
 <p><b>MAHATRANSCO</b> Maharashtra State Electricity Transmission Co. Ltd.</p>	<p align="center"><b>MAHARASHTRA STATE ELECTRICITY TRANSMISSION CO.LTD.</b> <b>LABOUR, INDUSTRIAL RELATIONS &amp; EMPLOYEES WELFARE DIVISION</b></p> <p><b>Address:</b> 4<sup>th</sup> Floor Plot No. C-19, Prakashganga, Bandra-Kurla Complex, Bandra (E) Mumbai-51. <b>CIN No:</b> U40109MH2005SGC153646</p> <p><b>Phone No:</b> (022) 26595043 <b>Email:</b> ciro@mahatransco.in <b>Website:</b> www.mahatransco.in</p>	
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No.MSETCL/LIR&EW/PAHC/Budgetary Offer/40

Date: 14.02.2025

**TO WHOM SO EVER IT MAY CONCERN**

**Sub:** Request for proposal of Package Cost/Rates from Hospitals across Maharashtra for conducting Preventive Annual Health Check-up of MSETCL employees in Pay Group I and II having age of 40 years and above

Sir/Madam,

The Budgetary Offers (Package Cost/Rates) through emails are hereby invited from Hospitals across Maharashtra for carrying out Preventive Annual Health Check-up of MSETCL employees in Pay Group I and II having age of 40 years & above.

2. MSETCL desires to empanel Government / Private Hospitals for conducting such tests. The various medical tests to be conducted in the Annual Health Check-up program and terms & conditions therein shall be as below:

1) **Medical Tests :** Various tests & investigations to be undertaken under this Annual Health Check-up are as per Government of Maharashtra's General Administration Department's GR No. भाप्रसे-१५२२/प्र.क्र.१९६/२०२२/९ dated 08.12.2022 and it has been mentioned in **PROFORMA "A"** for easy reference. All the tests to be carried out under this Health Check-up are to be conducted under one roof & on the same day either by prior appointment or otherwise.

2) **Pay Group I & II Employee Count (Zone-wise):**

Name Of Zone	Class I & II Employee Count of 40 Yrs & Above Age Group		
	Total Employee	Female	Male
Amaravati Zone	198	26	172
Chh. Sambhajinagar Zone	251	30	221
Head Office	210	68	142
Karad Zone	170	13	157
Nagpur Zone	272	51	221
Nasik Zone	272	25	247
Pune Zone	271	56	215
SLDC Kalwa	64	10	54
Vashi Zone	254	22	232
<b>Grand Total</b>	<b>1962</b>	<b>301</b>	<b>1661</b>

3) **Cost of Annual Health Check-Up:** You are requested to kindly go through all the tests required to be conducted under the Annual Health Check-up Program. After going through said details, you are requested to submit your quotation or the package cost per person (for men and for women). The quotation/package cost may be submitted in **PROFORMA "B"**

*[Handwritten Signature]*

attached with this notification. The rates quoted by you shall be inclusive of all the administrative charges, service charges, registration charges and applicable taxes etc.

- 4) **Validity Period of the rates offered:** The rates offered by your hospital for the said Annual Health Checkup shall be valid for two years from the date of submission.
- 5) **Reports:** The investigations reports of Annual Health check-up shall be prepared in the **PROFORMA "C"** attached with this notification. One copy of the report shall be given to the officer concerned & another copy shall be forwarded by hospital to the office of respective officer by email.
- 6) **Payment:** The cost of Annual Preventive Health Check-up will be paid to empanelled hospital directly by the concerned officers at the time of conducting tests and concerned officer will be given reimbursement alongwith his/her salary payment by the his/her controlling office.

3. In view of the above facts and requirements, you are requested to communicate willingness of your hospital to conduct the Annual Preventive Health Check-up of MSETCL Officers in Pay Group I & II with age of 40 years & above. Also, the quotation with best reasonable rates / reasonable package cost of your hospital for the said health checkup under the signature of the Competent Authority of your hospital in the PROFORMA "B" attached with this notification may be submitted to [ciro@mahatransco.in](mailto:ciro@mahatransco.in) till **28.02.2025 by 6.00 PM**. Thereafter, MSETCL will empanel the hospitals and inform the empanelled hospitals regarding rates fixed for Health Check-up.

4. In case of any query, you may contact to below officers:

- 1) Shri. Bharat Patil, Chief Industrial Relations Officer - 9881373799
- 2) Smt. Harshada Vaze, Asst. General Manager (HR-IR) - 9930863541

sd/-  
(Bharat Patil)  
Chief Industrial Relations Officer  
MSETCL, Corporate Office, Mumbai

Place: Mumai

Date:14.02.2025

## PROFORMA – A

(Enclosure with Notification No.MSETCL/LIR&EW/PHC/Budgetary Offer/

Date: 14.02.2025)

**Tests/ Investigations as per Government of Maharashtra's General Administration Department's GR भाप्रसे-१५२२/प्र.क्र.१९६/२०२२/९ dated 08.12.2022:**

Sr.	Test	Particulars
1.	a) Haemogram  b) Thyroid Profile  c) Vit.B12 test  d) Vit. D3 test	i) Haemoglobin ii) TLC (Total Leukocyte Count) iii) DLC (Different Leukocyte Count) (a) Polymorphs (b) Lymphocytes (c) Eosinophils (d) Basophils (e) Monocytes iv. Peripheral Smear.  i) T3 ii) T4 iii) TSH
2.	a) Urine Examination	i) Colour ii) Albumin iii) Sugar iv) Microscopic Exam
	b) Stool routine	i) Ova. cyst ii) Occult blood
3.	Blood Sugar	i) Fasting ii) Post-Prandial iii) HbA1C iv) Insulin (Fasting)
4.	Lipid Profile	i) Total Cholesterol ii) HDL Cholesterol (High Density Lipoprotein Cholesterol) iii) LDL Cholesterol (Low Density Lipoprotein Cholesterol) iv) VLDL Cholesterol (Very Low Density Lipoprotein Cholesterol) v) Triglycerides
5.	Liver Function Tests	i) S. Bilirubin (Total) (Serum Bilirubin) ii) S. Bilirubin (Direct) (Serum Bilirubin) iii) S.G.O.T. (Serum glutamic oxaloacetic transaminase) iv) S.G.P.T. (Serum glutamic pyruvic transaminase) v) Australia Antigen Test (Hepatitis B) vi) Serum Total proteins

*[Handwritten Signature]*

Sr.	Test	Particulars
		Albumin, Globulin, A/G ratio vii) Prothrombin time (P.T.) INR
6.	Kidney Function Tests	i) Blood Urea ii) S. Creatinine (Serum Creatinine) iii) S. Uric Acid (Serum Uric Acid) iv) Na <sup>+</sup> (sodium) v) K (Potassium) vi) calcium vii) Inorganic Phosphorus
7.	Cancer screening	A) For Men i) PSA (Prostate Specific Antigen test) ii) LDH (Lactic Acid Dehydrogenase test) B) For Women i) PAP SMEAR (Papanicolaou test)
8.	X-Ray-Chest PA View Report	
9.	ECG Report (Electro Cardiogram Report)	
10.	USG Abdomen with pelvis (Ultrasonography Abdomen with pelvis Report)	
11.	TMT Report (Treadmill test)/Stress test	
12.	Mammography Report (Women)	
13.	Gynecological Health Check up	i) Pelvic Examination a) Local Examination b) Per Vaginum (PV) c) Per Speculum ii) Surgical Examination iii) Breast Examination
14.	i) Urological Examination (For Men Only) ii) Rectal Examination (For Men Only)	
15.	Systemic Examination	i) Resp System (Respiratory System) PFT (Pulmonary Function test) ii) CVS (Cardiovascular System) iii) Abdomen iv) CNS (Central Nervous System) v) Locomotor System vi) Dental Examination
16.	Eye Examination	i) Distant Vision ii) Vision with Glasses iii) Colour Vision iv) Tonometry v) Fundus Examination
17.	ENT	i) Oral Cavity ii) Nose iii) Throat & Neck iv) Larynx

*Handwritten signature*

**PROFORMA - B**

(Enclosure with Notification No.MSETCL/LIR&EW/PHC/Budgetary Offer/

Date: 14.02.2025)

(To be submitted on letter head of the Hospital)

- 1) Name of the Hospital: \_\_\_\_\_
- 2) Address of Hospital : \_\_\_\_\_  
\_\_\_\_\_
- 3) I/We have read and understood the tests to be conducted under Annual Preventive Health Check-up Programme for MSETCL Officers of Pay Group I & II with age group of 40 years & above.
- 4) I/We offer the following rates for MSETCL's Annual Preventive Health Check-up Programme:
  - A) For men Rs. \_\_\_\_\_ (Inclusive of all taxes and charges)  
(In words Rs. \_\_\_\_\_)
  - B) For Women Rs. \_\_\_\_\_ (Inclusive of all taxes and charges)  
(In words Rs. \_\_\_\_\_)
- 5) Authorised Contact Person  
Name: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_
- 6) I/We agree to abide by all the terms and conditions mentioned in the Notification No. MSETCL/LIR&EW/PHC/Budgetary Offer/ Date: 14.02.2025.

Date:

Signature & seal of the Competent Authority  
of the Hospital



## PROFORMA – C

(Enclosure with Notification No.MSETCL/LIR&EW/PHC/Budgetary Offer/

Date: 14.02.2025)

(To be submitted on letter head of the Hospital)

### Summary of Medical Report of the Officer

<b>Name</b>		
<b>Designation</b>		
<b>SAP ID</b>		
1.	Haemoglobin level of the officer	Normal/Low
2.	Blood Sugar / HbA1C Level	Satisfactory/Normal/High/Low
3.	Cholesterol level of the officer	Normal/High/Low
4.	Liver functioning	Satisfactory/Normal/dysfunctioning
5.	Kidney Status	Normal/Both-one kidney not functional optimally
6.	Cardiac Status	Normal/enlarged/blocked/not normal
7.	BMI (Body Mass Index)	Normal/High
8.	Overall, Health of the Officer	
9.	Any other remarks based on the health medical check-up of the officer	
10.	Health profile grading	Excellent/Very good/Good/Average

Doctor's Signature and Stamp