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Expression of Interest						
Sr. No.	Name of Department	Name of Work /Notice	Starting Date Closing Date	Amount (Approx).	Website of the Department	Nodal Officer/Contact Detail/E-mail
1	ESI Health Care Haryana	Application for publication of expression of interest for implementation of IMP system under ESI Scheme in Mahendergarh & Jharli (Distt.-Jhajjar) region of Haryana	Starting Date:- 09.09.2019 at 10:00 AM Closing Date 30.09.2019 upto 5:00 PM	NIL	www.hryesi.gov.in	Nodal Officer- Dr. Saravjeet Kaur, Contact No. 7009221470 e-mail- esi@hry.nic.in

-Sd-
Director, ESI Health Care, Haryana

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Expression of Interest)
DIRECTORATE, ESI HEALTH CARE HARYANA
SCO 803, NAC, MANI MAJRA, CHANDIGARH
Phone/Fax : 0172-2751246
Website: www.hryesi.gov.in
E-mail: esi@hry.nic.in
dhsesihr@gmail.com

No. 29/137-ESI-G2-2019/

Date:

Directorate, ESI Health Care, Haryana under Ministry of Labour, Govt. of Haryana is providing comprehensive Health Care through a network of Dispensaries and Hospitals to its Insured Persons (IPs) and their families in majority of Districts of the States.

ESI Health Care, Haryana has decided to expand its service in all the districts and small towns of this state. ESI Health Care, Haryana is in the process of associating private clinic/nursing home as insurance medical practitioners (IMPs) to provide Primary Health Care Services including basic investigations under ESI Scheme in the area where there is no ESI Dispensary/Hospital. Accordingly applications are invited for **Mahendergarh & Jharli (Distt. Jhajjar)** locations and each IMP would be paid Rs. 500/- per IP family per annum as a package remuneration.

Scope of service and modalities of Operation :-

1. Format of application form and other details can be downloaded from Operational Manual for Insurance Medical Practitioners (IMPs) from website www.hryesi.gov.in
2. Minimum qualification of IMP is MBBS with valid registration in State Medical Council/MCI.
3. Total no. of working hours-7 per day.
4. Application complete in all respects must reach in the O/o Directorate ESI Health Care Haryana. SCO 803, NAC, Manimajra, Chandigarh on or before **30.09.2019 upto 5:00 PM**. The envelope should be with a superscription "**For empanelment of Insurance Medical Practitioner**". In case last date happens to be holiday then next working day will be considered. Any application received after cut off date & time will not be considered under any circumstances.

Competent authority reserves the right to withdraw the above notice without assigning any reason.

-Sd-
Director
ESI Health Care, Haryana,

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**OPERATIONAL MANUAL
FOR
INSURANCE MEDICAL PRACTITIONER (IMP)**

As per provision of section 58(1) of the ESI Act, the State Government may, with the approval of the Corporation, arrange for outpatient medical care to IPs and their families at the clinics of approved Registered Medical Practitioners who are appointed and designated as IMPs (Insurance Medical Practitioners-Panel Doctors) in areas where ESI Medical Services are not within easy reach of beneficiaries.

1. Eligibility :-

- 1.1 Minimum Qualification:- MBBS or any other equivalent qualification recognized by the Medical Council .
- 1.2 Should be registered with the State Medical Council /MCI.
- 1.3 Should be less than 67 years of age at the time of entry. Age for continuation as IMP should not exceed 70 years and must be medically fit.
- 1.4 Should have minimum experience of 2 years in general practice in a clinic/hospital or both after obtaining his medical degree.
- 1.5 Must be medically fit as certified by Medical Officer of ESI Hospital/Dispensary per **Annexure-B**.

2. Infrastructure requirements in Dispensary/Clinic:-

The clinic should have the following:

- a) Space for waiting
 - b) Consultation cum Examination room
 - c) Dispensing room/area
 - d) Facility for basic investigation like Hb, TLC, DLC, PS for MP, Blood Sugar, Routine & Microscopic Examination of Urine & Stool.
 - e) Toilet.
- 2.1 There should be clear title regarding tenancy or ownership of the premises, i.e. rent agreement issued in the name of the applicant or some other documents to prove the legal ownership of the clinic.
 - 2.2 The IMP must have a computer with internet facility so that IMP is able to verify eligibility of the beneficiaries and for online transactions concerning his role as IMP.
 - 2.3 The IMP must have the minimum prescribed surgical and medical equipments required on day to day basis for medical practice as detailed in '**Annexure-C**'.
 - 2.4 The imp must have a minimum of two contact numbers, one of which must be a mobile phone.

3. Tenure:-

Contract period of IMP shall be for one year, renewable every year, for a maximum period of three years.

4. Terms of Service:-

He will provide treatment to:

- 4.1 All Insured Persons and their dependent family members attached to him.

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- 4.2 Any Insured Person or his dependent that needs treatment in case of an accident or any other emergency.

5. Duties and functions:-

5.1 Working Hours & days:-

- a. Total no. of working hours-7hours per day
 - b. OPD Timings-8:00 AM to 12:00 noon & 5:00PM too 8:00 PM.
 - c. Working days- 6 days week excluding National Holidays.
- 5.2 The clinic hours and closed days must be displayed prominently in an appropriate place of the clinic.
- 5.3 An IMP is required to provide treatment to his patients to the extent that is generally given by a General Medical Practitioner. However, he is required to treat his general patients and ESI beneficiaries on 'first come first serve basis' duly taking into account the need of patient for urgent medical attention.
- 5.4 He shall render whatever services as possible in the interest of the beneficiary in case of an emergency, including difficult/complicated maternity cases.
- 5.5 He shall provide essential medicines in the clinic as per list provided by the Corporation/ESIS.
- 5.6 In case the illness/condition of the patient is such that it requires treatment that is not within the obligations/capacity of the IMP, he may inform the patient and refer him to the nearest ESI or Govt. Hospital.
- 5.7 He shall issue Medical Certificates, free of charge, as reasonably required for sickness, maternity, employment injury and death etc. as under regulations or as may be required from time to time by the corporation. For requirement of medical certificate beyond two weeks, IMP will refer the patient to Medical Referee.
- 5.8 IMP should maintain monthly record of patients' visits, distribution of medicine, stock registers, etc. that are required to be maintained and send monthly report to the concerned Authorities.
- 5.9 He shall furnish returns, such as statistics, drug requirement, Certificate Book etc. in such forms as prescribed by corporation or the State Government or Director ESI Scheme/AMO. The State ESI would provide the Indent books and Stock Registers. (The cost incurred on the rest of stationary is included in the package remuneration to be given to the IMP).
- 5.10 He shall accept ESIC 86, TIC, ESIC-37, 105, 166, 48 etc. as prescribed by the corporation/ESIS.
- 5.11 He shall refer beneficiaries who require consultation with Medical Referee (MR).
- 5.12 He shall afford access to the MR at all reasonable times to his clinic where the records required by these of service are kept for the purpose of inspection of such records and to furnish to the MR such records or necessary information with regard to any entry therein, as he may request.
- 5.13 IMP shall meet the MR at the request of MR, as may be reasonably required in connection with duties and responsibilities of the IMP.
- 5.14 He shall answer in writing, if needed, within a reasonable period a specified by the MR, any query raised by the MR in regard to any prescription or certified ate issued by the IMP or any Statement made in any report furnished by him under these terms of service.

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- 6.15 He shall answer in writing, if needed, within a reasonable period as specified by the MR, any query/clinical information regarding any IP to whom the IMP has declined a Medical Certificate.

6. Procedure of Disbursement of Drugs:-

- 6.1 The essential drugs that are prescribed by the Corporation are to be collected by IMP from the nearest ESI Dispensary/Store designated for this purpose by ESIS.
- 6.2 The medicines need to be collected from the designated dispensary/store through monthly indent/as and when required after prior intimation regarding requirement as per prescribed format. The State Govt. shall issue an indent book to each IMP and record of the same shall be maintained by the State Govt. so that the audit of the stock can be performed by the State Govt.
- 6.3 Medicines are to be dispensed for not more than 7 days at a time.

7. Remuneration:-

Each IMP will be allowed to enroll up to 2000 IP families with package remuneration of minimum Rs. 500/- per IP family per annum, which will include providing of Primary Health Services to IP and his family, distribution of medicines, issuance of medical certificate and investigation facility for Hb, TLC, DLC, PS for MP, Blood Sugar, Routine & Microscopic Examination of Urine & Stool. The IMP shall supply specified medicines to IPs and family members collected by him from ESIS dispensary. The facility available including investigation and medicines should be displayed on a notice board. An additional amount of Rs. 10000/- per year shall be provided to the IMP in two installments payment in the month of June and December for the maintenance of Computer System with Internet facility. An IMP will not demand or accept any fee or remuneration from any insured person.

The IMP shall be liable for any compensation for injury or damage suffered by an insured person or his family as a result of negligence on his part or due to his staff.

8. ACCEPTANCE OF IP BY IMP; PROCEDURE FOR TAKING TREATMENT:-

Insured persons are provided the following documents through their employers/ESIC Temporary Series:

- a. Medical Acceptance Card (MAC) (ESIC Med 7-B)/Smart Card.
- b. Temporary Identification Certificate (TIC)

While filling up of the registration form for registration of IP on IP portal, the employer shall seek the consent of IP for attachment to a particular IMP/Dispensary. The names of IMP shall appear on IP Portal indicating the names of IMP and the number of IPs enrolled with him/her. Based on the number of IPs already enrolled with the particular IMP, the IP shall be allotted particular IMP, before submitting the IP form for online registration.

IP has to get registered on IP portal for availability of the benefits or ESI Schemes and his eligibility would be counted from the date of registration on the IP Portal.

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Benefit of IP will start only after registration of IP on IP Portal.

9. Disputes Between IP and IMP:-

- 9.1 A dispute between the IMP and his patient, if any, will be investigated by competent authority and action that may be taken by the Director/Competent Authority will include withholding of remuneration of the IMP, especially where there has been a breach of service by IMP or removal of IP from IMP list in case it is found that IP was at fault.
- 9.2 When the Govt. or the Director or the Civil Surgeon ESI Health Care or any other authorized person wants to serve any notice to an IMP, it shall be delivered either by email, personally or by post to him to the address that he has last notified to the Director being his place of residence. In case of disciplinary action or damages, the letter shall be sent by registered Post.
- 9.3 An IMP is required to allow access to his clinic to any person/s authorized by the ESIC or the State Govt. at a reasonable time for inspection of the same and also to inspect the records as required. He is also required to furnish these records and to answer any query/give information with regard to any entry therein, as and when required.
- 9.4 He is required to answer any inquiries of any person authorized by the State Govt./ESIC with regard to any prescription or certificate issued by the IMP or any statement made in any report furnished by him as per these terms of service.

10. Agreement with IMP and ESIS

Each selected IMP will have to sign agreement with concerned Civil Surgeon, ESI Healthcare, Haryana.

11. Termination/Withdrawal of Services of IMP:-

- 11.1 The Director, ESI Medical Services, can suspend or terminate the agreement with an IMP and delete his name from the Medical List after giving due notice of not less than one month, when:
 - Patient is not satisfied with his treatment/conduct.
 - If he overprescribes.
 - If there is lax certification.
 - If he is not maintaining records as per requirement or not sending report as required.
 - Or for any other reason deemed necessary by the Competent Authority.

11.2 Record Keeping and Reporting:-

The following records are to be maintained by the IMPs:-

- a. Visit Register at 'Annexure-D'
- b. Stock Register of receiving and consumption of drugs at 'Annexure-E'
- c. Record of distribution of medicine to individual patient at 'Annexure-F'
- d. Record of Medical Certificate
- e. Indent Books

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f. Record of monthly reports.

g. Reports are to be submitted to Civil Surgeon ESI Health Care of the area on monthly basis as per Annexure-E, E, & G.

If the reports are not sent regularly for three months, IMP would be issued a notice. If the reports are not received for another three months, the payment to the IMP will be stopped and inspection will be done by team constituted by competent authority which shall recommend further action.

Complaint Register

The IMP shall maintain a complaint register of the size of about 8"x14" containing about 40 pages having hard cover on both sides. The cover page shall have the title as under:-

"Complaint Register"

Name of IMP.....

Address of IMP Clinic.....

Certified that the register contains.....Number of pages. All the pages have been numbered.

Signature & Stamp of IMP

The register will be maintained and kept at a prominent place in the clinic. The register can be inspected by Govt. /Director/Civil Surgeon ESI Health Care or any person authorized by ESIC/ESIS. The register will also be an important document to consider extension or otherwise of the services of IMP.

Note: The reporting formats will also be submitted online as soon as the necessary software becomes available.

-Sd-

Director

ESI Health Care Haryana.

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**FORMAT OF APPLICATION FOR USE OF CANDIDATES FOR INCLUSION IN MEDICAL LIST
AS INSURANCE MEDICAL PRACTITIONER UNDER THE EMPLOYEES' STATE INSURANCE
SCHEME**

Space for front Photograph showing
name of Private Clinic/Nursing Home
with complete address

Space for arrested
Photograph of the doctor

Size: 3.5 cmsx4.5 cms

1. Name in full (in block letters) _____
2. Date of Birth _____
3. Age as on dated 28.09.2018 _____
4. Sex _____
5. Name of Spouse if married _____
6. Next of Kin/Nominee _____
7. Medical Qualification and other post graduate Qualification:-

University/Examination Board	Particulars of Examinations	Date of Examination

8. A) MCI/State Medical Council registration No. _____

9. Full residential address _____

10. Email ID: _____ Phone No./Mobile No. _____

11. Full Address of clinic _____

12. Distance between notified area and clinic _____

13. Date from which practicing in the locality _____

14. Accommodation in Clinic _____

15.

Room	Area in sq. feet	Function

16. Do you have:
- 1) A separate consultation room?
 - 2) Space where patients can wait:
 - 3) Your own dispensing arrangements?
 - 4) A lab facility?
 - 5) A Toilet?
 - 6) A computer with internet facility?

17. Clinic timing _____

18. Available or ancillary staff in Dispensary/Clinic?

Designation	Full Time	Part Time

19. Have you ever been debarred/penalized by the MCI/State Medical Council?

20. If selected on the Medical List, how many insured persons are you prepared to have on your list (Max:2000)

21. Status of clinic (please tick)

1. Self Owned
2. Rented

22. State equipment and appliances maintained as per Annexure-D.

23. Experience as general Medical Practitioner*:

Period		Address of the Clinic
From	To	

**The applicant should have at least experience of 2 years as General Practitioner.

24. Whether you were previously an IMP under ESI Scheme? If so, please state Code No. and reason for withdrawal of name from Medical List.

25. Have you applied previously? If so, what date, month and year?

Documents required to be attached:

- a) Registration certificate of State Medical Council /MCI.
- b) Diploma or Degree Certificate.
- c) SSC/School Leaving Certificate showing date of birth.
- d) Proof of documents showing ownership/tenancy of the clinic. (Ownership papers, rent, receipt, rent agreements, electricity bill and water connection bill)
- e) All copies of above documents are to be self attested before submission.

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Declaration

I, _____, a candidate for inclusion in the Medical List as an Insurance Medical Practitioner under the Employer's State Insurance Scheme declare that the practitioners given above are true and correct to the best of my knowledge and belief.

I have read and understood the terms & conditions of service and agree to abide by them if included in the Medical List.

Date:

Signature

Place:

FOR OFFICIAL USE

Recommendation of the Allocation Committee

Chairman
Allocation Committee

Approval of the Competent Authority, ESI Scheme

Competent Authority
ESI Scheme

Annexure- B

MEDICAL FITNESS CERTIFICATE FOR IMP

(To be issued by M.O., ESI Dispensary/Hospital)

Certified that I have examined Mr./MsS/o, D/o,
W/o and found him/her medically fit for the assignment
of Insurance Medical Practitioner under ESI Scheme. His/her age as per the
documents isyears and physically appears years of age.
The signature of doctoris attested below.

.....

Signature of IMP

.....

Signature attested

Date

Signature of Medical Officer

Stamp of Medical Officer

Minimum List of Medical and Surgical Equipment to be maintained by an Insurance Medical Practitioner

The clinic should have the following:

1. Instruments for dressing of wounds.
2. Instruments for suturing of simple wounds.
3. Instruments for incision and drainage of abscess.
4. Splints of various sizes.
5. Basic clinical examination equipment.
6. Lab Inv. Facilities.

Please indicate availability/non availability of following items:

S.No.	Article Name of the Article	Availability Yes/No
1	Bandages assorted	
2	Dressing drum	
3	Foley's Catheter	
4	1-0 Sterilized Silk Suture	
5	Kramer wire or Gooch splint	
6	Artery Forceps 5 7/8"	
7	Plain forceps	
8	Forceps Sinus	
9	Forceps Sterilizer. Chealles	
10	Plain forceps	
11	Nasal Speculum No. 2	
12	Paper Adhesive Tape 1"	
13	Plaster adhesive 3"x10 yds	
14	Reflex hammer	
15	Weighing machine	
16	Scalpel	
17	Scissors	
18	Scissors, straight curved	
19	Sheeting, water proof 1 R	
20	POP Bandage	

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21	Spatula	
22	BP Apparatus	
23	Spud, eye	
24	Sterilizer portable	
25	Stethoscope	
26	BP Instrument	
27	Syringes 2 cc, 5 cc & 10 cc	
28	Tape measure	
29	Test Tubes	
30	Test Tube holder	
31	Test Tube stand	
32	Distant vision chart	
33	Near vision testing set	
34	Thermometer, clinical	
35	Tongue depressor	
36	Tray SS Instrument	
37	Tray SS Kidney shaped	
38	Wool, Cotton	
39	Uristix	
40	Glucometer with strips	

VISIT REGISTER

Monthly Return to be submitted to Civil Surgeon, ESI Healthcare
(Month.....year.....)

[illegible]

Signature and stamp of IMP

Record of Distribution of Medicines to Individual patients

Monthly Return to be submitted to Civil Surgeon, ESI Healthcare
(Month.....year.....)

[illegible]

Signature and stamp of IMP