



संत लौगोवाल अभियांत्रिकी एवं प्रौद्योगिकी संस्थान,  
लौगोवाल, संगरूर, पंजाब - १४८ १०६  
(शिक्षा मंत्रालय के अधीन समविश्वविद्यालय)

**Sant Longowal Institute of Engineering and Technology,**  
**Longowal, Dist. Sangrur, Punjab - 148106**  
(Deemed-to-be-University under MoE)

NOTIFICATION NO. 03/2025

DATED: 12.02.2025

**EMPANELMENT OF DOCTORS/ HOSPITALS/DIAGONISTIC SCAN/IMAGING CENTRE/  
PATHOLOGICAL LABS**

The Institute intends to empanel reputed registered/recognized Doctors/Clinics/Hospitals/  
Diagnostic Scan/Imaging Centre/ Pathological Labs for providing OPD/IPD consultation and  
health care services to the SLIET community i.e. students, employees & their dependent  
family members on CGHS rates. Desirous may send the Expression of Interest up to 05:00  
P.M. on 07.03.2025. For Expression of Interest, detailed terms and conditions, please visit  
Institute website [www.sliet.ac.in](http://www.sliet.ac.in).

  
REGISTRAR



Sant Longowal Institute of Engineering and Technology  
Longowal, District-Sangrur, Punjab – 148106  
(Deemed-to-be-University under Ministry of Education, GoI)

NOTIFICATION NO. 03/2025

Date: 12.02. 2025

## **NOTICE INVITING EXPRESSION OF INTEREST (E.O.I)**

**(For empanelment of Doctors including Dentists, Hospitals, Diagnostic / Scan /Imaging Centre /Pathological Labs (NABL/ Non NABL) for providing OPD/IPD consultation and health care services to the SLIET community ie Students, Employees & their dependent family members)**

### **INTRODUCTION**

The Institute under Ministry of Education, Government of India is planning to provide health care services to about 4000 Students, 400 Staff and their dependent family members in the hospitals and Diagnostic Scan/Imaging Centers **located in all nearby cities / towns situated in Sangrur, Barnala, Patiala, Bhathinda, Mansa, Moga, Ludhiana, Fatehgarh Sahib, SAS Nagar-Mohali Districts & UT of Chandigarh** by the expert Medical Practitioners and Empanel Hospitals for OPD/IPD services as per terms and conditions given as under:

#### **A. Terms and conditions for Empanelment of Doctors including Dentists and Hospitals.**

1. The Hospital must be registered/recognized by the State/Central/Local Authorities.
2. The empanelled Hospital will provide outpatient and inpatient treatment to the entitled beneficiaries of SLIET, Longowal at concessional Central Government. Health Scheme- CGHS- Rates.
3. The Hospital shall verify the identity of the SLIET, Longowal beneficiaries including their dependents through his/her photograph on the medical booklet and issued by SLIET, Longowal, before starting the treatment.
4. The Hospital shall ensure that the best medical treatment/facility is extended to the beneficiaries.
5. The Hospital shall not prescribe medicines for more than 3 months period at a time for chronic diseases. After three months, fresh prescription shall be issued by the Hospital.
6. If a particular treatment is not available in the Hospital, the SLIET, Longowal beneficiaries may be referred to any Govt./CGHS empanelled private Hospital where facility for such treatment exists.
7. The Hospital shall allow the officials of SLIET, Longowal to visit the beneficiary, to inspect its inpatient treatment papers & to ascertain the welfare of the patient and that later is satisfied with the services.
8. The Medical Officer of SLIET, Longowal reserves the right to discuss the line of treatment with the concerned doctor.

9. For OPD consultations, beneficiary can avail treatment from empanelled Hospitals, directly.
10. The Hospital shall ensure that the beneficiary is admitted in the Hospital only for the number of days as required for the treatment and carry out such investigation and treatment as essential to the ailment. Any incidental investigation not essentially required for the ailment but demanded by the patient, will not be reimbursed by SLIET, Longowal and the Hospital will have to inform the patient that the later would have to bear the cost for such treatment on his own.
11. For post emergency care the Hospital will transfer the patients to the room, as per entitlement.
12. The Hospital will ensure that the fees and other charges for the treatment, both in-patient and out-patient are as per the CGHS rates. The beneficiaries will pay directly to the Hospital and thereafter, apply to Institute for reimbursement as per the Central Govt. Rules.
13. The hospital will hand over the bills to the beneficiaries as per the agreed schedule of charges/concessional CGHS rates. Any amount charged over and above will be deducted from the bill.
14. The Hospital will ensure that the bills indicate a clear break-up for all the treatment given to the beneficiaries at concessional CGHS rates as applicable. The signature of both the authorized signatory of the Hospital and beneficiaries should appear on the bills.
15. In case of any negligence in the treatment of the beneficiaries, the Hospital shall be solely responsible for all consequences and claim, if any, to be made by the beneficiaries.
16. Institute reserves the right to terminate the MoU by giving the Hospital (s) 90 days prior notice without assigning any reasons.
17. The Doctors of the hospital (s) should be registered with MCI/State Medical Council.
18. Preference will be given to NABH/NABL accredited Hospitals.

**B. Terms and conditions for Empanelment of Diagnostic Scan/Imaging Centre/Pathological Labs (NABL/ Non NABL)**

1. Diagnostic Scan/Imaging Centre/Pathological Labs must have been registered with State Government / Local Authorities, wherever applicable.
2. Diagnostic Scan/Imaging Centre/Pathological Labs will provide ultrasound/C.T. Scan/MRI/Angiography /Endoscopy/X-ray/Blood testing and other testing services to the entitled beneficiaries of SLIET, Longowal at CGHS rates.
3. Diagnostic Scan/Imaging Centre/Pathological Labs will entertain the beneficiary of SLIET, Longowal
4. The Diagnostic Scan/Imaging Centre/Pathological Labs shall verify the identity of the SLIET beneficiaries including dependents through his/her photograph on medical booklet issued by SLIET, Longowal or Identity Card issued by the institute before providing the medical services.

5. Diagnostic Scan/Imaging Centre/Pathological Labs shall ensure that the best facilities are extended to the beneficiary.
6. The Diagnostic Scan/Imaging Centre/Pathological Labs (NABL/ Non NABL) will ensure that the fees and other charges for the services provided are strictly as per the CGHS rates which the SLIET, Longowal beneficiary would directly pay the Diagnostic Scan/Imaging Centre /Pathological Labs and which would be reimbursed by the Institute to the beneficiary to the extent and as per the Central Govt. Rules.
7. Diagnostic Scan/Imaging Centre/Pathological Labs will provide the bills to the beneficiary as per CGHS rates. Any amount charged over and above will be deducted from bill.
8. The Diagnostic Scan/Imaging Centre/Pathological Labs will ensure that the bills indicate a clear break-up for all the services provided to the beneficiary at CGHS rates as applicable. The signatures of both the authorized signatory of Diagnostic Scan/Imaging Centre/Pathological Labs and the beneficiary should appear on the bills.
9. In case of any negligence in the treatment of the beneficiary, the Diagnostic Scan/Imaging Centre/Pathological Labs shall be solely responsible for all consequences and claim, if any, to be made by the beneficiary.
10. Institute reserves the right to terminate the MoU by giving the Diagnostic Scan/Imaging Centre/Pathological Labs 90 days prior notice without assigning any reason.
11. Preference will be given to State/Centre/NABL/ Non NABL /recognized Diagnostic Scan/ Imaging Centre.
12. All reports should be signed by the Radiologist /Pathologist/ concerned authorized doctor etc. as the case may be.

**C. Expression of Interests (E.O.I) is also invited for the following:**

From Medical/ Dental/ AYUSH Practitioners holding MBBS/ MD/ MS/ BDS/ MDS/ Specialist PG Diploma/ AYUSH degree for providing consultation services to the Students, Employees & their dependents of SLIET, Longowal on a maximum of CSMA/ CGHS rules/rates.

Desirous Doctors/ Clinics/Nursing homes and Diagnostic Scan/Imaging Centre / Pathological Labs having required (as per terms and conditions) qualifications/facilities and those empanelled by state/central Govt. and State/Central PSUs/Autonomous Bodies located in all nearby cities / towns situated in Sangrur, Barnala, Patiala, Bhathinda, Mansa, Moga, Ludhiana, Fatehgarh Sahib, SAS Nagar-Mohali Districts & UT of Chandigarh may please send the Expression of Interest by filling the respective Annexure as under:

- (i) **For Individual Doctors/ Clinics/ Nursing Homes (Annexure-A)**
- (ii) **For Hospital Empanelment(Annexure-B)**
- (iii) **For Diagnostic Scan/Imaging Centre Empanelment(Annexure-C)**

The E.O.I should be submitted separately for each category viz Annexure A, B, C in separately sealed envelopes and clearly superscrib as "Expression of Interest (E.O.I) For Empanelment Of Doctors / Clinics/ Nursing Homes, Hospitals OR Diagnostic Scan/Imaging Centre /Pathological Labs" as the case may be and addressed to the following so as to reach the institute by **07.03.2025 (day)**.

**Registrar,  
Sant Longowal Institute of Engineering and Technology Longowal,  
District-Sangrur, Punjab – 148106**

**Contact persons detail for clarification/information, if any:**

1. Medical Officer SLIET: 0167-2253512  
e-mail: [mo@sliet.ac.in](mailto:mo@sliet.ac.in)
2. O/o Deputy Registrar (Admn): 0167-2253153  
e-mail: [A3admin@sliet.ac.in](mailto:A3admin@sliet.ac.in)

E.O.I will be opened on **March 18, 2025 at 10.00 am** at Committee Room (Admn Block) Sant Longowal Institute of Engineering and Technology Longowal, District-Sangrur, Punjab – 148106

The Individuals, Hospitals/Clinics, and Diagnostic Scan/Imaging Centre/ Pathological Labs as the case may be, are advised to submit their application in the enclosed format. The applications will be scrutinized and eligible Individuals, representatives of Hospitals/Clinics, and Diagnostic Scan/Imaging Centers/ Pathological Labs may be called for personal interaction to decide for empanelment.

  
**Registrar**



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ANNEXURE "A"

(To be filled by the concerned doctor in duplicate copy)

VERIFICATION FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL ATTENDANT FOR  
SLIET, Longowal.

1.	Name in full (block letters) (the name should be same as in his qualification degree)		Recent Photo
2.	Father / Husband's Name		
3.	Date of Birth		
4.	Nationality		
5.	Medical Qualification i.e. MBBS/ MD/ MS etc (Photocopy of the certificate/ Final year mark-sheet should be annexed).		
6.	MCI/ State Medical Council registration number and place of registration (Photocopy of The registration certificate should be annexed).		
7.	Details/copies of empanelment with other Govt agencies if any.		
8.	Name of Medical College and the University from where medical / dental degree(Bachelors) obtained		
9.	Name of Medical College and the University fromwhere medical degree (Master, if any) obtained		
10.	Specialization if any		
11.	Full Address of Clinic / Medical Centre and date of establishment.		

12.	Present Residential Address in full (including the name of Thana/ PS)	
13.	Permanent Residential Address in full (including the name of Thana/PS)	
14.	Work experience, if any in Government Hospital	
15.	Work experience, total (in brief)	
16.	Have you ever been arrested, prosecuted or fined by a Court of Law? If yes, give full details	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Signature of the AMA applicant  
(With Stamp)

For Office use only

Remarks of the Chairperson, Health Centre				
Whether recommended for empanelment				
<b>Checked by</b>	<b>Verified &amp; Forwarded</b>	<b>Recommended</b>		<b>Approved</b>
	MO, Health Centre	Chairperson, HC	Registrar	Director



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ANNEXURE "B"

**Hospital Empanelment Form**

1	Name of the Hospital	
2	Type of Hospital	
3	Type of ownership	Sole proprietorship / Partnership / Pvt Ltd/ Public Ltd
4	Address	sant
5	Whether Registered Under The Clinical Establishments (Registration and Regulation) Act, 2010 (Please provide necessary certificate) or any other Government recognized Agency	
6	If NABH accredited, provide copy of certificate	
7	Detail List of Doctors, Nurses and other supporting staff on Payroll.	
8	Contact person & Phone Nos.	
9	Consulting Hours	
10	OPD/Registration charges	

Date:

Signature of the Authorized Applicant  
(With Stamp)

For Office use only

Remarks of the Committee				
Whether recommended for empanelment				
Period				
Rates approved		As per CGHS		
<b>Checked by</b>	<b>Verified &amp; Forwarded</b>	<b>Recommended</b>		<b>Approved</b>
	HOD, Health Centre	Chairperson, Health Centre	Registrar	Director



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ANNEXURE "C"

**Diagnostic/ Scan Centre/ Pathological Labs Empanelment Form**

1	Name of the Diagnostic/ Scan Centre / Pathological Labs	
2	Type of Diagnostic/ Scan Centre / Pathological Labs	
3	Type of ownership	Sole proprietorship / Partnership / Pvt Ltd/ Public Ltd
4	Address	
5	Whether Registered Under The Punjab State Nursing Home Registration Act, 1991 or The Clinical Establishments (Registration and Regulation) Act, 2010 (Please provide necessary certificate)	
6	List of Radiologist, Pathologist and other qualified supporting staff	
7	If NABL accredited please provide copy of certificate	
8	Contact person & Phone Nos.	
9	Consulting Hours	
10	Registration charges if any	

Date: Signature of the Authorized Applicant

(With Stamp)

For Office use only

Remarks of the Committee				
Whether recommended for empanelment				
Period				
Rates approved		As per CGHS		
<b>Checked by</b>	<b>Verified &amp; Forwarded</b>	<b>Recommended</b>		<b>Approved</b>
	HOD, Health Centre	Chairperson, Health Centre	Registrar	Director