

CENTRAL UNIVERSITY OF PUNJAB

(Established vide Act No. 25 (2009) of Parliament)

Ref. No. CUPB/Estt./2025/ 759

Dated 19.08.2025



**EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITALS/
LABORATORIES / IMAGING CENTRES / DENTAL CENTRES, ETC. FOR PROVIDING
MEDICAL SERVICES TO EMPLOYEES AND THEIR DEPENDENTS OF THE
CENTRAL UNIVERSITY OF PUNJAB**

Release Date	:	19.08.2025
Last Date	:	09.09.2025

V.P.O. Ghudda, District – Bathinda – 151401

E-mail: establishment@cup.edu.in

Contact No. 0164-2864171 & 0164-2864181

EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITALS/ LABORATORIES / IMAGING CENTRES / DENTAL CENTRES, ETC. FOR PROVIDING MEDICAL SERVICES TO EMPLOYEES AND THEIR DEPENDENTS OF THE CENTRAL UNIVERSITY OF PUNJAB

The Central University of Punjab, Bathinda, invites sealed Expressions of Interest (EOI) from hospitals and healthcare service providers located within the state of Punjab and its capital Chandigarh, for Outpatient Department (OPD) consultations/Emergency and casualty services/ In-patient hospitalisation and treatment/ Diagnostic investigations (including laboratory tests, CT/MRI/PET scans, etc.)/Dental care services of beneficiaries at CGHS rates (as amended from time to time) or hospital rates, whichever are lower under the following terms and conditions:-

Terms & conditions:

1. The empanelment shall be valid for a period of five (05) years from the date of issuance of the empanelment letter.
2. If the hospital is CGHS/NABH/NABL accredited, a copy of the certificate is to be attached.
3. The charges will be on CGHS rates (as amended from time to time) or hospital rates, whichever are lower.
4. A comparative list of CGHS rates and hospital rates should be attached.
5. For those items/procedures/Investigations not covered under the CGHS rate list, the **HOSPITALS / LABORATORIES / IMAGING CENTRES / DENTAL CENTRES, etc.,** may offer some discounts on hospital rates, including on Medicines / Injections /Consumables items, etc., separately.
6. Hospitals can even express interest in only specific speciality empanelment like ENT, Orthopaedics, Neurosurgery, Cardiovascular surgeries, Obstetrics and Gynaecological emergencies, Urological emergencies, Paediatrics, including Neonatal emergencies etc.
7. Provision of ambulance services may be extended to beneficiaries at the CGHS rates.

Submission Requirements:-

Interested hospitals / laboratories / imaging centres / dental centres, etc. shall submit the following documents along with the EOI:-

- Copy of Registration Certificate of Hospital / laboratories / imaging centres / dental centres.
- Expression of Interest (EOI) signed and stamped by authorized signatory on official letterhead.
- Copies of CGHS/NABH/NABL accreditation certificates, if any.
- Comparative rate sheet between CGHS and hospital rates
- List of procedures/tests not covered under CGHS with associated discount proposal

- Request for specific speciality empanelment (if applicable)

The complete EOI application, duly signed and stamped on **each page**, must be submitted in a **sealed envelope** superscripted with: **“EOI for Empanelment of Hospital / Laboratory / Imaging Centre / Dental Centre, etc. on CGHS Rates”**.

EOIs should be addressed and delivered to - **The Registrar, Central University of Punjab, VPO: Ghudda, Bathinda – 151401, Punjab**

Submissions may be made either in person or via registered/speed post and must reach the aforementioned address **on or before 09.09.2025 up to 5 PM**.

All EOIs received shall be evaluated and placed before the Competent Authority for consideration and final empanelment decision.

Note: - This is an expression of interest for the empanelment of hospitals/laboratories/imaging centres/dental centres for providing medical services to employees and their dependents of the Central University of Punjab at CGHS rates (as amended from time to time) or Hospital rates, whichever are lower and not an invitation to bid.


REGISTRAR



CENTRAL UNIVERSITY OF PUNJAB
PROFORMA FOR EXPRESSION OF INTEREST (EOI)

(For Empanelment of Hospital/Laboratory/Imaging Centre/Dental Centre, etc., for Medical Services/Treatment on CGHS Rates)

To

**The Registrar,
Central University of Punjab,
VPO: Ghudda, District Bathinda – 151401, Punjab**

Subject: EXPRESSION OF INTEREST (EOI) FOR EMPANELMENT OF HOSPITALS/ LABORATORIES / IMAGING CENTRES / DENTAL CENTRES, ETC. FOR PROVIDING MEDICAL SERVICES TO EMPLOYEES AND THEIR DEPENDENTS OF THE CENTRAL UNIVERSITY OF PUNJAB

Sir,

With reference to the advertisement published on the E-Publish System and Tender/EOI Section of the University website, we hereby submit our Expression of Interest (EOI) for empanelment. The requisite details of our Hospital/Laboratory/Imaging Centre/Dental Centre are as follows: -

General Information

1. **Name of the Hospital/Laboratory/Imaging Centre/Dental Centre, etc. (with date of establishment): -**

2. **Address:**

3. **Mobile/Phone Number:**

4. **Email Address:**

5. **Approximate Distance from Central University of Punjab, VPO: Ghudda (Bathinda) (in km):**



6. **Empanelled with CGHS:**

- ☐ Yes (From: _____)
☐ No

7. **NABH/NABL Accreditation:**

- ☐ Yes
☐ No

8. **Number of Beds in the Hospital (if applicable):**

9. **Specialities Available:**

- o Specialty: ☐ Yes ☐ No
o Super Specialty: ☐ Yes ☐ No

(If yes, please attach a separate list of available specialities/super specialities.)

10. **Availability of Services (24x7):**

- OPD: ☐ Yes ☐ No
• IPD: ☐ Yes ☐ No

11. **Working Hours:**

12. **Night-Time Availability:**

- ☐ Yes
☐ No

13. **Any Additional Charges for Night Services:**

- ☐ Yes
☐ No

14. **Availability of Drug Store (within premises or nearby):**

- ☐ Yes
☐ No

15. **Interested in Empanelment for Specific Specialities Only?**

- ☐ Yes ☐ No

(If Yes, please specify: _____)

Discounts Offered

Item

- i. On CGHS Rates
ii. On Hospital Rates (not covered under CGHS)
iii. On Medicines
iv. On Disposables
v. On Investigations





UNDERTAKING

We hereby certify that:-

- a. The details provided above regarding physical infrastructure, services, and specialities are accurate and true to the best of our knowledge.
- b. In the event that any information is found to be false or misleading, we understand that our hospital/laboratory/centre may be disqualified and de-recognised by the Central University of Punjab for future empanelment.
- c. Upon successful empanelment, we commit to provide medical services/ necessary disposables/ sundries, etc., to employees and their dependents of the Central University of Punjab of standard and approved quality, as per norms.

Authorised Signatory with Stamp

Name: _____

Designation: _____

Date: _____

