17,250
1045	Operation of Choledochal Cyst	16,000	18,400
1046	Nephrectomy for -Pyonephrosis	17,000	19,550
1047	Nephrectomy for - Hydronephrosis	15,000	17,250
1048	Nephrectomy for -Wilms Tumour	13,500	15,525
1049	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	20,000	23,000
1050	Sacro-Coccygeal Teratoma Excision	14,000	16,100
1051	Neuroblastoma Debulking	16,000	18,400
1052	Neuroblastoma Total Excision	20,700	23,805
1053	Rhabdomyosarcoma wide Excision	15,000	17,250
1054	Congenital Atresia & Stenosis of Small Intestine	19,000	21,850
1055	Muconium ileus	16,000	18,400
1056	Mal-rotation & Volvulus of the Midgut	15,000	17,250
1057	Excision of Meckle's Deverticulum	12,000	13,800

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1058	Other Major Surgery	25,000	28,750
1059	Other Minor Surgery	9,945	11,437
	<b>TREATMENT PROCEDURE BURNS AND PLASTIC SURGERY</b>		
1060	Primary Suturing of Wound	300	345
1061	Injection of Keloids - Ganglion	1,099	1,264
1062	Injection of Keloids - Haemangioma	1,150	1,323
1063	Free Grafts - Wolfe Grafts	1,725	1,984
1064	Free Grafts - Theirech- Small Area 5%	7,475	8,596
1065	Free Grafts - Large Area 10%	8,000	9,200
1066	Free Grafts - Very Large Area 20% and above.	10,350	11,903
1067	Skin Flaps - Rotation Flaps	8,970	10,316
1068	Skin Flaps - Advancement Flaps	12,500	14,375
1069	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	12,500	14,375
1070	Skin Flaps - Cross Finger	12,500	14,375
1071	Skin Flaps - Abdominal	9,350	10,753
1072	Skin Flaps - Thoracic	9,350	10,753
1073	Skin Flaps - Arm Etc.	11,000	12,650
1074	Subcutaneous Pedicle Flaps Raising	6,900	7,935
1075	Subcutaneous Pedicle Flaps Delay	5,950	6,843
1076	Subcutaneous Pedicle Flaps Transfer	5,950	6,843
1077	Cartilage Grafting	8,625	9,919
1078	Reduction of Facial Fractures of Nose	1,380	1,587
1079	Reduction of Facial Fractures of Maxilla	8,000	9,200

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1080	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	7,475	8,596
1081	Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	6,900	7,935
1082	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	7,500	8,625
1083	Internal Wire Fixation of Mandible & Maxilla	11,500	13,225
1084	Cleft Lip - repair.	11,500	13,225
1085	Cleft Palate Repair	12,650	14,548
1086	Primary Bone Grafting for alveolar cleft in Cleft Lip	11,500	13,225
1087	Secondary Surgery for Cleft Lip Deformity	10,000	11,500
1088	Secondary Surgery for Cleft Palate	12,650	14,548
1089	Reconstruction of Eyelid Defects - Minor	6,325	7,274
1090	Reconstruction of Eyelid Defects - Major	8,500	9,775
1091	Plastic Surgery of Different Regions of the Ear - Minor	8,050	9,258
1092	Plastic Surgery of Different Regions of the Ear - Major	10,350	11,903
1093	Plastic Surgery of the Nose - Minor	8,050	9,258
1094	Plastic Surgery of the Nose - Major	9,500	10,925
1095	Plastic Surgery for Facial Paralysis (Support with Reanimation)	16,100	18,515
1096	Pendulous Breast - Mammoplasty	13,000	14,950
1097	Underdeveloped Breast Mammoplasty	12,000	13,800
1098	After Mastectomy (Reconstruction)Mammoplasty	12,000	13,800
1099	Syndactyly Repair	12,750	14,663
1100	Dermabrasion Face	13,225	15,209

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1101	upto 30% Burns 1st Dressing	152	175
1102	upto 30% Burns Subsequent Dressing	124	143
1103	30% to 50% Burns 1st Dressing	193	222
1104	30% to 50% Burns Subsequent Dressing	152	175
1105	Extensive Burn -above 50% Frist Dressing	276	317
1106	Extensive Burn -above 50% Subsequent dressing	193	222
	<b>TREATMENT PROCEDURE ORTHOPEDICS</b>		
1107	Plaster Work	230	265
1108	Fingers (post slab)	259	298
1109	Fingers full plaster	259	298
1110	Colles Fracture - Below elbow	978	1,125
1111	Colles Fracture - Full plaster	994	1,143
1112	Colles fracture Ant. Or post. slab	400	460
1113	Above elbow full plaster	173	199
1114	Above Knee post-slab	575	661
1115	Below Knee full plaster	173	199
1116	Below Knee post-slab	718	826
1117	Tube Plaster (or plaster cylinder)	800	920
1118	Above knee full plaster	1,265	1,455
1119	Above knee full slab	1,158	1,332
1120	Minerva Jacket	2,174	2,500
1121	Plaster Jacket	1,967	2,262
1122	Shoulder spica	1,800	2,070

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1123	Single Hip spica	2,243	2,579
1124	Double Hip spica	2,760	3,174
1125	Strapping of Finger	179	206
1126	Strapping of Toes	180	207
1127	Strapping of Wrist	230	265
1128	Strapping of Elbow	262	301
1129	Strapping of Knee	345	397
1130	Strapping of Ankle	345	397
1131	Strapping of Chest	460	529
1132	Strapping of Shoulder	518	596
1133	Figure of 8 bandage	518	596
1134	Collar and cuff sling	255	293
1135	Ball bandage	400	460
1136	Application of P.O.P Casts for Upper & Lower Limbs	633	728
1137	Application of Functiol Cast Brace	1,350	1,553
1138	Application of Skin Traction	690	794
1139	Application of Skeletal Traction	949	1,091
1140	Bandage & Strappings for Fractures	552	635
1141	Aspiration & Intra Articular Injections	575	661
1142	Application of P.O.P Spices & Jackets	2,226	2,560
1143	Close Reduction of Fractures of Limb & P.O.P	2,600	2,990
1144	Reduction of Compound Fractures	2,760	3,174
1145	Open Reduction & Internal Fixation of Fingers & Toes	5,175	5,951

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1146	Open Reduction of fracture of Long Bones of Upper / Lower Limb -filing & External Fixation	<b>8,050</b>	<b>9,258</b>
1147	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	<b>9,660</b>	<b>11,109</b>
1148	Tension Band Wirings	<b>5,658</b>	<b>6,507</b>
1149	Bone Grafting	<b>6,601</b>	<b>7,591</b>
1150	Excision of Bone Tumours	<b>6,900</b>	<b>7,935</b>
1151	Excision or other Operations for Scaphoid Fractures	<b>7,188</b>	<b>8,266</b>
1152	Sequestrectomy & Saucerisation	<b>6,900</b>	<b>7,935</b>
1153	Sequestrectomy & Saucerizations -Arthrotomy	<b>9,971</b>	<b>11,467</b>
1154	Multiple Pinning Fracture Neck Femur	<b>11,500</b>	<b>13,225</b>
1155	Plate Fixations for Fracture Neck Femur	<b>13,500</b>	<b>15,525</b>
1156	A.O. Compression Procedures for Fracture Neck Femur	<b>16,560</b>	<b>19,044</b>
1157	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	<b>19,500</b>	<b>22,425</b>
1158	Close Reduction of Dislocations	<b>3,174</b>	<b>3,650</b>
1159	Open Reduction of Dislocations	<b>3,439</b>	<b>3,955</b>
1160	Open Reduction of Fracture Dislocation & Internal Fixation	<b>13,500</b>	<b>15,525</b>
1161	Neurolysis/Nerve repair	<b>13,800</b>	<b>15,870</b>
1162	Nerve Repair with Grafting	<b>16,675</b>	<b>19,176</b>
1163	Tendon with Transplant or Graft	<b>10,350</b>	<b>11,903</b>
1164	Tendon Lengthening/Tendon repair	<b>8,050</b>	<b>9,258</b>
1165	Tendon Transfer	<b>3,105</b>	<b>3,571</b>

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1166	Laminectomy Excision Disc and Tumours	4,830	5,555
1167	Spil Ostectomy and Internal Fixations	24,150	27,773
1168	Anterolateral decompression for tuberculosis/ Costo-Transversectomy	3,450	3,968
1169	Anterolateral Decompression and Spil Fusion	19,350	22,253
1170	Corrective Ostectomy & Internal Fixation - short bones	13,800	15,870
1171	Corrective Ostectomy & Internal Fixation - long bones	11,040	12,696
1172	Arthrodesis of - Minor Joints	10,350	11,903
1173	Arthrodesis of - Major Joints	10,000	11,500
1174	Soft Tissue Operations for C.T.E.V.	8,050	9,258
1175	Soft Tissue Operations for Polio	6,900	7,935
1176	Hemiarthroplasty- Hip	20,000	23,000
1177	Hemiarthroplasty- Shoulder	20,000	23,000
1178	Operations for Brachial Plexus & Cervical Rib	24,150	27,773
1179	Amputations - Below Knee	6,900	7,935
1180	Amputations - Below Elbow	6,843	7,869
1181	Amputations - Above Knee	8,050	9,258
1182	Amputations - Above Elbow	6,843	7,869
1183	Amputations - Forequarter	13,225	15,209
1184	Amputations -Hind Quarter and Hemipelvectomy	18,400	21,160
1185	Disarticulations - Major joint	20,700	23,805
1186	Disarticulations - Minor joint	11,385	13,093
1187	Arthrography	8,280	9,522
1188	Arthroscopy- Diagnostic	8,568	9,853



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1189	Arthroscopy-therapeutic: without implant	10,000	11,500
1190	Arthroscopy-therapeutic: with implant	17,250	19,838
1191	Soft Tissue Operation on JOINTS -SMALL	6,900	7,935
1192	Soft Tissue Operation on JOINTS -LARGE	13,500	15,525
1193	Myocutaneous and Fasciocutaneous Flap Procedures for Limbs	18,630	21,425
1194	Removal of Wires & Screw	1,760	2,024
1195	Removal of Plates	4,140	4,761
1196	Total Hip Replacement	79,000	90,850
1197	Total Ankle Joint Replacement	87,975	1,01,171
1198	Total Knee Joint Replacement	1,03,700	1,19,255
1199	Total Shoulder Joint Replacement	71,100	81,765
1200	Total Elbow Joint Replacement	71,100	81,765
1201	Total Wrist Joint Replacement	1,00,000	1,15,000
1202	Total finger joint replacement	20,000	23,000
1203	Tubular external fixator	4,600	5,290
1204	Ilizarov's external fixator	7,763	8,927
1205	Pelvi-acetebular fracture -Internal fixation	8,625	9,919
1206	Meniscectomy	12,000	13,800
1207	Meniscus Repair	10,000	11,500
1208	ACL Reconstruction	8,500	9,775
1209	PCL Reconstruction	13,500	15,525
1210	Knee Collateral Ligament Reconstruction	12,500	14,375
1211	Bencarf Repair Shoulder	13,200	15,180

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1212	RC Repair	1,500	1,725
1213	Biceps tenodesis	12,750	14,663
1214	Distal biceps tendon repair	10,380	11,937
1215	Arthrolysis of knee	12,500	14,375
1216	Capsulotomy of Shoulder	15,800	18,170
1217	Conservative Pop	1,200	1,380
1218	Application for CTEV per sitting	1,080	1,242
1219	Total Hip Replacement Revision Stage-I	17,000	19,550
1220	Total Hip Replacement Revision Stage-II	50,000	57,500
1221	Total Knee Replacement Revision Stage-I	35,000	40,250
1222	Total Knee Replacement Revision Stage-II	35,000	40,250
1223	Illizarov/ external fixation for limb lengthening/ deformity correction	12,500	14,375
1224	Discectomy/ Micro Discectomy	12,500	14,375
1225	Laminectomy	4,646	5,343
1226	Spinal Fixation Cervical/dorsolumbar/ lumbosacral	16,000	18,400
1227	Fusion Surgery Cervical/ Lumbar Spine upto 2 Level	22,000	25,300
1228	More than 2 Level	12,000	13,800
1229	Scoliosis Surgery/ Deformity Correction of Spine	25,000	28,750
1230	Vertebroplasty	12,000	13,800
1231	Spinal Injections	450	518
1232	DHS for Fracture Neck Femur	13,600	15,640
1233	Proximal Femoral Nail (PFN for IT Fracture)	14,000	16,100
1234	Spinal Osteotomy	1,434	1,649

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1235	Illizarov's / External Fixation for Trauma	<b>13,000</b>	<b>14,950</b>
1236	Soft Tissue Operations for Polio/ Cerebral Palsy	<b>10,200</b>	<b>11,730</b>
1237	Mini Fixator for Hand/Foot	<b>8,500</b>	<b>9,775</b>
1238	Other Major Surgery	<b>34,425</b>	<b>39,589</b>
1239	Other Minor Surgery	<b>11,883</b>	<b>13,665</b>
	<b>TREATMENT PROCEDURE PHYSIOTHERAPY</b>		
1240	Ultrasonic therapy	<b>78</b>	<b>90</b>
1241	S.W. Diathermy	<b>78</b>	<b>90</b>
1242	Electrical stimulation (therapeutic)	<b>78</b>	<b>90</b>
1243	Muscle testing and diagnostic	<b>71</b>	<b>82</b>
1244	Infra-red	<b>74</b>	<b>86</b>
1245	U.V. Therapeutic dose	<b>58</b>	<b>67</b>
1246	Intermittent Lumbar Traction	<b>78</b>	<b>90</b>
1247	Intermittent Cervical traction	<b>75</b>	<b>86</b>
1248	Wax bath	<b>75</b>	<b>86</b>
1249	Hot pack	<b>78</b>	<b>90</b>
1250	Breathing Exercises & Postural Drainage	<b>50</b>	<b>58</b>
1251	Cerebral Palsy – exercise	<b>50</b>	<b>58</b>
1252	Post – polio exercise	<b>50</b>	<b>58</b>
	<b>NUCLEAR MEDICINE / RADIOTHERAPY AND CHEMOTHERAPY</b>		
1253	Cobalt 60 therapy	<b>57,375</b>	<b>65,981</b>
1254	Radical therapy	<b>61,583</b>	<b>70,820</b>
1255	Palliative therapy	<b>21,994</b>	<b>25,293</b>

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1256	Linear accelerator	26,775	30,791
1257	Radical therapy	52,785	60,703
1258	Palliative therapy	30,792	35,411
1259	3 D Planning	4,888	5,621
1260	2 D Planning	4,888	5,621
1261	IMRT (Intensity Modulated radiotherapy)	90,790	1,04,409
1262	SRT (Stereotactic radiotherapy)	54,896	63,130
1263	SRS (Stereotactic radio surgery)	72,491	83,365
1264	IGRT (Image guided radiotherapy)	1,32,314	1,52,161
1265	Respiratory Gating-along with Linear accelerator planning	99,000	1,13,850
1266	Electron beam with Linear accelerator	60,726	69,835
1267	Tomotherapy	71,460	82,179
	<b>NUCLEAR MEDICINE / BRACHYTHERAPY- HIGH DOSE RADIATION</b>		
1268	Intracavitary	10,557	12,141
1269	Interstitial	52,785	60,703
1270	Intraluminal	8,798	10,118
1271	Surface mould	4,180	4,807
1272	GLIADAL WAFER	84,510	97,187
	<b>NUCLEAR MEDICINE / CHEMOTHARAPY</b>		
1273	Neoadjuvant	863	992
1274	Adjuvant	863	992
1275	Concurrent-chemoadiation	920	1,058
1276	Single drug	552	635

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1277	Multiple drugs	897	1,032
1278	Targeted therapy	920	1,058
1279	Chemoport facility	920	1,058
1280	PICC line (peripherally inserted Central canulisation)	920	1,058
	<b>LIST OF PROCEDURES/ TESTS IN GASTROENTEROLOGY / ENDOSCOPIC PROCEDURES</b>		
1281	Upper G.I. Endoscopy + Lower G.I. Endoscopy	1,553	1,786
1282	Diagnostic endoscopy	250	288
1283	Endoscopic biopsy	340	391
1284	Endoscopic mucosal resection	1,543	1,774
1285	Oesophageal stricture dilatation	1,700	1,955
1286	Balloon dilatation of achalasia cardia	2,875	3,306
1287	Foreign body removal	1,553	1,786
1288	Oesophageal stenting	2,890	3,324
1289	Band ligation of oesophageal varices	2,500	2,875
1290	Sclerotherapy of oesophageal varices	2,295	2,639
1291	Glue injection of varices	2,500	2,875
1292	Argon plasma coagulation	4,000	4,600
1293	Pyloric balloon dilatation	2,415	2,777
1294	Enteranal stenting	3,600	4,140
1295	Duodenal stricture dilation	990	1,139
1296	Single balloon enteroscopy	4,000	4,600
1297	Double balloon enteroscopy	3,500	4,025

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1298	Capsule endoscopy	4,950	5,693
1299	Piles banding	1,099	1,264
1300	Colonic stricture dilatation	2,700	3,105
1301	Hot biopsy forceps procedures	2,700	3,105
1302	Colonic stenting	2,737	3,148
1303	Junction biopsy	1,955	2,248
1304	Conjugal microscopy	4,000	4,600
1305	Endoscopic sphincterotomy	2,415	2,777
1306	CBD stone extraction	2,415	2,777
1307	CBD stricture dilatation	6,500	7,475
1308	Biliary stenting (plastic and metallic)	4,830	5,555
1309	Mechanical lithotripsy of CBD stones	7,200	8,280
1310	Pancreatic sphincterotomy	6,375	7,331
1311	Pancreatic stricture dilatation	5,700	6,555
1312	Pancreatic stone extraction	10,000	11,500
1313	Mechanical lithotripsy of pancreatic stones	10,247	11,784
1314	Endoscopic cysto gastrostomy	8,000	9,200
1315	Balloon dilatation of papilla	6,210	7,142
1316	Ultrasound guided FNAC	575	661
1317	Ultrasound guided abscess Drainage	648	745
1318	PTBD	1,150	1,323
1319	Diagnostic angiography	2,000	2,300
1320	Vascular embolization	15,100	17,365

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1321	TIPS	5,400	6,210
1322	IVC graphy + hepatic veinography	30,791	35,410
1323	Muscular stenting	97,750	1,12,413
1324	BRTO	57,500	66,125
1325	Portal haemodymic studies	1,913	2,200
1326	Manometry and PH metry	1,612	1,854
1327	Oesophageal PH metry	4,500	5,175
1328	Oesophageal manometry	4,500	5,175
1329	Small bowel manometry	6,120	7,038
1330	Anorectal manometry	6,120	7,038
1331	Colonic manometry	6,885	7,918
1332	Biliary manometry	6,885	7,918
1333	Sengstaken blacknesse tube tempode	2,588	2,976
1334	Lintas machles tube tempode	2,588	2,976
1335	Fecal fat test/ fecal chymotrypsin/ fecal elastase	350	403
1336	Breath tests	300	345
1337	Extra corporeal shortwave lithotripsy	41,400	47,610
1338	Liver biopsy	1,380	1,587
	<b>NAME OF INVESTIGATION / DENTAL</b>		
1339	Dental IOPA X-ray	50	58
1340	Occlusal X-ray	70	81
1341	OPG X-ray	196	225
	<b>NAME OF INVESTIGATION / PULMONARY</b>		

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1342	Lung Ventilation & Perfusion Scan (V/Q Scan)	<b>3,240</b>	<b>3,726</b>
1343	Lung Perfusion Scan	<b>1,800</b>	<b>2,070</b>
	<b>NAME OF INVESTIGATION / OSTEOLOGY</b>		
1344	Whole Body Bone Scan with SPECT.	<b>3,079</b>	<b>3,541</b>
1345	Three phase whole body Bone Scan	<b>3,079</b>	<b>3,541</b>
	<b>NAME OF INVESTIGATION / NEUROSCIENCES</b>		
1346	Brain Perfusion SPECT Scan with Technetium 99m radiopharmaceuticals.	<b>8,798</b>	<b>10,118</b>
1347	Radionuclide Cisternography for CSF leak	<b>3,366</b>	<b>3,871</b>
	<b>NAME OF INVESTIGATION / GASTRO AND HEPATOBILIARY</b>		
1348	Gastro esophageal Reflux Study (G.E.R. Study)	<b>1,760</b>	<b>2,024</b>
1349	Gastro intestinal Bleed (GloB.) Study with Technetium 99m labeled RBCs.	<b>3,079</b>	<b>3,541</b>
1350	Hepatobiliary Scintigraphy.	<b>2,200</b>	<b>2,530</b>
1351	Meckel's Scan	<b>1,760</b>	<b>2,024</b>
1352	Hepatosplenic scintigraphy with Technetium-99m radiopharmaceuticals	<b>1,683</b>	<b>1,935</b>
1353	Gastric emptying	<b>1,148</b>	<b>1,320</b>
	<b>NAME OF INVESTIGATION / GENITO URINARY</b>		
1354	Renal Cortical Scintigraphy with Technetium 99m D.M.S.A.	<b>3,079</b>	<b>3,541</b>
1355	Dynamic Renography.	<b>3,079</b>	<b>3,541</b>
1356	Dynamic Renography with Diuretic.	<b>3,079</b>	<b>3,541</b>
1357	Dynamic Renography with Captopril	<b>1,764</b>	<b>2,029</b>



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1358	Testicular Scan	<b>1,319</b>	<b>1,517</b>
	<b>NAME OF INVESTIGATION / ENDOCRINOLOGY</b>		
1359	Thyroid Uptake measurements with 131-Iodine.	<b>1,408</b>	<b>1,619</b>
1360	Thyroid Scan with Technetium 99m Pertechnetate.	<b>1,319</b>	<b>1,517</b>
1361	Lodine-131 Whole Body Scan.	<b>2,640</b>	<b>3,036</b>
1362	Whole Body Scan with M.I.B.G.	<b>15,836</b>	<b>18,211</b>
1363	Parathyroid Scan	<b>4,399</b>	<b>5,059</b>
	<b>NAME OF INVESTIGATION / RADIO-ISOTOPE THERAPY</b>		
1364	131-Iodine Therapy	<b>1,530</b>	<b>1,760</b>
1365	131-Iodine Therapy <15mCi	<b>3,469</b>	<b>3,989</b>
1366	131-Iodine Therapy 15-50mCi	<b>4,460</b>	<b>5,129</b>
1367	131-Iodine Therapy 51-100mCi	<b>10,800</b>	<b>12,420</b>
1368	131-Iodine Therapy >100mCi	<b>13,500</b>	<b>15,525</b>
1369	Phosphorus-32 therapy for metastatic bone pain palliation	<b>4,500</b>	<b>5,175</b>
1370	Samarium-153 therapy for metastatic bone pain palliation	<b>9,405</b>	<b>10,816</b>
1371	Radiosynovectomy with Yttrium	<b>19,125</b>	<b>21,994</b>
	<b>NAME OF INVESTIGATION / CARDIOLOGY</b>		
1372	Stress thallium / Myocardial Perfusion Scintigraphy	<b>9,450</b>	<b>10,868</b>
1373	Rest thallium / Myocardial Perfusion Scintigraphy	<b>8,000</b>	<b>9,200</b>
1374	Venography	<b>3,300</b>	<b>3,795</b>
1375	TMT	<b>489</b>	<b>562</b>
1376	TEE	<b>489</b>	<b>562</b>
1377	Lymph angiography	<b>1,452</b>	<b>1,670</b>

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
	<b>NAME OF INVESTIGATION / TUMOUR IMAGING</b>		
1378	Scintimammography.	<b>4,320</b>	<b>4,968</b>
1379	Indium labeled octeriotide Scan.	<b>65,982</b>	<b>75,879</b>
	<b>NAME OF INVESTIGATION / PET SCAN</b>		
1380	FDG Whole body PET / CT Scan	<b>18,475</b>	<b>21,246</b>
1381	Brain I Heart FDG PET / CT Scan,	<b>13,197</b>	<b>15,177</b>
1382	Gallium-68 Peptide PET / CT imaging for Neuroendocrine Tumor	<b>13,500</b>	<b>15,525</b>
	<b>LABORATORY MEDICINE / CLINICAL PATHOLOGY</b>		
1383	Urine routine- pH, Specific gravity, sugar, protein, and microscopy	<b>32</b>	<b>37</b>
1384	Urine-Microalbumin	<b>63</b>	<b>72</b>
1385	Stool routine	<b>32</b>	<b>37</b>
1386	Stool occult blood	<b>24</b>	<b>28</b>
1387	Post coital smear examination	<b>30</b>	<b>35</b>
1388	Semen analysis	<b>35</b>	<b>40</b>
	<b>LABORATORY MEDICINE / HAEMATOLOGY</b>		
1389	Haemoglobin (Hb)	<b>18</b>	<b>21</b>
1390	Total Leucocytic Count (TLC)	<b>28</b>	<b>32</b>
1391	Differential Leucocytic Count (DLC)	<b>28</b>	<b>32</b>
1392	E.S.R.	<b>24</b>	<b>28</b>
1393	Total Red Cell count with MCV, MCH, MCHC, DRW	<b>29</b>	<b>33</b>
1394	Complete Haemogram/CBC, Hb, RBC count and indices, TLC, DLC, Platelet, ESR, Peripheral smear examination	<b>135</b>	<b>155</b>

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1395	Platelet count	43	49
1396	Reticulocyte count	43	49
1397	Absolute Eosinophil count	43	49
1398	Packed Cell Volume (PCV)	13	15
1399	Peripheral Smear Examination	39	45
1400	Smear for Malaria parasite	37	43
1401	Bleeding Time	32	37
1402	Osmotic fragility Test	50	58
1403	Bone Marrow Smear Examination	70	81
1404	Bone Marrow Smear Examination with iron stain	225	259
1405	Bone Marrow Smear Examination and cytochemistry	396	455
1406	Activated partial ThromboplastinTime (APTT)	102	117
1407	Rapid test for malaria (card test)	44	51
1408	WBC cytochemistry for leukemia -Complete panel	110	127
1409	Bleeding Disorder panel- PT, APTT, Thrombin Time Fibrinogen, D- Dimer/ FDP	400	460
1410	Factor Assays-Factor VIII	720	828
1411	Factor Assays-Factor IX	680	782
1412	Platelet Function test	45	52
1413	Tests for hypercoagulable states- Protein C, Protein S, Antithrombin	400	460
1414	Tests for lupus anticoagulant	150	173
1415	Tests for Antiphospholipid antibody IgG, IgM (for cardiolipin and B2 Glycoprotein 1)	500	575

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1416	Thalassemia studies (Red Cell indices and Hb HPLC)	510	587
1417	Tests for Sickling / Hb HPLC)	69	79
	<b>LABORATORY MEDICINE / BLOOD BANK</b>		
1418	Blood Group & RH Type	30	35
1419	Cross match	45	52
1420	Coomb's Test Direct	81	93
1421	Coomb's Test Indirect	100	115
1422	3 cell panel- antibody screening for pregnant female	153	176
1423	11 cells panel for antibody identification	153	176
1424	HBs Ag	102	117
1425	HCV	128	147
1426	HIV I and II	150	173
1427	VDRL	43	49
1428	RH Antibody titer	80	92
1429	Platelet Concentrate	56	64
1430	Random Donor Platelet (RDP)	128	147
1431	Single Donor Platelet (SDP- Apheresis)	150	173
	<b>LABORATORY MEDICINE / HISTOPATHOLOGY</b>		
1432	Routine-H & E	90	104
1433	special stain	59	68
1434	Immunohistochemistry (IHC)	675	776
1435	Frozen section	702	807
1436	Paraffin section	309	355

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
	<b>LABORATORY MEDICINE / CYTOLOGY</b>		
1437	Pap Smear	135	155
1438	Body fluid for Malignant cells	135	155
1439	FNAC	200	230
	<b>NAME OF INVESTIGATION / FLOW CYTOMETRY</b>		
1440	Leukemia panel /Lymphoma panel	1,382	1,589
1441	PNH Panel-CD55, CD59	1,000	1,150
	<b>LABORATORY MEDICINE / CYTOGENETIC STUDIES</b>		
1442	Karyotyping	1,539	1,770
1443	FISH	500	575
	<b>LABORATORY MEDICINE / BIO-CHEMISTRY</b>		
1444	Blood Glucose Random	24	28
1445	24 hrs urine for Proteins,Sodium, creatinine	50	58
1446	Blood Urea Nitrogen	54	62
1447	Serum Creatinine	55	63
1448	Urine Bile Pigment and Salt	24	28
1449	Urine Urobilinogen	20	23
1450	Urine Ketones	30	35
1451	Urine Occult Blood	35	40
1452	Urine total proteins	18	21
1453	Rheumatoid Factor test	96	110
1454	Bence Jones protein	42	48
1455	Serum Uric Acid	55	63

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1456	Serum Bilirubin total & direct	72	83
1457	Serum Iron	90	104
1458	C.R.P.	100	115
1459	C.R.P Quantitative	160	184
1460	Body fluid (CSF/Ascitic Fluid etc.) Sugar, Protein etc.	90	104
1461	Albumin.	18	21
1462	Creatinine clearance.	80	92
1463	Serum Cholesterol	62	71
1464	Total Iron Binding Capacity	80	92
1465	Glucose (Fasting & PP)	47	54
1466	Serum Calcium –Total	60	69
1467	Serum Calcium –Ionic	44	51
1468	Serum Phosphorus	60	69
1469	Total Protein Alb/Glo Ratio	50	58
1470	IgG.	250	288
1471	IgM.	250	288
1472	IgA.	250	288
1473	ANA.	200	230
1474	Ds DNA.	350	403
1475	S.G.P.T.	55	63
1476	S.G.O.T.	55	63
1477	Serum amylase	117	135
1478	Serum Lipase	130	150

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1479	Serum Lactate	72	83
1480	Serum Magnesium	100	115
1481	Serum Sodium	50	58
1482	Serum Potassium	50	58
1483	Serum Ammonia	100	115
1484	Anemia Profile	204	235
1485	Serum Testosterone	150	173
1486	Imprint Smear from Endoscopy	216	248
1487	Triglyceride	75	86
1488	Glucose Tolerance Test (GTT)	81	93
1489	Triple Marker.	720	828
1490	C.P.K.	100	115
1491	Foetal Haemoglobin (HbF)	77	89
1492	Prothrombin Time (P.T.)	108	124
1493	L.D.H.	96	110
1494	Alkaline Phosphatase	60	69
1495	Acid Phosphatase	78	90
1496	CK MB	171	197
1497	CK MB Mass	140	161
1498	Troponin I	100	115
1499	Troponin T	600	690
1500	Glucose Phosphate Dehydrogenase (G, 6PD)	100	115
1501	Lithium.	130	150

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1502	Dilantin (phenytoin).	400	460
1503	Carbamazepine.	400	460
1504	Valproic acid.	300	345
1505	Feritin.	250	288
1506	Blood gas analysis	120	138
1507	Blood gas analysis with electrolytes	414	476
1508	Urine pregnancy test	65	75
1509	Tests for Antiphospholipid antibodies syndrome.	252	290
1510	Hb A1 C	130	150
1511	Hb Electrophoresis/ Hb HPLC	100	115
1512	Kidney Function Test.	203	233
1513	Liver Function Test.	225	259
1514	Lipid Profile (Total cholesterol, LDL, HDL, triglycerides)	200	230
	Nutritional Markers		
1515	Serum Iron	90	104
1516	Total Iron Binding Capacity	90	104
1517	Serum Ferritin	100	115
1518	Vitamin B12 assay.	250	288
1519	Folic Acid assay.	300	345
1520	Extended Lipid Profile (Total cholesterol, LDL, HDL, triglycerides, ApoA1, Apo B, Lp (a))	560	644
1521	Apo A1.	200	230
1522	Apo B.	199	229



<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1523	Lp (a).	445	512
1524	CD 3,4 and 8 counts	170	196
1525	CD 3,4 and 8 percentage	170	196
1526	LDL	56	64
1527	Homocysteine	400	460
1528	HB Electrophoresis	440	506
1529	Serum Electrophoresis	220	253
1530	Fibrinogen	165	190
1531	Chloride	60	69
1532	Magnesium	150	173
1533	GGTP	90	104
1534	Lipase	239	275
1535	Fructosamine	200	230
1536	$\beta$ 2 microglobulin	90	104
1537	Catecholamines	1,050	1,208
1538	Creatinine clearance	120	138
	<b>NAME OF INVESTIGATION / TUMOUR MARKERS</b>		
1539	PSA- Total	312	359
1540	PSA- Free	375	431
1541	AFP	300	345
1542	HCG	260	299
1543	CA. 125	391	450
1544	CA 19.9	616	708

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1545	CA 15.3	560	644
1546	Vinyl Mandelic Acid	350	403
1547	Calcitonin	500	575
1548	Carcioembryonic antigen (CEA)	340	391
	<b>OTHERS</b>		
1549	Immunofluorescence	135	155
1550	Direct (Skin and kidney Disease)	383	440
1551	Indirect (antids DNA Anti Smith ANCA)	383	440
1552	VitD3 assay	550	633
1553	Serum Protein electrophoresis with immunofixation electrophoresis (IFE)	270	311
1554	BETA-2 Micro globulin assay	100	115
1555	Anti cyclo citrullinated peptide (Anti CCP)	450	518
1556	Anti-tissue transglutaminase antibody	425	489
1557	Serum Erythropoietin	425	489
1558	ACTH	500	575
	<b>HARMONES</b>		
1559	T3, T4, TSH	200	230
1560	T3	64	74
1561	T4	64	74
1562	TSH	90	104
1563	LH	150	173
1564	FSH	150	173
1565	Prolactin	150	173

<b>Sr. No.</b>	<b>CGHS TREATMENT PROCEDURE/ INVESTIGATION LIST FOR BHUBANESWAR (2014)</b>	<b>Non-NABH Rate (INR)</b>	<b>NABH RATE (INR)</b>
1566	Cortisol	250	288
1567	PTH(Paratharmone)	500	575
1568	C-Peptide	330	380
1569	Insulin	150	173
1570	Progesterone	225	259
1571	17-DH Progesterone	440	506
1572	DHEAS	440	506
1573	Androstendione	600	690
1574	Growth Hormone	340	391
1575	TPO	300	345
1576	Throglobulin	300	345
1577	Hydatic Serology	318	366
1578	Anti-Sperm Antibodies	380	437
1579	Qualitative, HBV DNA	2,000	2,300
1580	Quantitative, HBV DNA	1,500	1,725
1581	Qualitative, HCV RNA	1,691	1,945
1582	HPV serology	196	225
1583	Rota Virus serology	130	150
1584	PCR for TB	900	1,035
1585	PCR for HIV	540	621
1586	Chlamydae antigen	850	978
1587	Chlamydae antibody	238	274
1588	Brucella serology	230	265

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1589	Influenza A serology	<b>943</b>	<b>1,084</b>
	<b>USG, X-RAY, CT, MRI, BONE DENSITOMETRY</b>		
1590	USG for Obstetrics - Anomalies scan	<b>323</b>	<b>371</b>
1591	Abdomen USG	<b>320</b>	<b>368</b>
1592	Pelvic USG (prostate, gynae, infertility etc.)	<b>255</b>	<b>293</b>
1593	Small parts USG (scrotum, thyroid, parathyroid etc.)	<b>340</b>	<b>391</b>
1594	Neonatal head (Tranfontanellar)	<b>425</b>	<b>489</b>
1595	Neonatal spine	<b>450</b>	<b>518</b>
1596	Contrast enhanced USG	<b>810</b>	<b>932</b>
1597	USG Breast	<b>340</b>	<b>391</b>
1598	USG Hystero-Salpaingography (HSG)	<b>255</b>	<b>293</b>
1599	Carotid Doppler	<b>850</b>	<b>978</b>
1600	Arterial Colour Doppler	<b>706</b>	<b>812</b>
1601	Venous Colour Doppler	<b>706</b>	<b>812</b>
1602	Colour Doppler, renal arteries/any other organ	<b>800</b>	<b>920</b>
1603	USG guided intervention- FNAC	<b>441</b>	<b>507</b>
1604	USG guided intervention – biopsy	<b>648</b>	<b>745</b>
1605	USG guided intervention – nephrostomy	<b>800</b>	<b>920</b>
	<b>X-Ray</b>		
1606	Abdomen AP Supine or Erect (One film)	<b>119</b>	<b>137</b>
1607	Abdomen Lateral view (one film)	<b>119</b>	<b>137</b>
1608	Chest PA view (one film)	<b>60</b>	<b>69</b>
1609	Chest Lateral (one film)	<b>60</b>	<b>69</b>

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1610	Mastoids: Towne view, oblique views (3 films)	225	259
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	293
1612	Pelvis A.P (one film)	110	127
1613	T. M. Joints (one film)	110	127
1614	Abdomen & Pelvis for K. U. B.	119	137
1615	Skull A. P. & Lateral (2 films)	230	265
1616	Spine A. P. & Lateral (2 films)	238	274
1617	PNS view (1 film)	110	127
	<b>X- RAY CONTRAST STUDIES</b>		
1618	Barium Swallow	500	575
1619	Barium Upper GI study	800	920
1620	Barium Upper GI study (Double contrast)	850	978
1621	Barium Meal follow through	842	968
1622	Barium Enema (Single contrast/double contrast)	850	978
1623	Small bowel enteroclysis	918	1,056
1624	ERCP (Endoscopic Retrograde Cholangio – Pancreatography)	2,500	2,875
1625	General: Fistulography /Sinography/ Sialography/ Dacrocystography/T- Tube cholangiogram/Nephrostogram	574	660
1626	Percutaneous transhepatic cholangiography (PTC)	1,296	1,490
1627	Intravenous Pyelography (IVP)	1,071	1,232
1628	Micturating Cystourethrography (MCU)	612	704
1629	Retrograde Urethrography (RGU)	612	704

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1630	Contrast Hystero-Salpingography (HSG)	918	1,056
1631	X ray - Arthrography	680	782
1632	Cephalography	150	173
1633	Myelography	2,475	2,846
1634	Diagnostic Digital Subtraction Angiography (DSA)	1,574	1,810
	<b>MAMMOGRAPHY</b>		
1635	X-ray Mammography	315	362
1636	MRI Mammography	2,295	2,639
	<b>CT</b>		
1637	CT Head-Without Contrast	850	978
1638	CT Head- with Contrast (+/- CT angiography)	1,350	1,553
1639	C. T. Chest - without contrast (for lungs)	1,530	1,760
1640	C. T. Scan Lower Abdomen (incl. Pelvis) With Contrast	1,700	1,955
1641	C. T. Scan Lower Abdomen (Incl. Pelvis) Without Contrast	1,500	1,725
1642	C. T. Scan Whole Abdomen Without Contrast	2,700	3,105
1643	C. T. Scan Whole Abdomen with Contrast	4,050	4,658
1644	Triple Phase CT abdomen	4,500	5,175
1645	CT angiography abdomen/ Chest	4,500	5,175
1646	CT Enteroclysis	5,400	6,210
1647	C. T. Scan Neck– Without Contrast	1,350	1,553
1648	C. T. Scan Neck– With Contrast	1,700	1,955
1649	C. T. Scan Orbits- Without Contrast	1,190	1,369
1650	C. T. Scan Orbits- With Contrast	1,615	1,857

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1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1,035
1652	C. T. Scan of Para Nasal Sinuses - With Contrast	1,600	1,840
1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)– without contrast	1,500	1,725
1654	CT Temporal bone – without contrast	893	1,027
1655	CT – Dental	1,275	1,466
1656	C. T. Scan Limbs- Without Contrast	1,700	1,955
1657	C. T. Scan Limbs-With Contrast including CT angiography	2,253	2,591
1658	C.T. Guided intervention –FNAC	1,080	1,242
1659	C.T. Guided Trucut Biopsy	1,200	1,380
1660	C. T. Guided intervention -percutaneous catheter drainage / tube placement	1,305	1,501
	<b>MRI</b>		
1661	MRI Head – Without Contrast	1,998	2,298
1662	MRI Head – With Contrast	2,848	3,275
1663	MRI Orbits – Without Contrast	1,445	1,662
1664	MRI Orbits – With Contrast	2,000	2,300
1665	MRI Nasopharynx and PNS – Without Contrast	2,450	2,818
1666	MRI Nasopharynx and PNS – With Contrast	3,500	4,025
1667	MR for Salivary Glands with Sialography	2,700	3,105
1668	MRI Neck - Without Contrast	2,700	3,105
1669	MRI Neck- with contrast	5,000	5,750
1670	MRI Shoulder – Without contrast	2,000	2,300
1671	MRI Shoulder – With contrast	2,600	2,990

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1672	MRI shoulder both Joints - Without contrast	3,000	3,450
1673	MRI Shoulder both joints – With contrast	4,000	4,600
1674	MRI Wrist Single joint - Without contrast	2,125	2,444
1675	MRI Wrist Single joint - With contrast	4,000	4,600
1676	MRI Wrist both joints - Without contrast	2,125	2,444
1677	MRI Wrist Both joints - With contrast	5,000	5,750
1678	MRI knee Single joint - Without contrast	2,125	2,444
1679	MRI knee Single joint - With contrast	5,000	5,750
1680	MRI knee both joints - Without contrast	2,125	2,444
1681	MRI knee both joints - With contrast	5,000	5,750
1682	MRI Ankle Single joint - Without contrast	2,125	2,444
1683	MRI Ankle single joint - With contrast	5,000	5,750
1684	MRI Ankle both joints - With contrast	4,500	5,175
1685	MRI Ankle both joints - Without contrast	2,500	2,875
1686	MRI Hip - With contrast	2,500	2,875
1687	MRI Hip – without contrast	2,125	2,444
1688	MRI Pelvis – Without Contrast	2,125	2,444
1689	MRI Pelvis – with contrast	5,000	5,750
1690	MRI Extremities - With contrast	4,500	5,175
1691	MRI Extremities - Without contrast	2,125	2,444
1692	MRI Temporomandibular – B/L - With contrast	3,600	4,140
1693	MRI Temporomandibular – B/L - Without contrast	2,125	2,444
1694	MR Temporal Bone/ Inner ear with contrast	4,000	4,600



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1695	MR Temporal Bone/ Inner ear without contrast	2,500	2,875
1696	MRI Abdomen – Without Contrast	2,125	2,444
1697	MRI Abdomen – With Contrast	5,000	5,750
1698	MRI Breast - With Contrast	3,825	4,399
1699	MRI Breast - Without Contrast	2,125	2,444
1700	MRI Spine Screening - Without Contrast	1,000	1,150
1701	MRI Chest – Without Contrast	2,125	2,444
1702	MRI Chest – With Contrast	4,000	4,600
1703	MRI Cervical/Cervico Dorsal Spine – Without Contrast	1,913	2,200
1704	MRI Cervical/ Cervico Dorsal Spine – With Contrast	4,000	4,600
1705	MRI Dorsal/ Dorso Lumbar Spine - Without Contrast	2,125	2,444
1706	MRI Dorsal/ Dorso Lumbar Spine – With Contrast	4,000	4,600
1707	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast	2,125	2,444
1708	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast	5,000	5,750
1709	Whole body MRI (For oncological workup)	5,100	5,865
1710	MR cholecysto-pancreatography.	4,950	5,693
1711	MRI Angiography - with contrast	4,950	5,693
1712	MR Enteroclysis	1,913	2,200
	<b>BONE DENSITOMETRY (DEXA SCAN)</b>		
1713	Dexa Scan Bone Densitometry - Two sites	1,350	1,553
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	2,000	2,300
1715	Dexa Scan Bone Densitometry Whole body	2,205	2,536

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	NEUROLOGICAL INVESTIGATIONS AND PROCEDURES		
1716	EEG/Video EEG	298	343
1717	EMG (Electro myography)	574	660
1718	Nerve condition velocity (at least 2 limbs)	638	734
1719	Decremental response (before and after neo stigmine)	536	616
1720	Incremental response	536	616
1721	SSEP (Somato sensory evoked potentials)	638	734
1722	Poly somnography	638	734
1723	Brachial plexus study	574	660
1724	Muscle biopsy	383	440
1725	ACHR anti body titre	1,663	1,912
1726	Anti-MUSK body titre	2,106	2,422
1727	Serum COPPER	500	575
1728	Serum ceruloplasmin	450	518
1729	Urinary copper	500	575
1730	Serum homocystine	450	518
1731	Serum valproate level	315	362
1732	Serum phenol barbitone level	350	403
1733	Coagulation profile	553	636
1734	Protein C, S anti thrombine – III	2,400	2,760
1735	Serum lactate level	450	518
	CSF		

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1736	Basic studies including cell count, protein, sugar, gram stain, India Ink preparation and smear for AFP	216	248
1737	Special studies	900	1,035
1738	PCR for tuberculosis/ Herpes simplex	1,200	1,380
1739	Bacterial culture and sensitivity	200	230
1740	Mycobacterial culture and sensitivity	200	230
1741	Fungal culture	128	147
1742	Malignant cells	64	74
1743	Anti-measles antibody titre (with serum antibody titre)	801	921
1744	Viral culture	230	265
1745	Antibody titre (Herpes simplex, cytomegalo virus, flavivirus, zoster varicella virus)	760	874
1746	Oligoclonal band	1,080	1,242
1747	Myelin Basic protein	1,684	1,937
1748	Lactate	268	308
1749	Crypto coccal antigen	1,024	1,178
	<b>TESTS IN GASTRO-ENTEROLOGY</b>		
1750	D-xylose test	765	880
1751	Fecal fat test/ fecal chymotrypsin/ fecal elastase	765	880
1752	Breath tests	1,170	1,346
1753	H pylori serology for celiac disease	500	575
1754	HBV genotyping	2,500	2,875

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1755	HCV genotyping	<b>4,875</b>	<b>5,606</b>
	<b>TESTS IN ENDOCRINOLOGY (IN ADDITION TO THOSE INCLUDED UNDER HARMONES)</b>		
1756	Urinary VMA	<b>1,350</b>	<b>1,553</b>
1757	Urinary metanephrine/Normetanephrine	<b>1,138</b>	<b>1,309</b>
1758	Urinary free catecholamine	<b>1,690</b>	<b>1,944</b>
1759	Serum catecholamine	<b>3,060</b>	<b>3,519</b>
1760	Serum aldosterone	<b>1,125</b>	<b>1,294</b>
1761	24 Hr urinary aldosterone	<b>828</b>	<b>952</b>
1762	Plasma renin activity	<b>900</b>	<b>1,035</b>
1763	Serum aldosterone/renin ratio	<b>1,200</b>	<b>1,380</b>
1764	Osmolality urine	<b>128</b>	<b>147</b>
1765	Osmolality serum	<b>128</b>	<b>147</b>
1766	Urinary sodium	<b>80</b>	<b>92</b>
1767	Urinary Chloride	<b>43</b>	<b>49</b>
1768	Urinary potassium	<b>80</b>	<b>92</b>
1769	Urinary calcium	<b>80</b>	<b>92</b>
1770	Thyroid binding globulin	<b>459</b>	<b>528</b>
1771	24 hr. urinary free cotisole	<b>180</b>	<b>207</b>
1772	Islet cell antebody	<b>675</b>	<b>776</b>
1773	GAD antibody	<b>1,197</b>	<b>1,377</b>
1774	Insulin associated antibody	<b>449</b>	<b>516</b>
1775	IGF-1	<b>1,480</b>	<b>1,702</b>
1776	IGF-BP3	<b>1,485</b>	<b>1,708</b>

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1777	Sex hormone binding globulin	<b>1,200</b>	<b>1,380</b>
1778	USG guided FNAC thyroid gland	<b>387</b>	<b>445</b>
1779	E2	<b>208</b>	<b>239</b>
1780	Thyro globulin antibody	<b>528</b>	<b>607</b>