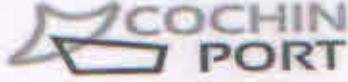


कोचिन पत्तन प्राधिकरण
COCHIN PORT AUTHORITY



चिकित्सा विभाग/ Medical Department,
कोचिन/Cochin-682 003
Tele: 0484-258 2700
Fax : 0484-2666 402
e-mail:cmo@cochinport.gov.in

संख्य/No.C3/Empanelment /Various Hospitals /2023-H

दिनांक/dt.21.09.2023.

Supplementary Invitation of Expression of Interest

Cochin Port Authority invite "supplementary Expression of Interest" from all NABH accredited hospitals within 20km radius from Cochin Port Authority Hospital, Willingdon Island for the empanelment with Cochin Port Hospital at CGHS rates "on credit basis" for referral of **Cochin Port employees and their dependents** and also "on payment basis" at CGHS rates for referral of Cochin Port **Pensioners and their spouses** as per the terms and condition of CGHS.

Qualifying Criteria

- NABH accreditation certificate
- Minimum 50 bedded occupancy

Information & Instruction to applicants

- (a) The successful bidder shall enter into a Memorandum of Understanding (MOU). The formal of the draft MoU is attached.
- (b) The MoU shall be for a period of minimum 2 years.
- (c) Conditions mentioned in the draft MoU will be applicable for the contract period.

Supplementary Expression of Interest should be addressed to the Chief Medical Officer, Cochin Port Authority Hospital, Cochin-682 003 and should reach the Tender box of Medical Department at Administrative Building, Cochin Port Authority, Willingdon Island, Cochin - 682 009 on or before 10.30 A.M. on 06.10.2023.

मुख्य चिकित्सा अधिकारी/  CHIEF MEDICAL OFFICER 1/2