



# **MALABAR CANCER CENTRE (POST GRADUATE INSTITUTE OF ONCOLOGY SCIENCES & RESEARCH)**



**NABH & NABL Accredited (An autonomous Institution under Government of Kerala)  
Thalassery, Kannur, Kerala - 670 103, Phone :+91 490 2399229, 2355881  
Fax: 91 490 2355880, Email: publicrelationsmcctly@gmail.com/mcctly@gmail.com  
Web: www.mcc.kerala.gov.in**

3508 /EOIAMBULNCE/CAPR/ MCC/25

January 10, 2025

## **EXPRESSION OF INTEREST**

Malabar Cancer Centre(Post Graduate Institute of Oncology Science and Research) is an autonomous Centre under Health Department, Government of Kerala. The Centre is registered under the Societies Registration Act XXI of 1860 with Reg.No.309/1997 and also is a recognized institution for treatment of cancer declared by the State Government vide GO No. (P) 251/02/H&FWD dated 01/10/2002.

The control and management of the Society are vested in the Governing Body consisting of 23 members with the Hon'ble Chief Minister of Kerala as the Chairman, Hon'ble Health Minister as Vice Chairman and Hon'ble Power Minister as Alternate Vice- Chairman. The routine activities and functions of the Centre are supervised by the Executive Committee, with the Secretary, Health Department being the Chairman of the Committee. The members in the Governing Body and Executive Committee are functioning by virtue of their official positions.

**MCC(PGIOSR) is a Comprehensive Cancer Centre with Oncology super specialty. Hence the centre does not have other super specialty facilities and our patients has to be referred to other centres for specialty consultations. For transporting such patients from MCC(PGIOSR) to other Super Specialty Hospitals, an ambulance with all modern facilities is required. Hence an expression of interest (EOI) is invited from reputed Hospitals/agencies in the prescribed format appended as annexure for empanelment of ICU Ambulance Services. Last date of submission of EOI along with the required documents is 29/01/2025 at 02.30 p.m and will be opened at 03.30 p.m on the same day.**

### **General Terms and Conditions**

1. A brief write up of the agency and its reputation should be attached along with the EOI.
2. All rates quoted should be inclusive of all taxes. No other charges will be borne by MCC MCC(PGIOSR).
3. All terms and conditions should be included in the EOI.
4. Payment will be made through MCC(PGIOSR) and patient will not make any direct payment to any Hospital.
5. Payment will be made by RTGS or Electronic transfer within a period of 30 days from the date of submission of Original Bills and trip sheet.
6. Validity for EOI will be for a period of 3 years from the date of execution of agreement.
7. The envelopes containing the EOI should bear the superscription **“EOI for Empanelment of ICU Ambulance Services”** and should be addressed to **The Director, Malabar Cancer Centre (Post Graduate Institute of Oncology Science and Research), Moozhikkara (PO), Thalassery, Kannur - 670103, Kerala, India.**

**Director**

## **TERMS AND CONDITIONS**

The following special terms and conditions shall apply for ICU Ambulance services for empanelment,

1. The agency should have a permanent place of business in Thalassery and the complete Postal Address, telephone / Mobile / Fax / E-mail address, etc. while submitting the completed EOI
2. The agency while submitting their EOI shall enclose certified Photostat copies of experience, trade license essential for carrying out the activities under reference, GST, PAN and any such other documents specified hereto. EOI form incomplete in any respect and not supported with the above-mentioned requisite documents, will be summarily rejected.
3. The vehicle should have proper Registration Certificate, Road tax payment Certificate, Fitness, Insurance (including the Driver).
4. The ambulance should have Ventilator, Defibrillator, Cardiac Monitor, Pulse oxymeter, Suction Machine, Syringe Pump, Emergency Medicines, Emergency Medical Technicians, Nursing Staff etc.
5. The vehicle offered should conform to the Emission norms laid down by Pollution Control Board and should possess the certificate "Pollution Under Control" issued from the concerned authority.
6. The vehicle offered for hire should be free from litigation as regards ownership is concerned and should possess no tainted history as rash driving, negligence of traffic rule etc.
7. The vehicle should be ready for use as and when MCC(PGIOSR) requires.
8. The driver engaged should have valid Driving License and should be co-operative and amiable in nature.
9. The driver should not have any past history of criminal records or Alcoholism or Drug Addiction.
10. Payment of wages and statutory obligations such as minimum wages etc. of staff working in the ambulance are to be observed by the Agency.
11. Statutory liability viz. ESI/PF etc would be solely borne by the Agency and no extra payment would be made on these accounts.
12. Any expenditure towards of wear and tear, repairing would be borne by the Agency.
13. The legal liability arising out of Accident, if any, during the period of engagement would be borne by the Agency.
14. Any loss of property of MCC(PGIOSR) caused by the Driver would be recovered from the monthly bill of the Agency.
15. In case of non-availability of the vehicle, MCC(PGIOSR) would arrange another vehicle for shifting of patients and the expenditure incurred in this way would be recovered from the monthly bill of the Agency/Person, including initiating proper action.
16. The Agency would provide a mobile phone to its Driver and the number would be intimated to MCC(PGIOSR) Reception.
17. The vehicle offered should have seats in the patient's cabin for an attendant as well as Medical/Paramedical staff.
18. The drivers employed by the Agency/Person should be under insurance cover of Accident policy for loss of life/injury etc and compensation if any in this regard, if awarded, will be the responsibility of the Agency/Person.
19. The Agency shall maintain a logbook keeping records of the movement and such records will be certified by MCC(PGIOSR).

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### EXPRESSION OF INTEREST FOR EMPANELMENT OF ICU AMBULANCE SERVICES

Sl.No.	Items	Remarks
1	Name and Address of the agency:	
2	Full Postal Address	
3	Cell Phone No	
4	Telephone No	
5	Name of the Registered Owner of Ambulance	
6	Registered No./Vehicle No.	
7	Date of Registration	
8	Registration valid up to	
9	Proof of registration under "Ambulance	
10	Year of Manufacture	
11	Make	
12	Chassis No.	
13	Engine No	
14	Tax paid up to	
15	Name of Insurance Company with	
16	Date of Insurance	
17	Insurance valid up to	
18	Facilities in the ambulance	
19	Name of Driver	
20	Driving License details of Driver	
21	Rate per Kilometer	
22	Other details	

Enclosures:

1. Registration Certificate
2. Road tax payment Certificate
3. Fitness Certificate
4. Insurance (including the Driver) certificate
5. PU Certificate
6. Driver License
7. List of equipments
8. List of medicines