



क.रा.बी.नि
E.S.I.C

தொழிலாளர் அரக்காப்பீட்டுக்கழகம்
(தொழிலாளர் மற்றும் வேலைவாய்ப்பு அமைச்சகம், இந்திய அரசு)
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



மண்டல அலுவலகம்/क्षेत्रीय कार्यालय / Regional Office

143, ஸ்டெர்லிங் சாலை, நுங்கம்பாக்கம், சென்னை-600 034.

143, स्टर्लिंग रोड, नुंगमबाक्कम, चेन्नै-600 034.

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No.51/SMO/mIMP Scheme/E-Diagnostic centre/2021-22

Date:

EMPANELMENT OF DIAGNOSTIC CENTRE

(Under modified Insurance Medical Practitioner (mIMP) Scheme)

1. Employees' State Insurance Corporation (ESIC) is a statutory organization under the Ministry of Labour and Employment, Government of India, providing Social security services to ESI beneficiaries in India as per ESI Act 1948 and provides various benefits which includes Medical Benefit (MB) to its beneficiaries who are registered through their employers.
2. Regional Director (i/c), Regional Office, ESI Corporation, Chennai, who is the Regional Head of the Corporation of the state is interested in entering into tie-up with Diagnostic Centre in **15-Districts (24-Locations)**

SI.NO	Name of the District	Proposed Location
1	Kanchipuram	Uthiramerur
2	Coimbatore	Ikkarai Boluvampatti
3	Kallakurichi	Sankarapuram
4	Kallakurichi	Ulundurpet
5	Tiruppur	Mulanur
6	Tiruppur	Kunnathur
7	Erode	Kodumudi
8	Ramanathapuram	Thiruvadanai
9	Ramanathapuram	Rameshwaram
10	Nilgiris	Coonoor
11	Nilgiris	Gudalur
12	Nilgiris	Hulikal
13	Nilgiris	Melur
14	Nilgiris	Kotagiri
15	Nilgiris	Kilikundah
16	Dindigul	Palayam / Guziliamparai
17	Madurai	T. Kallupatti
18	Tirunelveli	Thisayanvilai
19	Tirunelveli	Cheranmahadev
20	Tenkasi	Alangulam
21	Kanyakumari	Kanyakumari
22	Tirupattur	Tirupattur
23	Pudukkottai	Gandarakottai
24	Virudhunagar	Watrap

where ESI does not have its medical establishment or which is newly implemented, for providing Diagnostic services/investigations to insured persons (IPs) and their families under the modified Insurance Medical Practitioner (m-IMP) Scheme as per ESIC policy /guidelines. **The Preference will be given to those Diagnostic Centers based on distance from Insured person's (I.Ps) population concentration in the location, and based on the rebate offered on the price of the tests/investigations listed at Annexure B.**

Decision of the Additional Commissioner & Regional Director is final regarding selection of Diagnostic Centre or area based on number of beneficiaries, other requirement and as per ESI norms. ESI Corporation will take decision to appoint Diagnostic Centre in the particular area/location.

3. The Terms & conditions for empanelment of Diagnostic Centre is placed as **Annexure 'A'** to this document.
4. Diagnostic Centre who fulfils the terms and conditions may send their Expression of Interest through website esic.nic.in.
5. Date of opening of EOI received through e tender is on 03.09.2025 at 4:pm in ESIC, Regional office in the presence of the bidders who wish to be present
6. The physical copy of the tender document along with the technical bid signed on all pages to be submitted to this office by hand or post to this office on or before noon in a sealed envelope.
7. **Note:** Financial bid to be submitted online only. No physical copy of Financial bid to be submitted.
8. The Diagnostic Centre who sends their Expression of Interest (EOI) for the post cannot send EOI for empanelment of their own Clinic/ Chemist and vice versa.
 - (a) One entity/owner/proprietor cannot apply for all 3 services, i.e. IMP, Chemist and Diagnostic Centre.
 - (b) Diagnostic Centre should be an individual or independent entity and no Clinic/Hospital/ Nursing Home can apply for Diagnostic Centre.
9. The selection of Diagnostic Centre will be considered only on fulfilling all conditions and on receipt of satisfactory report from Inspection Committee nominated by The Additional Commissioner & Regional Director, ESIC.
10. The Additional Commissioner & Regional Director will have the sole right to accept or reject any application. Without assigning any reason thereof.
11. The schedules are as under:

Availability of EOI Form by hand in	Last Date & Time of Submission of Duly filled EOI document	Date and Time of Opening of EOI	Place of submission of EOI form/Opening of EOI.
13.08.2025	02.09.2025 @ 5.00pm	03.09.2025 @ 4.00pm	Panchdeep Bhawan, 143 Sterling Road Nungumbakkam, Chennai-600034

12. The Application Form may be downloaded from our website www.esic.nic.in/tenders and the application fee of Rs. 500/- (Non refundable) be submitted by way of Demand Draft/Banker Cheque in favour of **ESI Fund A/c No.1** payable at Chennai with duly filled in expression of Interest(EOI). Further details are available on the website www.esic.nic.in/tenders

Date:

Place:

Sd/-

Regional Director

Annexure 'A'

TERMS AND CONDITIONS

a. TERMS / DURATION /TERMINATION:

- i. The engagement of Second Party as empanelled Diagnostic Centre will be purely contractual during the period of this contract and shall be valid for a period of one year, renewable every year on satisfactory services, and extended for a maximum period of five years. If either party seeks to terminate this Agreement, the terminating party must **provide 30 days'** notice to the other party or payment @ Rs. 10,000 (Rupees Ten Thousand only) in lieu of the notice period.
- ii. However, ESIC reserves the right to terminate the Contract by giving notice of Seven days, if the Diagnostic Centre is in breach of contract. Also, ESIC is entitled to rescind the contract by reason of Diagnostic Centre misrepresentation, undue influence or duress or where some unforeseen event that may prevent the parties to perform the contract.
- iii. The contract period as mentioned in agreement will commence with effect from the date of signature by both parties and will be counted only from that date on which after the execution of this agreement by both parties.
- iv. The Regional Office/DCBO, at the time of empanelment of an eDC shall be tagging an IMP Clinic so as to help beneficiaries avail services from these eDC. More than one eDC can be attached to an IMP Clinic or vice versa to bring in ease of service delivery and competition. There shall be no capping on number of IP- Family units that can be tagged to any eDC.

b. THE SCOPE OF SERVICES:

The eDC shall provide services to the Beneficiaries and abide by instructions as specified in "**Annexure C**" (the "Services"). However, the instructions are liable for modifications without prior notice.

c. LISTED INVESTIGATIONS:

The eDC shall provide services for 'Listed Investigations' as per "Annexure B" to the

ESI beneficiaries free of cost and get reimbursed from ESIC at flat % discount ~~on~~ the rate specified against the test names. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year. Prescribed test facilities provided to the ESIC beneficiaries outside the Specified List ('Unlisted Tests') shall be charged from the beneficiaries at flat _____ % discount on the CGHS specified rates for the CGHS listed investigations,

as agreed upon by eDC and on the basis of quote approved by ESIC. These rates shall be valid for one year from the date of award of contract and shall be subject to modification with the discretion of ESIC after completion of one year.

d. OTHER TERMS & CONDITIONS:

(i) The Diagnostic Centre agrees to provide diagnostic services to the ESI beneficiaries against the prescription of Insurance Medical Practitioner (IMP) registered under the mIMP Scheme.

(ii) The eDC understands that the Price mentioned against a diagnostic test name/investigation on which the rebate offered in percentage is inclusive of all taxes and duties payable during the contract period.

(iii) The eDC should be complying with the statutory rules, regulations and licenses pertaining to trade, including that of the Clinical Establishments (Registration and Regulation) Act, 2010 and amendments made thereafter, and submit copies of relevant document to ESIC.

(iv) The eDC shall provide cashless services to the ESI Beneficiaries only when the prescribed investigations are carried out from the ESIC defined 'Listed' items ("Annexure B") prescribed by the registered IMP Clinic. This amount shall be claimed at the end of the month from ESIC, for reimbursement.

(v) If 'Unlisted investigations' (Tests outside the items Listed/published by ESIC) is prescribed, the beneficiary shall have either of the two options: (1): To pay from pocket at the agreed discounted price to avail the diagnostic services from the eDC and later claim reimbursement from ESIC/DCBO producing copies of bills, proof of receipt of report and prescription written on the Health Passbook by the registered doctor; OR, (2): avail these from ESI Hospital, free of cost. This implies that for unlisted Tests, the eDC shall charge the cost from the patient as per the agreed upon rate upfront when purchased by the beneficiary and issue the Bill and capture information in the relevant fields of Mobile App.

(vi) The eDC shall submit claims to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries. Branch Office/DCBO/Regional Office shall reimburse claims through online method(s), deducting any statutory requirements/taxes, as deemed fit.

(vii) The eDC will maintain quality and provide the diagnostic services at all times during the contract period for uninterrupted provisioning to user and shall conduct the tests as per prescription and terms written herein.

(viii) The eDC shall ensure that reagents, kits, films, etc. are available and equipments are in working conditions. The eDC acknowledges that tampering with prescribed tests names, test reports and any indulging in any unethical practices is a criminal offence, and eDC shall be held responsible and accountable for any or all legal consequences.

(ix) The eDC agrees that, in case of failure or refusal by eDC to conduct the tests or provide the services to the Beneficiaries during the contract period, the contract is liable to be cancelled at his risk and cost and any extra cost involved in arranging services from alternative source will be recovered from his subsequent/pending bills. Failure to fulfill the terms of contract may entail for closure of contract.

(x) The eDC undertakes that under any circumstances if his/her license for executing business is cancelled/suspended by any authority / Govt., this contract shall stand terminated automatically.

(xi) The eDC undertakes that his/her firm is not blacklisted /deregistered currently and has not been Blacklisted /deregistered by any other Govt. institution/ Organization during the last three years for any reason including indulging in unethical practices or not complying with statutory laws.

(xii) The eDC undertakes that he/she has not been convicted by any court of law in any matter related to his diagnostic services or on any other grounds.

(xiii) The eDC undertakes that his/her firm is not convicted in an offence under the prevention of Corruption Act, 1988, or under the Indian Penal Code or any other law for the time being in force, for any cause of life or property or causing a threat to public health as part of execution of diagnostic services.

e. RESPONSIBILITY OF THE SECOND PARTY:

The ESIC, in all good faith shall pay remuneration, as defined and as agreed, to the eDC, within 15 days of receipt of complete and correct reimbursement Claim from the Second Party.

f. INDEPENDENT CONTRACTOR STATUS:

The eDC shall be serving as an independent contractor in providing the Services. Under this Agreement, the eDC is neither an employee nor a partner of ESIC.

g. GOVERNING LAW:

The laws of the State of India govern all matters arising out of or relating to this Contract and the transactions it contemplates, including, without limitation, its interpretation, construction, validity, performance, and enforcement.

Annexure 'B'

LISTED DIAGNOSTIC TESTS & PROCEDURES PRESCRIBED BY ESIC

ESIC SPECIFIED TEST LIST for modified IMP 15.01.2019	Rate in (Rs) per Unit
Procedure Name / Test name	
HAEMOGLOBIN	18
LEUCOCYTE COUNT, DIFFERENTIAL; DLC	31
LEUCOCYTE COUNT, TOTAL; TLC; WBC COUNT, TOTAL	31
ESR (WESTERGREN); ERYTHROCYTE SEDIMENTATION RATE	25
GLUCOSE, FASTING (F)	24
GLUCOSE, POST PRANDIAL (PP, 2 HOURS)	24
GLUCOSE, RANDOM(R)	24
GLUCOSE, FASTING (F) & POST PRANDIAL (PP, 2 HOURS)	47
PROTEIN, SODIUM, CREATININE IN 24-HOUR URINE	50
UREA, BLOOD	54
CREATININE, SERUM	55
BILIRUBIN, TOTAL	80
MALARIA PARASITE/ BLOOD PARASITE IDENTIFICATION	41
SMEAR EXAMINATION, ROUTINE, PERIPHERAL BLOOD	43
PREGNANCY TEST, URINE	65
URINE MICROSCOPIC EXAMINATION, URINE M/E	35
URINE ROUTINE EXAMINATION, URINE R/E	35
URINE EXAMINATION FOR RBCs	35
URINE EXAMINATION, ALBUMIN	70
URINE EXAMINATION, BILIRUBIN	25
URINE EXAMINATION, KETONE BODIES	30
PROTEIN, TOTAL, 24-HOUR URINE	50
BLOOD UREA NITROGEN	54
UROBILINOGEN, QUALITATIVE, EARLY MORNING SAMPLE, URINE	20

X RAY CERVICAL SPINE PA VIEW	125		
X RAY CERVICAL SPINE RIGHT OBLIQUE VIEW	125		
ELECTROCARDIOGRAPHY IN 12 LEADS, ECG IN 12 LEADS		50	
X RAY DORSAL SPINE PA VIEW	125		
ELECTROCARDIOGRAPHY WITH LONG II LEAD, ECG WITH LONG II		50	
X RAY DORSAL SPINE AP VIEW	125		
X RAY ABDOMEN, AXR AP VIEW		128	
X RAY DORSAL SPINE LATERAL VIEW	125		
X RAY ABDOMEN, AXR LATERAL VIEW		128	
X RAY DORSAL SPINE RIGHT OBLIQUE VIEW	125		
X RAY ABDOMEN, AXR STRAIGHT KUB VIEW		128	
X RAY DORSO-LUMBAR SPINE LEFT OBLIQUE VIEW	125		
X RAY CHEST, CXR AP VIEW		60	
X RAY DORSO-LUMBAR SPINE AP VIEW	125		
X RAY CHEST, CXR LEFT OBLIQUE VIEW		60	
X RAY DORSO-LUMBAR SPINE LATERAL VIEW	125		
X RAY CHEST, CXR RIGHT OBLIQUE VIEW		60	
X RAY DORSO-LUMBAR SPINE RIGHT OBLIQUE VIEW	125		
X RAY CHEST, CXR LATERAL VIEW		60	
X RAY LUMBAR SPINE AP AND LATERAL VIEWS	250		
X RAY CHEST, CXR PA VIEW		60	
X RAY LUMBAR SPINE AP VIEW	125		
X RAY SKULL AP VIEW		128	
X RAY LUMBAR SPINE LATERAL VIEW	125		
X RAY SKULL AP And LATERAL VIEWS		255	
X RAY LUMBAR SPINE LEFT OBLIQUE VIEW	125		
X RAY SKULL LATERAL VIEW		128	
X RAY LUMBAR SPINE RIGHT OBLIQUE VIEW	125		
X RAY SKULL PA VIEW		128	
X RAY LUMBO-SACRAL SPINE AP VIEW	125		
X RAY SKULL PA And LATERAL VIEWS		255	
X RAY LUMBO-SACRAL SPINE LATERAL VIEW	125		
X RAY CERVICAL SPINE AP AND LATERAL VIEWS		250	
X RAY LUMBO-SACRAL SPINE LEFT OBLIQUE VIEW	125		
X RAY CERVICAL SPINE AP VIEW		125	
X RAY LUMBO-SACRAL SPINE RIGHT OBLIQUE VIEW	125		
X RAY CERVICAL SPINE LATERAL VIEW		125	
X RAY SACRO-ILIAC JOINT AP VIEW	110		
X RAY CERVICAL SPINE LEFT OBLIQUE VIEW		125	
X RAY SACRO-ILIAC JOINT LATERAL VIEW	110		
X RAY CERVICAL SPINE PA AND LATERAL VIEWS		125	
X RAY SACRO-ILIAC JOINT LEFT OBLIQUE VIEW	110		
X RAY SACRO-ILIAC JOINT RIGHT OBLIQUE VIEW	110		
X RAY SHOULDER AP And LATARAL VIEWS LEFT	255		
X RAY SHOULDER AP And LATARAL VIEWS RIGHT	255		
X RAY SHOULDER AP VIEW LEFT	128		
X RAY SHOULDER AP VIEW RIGHT	128		
X RAY SHOULDER AXILLARY VIEW LEFT	128		
X RAY SHOULDER AXILLARY VIEW RIGHT	128		
X RAY SHOULDER LATERAL VIEW LEFT	128		
X RAY SHOULDER LATERAL VIEW RIGHT	128		
X RAY HIP AP VIEW LEFT	128		
X RAY HIP AP VIEW RIGHT	128		

X RAY FOOT LATERAL VIEW RIGHT	128
X RAY FOOT OBLIQUE VIEW LEFT	128
X RAY FOOT OBLIQUE VIEW RIGHT	128
X RAY HAND AP VIEW LEFT	128
X RAY HAND AP VIEW RIGHT	128
X RAY HAND OBLIQUE VIEW LEFT	128
X RAY HAND OBLIQUE VIEW RIGHT	128
X RAY ELBOW AP And LATERAL VIEWS LEFT	255
X RAY ELBOW AP And LATERAL VIEWS RIGHT	255
X RAY ELBOW AP VIEW LEFT	128
X RAY ELBOW AP VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW RIGHT	128
X RAY ELBOW LATERAL VIEW LEFT	128
X RAY PELVIS AP VIEW	110
X RAY PATELLA AP VIEW LEFT	128
X RAY PATELLA AP VIEW RIGHT	128
X RAY PATELLA LATERAL VIEW LEFT	128
X RAY PATELLA LATERAL VIEW RIGHT	128
X RAY PNS OM VIEW	110
X RAY RADIUS And ULNA AP VIEW LEFT	128
X RAY RADIUS And ULNA AP VIEW RIGHT	128
X RAY RADIUS And ULNA LATERAL VIEW LEFT	128
X RAY RADIUS And ULNA LATERAL VIEW RIGHT	128
X RAY FEMUR AP VIEW LEFT	128
X RAY FEMUR AP VIEW RIGHT	128
X RAY FEMUR AP, LATERAL VIEWS LEFT	255
X RAY FEMUR AP, LATERAL VIEWS RIGHT	255
X RAY FEMUR LATERAL VIEW LEFT	128
X RAY FEMUR LATERAL VIEW RIGHT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA AP VIEW RIGHT	128

X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWS LEFT	255
X RAY LEG, X RAY TIBIA And FIBULA AP, LATERAL VIEWSRIGHT	255
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW LEFT	128
X RAY LEG, X RAY TIBIA And FIBULA LATERAL VIEW RIGHT	128
X RAY ARM AP AND LATERAL VIEWS LEFT	255
X RAY ARM AP AND LATERAL VIEWS RIGHT	255
X RAY ARM AP VIEW LEFT	128
X RAY ARM AP VIEW RIGHT	128
X RAY ARM LATERAL VIEW LEFT	128
X RAY ARM LATERAL VIEW RIGHT	128
X RAY WRIST AP VIEW LEFT	60
X RAY WRIST AP VIEW RIGHT	60
X RAY WRIST LATERAL VIEW LEFT	60
X RAY WRIST LATERAL VIEW RIGHT	60
X RAY WRIST OBLIQUE VIEW LEFT	60
X RAY WRIST OBLIQUE VIEW RIGHT	60
X RAY FINGER LATERAL VIEW LEFT	60
X RAY FINGER LATERAL VIEW RIGHT	60
X RAY FINGER OBLIQUE VIEW LEFT	60
X RAY FINGER OBLIQUE VIEW RIGHT	60
X RAY FINGER, AP VIEW, LEFT	60

X RAY FINGER, AP VIEW, RIGHT	60
X RAY THUMB AP VIEW LEFT	60
X RAY THUMB AP VIEW RIGHT	60
X RAY THUMB LATERAL VIEW LEFT	60
X RAY THUMB LATERAL VIEW RIGHT	60
X RAY THUMB OBLIQUE VIEW LEFT	60
X RAY THUMB OBLIQUE VIEW RIGHT	60
X RAY TOES AP VIEW LEFT	60
X RAY TOES AP VIEW RIGHT	60
X RAY TOES OBLIQUE VIEW LEFT	60
X RAY TOES OBLIQUE VIEW RIGHT	60

"ANNEXURE - C"

THE SCOPE OF SERVICES FOR EMPANELLED DIAGNOSTIC CENTRE (eDC)

A. SCOPE OF SERVICES:

1. Diagnostic Centre will download the ESIC "Dhanwantri" mobile app from Google Play store into an Android smartphone device to log-in with the ESIC issued user credentials (User ID & Password). The SIM Card of the mobile number registered with ESIC must be in the same smartphone device where the Mobile App has been downloaded to authenticate user through OTP.
2. The eDC shall ascertain that the Health Passbook (a small booklet containing about 100 pages with system generated beneficiary credentials affixed on it) and the e- Pehchan card is carried by the ESI Beneficiary every time he visits the Diagnostic Centre for availing diagnostic services
3. At the time of visit by patient (ESI Beneficiary), the empanelled Diagnostic Centre (eDC) will check his/her 'health passbook' where the investigations are prescribed/written by hand by the empanelled IMP and shall ascertain bonafide status of the ESIC beneficiary. The authenticated Health Passbook booklet serves as a tool for identifying the credentials of the ESI beneficiary and meant for viewing consultation/investigation advice prescribed by the doctor. The credentials generated from the system contain the demographic details of a member of the IP-family and Unique Health Identification (UHID) Number. In addition, it contains mobile no., passport size colored photograph and QR Code. Each IP-Family unit shall have one common e-Pehchaan card but each member of the family including IP shall have separate Health Passbook containing Unique Health Id. Normally, the validity of the Health Passbook is till the last day of the current eligible Benefit Period corresponding to the previous Contribution Period and is recorded on the Health Passbook. In case of doubt, additional government issued photo-identity proof may be sought to verify identity and prevent unethical practices or impersonation.
4. Empanelled Diagnostic Centre will log-in to ESIC Dhanwantri App, feed in the beneficiary's credential to ascertain the Check-in number (OPD Number) generated by the IMP Clinic as also mentioned on the prescription page of the Health Passbook, against which services are to be rendered.
5. Once the genuineness of ESIC Beneficiary has been ascertained, eDC shall carry out the investigations as prescribed in the Health Passbook. eDC shall prepare bill/invoice through its own system and obtain beneficiary's signature on the cash memo as proof of carrying out the test and handing over the test reports.
6. Against the Check-in number of a patient in the 'Dhanwantri Mobile App', the eDC shall enter the cash memo (bill) number and date, amount/cost of the test taking account of the rebate/discount on the price as agreed upon. Thereafter, using mobile camera in the Dhanwantri App, eDC shall take and upload clear and visible photograph(s) (scan and upload function) of:

- a. cash memo of listed drugs
 - b. cash memo of unlisted drugs, if any, and
 - c. IP/family member holding prescription page of Health Pass book and aforesaid cash memo(s) in hand.
7. This process shall be irrespective of whether eDC has carried out investigations from the 'specified List' (Annexure B) or outside the list (unlisted/CGHS investigations). However, the "Listed" investigations are to be carried out cashless without charging anything to the beneficiary and original Bill / Cash memo needs to be retained by the eDC for submission to ESIC later to claim reimbursement.
8. Original Bill / Cash-memo shall be required to be handed over to the ESIC Beneficiary when the prescribed unlisted investigations are performed against the money received from the Beneficiary directly against the agreed upon discounted rate on the CGHS rate.
9. Irrespective of whether purchased by the beneficiary or availed cashless, the original Bill / Cash-memo must contain beneficiaries' signature certifying receipt and uploaded these signed bill in the mobile app through scan function.
10. eDC will also keep the photo/ scanned copy of prescription page(s) of the booklet and Bill and get it signed by patient/ attendant for future claim for reimbursement in case of cashless services (Approved List of Investigations).
11. At the end of the calendar month in which services rendered, and within 7 days of the next calendar month the eDC shall submit claim in the prescribed format to Branch office/ DCBO/Regional Office for processing of payment.
12. The eDC shall submit a claim in Hard copy to ESIC (DCBO/BO) for the cashless services provided to the ESI Beneficiaries during previous month. It is required to be submitted in prescribed proforma in the 1st week of every subsequent month. The claim should be supported with summary statement (may also be generated through mobile app), investigation bill(s) and the test reports along with proof of receipt of the reports by the patient, on a monthly basis. Branch/DCBO of ESIC will verify claim bills and submit to RO for cashless online payment or through ECS, deducting any statutory requirements/taxes, as deemed fit.
13. Upon submission of monthly or quarterly or annual claims, payment of eligible amount will be made on-line through ECS by Dispensary cum Branch Office (DCBO) in the district/ nearest Branch office/ESIC Office. Hence Bank account and PAN details of eDC are required to be submitted mandatorily.

TECHNICAL BID : E-TENDER**EMPANELMENT OF DIAGNOSTIC CENTERS****Under modified Insurance Medical Practitioner(mIMP) Scheme)**

1. Name full of the owner/Licensee in BLOCK letters :

Full Residential

2. Address:

3. Email ID : _____ Phone No : _____

4. Name of the Diagnostic Centre with full address and phone No :

5. State Registration No. :

6. Registration number of Diagnostic Centre :

(a) Validity :

(b) Name of Issuing Body :

7. GST/TAN/PAN No. :

DECLARATION

I, Dr./Shri/Smt. _____ (Name and address of the persons with whom MoU has to be signed) hereby declare that all the details/information furnished above are true to the best of my knowledge. I also declare that my/our firm has not been blacklisted/debarred by any central/State Govt. Institutions/Organizations.

Date

Place :

(Signature of the person)

(Name, Designation and Address Stamp)

FINANCIAL BID**Empanelment of DIAGNOSTIC CENTRES****(Under modified Insurance Medical Practitioner (mIMP) Scheme)**

1. Flat _____ % rebate on the price of the tests/investigations Listed at Annexure -B)

(Please quote your rebate in %)

I, _____ hereby agree to accept the honorarium _____%

rebate on the price of the tests/investigation listed at Annexure - E. and also agreed to all terms & conditions thereon.

Date :

(Signature of the person)

(Name, Designation and Address Stamp)

Place :

ECS Mandate form**Diagnostic centre details to receive payment through e-payment**

1. Name of the IMP/Chemist/Diagnostic Centre:
2. Address of the IMP/Chemist/Diagnostic Centre:
3. Telephone no of the IMP/Chemist/ Diagnostic Centre:
4. Name of the Account Holder:
5. Bank Account No:
6. Type of the account(S.B., Current or Cash Credit):
7. Name of the Bank:
8. Name of the branch:
9. Bank Address:
10. Bank Telephone No:
11. MICR code number of the bank and branch:
12. IFSC code number of the Bank & branch:

N.B. Please attach a blank cancelled cheque or photocopy of a cheque or front page of your bank pass book issued by your bank.

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected for reason of incomplete or incorrect information given by me as above, I would not hold the ESIC responsible.

Dated:

Digitally signed by
SUBRAMANIAN S
Date: 11-08-2025
16:36:58