

**The Performa for MINIMUM QUALIFING CRITERIA For CT & MRI is  
as Follows :**

| Sr.No. | Technical Facility  | Yes/No |
|--------|---|--------|
| 1.     | Centre should be situated not more than 7 km from the loco hospital Kanpur.   |        |
| 2.     | The ultrasound of various body parts will be done at CGHS Approved rate for Kanpur (2017)   |        |
| 3.     | Whether empanelled with CGHS for CT & MRI at present.   |        |
| 4.     | The centre should be willing to work on BILLING BASIS only and there will be no provision for advance payment.  |        |
| 5.     | Waiting area should be separate from scanning area and should be provision for proper changing room.  |        |
| 6.     | The centre should have qualified radiologist with at least 03 year postgraduate experience.   |        |
| 7.     | Equipment for resuscitation of patients like boyle's apparatus, suction machine and emergency medicine to manage anaphylactic reaction to contract media should be available. |        |
| 8.     | The centre should have nursing staff / female attendants for female patients.   |        |
| 9.     | Provision for radiation protection like screen and LEAD APRON should be available.  |        |
| 10.    | There should be provision for backup generator, UPS and emergency light.  |        |
| 11.    | Emergency services should be available round the clock.   |        |
| 12.    | Reporting time for routine cases should not be more than 24 hrs; there should be provision for sending the reports loco hospital Kanpur.                                      |        |
| 13.    | The centre itself will provide contrast media for cases wherever indicated.   |        |
| 14.    | In emergency case provisional reports to be informed to referring doctor on telephone.  |        |

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| 15. | In case the ultrasound machine is out of order for any particular period it will be the responsibility of the centre CT & MRI done from some other place at no additional cost. |  |
| 16. | The centre should give priority to railway patient sent for CT & MRI over general patients.   |  |
| 17. | A technical details, relevant literature, product catalogues or any other information's about medical equipments provided.  |  |
| 18. | List of equipment ant list of test to be performed provided.  |  |
| 19. | Application for duly signed. By authorized signatory in all respect.  |  |
| 20. | Whether associated with any government agency or not.   |  |
| 21. | Audit and account statements last three years.  |  |
| 22. | Experience, performance and annual turnover list attached.  |  |
| 23. | Firm is accredited to NABL or not?  |  |
| 24. | Any other specification, where to be mention.   |  |

CMS/SDH/CNB/NCR