



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, ANGUL
(NTEP. WING)

Letter No. 641 /TB

Date : 19/07/2025

To,
The e-Governance Manager
Collectorate, Angul

Sub:- Publication of expression interest for Empanelment of Mobile X-Ray services for Intensified TB Elimination Campaign in Angul district.

Sir,
With reference to the subject cited above, the following expression interest for Empanelment of Mobile X-Ray services for Intensified TB Elimination Campaign in Angul district may kindly be to uploaded on dt.19.07.2025 in the official website of Angul district (www.angul.odisha.gov.in) as per soft copy provided through E-mail/ Whatsapp.

Expression of interest for Empanelment of MOBILE X-Ray Services

Sealed proposals are invited from interested eligible agencies / vendors for empanelment to provide MOBILE X-ray services for Intensified TB Elimination Campaign in Angul District. The eligible criteria, the detail requirement and the formats for submission of proposals are set forth in the following RFP document which can be download from the website: www.angul.odisha.gov.in.

Interested agency fulfilling the eligibility criteria may submit their proposal (s) separately as per application format. The details of proposal(s) completed in all respect & super scribed with *Expression of interest for empanelment to provide MOBILE X-Ray services for Intensified TB Elimination Campaign in Angul District* must have to reach the undersigned on or before 25-07-2025 till 05:00 PM through Speed post / Regd. Post / courier only. Incomplete application in any form is liable for rejection. The Authority reserves the right to reject any or all the proposals without assigning any reason thereof.

Yours faithfully,

Chief District Medical &
Public Health Officer, Angul

Memo No. 642

Date : 19/07/2025

Copy to Notice Board of the CDM&PHO, Angul for wide publication.

Chief District Medical &
Public Health Officer, Angul



Letter No. 640/TB

Date: 19/07/2025

Office of the CDM & PHO-Cum-DMD, Angul

DISTRICT PROGRAMME MANAGEMENT UNIT (DTC Wing)

Advt. No. 640/DTC/2025 Dated: 19/07/2025

Expression of interest for Empanelment of MOBILE X-Ray Services

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Sd/

CDM & PHO-Cum-DMD, Angul


CDM & PHO
Angul

Expression of Interest for Empanelment of MOBILE X-Ray Services

Interested Agency/vendors with the following prerequisites are requested to submit "Expression of Interest for" empanelment to provide mobile X-Ray services for Intensified TB Elimination Campaign in Angul District.

- a. X-Rays shall be conducted by qualified Radiographer.
- b. Must have obtained AERB approval from appropriate authority.
- c. Radiologist either available physically or connected remotely to issue report with signature.

Key Conditionality

- 1- The private Health Facility having mobile X-Ray services must have their establishment in local area under Angul district & near by district.
- 2- As and when required, the agency/vendor may have to move to Public Health Institutions with their portable X-Ray machine to provide the services.
- 3- Maximum rate Rs.250/- including GST is to be paid for chest X-Ray for per patient.
- 4- The payment shall be made to the agency/Vendors (Private facilities), when X-Ray report is given with signature of Radiologist.
- 5- The rate of X-Ray services will be valid for 01 year from the date of approval.
- 6- The agency/vendor must have to submit the valid GSY Certificate with PAN of their Institution along with the Expression of Interest.
- 7- Application will be entertained in a sealed envelope through speed post/courier services and the application should reach in the Office of CDM & PHO, DHH, Angul on or before 05:00 PM Dt.25.07.2025.
- 8- After the scheduled time period no any application/bids will be entertained.
- 9- The bids will be opened on the same day at 10:00 AM on 28.07.2025 and empanelment will be finalized.
- 10- The authority reserves the right to cancel the bid without assigning any reason thereof.


Chief District Medical & Public Health Officer
CDM & PHO
Angul

APPLICATION FORMAT

Sl.No.	Particulars	Remarks
1	Name of the Applicant / Agency:	
2	Address with Contact No & E Mail IDs	
3	Registration No. & Place Establishment	
4	Whether AERB Certified, Yes / No (If yes, them mention the No.)	
5	GST & PAN No. Details	

Price Bid:-

Sl. No.	Particulars	Quoted Price in Rs. Including GST
01	Price per X-Ray	

Declaration: I do hereby declare that, all the information furnished by me above are correct. Any discrepancy if found in future I will be solely responsible and accountable as per law.



**CDM & PHO
Angul**

Signature of the Applicant

