

Tender terms for Empanelment of Radiological Services

1. Registration & Licensing

- The diagnostic centre must be **registered under the Clinical Establishments Act** or the respective State regulatory authority.
- Must possess a **valid AERB (Atomic Energy Regulatory Board) approval** for installation and operation of all radiology equipment (X-ray, CT, MRI, Mammography, etc.).
- Must have **valid Trade License, GST registration, and PAN**.
- The facility must comply with all **applicable statutory and safety regulations** related to radiological practices.

2. Accreditation & Experience

- Preferably **NABL or NABH accredited**, or evidence of having applied for accreditation.
- Minimum **3 years of operational experience** in providing radiological and imaging diagnostic services.

3. Infrastructure & Equipment

- The centre must have **modern, fully functional imaging equipment**, such as:
 - Digital X-Ray unit (with AERB compliance)
 - Ultrasound / Color Doppler
 - CT Scan (minimum 16-slice or higher preferred)
 - MRI (1.5 Tesla or higher preferred)
 - Mammography, OPG, and Bone Densitometry (if available)
- All equipment should be **regularly maintained and calibrated** with documented records.
- Backup power supply and **data storage systems** must be in place to ensure uninterrupted operations.

4. Qualified Personnel

- The centre must have **qualified and registered Radiologists (MD/DNB in Radiology)** supervising and reporting all imaging studies.
- Trained **Radiographers / Technicians** with valid certifications must operate the machines.
- Adequate staff strength should be maintained for smooth functioning and timely reporting.

5. Quality Assurance & Safety

- Must follow **AERB safety protocols** for radiation protection, including installation of protective barriers and use of dosimeters.
- Participation in **quality assurance programs** for imaging equipment is mandatory.
- Reports must carry the **name, qualification, registration number and signature** of the reporting radiologist.
- Periodic internal audits for quality and safety compliance should be conducted.

6. IT & Reporting System

- Must have **computerized report generation and digital image storage (PACS/RIS)** systems.
- Capability to provide **soft copies of images and reports** through email, web portal, or CD/DVD format.

7. Turnaround Time (TAT)

- Routine reports should be delivered within **12 hours**.
 - Emergency or urgent cases should be reported within **4–6 hours**.
 - Any deviation in TAT must be communicated in advance.
8. **Safety, Hygiene & Waste Management**
- Compliance with **Biomedical Waste Management Rules, 2016** and related environmental laws.
 - Proper infection control measures, sanitization of equipment, and patient safety protocols to be ensured.
9. **Service Accessibility**
- Should have **adequate waiting and patient care facilities**.
10. **Other Requirements**
- 10.1 Audited Financial statement of last 3 years to be submitted.
- 10.2 Must agree to provide **cashless diagnostic services** as per GSFC terms and rates finalized.
- 10.3 Must submit a **comprehensive rate list** duly signed and sealed.
- 10.4 Declaration that the centre is **not blacklisted** or debarred by any Government or PSU.
- 10.5 If contract awarded, **MOU/Agreement** to be signed for specified duration as per company terms.
- 10.6 Cashless treatment which are covered within the ambit and reimbursable by GSFC to those who are regular employees and their dependents and verified by hard copy given to you as a reference note from treating doctor.
- 10.7 For providing treatment at your Centre, you shall ensure that person, family member holds valid GSFC Card or zerox copy of the same.
- 10.8 At any stage of tendering, notwithstanding anything mentioned in any of the clause mentioned in tender, GSFC reserves the exclusive rights to withdraw the tender at GSFC's will without being liable to disclose any reasons whatsoever.