

வ.உ.சிதம்பரனார் துறைமுக ஆணையம்
वी.ओ. चिदम्बरनार पत्तन प्राधिकरण
V.O.Chidambaranar Port Authority
 (Ministry of Ports, Shipping & Waterways, Government of India)
 Administrative Office, Harbour Estate, Tuticorin -628 004
 Tamilnadu

Certificate under:
 IMS - ISO 9001:2015; ISO 14001:2015 &
 ISO 45001:2018 and ISPS compliant Port

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MEDICAL DEPARTMENT

No. MED-MED00MISC(MISC)/12/2025/MEDICAL(C.No.7299)D.3051 Dt.12.12.2025

NOTICE INVITING APPLICATION FROM ALL NABH/NABL HOSPITALS /LABS FOR EMPANELMENT OF HEALTH CARE ORGANISATIONS,EYE CARE CENTRES, DIAGNOSTIC LABS/IMAGING CENTRES & BLOOD BANKS FOR PROVIDING SPECIALITY/SUPERSPECIALITY SERVICES & INVESTIGATIONS TO VOCPA MEDICAL BENEFICIARIES ON CREDIT BASIS AT CGHS CHENNAI RATES.

Applications are invited for empanelment from eligible Hospitals/laboratories to be submitted to the below mentioned contact through mail on or before 02.01.2026.

1	Description	Notice inviting application from all NABH/NABL hospitals /Labs for empanelment of Health Care Organisations, Eye Care Centres, Diagnostic Labs/Imaging Centres & Blood Banks for providing Speciality/Super Speciality Services& Investigations to VOCPA medical beneficiaries on credit basis at CGHS Chennai rates
2	Category	Empanelment of Health Care Organisations/Laboratories with VOCPA
3	Prequalifying Criteria	<ul style="list-style-type: none"> • Minimum 50 beds • NABL/NABH accreditation • Provide medical facilities to VOCPA medical beneficiaries at CGHS Rates
4	Last Date for submission	02.01.2026
5	Date of opening of submissions.	03.01.2026
6	Scope of work	To provide Investigations/Speciality and Super Speciality services to VOCPA medical beneficiaries at CGHS Chennai rates , on Credit Basis by the qualified Health Care organisations (Hospitals/Eye Care centres/Labs/Imaging centres
7	Contact person	Dr. P. Rajeswari, Sr. Dy.CMO,VOCPA. Cel: 9843043275
8	Contact mail Id	cmo@vocport.gov.in
9	Contact Address	V.O.ChidambaranarPort Authority, Medical Department, Tuticorin-628004

INFORMATION AND INSTRUCTION TO APPLICANTS:

1. Filled application with all the required documents shall be submitted to the above email id on or before 02.01.2026. Template application format is enclosed for reference.
2. The HCOs if qualified successfully after inspection shall enter into an MoU with VOCPA for empanelment of hospital/lab.
3. The MoU shall be for a period of 2 years and extendable for one year.

P. N. Nall
 12/12/2025
CHIEF MEDICAL OFFICER

APPLICATION FORMAT FOR EMPANELMENT OF HEALTH CARE ORGANIZATIONS

To

The Chief Medical Officer
V.O. Chidambaranar Port Authority, Medical Department,
Harbour Estate,
Tuticorin - 628 004, Tamil Nadu
cmo@vocport.gov.in

Sub: Application for Empanelment of Health Care Organizations (HCOs)

Ref: Notice No. MED-MED00MISC(MISC)/12/2025/MEDICAL
(C.No.7299) D.3051, dt.12.12.2025

Dear Sir/Madam,

We hereby submit our application for empanelment as a Health Care Organization (HCO), Eye Care Centres, Diagnostic Labs/Imaging Centres & Blood Banks for providing Speciality/Super Speciality Services & Investigations to VOCPA medical beneficiaries on credit basis at CGHS Chennai rates

APPLICATION PROFORMA FOR EMPANELMENT OF HOSPITAL

Sl.No	Description	Details Required
1	Name of the Hospital/Health Care Organization (HCO)	
2	Address of the Organization Pin Code: ; City: ; State:	
3	Contact Details	Telephone: ; Mobile: ; Fax: ; Email-Id:
4	Type of Organization	(e.g., Private, Public, Trust, Partnership, Corporate Entity)
5	Name of MD/CEO/Authorized Person	Designation:
6	Statutory Registration Details	
7	Accreditations	
8	Total Bed Strength	
9	Facilities Available	Operation Theatres (No.): Lab Facility ; Imaging Facility (X-Ray, CT, MRI, USG, etc.):
10	Specialities Offered	(e.g., Cardiology, Neurosurgery, Orthopedics, General Medicine - list all specialities available)
11	Support Services	(e.g., 24hr Pharmacy, Blood Bank, Ambulance, Canteen, Fire Safety)
12	Account No. IFSC code, MICR number	

DECLARATION AND UNDERTAKING:

I/We, the undersigned, hereby declare that all information provided above is true and correct to the best of my/our knowledge and belief. I/We understand that any false information may lead to the rejection of my application.

DATE:
PLACE:

SIGNATURE OF AUTHORISED SIGNATORY
NAME:
DESIGNATION:
(Affix office seal)

Check List of the documents to be submitted:

Sl.No.	Description	Submitted Yes/No
1	Application Proforma for Empanelment of Hospital	
2	NABL/NABH accreditation certificate	
3	Self declaration stating the number of beds and specialities offered	
4	Copy of the State registration certificate(Clinical Establishment Act Certificate)	
5	Copy of PAN card, GST number of HCO	
6	Copy of,	
	a. Fire and Rescue Services License	
	b. Bio Medical waste Agreement	
	c. Tamil Nadu Pollution Control Board Certificate	
	d. Licence for Blood Bank, Imaging Centre Radiotherapy Centre, Organ & tissue transplantation centre etc,	
	e. Certificate of AERB,BARC,PNDT	
	f. FSSAI Certificate (If applicable)	