



सत्यमेव जयते  
महाराष्ट्र शासन

## वैद्यकीय अधीक्षक यांचे कार्यालय

महाराष्ट्र राज्य कामगार विमा सोसायटी रुग्णालय,

गणपत जाधव मार्ग, वरळी, मुंबई - ४०० ०१८.

Office of the Medical Superintendent,  
Maharashtra Employees State Insurance Society,  
Hospital, Worli -400018.

दुरध्वनी - 24933142/43,24932390,24935464. Fax No 24932428

Email Id : worli.MH-ESIS@gmail.com



No.WGH/MH-ESIS/SII/Blood Invst. Out./EOI/ 2057 /2026.

Date :

26 MAY 2026

## NOTICE INVITING EXPRESSION OF INTEREST (EOI)

**Subject: Empanelment of Private NABL Accredited Diagnostic Laboratories for Pathology Services on Cashless Basis at CGHS Mumbai Rates.**

The Medical Superintendent, MH-ESIS Hospital **Worli**, Mumbai, invites Expressions of Interest (EOI) from reputed, **NABL-accredited** private Pathology Laboratories for entering into a tie-up for a period of **two years** (extendable by one year) for providing specialized and routine diagnostic services to MH-ESI beneficiaries.

### 1. Scope of Services

- Provision of pathology investigations that are not available in-house at MH-ESIS Hospital.
- Services must be provided on a **100% Cashless Basis** to patients referred by this hospital.

### 2. Financial Protocol

- **Rate Schedule:** Billing shall be strictly as per the **prevailing CGHS Mumbai Rates**. In cases where CGHS rates are unavailable, AIIMS rates or a mutually agreed discount on Hospital rates shall apply.
- **Bill Processing:** Bills must be submitted in triplicate on a monthly basis.

### 3. Mandatory Eligibility Criteria

- **Accreditation:** Valid **NABL accreditation** for the entire contract period.
- **Location:** The laboratory/collection center must be located within a **5 km** radius of the hospital to ensure timely sample transport.
- **Turnover:** Minimum average annual turnover of **₹10 Lakhs** over the last three financial years.

### 4. Application Procedure

The EOI document containing detailed Terms & Conditions, Application Proforma, and Annexures can be obtained or downloaded from <https://rb.gy/0uwav8>

- **Last Date of Submission:** 01/06/2026 by 06:00 PM.
- **Date of Opening of EOI:** 02/06/2026 at 11:30 PM.

The Medical Superintendent reserves the right to accept or reject any or all EOI applications without assigning any reason thereof.

Medical Superintendent  
MH-ESIS Hospital, Worli, Mumbai-18.

# NOTICE INVITING EXPRESSION OF INTEREST (EOI)

OFFICE OF THE MEDICAL SUPERINTENDENT, MH-ESIS HOSPITAL WORLI,  
MUMBAI – 400 018.

GOVERNMENT OF MAHARASHTRA

**Reference No:** No.WGH/MH-ESIS/SII/Blood Invst. Out./EOI/2057/2026. Date: 26/05/2026

The Medical Superintendent, MH-ESIS Hospital Worli, Mumbai invites sealed Expressions of Interest (EOI) from **NABL Accredited** private Pathology Laboratories for a tie-up to provide diagnostic services on a **cashless basis** at **CGHS Mumbai Rates** for a period of two years.

Event	Details
EOI Document Availability	From 26/05/2026 at 06:00 PM.
Last Date for Submission	01/06/2026
Date of Opening	02/06/2026

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## ANNEXURE - I: TERMS AND CONDITIONS

1. **Compliance with Rates:** The empanelled laboratory shall charge as per the prevailing **CGHS Mumbai Rate List**. For tests not covered under CGHS, **AIIMS Delhi** rates or a 20% discount on the lab's standard schedule of charges (whichever is lower) shall apply.
  2. **NABL Mandatory:** The laboratory must maintain NABL accreditation for the entire duration of the contract. Any suspension of accreditation must be reported to the MS office within 24 hours.
  3. **Turnaround Time (TAT):** \* **Routine:** Within 24 hours.
    - o **Emergency/Life-saving:** Within 6 hours (via digital delivery).
  4. **Logistics:** The lab is responsible for the safe collection and transport of samples from the hospital collection center at no extra cost.
  5. **Cashless Protocol:** No money shall be collected from the patient. Any lab found charging ESI beneficiaries will be blacklisted immediately.
  6. **Performance Guarantee:** The successful bidder must submit a Performance Bank Guarantee (PBG) of ₹ 2,00,000/- valid for 27 months.
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## **ANNEXURE - II: TECHNICAL EVALUATION (SCOPE OF WORK)**

The laboratory must be capable of performing the following specialized investigations:

- **Specialized Biochemistry:** HbA1c, Vitamin D3, B12, Thyroid Profile, Iron Studies, Lipid Profile, Anti CCP, Sr. Ferritin, UACR, G6PD, APTT.
  - **Hormones & Tumour Markers:** PSA, CA-125, AFP, CEA, Beta-HCG, Dual Marker, Triple Marker, Quadruple Marker, Ds DNA, HLAB27, CA 19.9, LH, FSH, Prolactin, Testosterone, IgE, PTH, HBV, DNA, Viral Load, Insulin (F), Cortisol (Blood/Urine), Stool for Hanging Drop, Homocysteine, D-Dimer, Blood/Urine/PUS (Culture & Sensitivity) with Mic.
  - **Serology/Immunology:** ANA Profile, RA Factor (Quantitative), Dengue NS1/IgM (ELISA), HIV/HBsAg/HCV (Fourth Gen).
  - **Histopathology:** Biopsies (Small, Medium, Large), Cytology (FNAC), Pap Smear.
  - **Microbiology:** Blood/Urine Culture & Sensitivity (automated systems like BACTEC preferred).
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# ANNEXURE - III: TECHNICAL BID PROFORMA

*(To be filled by the Lab)*

1. **Name of the Lab:** \_\_\_\_\_
  2. **Full Address & Distance from MH-ESIS Hospital Worli:** \_\_\_\_\_
  3. **Name of Pathologist (Full-time):** \_\_\_\_\_
  4. **Registration Details:** (Attach copies of NABL, Shops & Est., BMW License)
  5. **Infrastructure:** (List of Automated Analyzers available)
  6. **Annual Turnover:** (Last 3 years - attach CA certificate)
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## **ANNEXURE - IV: FINANCIAL BID (DECLARATION)**

"I/We, \_\_\_\_\_, on behalf of [Lab Name], hereby accept the **CGHS Mumbai Rates** for all investigations mentioned in the CGHS schedule. For non-CGHS investigations, I/We agree to a discount of \_\_\_\_\_% on our standard rate list."

**Authorized Signatory Name:** \_\_\_\_\_

**Stamp of the Laboratory:** \_\_\_\_\_

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# ANNEXURE - IV: APPLICATION FORM

*(To be submitted on the Letterhead of the Laboratory)*

**To,**

**The Medical Superintendent,**

**MH-ESIS Hospital [Insert Name],**

**Mumbai, Maharashtra.**

**Subject:** Application for Empanelment of Diagnostic Laboratory for Pathology Services on Cashless Basis at CGHS Mumbai Rates.

**Ref:** EOI Notice No: [Insert Number] Dated: [Insert Date]

**Sir/Madam,**

In response to your notice inviting EOI, I/We submit our application for the empanelment of our laboratory. We hereby declare that we have read, understood, and accepted all the terms and conditions mentioned in the EOI document.

## 1. PROMOTER/LABORATORY DETAILS

- **Name of the Laboratory:**  
\_\_\_\_\_
- **Complete Postal Address:**  
\_\_\_\_\_
- **Contact Person Name & Designation:**  
\_\_\_\_\_
- **Telephone/Mobile No:**  
\_\_\_\_\_
- **Email ID (Official):**  
\_\_\_\_\_
- **Distance from MH-ESIS Hospital (in Kms):**  
\_\_\_\_\_

## 2. CONSTITUTION & REGISTRATION (Attach Copies)

- **Type of Organization:** (Proprietorship/Partnership/Pvt. Ltd/Public Ltd)
- **PAN Number:**  
\_\_\_\_\_
- **GST Registration Number:**  
\_\_\_\_\_
- **Date of Establishment:**  
\_\_\_\_\_

### 3. TECHNICAL CAPABILITIES

- **NABL Accreditation No:** \_\_\_\_\_ **Valid Up To:** \_\_\_\_\_
- **Name of Lead Pathologist:** \_\_\_\_\_ **Qualification:** \_\_\_\_\_
- **Are all tests mentioned in 'Scope of Work' done in-house?** [Yes / No]

### 4. FINANCIAL PERFORMANCE (Last 3 Years)

Financial Year	Annual Turnover (INR)	Profit/Loss
2023-24		
2024-25		
2025-26		

### 5. DECLARATION

1. I/We agree to provide services on a **100% Cashless Basis** to ESI beneficiaries.
2. I/We unconditionally accept the **CGHS Mumbai Rates** for all listed investigations.
3. I/We certify that this laboratory has **never been blacklisted** by any Central/State Government, ESIC, or any other PSU.
4. The information provided above is true to the best of my knowledge. If any information is found false, the Medical Superintendent reserves the right to cancel the empanelment and forfeit the EMD/Security Deposit.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature of Authorized Signatory:** \_\_\_\_\_

**Full Name & Designation:** \_\_\_\_\_

**Official Rubber Stamp:** \_\_\_\_\_