



OFFICE OF THE CDM & PHO-cum-DISTRICT MISSION DIRECTOR, KHORDHA
DISTRICT PROGRAMME MANAGEMENT UNIT (DPMU)
(Department of Health & Family Welfare, Govt. Of Odisha)



No. 579 /

Dated 12/11/26

EXPRESSION OF INTEREST (EOI)

Expression of Interest (EOI) is invited from reputed Private Hospitals & Nursing Homes, / Clinics/Diagnostics Centers/ Radiology Center for providing digital Hand holding X-ray under intensified TB Elimination Campaign. The Interested private unit proprietors of having Digital handheld X-Ray unit with AERB approval from appropriate authority with the consent of Radiologist are requested to apply before CDM & PHO, Khordha on or before 27/01/2026 by 5:00PM along with all required documents by Speed Post / Courier only by super scribing on the top of the envelop " **EOI for Hand holding X-ray under intensified TB Elimination Campaign** ", the undersigned will not held responsible for Postal / Courier delay and no application will be accepted after due date and time for empanelment to provide Digital X-ray @ Rs.250/- for each case. The consent application format is attached herewith.

NB: Self-attested documents need to be submit the undersigned for Empanelment.

1. Application Form
2. Clinical Establishment Certificate.
3. Bank Details
4. AERB registration with Radiologist details

NB: Self attested document to be submit for reimbursement of the amount

(a) X-Ray report signed by Radiologist (Film not require), (b) Referral slip of Govt. facilities, (c) ID copy of Beneficiaries.

Sd/-

CDM & PHO, Khordha

Handwritten signature and date: 12/11/26

To

The CDM & PHO, Khordha

Sub: Submission of Expression of interest for empanelment of Digital X-ray

Ref:- EOI No. 579 dt- 12-01-2026.

Sir,

With reference to the subject above, I am submitting herewith my expression of interest for empanelment for providing Digital X-ray service under Intensified TB elimination Campaign @Rs. 250/- per X-ray.

Therefore, you are kindly requested to empanel our unit for the above purpose.

To be Enclosed Self attested Documents.

1. Application Form
2. Clinical Establishment Certificate.
3. Bank Details
4. AERB registration with Radiologist details

Yours' Faithfully

Proprietors Full Signature

Name of the Unit:

Address:

WhatsApp contact No:

Mail ID:

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15/1/26