



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

National Institute of Fashion Technology

(वस्त्र मंत्रालय, भारत सरकार द्वारा निफ्ट अधिनियम 2006 के तहत स्थापित एक वैधानिक संस्थान)
(A Statutory body under the NIFT Act 2006 and set up by Ministry of Textiles, Govt. of India)

निफ्ट परिसर, हाज़र खस, गुलमोहर पार्क के पास, नई दिल्ली-110 016

NIFT Campus, Hauz Khas, Near Gulmohar Park, New Delhi - 110 016

NOTICE INVITING EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITALS/ NURSING HOMES/DIAGNOSTIC CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS FOR PROVIDING IPD/OPD TREATMENT AND HEALTH CARE FACILITIES TO NIFT EMPLOYEES

INTRODUCTION:

The National Institute of Fashion Technology (NIFT), set up in 1986 by the Ministry of Textiles, Government of India. It was made a Statutory Institute in 2006 by an Act of the Indian Parliament with the President of India as 'Visitor'. NIFT has 17 professionally managed full-fledged campuses and more than 1000 employees working all across the country.

NIFT is planning to provide OPD/IPD treatment and health care facilities to its employees and their dependant family members through CGHS / AIIMS empanelled hospitals.

Expression of Interest (EOI) is invited from hospitals for following medical facilities:

1. To provide IPD/OPD services, emergency causality to NIFT employees and their dependant family members at prevalent CGHS rates.
2. EOI is for all investigations including laboratory, CT/MRI/PET scan etc. if available with hospitals.
3. For items/procedures/investigations not covered under CGHS and AIIMS rate list, the hospital should offer special discounts on prevalent hospital rates.

Desirous Hospitals, Clinics, Polyclinics, Nursing Homes, Testing Labs, Diagnostic Scan, Imaging Centre etc. may submit their EOI in the prescribed format attached as **Annexure-A** along with copies of supporting documents to "The Registrar, National Institute of Fashion Technology, Hauz Khas, Near Gulmohar Park, New Delhi – 110016". The last date of submitting the EOI is 15.04.2021.



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Annexure-A

EMPANELMENT FORM

1.	Name of clinical entity	
2.	Type of clinical entity (Hospital /Clinic / Polyclinic / Nursing Home / Testing Labs / Diagnostic Scan / Imaging Centre etc.)	
3.	Address (Attach separate sheet in case of facilities available at multiple locations)	
4.	Contact person details	Name: Phone No: Email ID:
5.	Consulting Hours	
6.	OPD/Registration charges	Please attach separate sheet with sign and seal
7.	% of Corporate Discount on OPD/registration charges, if any	
8.	Whether registered under Clinical Establishment Act of appropriate Government.	Registration no: Validity: (Please attach copy of registration certificate)
9.	If NABH accredited, provide copy of certificate	
10.	Whether intended to provide IPD / OPD treatment on CGHS / AIIMS rates (Pls. Yes / No)	

Date:

Signature of the Authorized Person (with stamp)

Place: