

Query no.	Para no. of the Spec	Name of the Company	Tender Clause	Representation	Committee Comments
1	Revised Tender requirement in Amendment 2	HealthMap Diagnostics Pvt. Ltd.	3 Tesla MRI at Jabalpur 3 T MRI & 128 Slice CT at Indore.	<p>1. 3 T MRI shall not be viable at Jabalpur which has been proven by previous two individual tender attempts by Jabalpur Medical College Hospital. Tender has already failed twice as it did not receive any bids. Clubbing it in an already unviable cluster dilutes the viability further. Kindly change this to 1.5 Tesla MRI.</p> <p>2. We understand that a radiology PPP is already running at Indore medical college hospital for last 3 years. Please clarify the legal status of that PPP contract.</p>	<p>We have some new and advanced projects that are coming up at Jabalpur in recent future.</p> <p>Jabalpur :</p> <p>1) an additional new Superspeciality with 10 disciplines 2) A State level Cancer Institute 3) A centre of Excellence in pulmonary diseases</p> <p>Indore:</p> <p>1. Superspeciality with 14 disciplines. 2. Advanced Radio-oncology 3. Centre of Excellence in Ophthalmology and Pulmonary Medicine</p> <p>These new projects will have high patient footfall and will require 3 tesla MRI Machine. This will make the project viable. So no change in MRI specs.</p>
2	Amendment 2 The revised requirement of CT and MRI facility at the 10 Medical Colleges under Consideration is defined as below	Philips India Ltd.	1.5 Tesla MRI at new medical colleges	<p>MRI shall not be financially viable at majority of the new medical colleges because of low OPD/IPD numbers and lack of super-specialties to refer MRI cases.</p> <p>With such low number of cases, ways to make an MRI viable are:</p> <p>a. To allow 1.5 times the CGHS rates for MRI scans and the hospital should bear electricity charges for the Radiology center.</p> <p>b. Provide an option of asking Viability Gap funding (VGF) or offering annual premium should be given to the service provider. The service provider quoting lowest VGF amount or highest annual premium should be awarded the contract.</p>	No Change
3	Amendment 2	Krsnaa Diagnostics		<p>Need Clarification on</p> <p>1. Hospitals/institutions where equipment are installed on PPP basis should not be allowed to install competing products within same hospitals/institutions for Tenure of Agreement.</p> <p>2. At GMCH, Chindwara authority itself has installed 16 slice CT scan then, what is the reason to ask for the 64 slice CT for the rest of the facility. If the Work load increases resulting in waiting period for & MRI facility at the 10 Medical the patient beyond two shifts, authority Colleges under consideration can ask or service provider himself install veceees upgraded version of the equipment. or additional equipment.</p> <p>3. In Indore, the Institute Authority has asked to install 64 slice CT scan, but in the year 2016, PPP partner has already installed 128 slice CT & advance 96 channel 3 T MRI on PPP mode by investing 20 crores, which is also operational for a Tenure of 7 also an NABH accredited center. We would like to know the reason why the Authority is demanding an equipment with lower specifications now and what is the security of PPP partner's huge investment in the said project.</p>	<p>1. Agreed 2. Please refer to amendment No: 2 ; revised requirement 3. The present requirement is for the other new Institutes coming up as explained in query no.1.</p>
4	Amendment 2 The revised requirement of CT and MRI facility at the 10 Medical Colleges under Consideration is defined as below	Philips India Ltd.	3 Tesla MRI & 128 Slice CT at Indore Medical College	<p>A set of 3 Tesla MRI & 128 slice CT is already running under PPP at the MGM hospital for last 3 years only. Kindly update the status of the current concession agreement and confirm whether it shall be continued or terminated? Termination of contract midway might send negative signals in bidders community.</p> <p>Two PPPs in the same campus shall not be viable and shall also lead to unnecessary conflicts in the future.</p>	As per reply in query no.1

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5	Amendment 2 The revised requirement of CT and MRI facility at the 10 Medical Colleges under Consideration is defined as below	Philips India Ltd.	3.0 Tesla MRI at Jabalpur Medical College	<p>1) A 3 T MRI shall not be viable at Jabalpur Medical College. Please note that previous individual tender for 3T MRI & 128 slice CT for Jabalpur has failed twice last year.</p> <p>2) To make a 3 Tesla MRI viable at Jabalpur Medical college: a. allow two times the CGHS rates for MRI scans and the hospital should bear electricity charges for the Radiology center. b. Provide an option of asking Viability Gap funding (VGF) or offering annual premium should be given to the service provider. The service provider quoting lowest VGF amount or highest annual premium should be awarded the contract.</p> <p>3) Kindly note that there are not more than 60-65 MRI cases per day happening in all the private centers in Jabalpur on 5-6 MRIs. Hence there is not much scope to bring in even private patients to reach the viability.</p>	<p>1) As per reply in query no.1</p> <p>2) & 3) No Change</p>
6	Page 10 Point 3.3	HealthMap Diagnostics Pvt. Ltd.	The diagnostic scanning charges are to be kept at prevailing CGHS-Bhopal circle rates for all patients irrespective of patients recommended by Hospital or outside Private Patients.	Private player should free to charge higher rates to private patients referred from outside market. This shall give a flexibility to the private player to achieve financial viability. However, these charges can be preixed with consultation with the authorities.	No Change
7	Amendment 2. Point 3.7	HealthMap Diagnostics Pvt. Ltd.	Telereporting is not allowed.	Tele-radiology should be allowed in addition to having a Radiologist on site (on best effort basis). Also, It might not be possible to have second Radiologist at the locations with high number of scans in future. Any absence of main Radiologist or excess scans can be covered and reported through tele-radiology. Please note that RAdiologists is a scarce human resource in the country and it shall be difficult to place Radiologists at all the locations.	No Change
8	Page 11 Clause 4.2 Financial Eligibility	HealthMap Diagnostics Pvt. Ltd.	Financial Status and credibility: The bidder's Hospital/company / Group Radiology center should have minimum annual turnover of Rupees 2 crores in each of the last three financial years (2015-16, 2016-17, 2017-18).	For each schedule having a capex investment ranging between 24 crores to 34 crores, an eligibility of only 2 crores will allow many non-serious players to bid for the project. Financial eligibility should be proportional to the project cost. Financial eligibility to bid for all the three schedules should be at least 10 crores (AVERAGE ANNUAL REVENUE OF LAST 3 FINACIAL YEARS) or Rs. 10 crs for last 2 financial years	<p>To be amended as: Financial Status and credibility: The bidder's Hospital/company / Group Radiology center should have minimum average annual turnover as mentioned below in each of the last three financial years (2016-17, 2017-18, 2018-19).</p> <p>Schedule: 1- Sagar, Datia, Ratlam, Vidisha: 8 crs.</p> <p>Schedule 2: Jabalpur, Chhindwara, Shahdol: 6 crs.</p> <p>Schedule 3: Indore, Shivpuri, Khandwa: 6 crs.</p> <p>If a bidder quotes for more than one schedule, the turn over criteria will be applicable cumilatively.</p>
9	Page 11 Clause 4.2	Philips India Ltd.		Financial eligibility should be proportional to the project cost. 2 crores of financial eligibility to bid for all the three schedules is too low. For each schedule having a capex investment ranging between 24 crores to 34 crores, an eligibility of only 2 crores will allow many non-serious players to bid for the project. Eligibility should be increased to atleast avg per year Turnover of 9 Crores for each cluster for last three years	
10	Page 11 Clause 4.2	Krsnaa Diagnostics		Please amend as Have minimum average turnover & networth sales of atleast 20 crores for each schedule as per investment required in each schedule	

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11	Page 11 Clause 4.2	HealthMap Diagnostics Pvt. Ltd.	Service Provider should make alternative arrangements in the event of breakdown of the services at his own cost. In case the Service Provider fails to make such arrangement and the patient claims any damages before any Forum, it shall be the responsibility of the Service Provider.	Annual uptime of 95% should be asked. Minimum one time downtime of 72 hours should be allowed. Any alternative arrangement should be asked only beyond permitted one time downtime of 72 hours.	RFP Clause 18.2 B) & C) to be Amended as : B) In case of non-working of machines due to breakdown/Preventive maintenance/Upgradation, the service provider will have to get them functional within 120 hours. In case, the breakdown is not rectified in 5 days then Rs 10000.00 (Rs. Ten Thousand only) per day will be charged, as penalty charges. The time permissible, without penalty, in a stretch is 5 days and beyond that it shall attract penalties. Summing up all such events of non penalty in a calendar year permissible are 18 days, making an up time of 95 % for the service.. The uptime calculations shall be done every 6 months hence this means that the service should not be down for more than 9 days in every six months, otherwise Rs 10,000.00 (Rs Ten Thousand only) per day penalty charges will be applicable . c) The maximum permissible downtime with penalties is 45 days in a calendar year and maximum 7 days in a month. After this duration the Hospital is free to forfeit the performance security, terminate the full or partial contract agreement and may blacklist the service provider. Preventive Maintenance must be done preferably during weekends with an advance written notice of atleast 48 hours to the Authority. However, if the service provider is arranging CT/MRI scan from other facility (with same specification) in the city in given time(at its own cost including transportation) then this penalty shall not be imposed.
12	NA	HealthMap Diagnostics Pvt. Ltd.	No 'Compulsory Referral' Clause •	Authority should assure compulsory referral to the PPP set up and all kind of patient leakages to outside market should be prevented.	Please refer clause No 8.7 of the RFP No. HITES/PCD/MP-09/CT-MRI-PPP/18-19 dated: 12.02.2019
13	NA	HealthMap Diagnostics Pvt. Ltd.	There is no 'No Competitive Facility' Clause •	Authority should assure that no competitive facility (PPP or Govt.) should come up in the same hospital for the tenure of the agreement. In case the PPP set up achieves its maximum capacity, service provider should be given first right of refusal.	Agreed
14	Page 23 Clause 21	HealthMap Diagnostics Pvt. Ltd.	Technology Up gradation a) Review by a Board appointed by Authority upon assessing the need for a technology up gradation. Such reviews should not be made in less than one year.	No hardware upgrade is possible during the tenure. Only software upgrades whenever available shall be done. Please define a technology in advance so that that it is relevant for a period of 10 years. Provide minimum technical specifications for the same to avoid installation of old and low end models which may get obsolete in coming years.	Amended as: "Review by a Board appointed by Authority for assessing the need for a technology up gradation. Such reviews would be restricted to Software upgrades and Coil upgrades and should not be made in less than Two(02) years. However, hardware upgradation reviews would be made after the contractual period, i.e, 10 years and the contract renewal/ Extension would be done only after such review.(Also applicable to clause 5.1)"
15	Page 23 Clause 21	Philips India Ltd.	Technology Up gradation a) Review by a Board appointed by Authority upon assessing the need for a technology up gradation. Such reviews should not be made in less than one year.	No hardware upgrade is possible during the tenure. Only software upgrades whenever available shall be done. Please define a technology in advance so that that it is relevant for a period of 10 years. Provide minimum technical specifications for the same to avoid installation of old and low end models which may get obsolete in coming years.	

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16	NA	HealthMap Diagnostics Pvt. Ltd.	No Technical Specifications for CT & MR	<p>There are no detailed specifications asked which inadvertently makes the tender favored to only one manufacturer creating a monopolistic situation and allowing low end, old models of both CT & MRI.</p> <p>We request you to include certain minimum specifications to bring all the manufacturers and bidders on same platform for successful bidding. Making the tender inclusive shall assure more number of bidders.</p> <p>Minimum specifications should be asked to ensure that low end, old platforms are not installed by the service provider. Such machines may become obsolete in coming 3-5 years and may not be relevant for full 10 years of the contract. Also, low end machines may not be able to deliver on high end tests, desired quality and image clarity. HLL should use their approved specifications for 1.5 T Mr & 64 Slice CT from their successful tenders</p>	<p>1) No Change in specifications for Sagar, Datia, Ratlam, Vidisha, Chhindwara, Shahdol, Shivpuri & Khandwa the coils to be supplied along with 1.5 T are as below:</p> <ul style="list-style-type: none"> • Whole body 1.5 Tesla Magnetic Resonance Imaging system - 32 channels RF system ; as specified-1 • System Body Coil – Quadrature -1 • "Neuro-vascular Coil with 16 or more channels OR Head / Neck neuro-vascular imaging Coil"-1 • Spine Array/Matrix Coils with atleast 32 channels -1 • Body Array/Matrix coil with 18 – 32 channels-1 • "Dedicated 32 channel Peripheral Angio Coil or 32 channel whole body coil with coverage of minimum 80 cm with max combination of 2 coils - 1 no"- 1 • Bilateral Breast Coil with at least 16 channels- 1 • Multi channel (minimum 8 channel) flex loop or rigid type - Large FOV -1 • Multi channel (minimum 8 channel) flex loop or rigid type - SMALL FOV-1 • Shoulder coil: Dedicated Shoulder coil – Multi channel -1 • Dedicated Knee Coil with atleast 12 channels- 1 • High resolution foot / ankle coil – minimum 8 channel -1 • Suitable Coil Storage Cart should be supplied for keeping the all supplied coils. <ul style="list-style-type: none"> • Accessories for MRI <ol style="list-style-type: none"> 1) Chiller (for the cryocooler) and gradient amplifiers. 2) UPS cum Power Conditioner for the entire system including camera and chiller (gradient and cryocooler) to be supplied with backup of minimum 30 minutes. 3) Dual head pressure injector with 500 syringes and 1000 y tubings 4) two dehumidifiers for an area of 700 sq feet. 5) 6 room thermometers for temperature regulation. 6) Two hand held metal detectors for patient safety screening 7) Electronic weighing machine -1 8) Company Onwed additional Dockable trolley or MR compatible Trolley to be provided 9) MR compatible Anesthesia machine with Ventilator should be offered of following specification: 10) Multipara monitor. <ul style="list-style-type: none"> • Gas lines for central O2, nitrous and air <p>2) However for Indore & Jabalpur; we would like to have a Special purpose CT (64 slice & 64 rows of detector) and Special purpose MRI (1.5 Tesla) that should be capable to perform Super specialized application such as pediatric radiology, neuro radiology (perfusion), cardiac imaging and so on</p> <ol style="list-style-type: none"> 3) Following Coils have to be brought in along with 3 T MRI at Indore & Jabalpur <ul style="list-style-type: none"> • Whole body 3.0 Tesla Magnetic Resonance Imaging system - 32 channels RF system ; as specified
17	NA	Philips India Ltd.	No Technical Specifications for CT & MR	<p>There are no detailed specifications asked which inadvertently makes the tender favored to only one manufacturer creating a monopolistic situation and allowing low end, old models of both CT & MRI.</p> <p>We request you to include certain minimum specifications to bring all the manufacturers and bidders on same platform for successful bidding. Making the tender inclusive shall assure more number of bidders.</p> <p>Minimum specifications should be asked to ensure that low end, old platforms are not installed by the service provider. Such machines may become obsolete in coming 3-5 years and may not be relevant for full 10 years of the contract. Also, low end machines may not be able to deliver on high end tests, desired quality and image clarity. HLL should use their approved specifications for 1.5 T Mr & 64 Slice CT from their successful tenders</p>	<p>1) Chiller (for the cryocooler) and gradient amplifiers.</p> <p>2) UPS cum Power Conditioner for the entire system including camera and chiller (gradient and cryocooler) to be supplied with backup of minimum 30 minutes.</p> <p>3) Dual head pressure injector with 500 syringes and 1000 y tubings</p> <p>4) two dehumidifiers for an area of 700 sq feet.</p> <p>5) 6 room thermometers for temperature regulation.</p> <p>6) Two hand held metal detectors for patient safety screening</p> <p>7) Electronic weighing machine -1</p> <p>8) Company Onwed additional Dockable trolley or MR compatible Trolley to be provided</p> <p>9) MR compatible Anesthesia machine with Ventilator should be offered of following specification:</p> <p>10) Multipara monitor.</p> <ul style="list-style-type: none"> • Gas lines for central O2, nitrous and air <p>2) However for Indore & Jabalpur; we would like to have a Special purpose CT (64 slice & 64 rows of detector) and Special purpose MRI (1.5 Tesla) that should be capable to perform Super specialized application such as pediatric radiology, neuro radiology (perfusion), cardiac imaging and so on</p> <ol style="list-style-type: none"> 3) Following Coils have to be brought in along with 3 T MRI at Indore & Jabalpur <ul style="list-style-type: none"> • Whole body 3.0 Tesla Magnetic Resonance Imaging system - 32 channels RF system ; as specified

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18	CT Scan Specifications	Philips India Ltd.	CT scan Specifications for a state of the art latest machine which would be relevant for full tenure	<p>To ensure mid end/high end machines, minimum Specifications should be as following:</p> <ol style="list-style-type: none"> 1. Machine should be latest platform launched; CE/USFDA approved 2. 64 rows of detectors 3. Rotation time should be 0.42 or better 4. Tube should be 7 mhu or better 5. Additional Workstation from OEM supplier with following applications: <ol style="list-style-type: none"> a. Complete coronary analysis including coronary quantification b. Brain perfusion c. Body perfusion d. Lung nodule analysis <p>Not mentioning any specifications for the X-ray tube would allow even low end machines. X-ray tube is the core of a CT machines and a robust tube with higher heat storage capacity shall ensure back to back high end scans and lower downtime. All the vendors have a CT machines with tube of 7 MHU or more in 128 slice category. Philips provides and 8 MHU tube in their system.</p>	<ul style="list-style-type: none"> • System Body Coil - Quadrature • 32 channels or more HEAD coil-capable of multi frequency MR spectroscopy (H1). • NEUROVASCULAR coil - 16 channels • SPINE: Phased array coil 32 channels • BODY : Phased array coils 32 channels (single or in combination) • Suitable Coil / Coil combination (Max 2 no.s) for Peripheral Angiography 32 channels or more • BREAST coil - 16 channel or more • Shoulder coil: Dedicated Shoulder coil – Multi channel • Shoulder coil: Flex coils (Large) • Shoulder coil: Flex coils (Small) • High resolution foot/ ankle coil – minimum 8 channel • High resolution Tx & Rx KNEE coil minimum 8 channel . <p>Accessories:</p> <ul style="list-style-type: none"> • Storage box for all coils • Dual Syringe Pressure injector • Dual Syringe Pressure injector syringes • Dual Syringe Pressure injector syringe connector • MRI Compatible ECG electrodes (disposable) • MRI Compatible Anaesthesia Machine with integrated Ventilator, 2 vaporiser, circle absorber • MRI Compatible Multiparameter Vital Signs Patient Monitor of 5000 Gauss Compliance & Slave monitor • MRI compatible syringe pump • MRI Compatible sets of Laryngoscope : 4 sizes blades- Neonatal, paediatrics, adult, extra large • MRI compatible Magill forceps : Adult size- • MRI compatible Magill forceps : Paediatric size- • Stylet for endotracheal tube : Adult size • Stylet for endotracheal tube : Paediatric size • MRI compatible Clamps : Either towel clip or artery forceps. • MRI Compatible IV stands • MRI compatible suction apparatus • Non-magnetic patient transfer trolleys • Metal detectors : Handheld <p>4) The service Provider Should Submit an OEM Certificate on OEM letterhead, stating that it would support the equipment model quoted and would not discontinue the service of the equipment for the next 10 years</p> <p>5) Both CT & MRI Machines should have dedicated Emergency Life Saving Equipment</p> <p>6) PACS - For the purpose of image storing and easy access to specialist doctors and radiologist using a VPN</p>
19	MR Specifications	Philips India Ltd.	MRI specifications for a state of the art latest machine which is relevant for full tenure	<p>To ensure mid end/high end fully digital MRI machines, minimum Specifications should be as following:</p> <ol style="list-style-type: none"> 1. Machine should be latest platform launched; CE/USFDA approved 2. Minimum 16 RF channel or more 3. Gradient should be 33/120 or better 4. Machine should be capable of doing diffusion, DTI, BOLD imaging. 5. Bilateral Breast imaging should be possible 6. Whole Abdomen MRI should be possible with at least 40 cm coverage 7. Having at least neurovascular coil, body coil, one extremity coil and spine coil <p>Please note that a good machine having above capabilities will be able to perform:</p> <ol style="list-style-type: none"> a. Better off center imaging eg. Shoulder to shoulder imaging and whole abdomen b. Far less time for complex scans like whole abdomen imaging and whole body. Hence less waiting time and more number of cases in a day. c. Better resolution and convenient imaging for obese patients. 	<ul style="list-style-type: none"> • MRI compatible sets of Laryngoscope : 4 sizes blades- Neonatal, paediatrics, adult, extra large • MRI compatible Magill forceps : Adult size- • MRI compatible Magill forceps : Paediatric size- • Stylet for endotracheal tube : Adult size • Stylet for endotracheal tube : Paediatric size • MRI compatible Clamps : Either towel clip or artery forceps. • MRI Compatible IV stands • MRI compatible suction apparatus • Non-magnetic patient transfer trolleys • Metal detectors : Handheld <p>4) The service Provider Should Submit an OEM Certificate on OEM letterhead, stating that it would support the equipment model quoted and would not discontinue the service of the equipment for the next 10 years</p> <p>5) Both CT & MRI Machines should have dedicated Emergency Life Saving Equipment</p> <p>6) PACS - For the purpose of image storing and easy access to specialist doctors and radiologist using a VPN</p>
20	Page 11 Clause 3.8 & Amendment 2	Philips India Ltd.	However first right to match the highest bid of individual GMC in a schedule would be given to the overall H1 bidder in that particular schedule. In case the overall H1 bidder does not wish to match the Highest bid for a particular GMC(of that schedule), the respective H1 bidder for that GMC would be awarded the contract.	<p>This seems to be a complex process and may lead to conflicts as post bid negotiations may not be transparent. Also all the schedules will have different financial viability, hence benchmarking H1 of particular Schedule to others may not be logical.</p> <p>To maintain transparency, post bid negotiations should not be allowed.</p>	

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21	Page 11 Clause 3.8 & Amendment 2	HealthMap Diagnostics Pvt. Ltd.	However first right to match the highest bid of Individual GMC in a schedule would be given to the overall H1 bidder in that particular schedule. In case the overall H1 bidder does not wish to match the Highest bid for a particular GMC(of that schedule), the respective H1 bidder for that GMC would be awarded the contract.	There should be no room for post bid negotiations. Every schedule/cluster shall have its own viability calculations and this shall lead to confusion and conflicts.	May be amended as: "Bidding Criterion would be Highest Annual premium offered for every GMC in the schedule. All bidders will have to compulsorily bid for all GMCs in a particular schedule. Bidders are free to bid for one or more schedules depending upon fulfillment of other prequalification criteria. However, first right to match the highest bid of Individual GMC in a schedule would be given to the overall H1 bidder for all GMCs taken together in that particular schedule and such overall H1 bidder will be given Notification of award for such GMCs where he has opted to match the highest bid. In case the overall H1 bidder does not wish to match the Highest bid for a particular GMC(of that schedule for which he is the overall highest bidder), the respective H1 bidder for that particular GMC would be given the Notification of award. Contract would be individually awarded by respective GMCs to the respective H1 Bidder, selected as above. Schedules are defined below: Schedule: 1- Sagar, Datia, Ratlam, Vidisha Schedule 2: Jabalpur, Chhindwara, Shahdol Schedule 3: Indore, Shivpuri, Khandwa In case of non acceptance of Notification of Award for any of the GMCs by the successful bidder so selected, all the EMDs submitted by such bidder in other GMCs would be forfeited and all the Notification of Awards issued to the bidder in other GMCs would be cancelled. Further, the bidder would be black listed for a period of 10 years to participate in any bid of Medical Education Department of Madhya Pradesh.
22	Page 11 Clause 3.8 & Amendment 2	Siemens Healthcare Pvt Ltd.	Bidding Criterion would be Highest Annual premium. All bidders have to compulsorily bid for all GMCs in a particular schedule. Bidders are free to bid for one or more schedules depending up on fullfilment of other prequalification criteria. However first right to match the highest bid of Individual GMC in a schedule would be given to the overall H1 bidder in that particular schedule. In case the overall H1 bidder does not wish to match the Highest bid for a particular GMC(of that schedule), the respective H1 bidder for that GMC would be awarded the contract. Contract would be individually awarded by respective GMC to the respective H1 Bidder, selected as above. Schedules are defined below: Schedule: 1- Sagar, Datia, Ratlam, Vidisha Schedule 2: Jabalpur, Chhindwara, Shahdol Schedule 3: Indore, Shivpuri, Khandwa. In case of non-acceptance of	Please clarify the points highlighted as these amendments would put the highest bidder on the non advantage and would loose its EMD as well. These changes will put the non committal and non serious players at advantage in sabotaging the tender process. This clause will serve as deterrent for serioud contenders.	
23	Amendment No. 2	Krsnaa Diagnostics	A Fixed Retainership Fee of Rs, 75,000 per month fo only one Radiologist would be paid to the service provider,by the authority tilll the medical college recruits its own radiologist. The service provider should ensure the availability of atleast one radiologist at the facility, and at odd hours the radiologists should be available on call basis.	Making sure the availability of the 75,000 per Month for only one 1 Radiologist in the said location is Radiologist would be paid to mandatory for both the service provider & authority. Retainership fees quoted by the authority for a full time Radiologist should be considered to be a minimum of Rs 150000 radiologist per month. Due to less no of Radiologists available in India a minimum assurance of tenure for Radiologist to be recruited by the Bidder must specified. Keeping Radiologist round the clock is not viable for the project. We recruit Radiologist for the day, we request you to allow Tele-reporting for cases taken at evening & night.	1)The service provider has to ensure the availability of atleast one radiologist in the facility of GMC the sucessful bidder where he is facility with minimum qualification as defined below: ● M.D. in Radiodiagnosis from an MCI recognised Institute with 1 year as Senior Resident in a recognized Medical College. or ●DNB from an MCI recognised Institute with 2 years as Senior Resident in a recognized Medical College 2) A Fixed Retainership Fee of Rs, 75,000 per month for only one Radiologist would be paid to the service provider,by the authority (if the authority utilizes the sevice of Service provider's radiologist for reporting of Hospital referred patients or tilll the medical college recruits its own radiologist). 3) The radiologist kept on retainership fees by the service provider could be used by the authority for Counting (at discretion of Authority on need basis) as faculty during MCI Inspections. The Service Provider / Radiologist shall submit "No Objection Certificate" regarding this while signing the Contract. 4) Telereporting is not allowed.

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24	Amendmnet 2	Krsnaa Diagnostics	The successful bidder is required to install brand new CT machine as mentioned above within 3 months of signing of the agreement or handing over of site with availability of power and water at site (whichever is later)	Please amend to: 4 months for CT and 6 months for MRI	No Change
25	RFP 7.6	Krsnaa Diagnostics	The service provider shuld have back up arrangement for any break down of electricity supply.Through UPS or Generator etc. at no cost to the Hospital	Please allow to use the back up facility of Hospital	No Change
26		Additional clause		EDUCATION & TRAINING ON FACILITY	The Service provider will have to provide additional films required by the Radiology faculty . The faculty can ask for a maximum of 75 Nos of films (inclusive of CT / MRI) per month for teaching purposes These 75 films would be over and above the films given to the patients.