|  |
| --- |
| **Application for the X ray services**(Please fill the basic details and attach the necessary support documents) |
| **Indicators** | **Column to be filled** |
| 1. Name of the town/area/district of application submitting (choose multiple towns/districts)

**Karimnagar:** Karimnagar town, Choppadandi, Huzurabad and Jammikunta, **Warangal (Urban):** Hanmakonda, Warangal and Mulkanoor area, **Mahaboobnagar:** Badepally, Boothpur, Koilkonda, Mahaboobnagar town |  |
| 1. Name of the Agency
 |  |
| 1. Address of the agency: City/district/area
 |  |
| 1. Name of the top executive
 |  |
| 1. Designation
 |  |
| 1. E Mail ID and contact number
 |  |
| 1. Service tax number
 |  |
| 1. Office strength (No of technical team in the facility)
 |  |
| 1. Is the X Ray unit registered? (If yes, attach the registration document)
 |  |
| 1. Type of Facility (Standalone/attached with hospital)
 |  |
| 1. Name of the hospital If attached with any hospital/clinic
 |  |
| 1. Charges for Normal X-Ray
 |  |
| 1. Charges for digital X-Ray
 |  |
| 1. Turn Around Time (TAT) for test report
 |  |
| 1. Report sharing format (Hard/Soft copy)
 |  |
| 1. Average workload per day for X Ray services (Footfall)
 |  |
| 1. Radiologist availability status (Full time radiologist/ On call radiologist/ Radiologist not available)
 |  |
| 1. Name of the radiologist
 |  |
| 1. PAN card (Attach the copy of PAN card)
 |  |
| 1. Agency profile (need to be attached)
 |  |

**Self-declaration:** Agency should be a company registered in India, agency should be registered under GST, as applicable and carry a valid PAN, as applicable. An undertaking (self-certificate) that the agency hasn’t been blacklisted by a central / state Government institution and there has been no litigation with any government department on account of similar services. Agency should have all other relevant licenses from state bodies/other relevant authorities required to provide services and they should have qualified technicians, adequate infrastructure and equipment to perform specific tests

**Terms and conditions:** All applications received by the stated closing date will be evaluated and ranked by the procurement committee / competent authority, according to the TB Alert India procurement policy.

**Note:** Fill the application and take the printout on your letter head and submit along with support documents at email Id: ravindarg@tbalertindia.org.in