



JAMMU AND KASHMIR MEDICAL SUPPLIES CORPORATION LTD.

(Public Sector Undertaking of the Government of Jammu and Kashmir)

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C O R R I G E N D U M

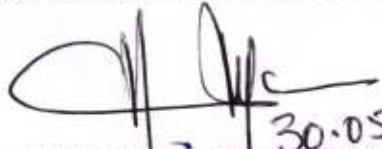
In light of the representation(s) submitted by the prospective bidder(s) thereof for the finalization of Rate Contract for "Tele Radiology Services at Identified Healthcare facilities of Union Tertiary of Jammu & Kashmir" uploaded vide NIT No. JKMSCL/TELE RAD/2026/691 Dated: 27.04.2026. the ammendments have been made as recommended by the technical experts and are annexed as Annexure-A (27 Pages)

Accordingly, the critical dates are extended and are as under:

1. Last date and time for submission of online bids: 10.06.2026 upto 1600 hrs.
2. Date and time for online opening of technical bids: 12.06.2026 at 1100 hrs.

Please Note:

1. Those firms/bidders who have already uploaded their bids are required to re-upload their bids as per amendments and corrigendum issued thereof.
2. All the bidders are requested to keep themselves updated & submit their e-bids through e-portal as per specifications & BOQs. The amendments/modifications shall be available on e-Portal and www.jkmsclbusiness.com.


(M A Choudhary) JKAS
General Manager,
J&K Medical Supplies Corporation Ltd.

No.: JKMSCL/GM/Corg/2026/1300-02

Dated: 30.05.2026.

Copy for information to the:-

1. Dy. General Manager (T), J&K Medical Supplies Corporation Ltd.
2. P.A to Managing Director, J J&K Medical Supplies Corporation Ltd.
3. Assistant Progammer, JKMSCL for uploading on web portal.
4. File

Scope of Services

As part of the assignment, successful service provider is required to carry out following broad activities during the Contract Period, which shall be initially for a period of three (3) years, extendable for another period of two (2) years on annual performance basis:

- a. Identify technological pathways and setting-up of systems for Digitization, Transmission and Reporting of X-Rays & CT Scan images. This would facilitate capturing images at healthcare facilities using available medical infrastructure. Digital infrastructure/ IT based solutions would be used to transfer images to Specialists available at the Service/ processing centres of service provider.
- b. Put in place requisite Infrastructure, either CR System or X-Ray Film Digitizer (Medical Grade), wherever required and as deemed appropriate by the intended bidder(s), for digitization of images, of standard size and optimum quality capable of being transmitted & reported, transmission thereof and consequent reporting. Quality of images should be ensured during transmission and accordingly, no adverse impact on reporting of the images so digitized & transmitted.
- c. Provide a dedicated web-based IT application/ software for seamless transmission of images from Healthcare Facility(ies) and dissemination of diagnostics reports back to the Healthcare Facility(ies).
- d. Deploy a team of sufficient number of qualified and experienced Radiologists to undertake analysis, interpretation and reporting with correct diagnosis of medical images viz., X-Ray and CT Scan images received from the healthcare facilities.
- e. Deploy Maker-Checker approach to minimize the margin of error in the interpretation and reporting and ensure that the quality of report/ diagnostics should be as per the Guidelines issued by various bodies including Indian Council of Medical Research, New Delhi, National Accreditation Board for Testing and Calibration of Laboratories (NABL) from time to time.
- f. Provide signed report from qualified Radiologist having PG Diploma/ MD/ DNB in Radio-diagnosis. In the case of Digital Signatures, it has to be

- ensured that reports should be digitally signed by the qualified radiologist using valid class III Digital Signatures only.
- g. Ensure necessary support systems to help radiologists in analysis, interpretation and reporting/ preparation of results and make sure to transmit the results to respective healthcare facilities.
 - h. Report should expressly bear on its face, in bold letters 'Valid for Medico-Legal Purposes'.
 - i. In case, existing X-rays are not in working condition or integration of Computed Radiography (CR) System/ Digitizer may not be possible, concerned healthcare facility(ies) will make necessary arrangements for procurement, installation and operationalization of imaging machinery.
 - j. Depending upon the make and model of machines presently available in the identified healthcare facility(ies), provide alternative methods for digitization and transmission of images, if required.
 - k. Ensure periodic maintenance and corrective maintenance of all hardware and software (including CR System/ X-Ray Film Digitizer, IT Peripherals, Printers etc.).

1. Service Continuity and Redundancy

The Successful Service Provider shall ensure uninterrupted Tele-Radiology services through adequate redundancy of manpower, IT systems, data connectivity and power backup at its processing/service centre(s). Any disruption due to failure of internal systems or lack of contingency planning shall be treated as a default attributable to the Service Provider.

- l. Provide sufficient hands-on training, on-site/ off-site, to radiographers deployed at healthcare facilities to undertake good quality images, digitization and transmission of images with quality. Approved service provider has to provide its resource person to train the radiographers regarding techniques of digitization, transmission & reporting, etc.

1. Refresher Training

The Successful Service Provider shall conduct at least one (01) refresher training programme annually for radiographers of healthcare facilities, at no additional cost to NHM J&K.

- m. Reporting of all X-Ray Films/ Images from Healthcare Facility(ies) electronically.
- n. To provide all the images scanned during each month, alongwith the reports thereof, on a CD/ DVD to NHM J&K as well as the respective Directorate of Health Services, Jammu/ Kashmir which will serve as audit evidence in case of any 3rd Party audit.
- o. Ensure data privacy and data security of patient information, including medical images and results thereof. The approved service provider shall not use patient information for any purpose, other than the provision of tele-radiology services. Any breach of data security and data privacy will lead to serious consequences. The confidentiality of data will continue even after conclusion/ termination of contract.

Key Features of Web-Based Application/ Software to be Deployed by Successful Service Provider

- i. Web application shall be one of the critical facilities that shall support key modules/ functionalities viz., (i) User module; (ii) Patient module; (iii) User/ facility-wise reports; (iv) Consolidated Report(s) for the State/ UT; (iv) Exception reports.
- ii. Patient module should allow the users to:
 - 7. Upload and transmit individual patient images along with basic details of patient, such as, Patient Category (Trauma/ OPD), Name of Patient, Sex, Age, Registration No., Date & Time of Test, Name of healthcare facility(ies) from where test is carried out should be mapped with the users of system; and
 - 8. Access the diagnostics report.
Web based MIS application/ Software provided will be capable of working with low/ light internet connectivity.
- iii. Web-based dashboard for monitoring and evaluation of Project shall provide all Tele-radiology performance indicators mentioned in SBD/ agreement.

a. Performance Scorecards

The dashboard shall generate facility wise and radiologist wise performance scorecards including reporting volumes, TAT compliance and discrepancy rates.

- iv. Facility of exceptional SMS to the Stakeholders, hierarchy-wise, in addition to regular SMS to patients.

a. Automated Alerts

The system shall generate automated alerts for TAT breach, abnormal pendency and system downtime exceeding fifteen (15) minutes.

- v. In addition to other things, web-based dashboard should also reflect – (i) Date of Last Updation of Dashboard Last; and (ii) Count of Visitors to the Dashboard.
- vi. Any upgradation of software, during the currency of contract, shall be the responsibility of the successful service provider and shall be on 'Free-of-Cost' basis. In addition, with the aim to improve the efficacy & efficiency of healthcare system, any customization of report(s), whenever required by National Health Mission/ H&ME Department, J&K, based on actual need and feedback from operation of system, shall be made by successful service provider free-of-cost.
- vii. Access of dashboard shall be given to NHM J&K as well as the Directorate of Health Services, Jammu/ Kashmir, throughout the contract period to review the daily work-done with respect to services provided, both health facility wise as well as consolidated reports for the State, including exceptional reports. Details of exceptional reports will be provided in due course. Successful Service Provider should have the capabilities to provide exceptional reports through its web-based application.

Commitments

1. Provision of Tele-radiology service (Digitization, Transmission, Reporting etc.) as per agreement till the conclusion/ termination of contract agreement.
2. Submission of mutually agreed Standard Operating Procedures (SOPs) at the time of signing the agreement:
 - i. SOP on clinical protocols used for preparing investigational reports or interpretation of radiology images and protection of patient privacy.

- ii. SOP on training X-Ray Technicians of health facilities on Tele-Radiology.
- iii. SOP on preparation of structured radiological investigational report.
- iv. SOP on transmission of X-Ray images or investigational report to and from the public healthcare facility(ies).
- v. SOP for transferring all the data captured and reports interpreted at the time of termination of contract.
- vi. SOP for acceptance of report by health facilities and payment. This includes format on which health facility authority will provide consolidation of service in a month, non-compliance to prescribed turnaround time and percentage of normal and abnormal cases in facility.
- vii. SOP on operating and maintenance of Digitizer, IT hardware and Software.
- viii. SOP for dealing with unforeseen activities.
- ix. Performance indicators reflected on open access web-based dashboard, SOP on dashboard.
 - a. **Business Continuity & Disaster Recovery SOP**
An SOP detailing Business Continuity and Disaster Recovery mechanisms shall be submitted. Restoration of services shall not exceed four (04) hours.
 - x. Format of Digital Case Register, Codification of Patient Data/ Images, Record of Discontinuity of Services at successful service provider's end and logbook of discontinuity of services at health facility.
 - xi. SOP on all communications with Tender Inviting Authority or its representative(s).
 - xii. SOP for internal quality monitoring/ assurance of Tele-radiology service.
 - xiii. SOP for uninstalling successful service provider's property (digital infrastructure) from healthcare facility(ies) within 30 days after termination of contract, and
 - xiv. SOP for dealing with images under doubtful observation/ repeat investigation.
- 3. Successful service provider shall provide credentials of Radiologists, and all other representatives associated with the agreement. Changes to the same must be updated to NHM J&K as and when happens.
- 4. All Radiologists engaged by Successful Service Provider shall mandatorily meet the following minimum qualification and minimum experience:

- a. PG Diploma/ MD/ DNB in Radio-diagnosis.
- b. Valid registration with Medical Council of India/ Other Competent Authority/ Body.
- c. Competent in delivering investigational reports from images generated by X-Ray film digitizer adhering to SOP.
5. During the currency of contract, if the manpower deployed by successful servicer provider is identified by NHM J&K as incompetent, it shall immediately replace such manpower with suitable and competent manpower immediately.

6. **Backup Radiologist Pool**

The Service Provider shall maintain a standby pool of Radiologists not less than thirty percent (30%) of deployed strength to ensure compliance with TAT.

Key Performance Indicators (KPIs)

- i. Daily Status Reporting: Total number of patients whose images are sent for Tele-reporting, Total number of reports issued, Number of reports accepted with satisfaction by concerned health facility(ies), Reports in progress, etc.
- ii. Turnaround Time (TAT): Images dispatched to successful service provider between 8.00 AM to 6.00 PM in a day shall have to be reported within first 6 hours from time of receipt of image. Images dispatched between 6.00 PM to 8.00 AM next morning, shall have to be reported by 10.00 AM. In emergency and trauma cases, reporting shall be 1 hour for X-rays and for CT scans after uploading of image. Total reports not meeting the above prescribed TAT in a day.

(a) Tat Escalation Matrix

Repeated TAT breaches beyond three (03) instances in a month shall automatically escalate to senior management of the Service Provider.

- iii. Number of Patients availed Tele-radiology service more than once (Repeat patients), Number of non- repeated patients.
- iv. Number of reports not provided by service provider due to poor quality of transmitted image/ film processing, Number of images asked for repeated transmission due to poor quality (i.e., Due to improper chemical processing or damage of X-Ray film) initial image.

- v. Classification on the types of study i.e., chest, forearm etc.
- vi. When data is downloaded from website, it should have the Date and time stamp on every page. Year-wise and month-wise navigation of data should be available on dashboard. Drill down navigation facility from State/ UT level -> District level -> Community level. District wise data on the lowest and highest number of images reported.
- vii. Facility-wise patient count, District-wise total number of Images.
- viii. Percentage of normal and abnormal images at each public healthcare facility(ies).
 - a. Normal X-Ray Image: An X-Ray image transmitted from healthcare facility(ies) and interpreted as normal (i.e., not requiring any clinical treatment or medical attention) by successful service provider's radiologist shall be classified as 'normal'.
 - b. Abnormal X-Ray Image: An X-Ray image transmitted from healthcare facility(ies) and interpreted as case requiring any clinical treatment or medical attention, by successful service provider's radiologist shall be classified as 'abnormal'.

Monitoring and Evaluation

- i. Successful service provider will cooperate in monitoring activities undertaken by NHM J&K/ Directorate of Health Services, Jammu/ Kashmir.
- ii. Monitoring & evaluation of entire Tele-radiology services would be reflective of the annual performance evaluation by NHM J&K and would aid contracting authority to take appropriate action.
- iii. State-level or District-level review meetings on Tele-radiology services may be conducted quarterly by NHM J&K in which Officers of the Health & Medical Education Department, J&K and representatives of successful service provider will participate. Queries/ Grievance/ Suggestions on services, in terms of technical and other matters, would be a part of review meetings.

(a) Audit Readiness

The Service Provider shall remain audit ready at all times and provide access to records and dashboards.

- iv. Successful service provider will cooperate with NHM J&K/ Directorate of Health Services, Jammu/ Kashmir in campaigns/ IEC activities about free tele-radiology services in J&K.
- v. For the purpose of quality check, NHM J&K/ Directorate of Health Services, Jammu/ Kashmir may send same image transmitted to successful service provider to a Government Radiologist for reporting. Reports from successful service provider and the Government Radiologist would be compared for measuring the quality of reporting. The sample taken for quality checks may be 10% of the total images transmitted to successful service provider in a month. Initially, samples would be taken at every quarter; however, frequency or percentage of samples taken for quality check may be increased, in case poor quality, due to improper chemical processing or damaged X-Ray film, is observed and may lead NHM J&K/ Directorate of Health Services, Jammu/ Kashmir to take appropriate action.

a. **Mandatory Quality Re Audit**

Discrepant reports shall be re audited by a senior Radiologist within twelve (12) hours and corrective action documented.

The TAT for certain life-threatening diseases including and not limited to Stroke, RTA, long bone and spine fracture should be less than an hour to meet the emergency medical treatment requirements of the golden hour. In case a typed report cannot be generated within the time, a telephonic call with the treating consultant should be arranged at the earliest within the timeline.

- vi. Images reported as poor quality, due to improper chemical processing or damaged of X-Ray film, by Successful Service Provider would be scrutinized during monitoring & evaluation activity NHM J&K/ Directorate of Health Services, Jammu/ Kashmir. In case of frequent receipt of poor-quality images from any healthcare facility, approved service provider shall bring the same to the notice of the concerned Officer In-charge as well as NHM J&K and the respective Directorate of Health Services, Jammu/ Kashmir.

(a) **Image Quality Feedback**

Periodic feedback on image quality and corrective measures shall be provided to healthcare facilities.

- vii. Compression of X-ray Image obtained from digitizer for transmission to Successful Service Provider shall not be allowed. In case the Successful Service Provider has any proven proprietary compression methodologies and technologies, it may be allowed subject to the agreement that the compression methodologies and technologies adopted by the approved service provider won't adversely affect the quality of reporting in any way. In case, it is observed that there is any wrong reporting due to such compression methodologies and technologies, NHM J&K would be at liberty to forfeit the Performance Security Deposit of the Successful Service Provider, alongwith the payments due in its favour, and initiate appropriate necessary action against the approved service provider.

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Service Level Agreements

1. The very purpose of Tele-Radiology Services is to provide timely and quality diagnostics and reporting. To achieve better service delivery, patient makeover, it is important to have timely reporting with correct and accurate diagnostics.
2. Uploading time of images should not be more than 45 minutes after completion of test. Images will also be made available by the Successful Service Provider to the concerned healthcare facility(ies) within 45 minutes after completion of the test.
3. The upkeep time of transmission and reporting of services should be minimum 98%, but a single shutdown shall not be more than one (1) week in a single stretch.
4. Successful Service Provider is required to adhere to scheduled timelines while delivery of services, failing which suitable penalties would be leviable as detailed herein-below:

S. No.	Activity	Expected Service Level	Penalty for Delay/ Non-Adherence
1.	Uptime of Web Based MIS application/ Software	<ul style="list-style-type: none"> • The application should be up and running with 98 % of uptime. • Scheduled maintenance should be taken up only during the second half on a public holiday. • When the system is down for maintenance, a dedicated email should be made available, and an executive should continuously attend the images of trauma patients. 	<ul style="list-style-type: none"> • No penalty will be charged, if the Successful Service Provider resolves the issue within 24 Hours. • Penalty @ Rs.1,000/- per day will be charged, if the application is not available for more than one day. Penalty will be charged from 1st day of non-availability till the days it remains non-functional, but maximum till 7th day after which the contract is liable for cancellation • In addition, Successful Service Provider shall

S. No.	Activity	Expected Service Level	Penalty for Delay/ Non-Adherence
			have to make alternative arrangement, at its own cost, for reporting of cases at the approved rates in case system is out of order/ shutdown for greater than 24 Hours
2.	Analysis of X-Ray/ CT Scan of a Patient from the Out Patient Department (OPD)	<ul style="list-style-type: none"> If the Tests/ X-Ray image is transmitted to successful bidder between 8.00 AM to 6.00 PM, results shall be interpreted, diagnosed and reported within 6 Hours of receipt of image and reporting should be completed and made available. If the Tests/ X-Ray image is transmitted to successful bidder between 6.00 PM to 8.00 AM next morning, results shall be interpreted, diagnosed and reported within 6 Hours of receipt of image and reporting should be completed and made available 	<ul style="list-style-type: none"> In case of reporting after 6 hours of receipt of image, 10% of the fee will be deducted In case report is not ready by 10.00 AM, 10% of the fee will be deducted
3.	Analysis of X-Ray/ CT scan of an Emergency/ Trauma Patient	a. The TAT for certain life-threatening diseases including and not limited to Stroke, RTA, long bone and spine fracture should be less than an hour to	<ul style="list-style-type: none"> In case there is a delay in report, penalty will be levied. Level – 1 Penalty for delay up to 15 minutes: 20% of fees for such

S. No.	Activity	Expected Service Level	Penalty for Delay/ Non-Adherence
		<p>meet the emergency medical treatment requirements of the golden hour. In case a typed report cannot be generated within the time, a telephonic call with the treating consultant should be arranged at the earliest within the timeline.</p> <p>b. Repeated violations in addition to the penalty may invite serious action including the termination of the contract in the interest of the patient care.</p>	<p>reporting will be deducted.</p> <ul style="list-style-type: none"> • Level – 2 Penalty for delay beyond 15 minutes and upto 30 minutes: 50% of fees for reporting of such individual image will be deducted as penalty. • Level – 3 Penalty for delay beyond 30 minutes: No fees will be paid. • For e.g., CHC, 'ABC' has transmitted an X-Ray of an emergency patient. Digital X-Ray image was uploaded on the web application provided by successful bidder at 10.30 AM. Since, it is an emergency case, diagnostics report should be made available within 1 Hour i.e., by or before 11.30 AM on the same day. If successful bidder provides report by 11.40 AM on the same day, it will be a Level 1 Penalty and 20 % of fee for such reporting will be deducted. In case, report is provided at 11.50 AM, it will be treated as Level 2 Penalty and 50 % of

S. No.	Activity	Expected Service Level	Penalty for Delay/ Non-Adherence
			fee will be deducted. In case delay is more than 30 minutes, such events shall be treated as Level 3 Penalty and entire fee payable will be deducted as penalty.
4.	False/ Incorrect Reporting	<ul style="list-style-type: none"> • Successful Service Provider shall have to provide signed reports from Qualified Radiologists having Post Graduate Degree/ Post Graduate Diploma in Radiology and Imaging and maintaining highest standards of Integrity 	<ul style="list-style-type: none"> • Suitable Penalty to be decided by the Committee constituted by the Competent Authority
5.	Failure to make Alternative Arrangements for Reporting	<ul style="list-style-type: none"> • Successful Service Provider shall have to make alternative arrangement, at its own cost, for reporting of cases at the approved rates in case system is out of order/ shutdown for greater than 24 Hours 	<ul style="list-style-type: none"> • Penalty @ Rs.100/- per day per Institution will be charged for such failure
6.	Breach in Data Security and Data Privacy, even after conclusion/ termination of contract	<ul style="list-style-type: none"> • Successful Service Provider shall have to ensure data privacy and data security of patient information, including medical images and results thereof. It shall not use the patient information for any purpose, other than 	<ul style="list-style-type: none"> • Suitable Penalty to be decided by the Committee constituted by the Competent Authority

S. No.	Activity	Expected Service Level	Penalty for Delay/ Non-Adherence
		provision of tele-radiology services.	
7.	Delay/ Failure in Renewal/ Updation of Documents	<ul style="list-style-type: none"> It will be the responsibility of Successful Service Provider to get its documents renewed/ updated, wherever and whenever required, on timely basis. 	<ul style="list-style-type: none"> Suitable Penalty to be decided by the Committee constituted by the Competent Authority
8.	Any other matter associated with the Project which impair successful implementation of the Project, or brings any bad name to NHM/ H&ME Department, J&K, and for which no express penalty has been provided	<ul style="list-style-type: none"> Successful Service Provider shall have to perform as Trusted Partner of the Government/ NHM/ H&ME Department, J&K and shall have to maintain Highest Standards of Integrity 	<ul style="list-style-type: none"> Suitable Penalty to be decided by the Committee constituted by the Competent Authority

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Identified Public Healthcare Facilities and Infrastructure

Existing Scope of Services include Digitization, Transmission and Reporting of CT Scan Images at 19 healthcare facility(ies) and X-Ray images at 71 healthcare facility(ies), as summarized herein-below:

Facility	CT Scan			X-Ray		
	Jammu Division	Kashmir Division	Total	Jammu Division	Kashmir Division	Total
GMC & Ahs	4	-	4	2	-	2
District Hospitals	5	5	10	3	3	6
District TB Centres	-	-	-	2	-	2
SDH/ CHCs	1	4	5	30	26	56
PHCs	-	-	-	1	4	5
Total	10	9	19	38	33	71

Indicative detail of identified public healthcare facilities, that will be part of proposed Tele-radiology services, is given hereunder:

A. Healthcare Facility(ies) Identified for Tele CT Scan Reporting

S. No.	District	Name of Healthcare Facility(ies)	Machine model	Make	Tests Reported in 2024-25
1	Doda	AHGMC Doda	Philips 128 Slice	Philips	6593
2	Doda	CHC Bhaderwah	Toshiba 16 Slice	Toshiba	314
3	Kathua	AHGMC Kathua	Philips 128 Slice	Philips	11159
4	Kishtwar	DH Kishtwar	Toshiba 16 Slice	Toshiba	2499
5	Poonch	DH Poonch	Toshiba 16 Slice	Toshiba	496
6	Rajouri	AHGMC Rajouri	Philips 128 Slice	Philips	11105
7	Ramban	DH Ramban	Toshiba 16 Slice	Toshiba	3905
8	Reasi	DH Reasi	Philips 128 Slice	Philips	1182
9	Samba	DH Samba	Toshiba 16 Slice	Toshiba	941
10	Udhampur	AHGMC Udhampur	Toshiba Single Slice	Toshiba	3613
11	Bandipora	DH Bandipora	Philips 128 Slice	Philips	2892
12	Baramulla	CHC Sopore	Philips 128 Slice	Philips	3675
13	Ganderbal	SDH Kangan	Philips 128 Slice	Philips	1191

S. No.	District	Name of Healthcare Facility(ies)	Machine model	Make	Tests Reported in 2024-25
14	Kulgam	DH Kulgam	Toshiba 16 Slice	Toshiba	3544
15	Kulgam	EH Qazigund	Philips 128 Slice	Philips	665
16	Kupwara	SDH Kupwara	Toshiba 16 Slice	Toshiba	5472
17	Pulwama	DH Pulwama	Toshiba 16 Slice	Toshiba	5937
18	Shopian	DH Shopian	Philips 128 Slice	Philips	649
19	Srinagar	JLNM Hospital Srinagar	Philips 128 Slice	Philips	1707

B. Healthcare Facility(ies) Identified for Tele X-Ray Reporting

S. No.	District	Name of Healthcare Facility(ies)	Machine Model	Make	Tests Reported in 2024-25
1	Doda	CHC Bhaderwah	300 MA	ALLENTERS	7709
2	Doda	CHC Gandoh	100 MA	BPL	7231
3	Doda	CHC Thathri	300 MA	ALLENTERS	4927
4	Jammu	CHC Bishnah	300 MA	ADONIS	10485
5	Jammu	CHC Khour	500 MA	SIEMENS	5227
6	Jammu	CHC Marh	300 MA	ALLENTERS	4446
7	Jammu	CHC R.S. Pura	300 MA	GME	3345
8	Jammu	CHC Sohanjana	300 MA	BPL	2165
9	Jammu	DTC Dte Jammu	300 MA	GME	374
10	Jammu	CHC Akhnoor	500 MA	Allengers HF	0
11	Kathua	CHC Bani	300 MA	ALLENTERS	6897
12	Kathua	CHC Basohli	500 MA	ALLENTERS	1158
13	Kathua	CHC Billawar	300 MA	ALLENTERS	12358
14	Kathua	CHC Parole	300 MA	ADONIS	6445
15	Kathua	AHGMC Kathua	1. (300 MA) 2. (600MA)	1. (ADONIS) 2. (AGFA)	17429
16	Kathua	CHC Hiranagar	300 MA	MEDION	8794
17	Kathua	PHC Mahanpur	300 MA	ALLENTERS	4590
18	Poonch	CHC Mandi	MI 400 HF	MEDION	16575
19	Poonch	CHC Mendhar	300 MA	ALLENTERS	28234

S. No.	District	Name of Healthcare Facility(ies)	Machine Model	Make	Tests Reported in 2024-25
20	Poonch	DH Poonch	1. (MARS 6) 2. (500 MA) 3. (AE 300)	1. (ALLENTERS) 2. (VISION) 3. (ADONIS)	2677
21	Poonch	CHC Surankote	1. (500 MA) 2. (100 MA)	1.(ALLENTERS) 2. (ALLENTERS)	11396
22	Rajouri	SDH Kalakote	1.(100 MA)	1.(ALLENTERS)	4712
23	Rajouri	SDH Nowshera	300 MA	ALLENTERS	12934
24	Rajouri	SDH Sunderbani	300 MA	ALLENTERS	16345
25	Rajouri	DTC Rajouri	100 MA	RAYS INDIA	604
26	Ramban	CHC Gool	100 MA	ALLENTERS	5335
27	Ramban	DH Ramban	300 MA	ADNOUS	20973
28	Ramban	CHC Banihal	300 MA	ALLENTERS	19757
29	Ramban	CHC Batote	300 MA	ALLENTERS	1870
30	Reasi	CHC Katra	300 MA	ALLENTERS	10737
31	Reasi	CHC Mahore	100 MA	ALLENTERS	1937
32	Reasi	DH Reasi	300 MA	ADONIS	3355
33	Samba	CHC Ghagwal	300 MA	MEDION	6101
34	Samba	CHC Ramgarh	300 MA	ALLENTERS	2613
35	Samba	CHC Vijaypur	300 MA	ALLENTERS	8400
36	Udhampur	CHC Ramnagar	300 MA	ADONIS	7791
37	Udhampur	CHC Chenani	300 MA	ALLENTERS	310
38	Udhampur	AHGMC Udhampur	1.(300 MA) 2.(600 MA)	1. (ADONIS) 2. (AGFA)	17436
39	Anantnag	CHC Bijbehara	300MA	Allengers	2671
40	Anantnag	CHC Dooru	DX-300	GE	25340
41	Anantnag	CHC Seer	1. (FLOOR TO CEILING) 2. (FLOOR TO CEILING)	1.(ALLENTERS) 2.(ALLENTERS)	1813
42	Anantnag	CHC Shangus	GENIUS 100FR	GE	1740

S. No.	District	Name of Healthcare Facility(ies)	Machine Model	Make	Tests Reported in 2024-25
43	Bandipora	CHC Dawar	DX-300	GE	1459
44	Bandipora	CHC Hajan	200339	ADONIS	14017
45	Bandipora	CHC Sumbal	DX-300	GE	2174
46	Bandipora	DH Bandipora	300 MA	ADONIS	41351
47	Baramulla	CHC Chandoosa	300 DX	GE	3103
48	Baramulla	CHC Pattan	300 MA	ADONIS	8148
49	Baramulla	CHC Sopore	300 DX	GE	15579
50	Baramulla	CHC Tangmarg	DX-300 CONTROL(BEL)	VOLTAS	11262
51	Baramulla	CHC Uri	300 DX	GE	3573
52	Budgam	CHC Nagam	300 MA	ADONIS	3089
53	Budgam	SDH Charar-I-Sherief	300MA	ADONIS	3700
54	Ganderbal	DH Ganderbal	1.(MARS 50) 2.(E7239)	1.(ALLENERS) 2.(ADONIS)	9078
55	Ganderbal	SDH Kangan	500 MA	Epsilon	3048
56	Ganderbal	PHC Manigam	300 MA	MEDION	670
57	Ganderbal	PHC Safapora	CEILING FREE	ALLENERS	368
58	Ganderbal	PHC Lar	300DX	SUNMAX	3267
59	Kulgam	CHC DH Pora	E7239X	ADONIS	7394
60	Kulgam	CHC Qazigund	300 MA	KMX	10990
61	Kulgam	CHC Yaripora	DX_300 CONTROL	GE	7242
62	Kupwara	CHC Sogam	300 DX	GE	3535
63	Kupwara	CHC Tangdar	300 MA	ADONIS	1387
64	Kupwara	CHC Zachaldara	100 MA	ADONIS	1062
65	Pulwama	CHC Rajpora	500 MA	ALLENERS	10249
66	Pulwama	CHC Tral	300 MA	JEE	7397
67	Pulwama	PHC Kakapora	AC300HF	ADONIS	1743
68	Pulwama	CHC Pampore	DX_300	GE	6528
69	Shopian	CHC Zainapora	300 MA	ADONIS	973
70	Shopian	SDH Keller	300 MA	ADONIS	989

S. No.	District	Name of Healthcare Facility(ies)	Machine Model	Make	Tests Reported in 2024-25
71	Srinagar	JLNM Hospital Srinagar	1.(300 MA) 2.(300 MA)	1.(GE) 2.(ADONIS)	10323

The above-mentioned names and No. of public healthcare facilities is purely indicative and may change or increase, or decrease, during the Contract period.

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**Contract Duration, Price Adjustments, Expansion of
Services to New Healthcare Facilities, Estimated No. of
Radiology Images to be Processed**

1. **Contract Duration:** The duration of Contract will be initially for a period of three (3) years, starting from the Effective Date notified in the Certificate of Commencement of Services, and is extendable for another period of two (2) years, on the basis of performance of successful service provider and subject to the approvals from the Ministry of Health & Family Welfare, Government of India and subsequent approval from the Health & Medical Education Department J&K.

2. **Estimated No. of Radiology Images, X-Ray and CT scan, to be Processed**
 - a. During the financial year 2024-25, identified healthcare facilities carried out approximately 5.31 Lakh X-Rays and around 67000 CT scans. Facility-wise number of tests carried out in these identified healthcare facilities has been indicated and shall be the reference year's performance numbers.
 - b. Irrespective of the number of tests mentioned herein, the successful service provider shall ensure to process 100% of images reported at identified healthcare facilities and provide the reports thereof.

3. **Expansion of Services to New Healthcare Facilities**
 - a. In consideration of the requirements from the Health & Medical Education Department J&K, and approvals from the Ministry of Health & Family Welfare, Government of India, National Health Mission, J&K may consider expanding the services to additional healthcare facilities in J&K, and accordingly may request successful service provider to provide necessary systems in these healthcare facilities on the same Terms and Conditions.
 - b. Any such arrangement shall be effective only after mutual consent of all the Parties.

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Roles and Responsibilities

- I. Successful Service Provider:** In addition to the detailed Scope of Services described herein-above, role and responsibilities of successful service provider shall include, but not limited to, the following:
- a. Successful service provider shall have to make all the arrangements to take over the project from outgoing service provider, ensuring smooth and uninterrupted services at the identified healthcare facilities, within one month from the Date of Award of Contract. In consideration of patient healthcare of being utmost importance, in addition to the concerned healthcare facilities, the existing service provider will extend its full cooperation, as and to the extent required, towards migration of services and taking over thereof by the successful service provider.
 - b. Successful service provider is bound to stick to the rates approved in its favour. In addition, it shall have to abide by the standard Terms and Conditions as laid down in the General Financial Rules read with associated manuals and the Terms & Conditions of the Rate Contract/ Agreement.
 - c. Successful service provider should adhere to Standard Operating Procedures (SOPs) for each of the services finalized in consultation with the Tender Inviting Authority.
 - d. Successful service provider will provide signed reports from qualified Radiologists having Post Graduate Degree/ Post Graduate Diploma in Radiology and Imaging.
 - e. All operational cost within the declared scope of work, including cost of deployment of personnel, if any, will be borne by successful service provider.

- f. Successful service provider shall provide all the pre-requisites such as hardware, software, computer & related peripherals, mobile connection or any other requirement.
- g. The successful service provider shall be responsible for the execution of the contract in full, as per the Scope of Services defined in this SBD and shall not in any case assign or sub-let approved contract or any part thereof to another party.
- h. Successful service provider will have to manage the records including - (i) Digital Cases Register, (ii) Record of Discontinuity of Services at the end of successful service provider, and (iii) Logbook of discontinuity of services at the end of healthcare facilities.
- i. Successful service provider shall have to impart training to Radiographers for digitalization of images.
- j. Successful service provider shall have to tag patient information and images to Unique IDs to be generated by it. The codification shall follow GSI standards as given by Ministry of Commerce, Government of India.
- k. Legal liability to the extent of reporting of images for each reported case extends to the successful service provider. However, overall legal responsibility of provision of medical care lies with the concerned healthcare facilities.
- l. Successful service provider shall maintain confidentiality of medical records and shall make adequate arrangement for cyber security.
- m. Ownership of entire data, including images as well as reports, shall be sole property of NHM/ Health & Medical Education Department J&K. Successful service provider shall not sell or transfer any proprietary right or entrust to any other 3rd party for running the proposed project, the duration for which the license has been issued.
- n. Successful service provider shall be responsible for damages of any kind or for any mishap/ injury/ accident caused to its personnel/ property while performing duty in the concerned healthcare facilities. All liabilities, legal or monetary, arising in that eventuality shall be borne by the successful service provider.
- o. Successful service provider shall comply with all the provisions of Minimum Wages Act and other applicable labour laws. It shall also

comply with all other statutory provisions, including but not limited to, provisions regarding medical education and eligibility criteria of human resources used by it for providing services, biomedical waste management, bio-safety, occupational and environmental safety. In case, Successful service provider fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the NHM/ Health & Medical Education Department J&K, by Court orders or otherwise, Successful Service Provider shall be fully responsible to compensate/ indemnify to the NHM/ Health & Medical Education Department J&K for such liabilities.

- p. Successful service provider shall provide technological, leadership, administrative and managerial support in an open and transparent manner to produce mutually agreed outcomes.
- q. Successful service provider shall perform the activities and carry out its obligations with all due diligence, efficiency and economy in accordance with the generally accepted professional techniques & practices, observing sound management practices, employing appropriate advanced technology and safe methods.
- r. Successful service provider is required to observe the highest standard of ethics and shall not use 'Corrupt/ Fraudulent Practice'.
- s. After completion of contract period, including extended period if any, successful service provider shall have to uninstall its digital infrastructure within 30 days of contract closure date.

2. Concerned Healthcare Facilities

- a. Arrange for well-functioning of XRay and CT Scan machines, alongwith Preventive Maintenance (PM) and Corrective Maintenance (CM) of the same through respective Directorate of Health Services, Jammu/ Kashmir.
- b. Ensure other pre-requisites such as power supply, internet connectivity, Radiographers, etc.
- c. Make provision for storage of images and clinical data.
- d. Verification of monthly invoices and substantiating evidence regarding provision of services.

- e. Report violation of any Terms & Conditions by the successful service provider immediately to JKMSCL/ NHM J&K as well as respective Directorate of Health Services, Jammu/ Kashmir for appropriate necessary action.
- f. To provide safety and existing security to equipment of successful service provider. However, successful service provider has to periodically review the functioning of its equipment. In case of any loss/ damage to equipment, it shall have to be immediately brought to the notice of JKMSCL/ NHM J&K through the concerned healthcare facilities, for appropriate necessary action.

3. J&K Medical Supplies Corporation Limited (JKMSCL)

- a. JKMSCL will issue Letter of Intent/ Rate Contract in favour of successful service provider and execute requisite agreement with it for provision of Tele-radiology services at identified healthcare facilities in J&K.
- b. JKMSCL will seek performance guarantee from the successful service provider.
- c. JKMSCL will release payment in favour of successful service provider after deducting penalties leviable, if any, and statutory dues in accordance with the performance reports provided by the Directorate of Health Services Jammu/ Kashmir.
- d. JKMSCL will provide requisite assistance to all the stakeholders towards successful implementation of the initiative in J&K.

4. Directorate of Health Services Jammu/ Kashmir

- a. Directorate of Health Services Jammu/ Kashmir will ensure regular supervision and monitoring of implementation of Project by the successful service provider at identified health facilities in conjunction with National Health Mission J&K.
- b. Directorate of Health Services Jammu/ Kashmir will consolidate the monthly performance reports from the concerned healthcare facilities in respective Divisions and submit the consolidated reports alongwith their comments regarding compliance with various Service Level Agreements

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to JKMSCL for release of payment in favour of successful service provider.

5. National Health Mission, J&K

- a. Provide list of availability of XRay and CT Scan equipment, alongwith make and model, available at identified healthcare facilities.
- b. Ensure regular IEC of the Project so that benefit of Tele-radiology services can be made available to the people, especially those residing in remote locations of J&K.
- c. Ensure periodic review/ prescription audit and observance of terms & conditions, including quality of tests, to be conducted by the Committee of Experts from the Government Medical College, Jammu/ Srinagar, the Directorate of Health Services, Jammu/ Kashmir, JKMSCL and the Department of Information & Technology, J&K.
- d. In accordance with the release of funds by the MoH&FW, Government of India, release funds in favour of JKMSCL for release of monthly/ quarterly payments to successful service provider as per the monthly invoices and substantiating reports regarding satisfactory provision of services duly verified by the In-charges of concerned healthcare facilities.

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Financial Bid/ Bill of Quantity (BoQ)

In consideration of the Scope of Services and other requirements stated herein-above, the intended bidders should quote blended rates for different modalities of Tele-radiology services, both CT Scan and X Ray, which include cost of receipt of digital images through web-based IT/ software application, its analysis, interpretation, reporting as well as all associated requirements relating to digitization technologies, IT pathway, cost of training radiographers on digitization of images and transmission through web application and access to tele-radiology reports, etc. with respect to patients from OPD and/ or Emergency/ Casualty/ Trauma Patient. An indicative format of Bill of Quantity (BoQ) is stated herein-below for ready reference:

S. No.	Modality	Accounting Unit	Rate per Unit without GST	GST	Rate per Unit with GST
1	Blended Rate for each X Ray image reported for OPD patient	Report			
2	Blended Rate for each X Ray image reported for Emergency/ Casualty/ Trauma patient				
3	Blended Rate for each CT Scan image reported for OPD patient	Report			
4	Blended Rate for each CT Scan image reported for Emergency/ casualty/ Trauma patient				

The following instructions shall be followed :-

1. The rates should be quoted as per BOQ.
2. GST should be separately shown.
3. Rate should be quoted for single Report i.e for each X-ray image and each CT Scan Image as mentioned in the bid
4. Finalization of the rates shall be made on the basis of price quoted in BOQ only. The Proposal Evaluation on QCBS Basis be treated as deleted.
5. The rates quoted in the BoQ shall be considered for evaluating financial bid. L1 rate shall be finalized on the basis rates and taxes as Applicable. **The price for evaluating L1 (as per BOQs) shall be decided on the basis of cumulative rates of X Ray Images (5 lakh thirty one thousand) + CT Scan Images (67000 images).**
6. Payment shall be calculated based on the actual number of images transmitted, analysed and reported by the service provider. Service provider shall raise the tax invoice on a monthly basis and submit the invoice to State Health Society, NHM, J&K.
7. No cash discounts should be offered.
8. Read all the terms & conditions before filling the BOQ.
9. Please quote rates in absolute amount only.
10. The bidder shall not under any circumstances quoted "Zero" anywhere in the BOQ.

Only the Rates reflected in the comparative sheet in the BOQ (as per format uploaded) shall be considered for ascertaining L1. No Separate rates quoted by the bidders in the BOQ shall be accepted.

Important Note:

1. The evaluation shall be done on the basis of the documents asked in the Annexure "A" declaration Form of the bid document.
2. The Evaluation Criteria/Proposal Evaluation on QCBS Basis as reflected in the NIT be "Read as deleted". The LI shall be arrived only as per BOQ Rates uploaded by the bidder with tentative work load reflected as above.
3. Bidder / Consortium Partner / OEM must have linked minimum 5000 health records supported with valid proof.
4. **Price Escalation** : Approved rates shall be annually escalated by 5% to be calculated on the rates of year -1, for each subsequent years (s) for e.g, if the approved rate is Rs. 100/- for year -1, then rate for each subsequent year(s) shall be increased by Rs. 5/- (i.e 5% of Rs. 100) as compared to the rate of immediate preceding year (s). Accordingly, rate applicable for year -2 will be Rs. 105/- and for year -3 will be Rs. 110/- and so on. First annual escalation shall be applicable with effect from completion of one year of the project after commencement of services.
5. **Any other condition deemed fit in the interest of patient care shall be incorporated at the time of signing of Agreement for smooth functioning of the project.**
6. **The Agreement shall be signed between Service Provider and NHM, J&K.**