



**अखिल भारतीय आयुर्वेद संस्थान**  
**ALL INDIA INSTITUTE OF AYURVEDA (AIIA)**  
(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)  
(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

F. No. G-19004/5/1/2016-AIIA/RL

Date: 11/09/2020

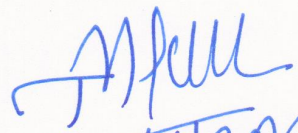
**CORRIGENDUM**

**REFERENCE TENDER NUMBER G-19004/5/1/2016-AIIA/RL**

With reference to above tender, all prospective Bidders are hereby informed that the Tender Document is modified as under:-

Page No.	Existing Description	Modification
Tender document "Enclosures"	The annexures I-IV and Rate list were mentioned, but missing.  Last date of submission of tender 23/09/2020 at 1:00 PM  Date of opening of tender 23/09/2020 at 3:00 pm	Annexures I-IV uploaded  Rate List of AIIA for Radiology laboratory uploaded  Last date of submission of tender 30/09/2020 at 1:00 PM  Date of opening of tender 30/09/2020 at 3:00 pm

Other clauses of the tender document stand unchanged.

  
11/9/2020  
Prof. Tanuja Manoj Nesari  
Director, AIIA  
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**F. No. S-11045/36/2014 - CGHS (HEC)**  
**Directorate General of CGHS**  
**Ministry of Health & Family Welfare**  
**Nirman Bhawan, New Delhi**

**Dated 10th September, 2014**

Following is new corrected CGHS approved list of procedures/investigations and rates for Delhi/NCR. All Technically and otherwise declared eligible Health Care Organizations interested in empanelment with CGHS are requested to go through the list and submit their MoA, PBG & Letter of rate acceptance. The HCOs which have already submitted these requisite documents need not submit them again if they wish to get empanelled/continue their empanelment with CGHS. However, the HCOs which do not wish to get empanelled/continue their empanelment with CGHS but have already submitted these documents may withdraw their documents and opt out of CGHS. The Last dated of submission/withdrawal of requisite documents is 30.09.2014.

Sr. No.	CGHS TREATMENT PROCEDURE/INVESTIGATION	Non- NABH/Non-	NABH/NABL	
	LIST	NABL Rates	Rates	+
	USG, X-RAY , CT, MRI, BONE DENSITOMETRY			<b>PROPOSED FOR AIIA</b>
1590	USG for Obstetrics - Anomalies scan	323	380	323
1591	Abdomen USG	323	380	323
1592	Pelvic USG ( prostate, gynae, infertility etc)	255	300	255
1593	Small parts USG ( scrotum, thyroid , parathyroid etc)	349	410	349
1594	Neonatal head (Tranfontanellar)	425	489	425
1595	Neonatal spine	500	575	500





1596	Contrast enhanced USG	900	1035	900
1597	USG Breast	349	410	349
1598	USG Hystero-Salpaingography (HSG)	255	300	255
1599	Carotid Doppler	850	1000	850
1600	Arterial Colour Doppler	706	830	706
1601	Venous Colour Doppler	706	830	706
1602	Colour Doppler, renal arteries/any other organ	800	920	800
1603	USG guided intervention- FNAC	490	564	490
1604	USG guided intervention - biopsy	720	828	720
1605	USG guided intervention - nephrostomy	800	920	800
	X-Ray			
1606	Abdomen AP Supine or Erect (One film)	128	150	150
1607	Abdomen Lateral view (one film)	128	150	150
1608	Chest PA view (one film)	60	70	150
1609	Chest Lateral (one film)	60	70	150
1610	Mastoids: Towne view, oblique views (3 films)	250	288	400
1611	Extremities, bones & Joints AP & Lateral views (Two films)	255	300	300
1612	Pelvis A.P (one film)	110	127	150
1613	T. M. Joints (one film)	110	127	300
1614	Abdomen & Pelvis for K. U. B.	128	150	150
1615	Skull A. P. & Lateral (2 films)	255	300	300
1616	Spine A. P. & Lateral (2 films)	250	288	300
1617	PNS view (1 film)	110	127	150
	CT			



1637	CT Head-Without Contrast	900	1035	1000
1639	C. T. Chest - without contrast (for lungs)	1700	2000	1700
1641	C. T. Scan Lower Abdomen( Incl. Pelvis) Without Contrast	1500	1725	1700
1642	C. T. Scan Whole Abdomen Without Contrast	3000	3450	4000
1646	CT Enteroclysis	6000	6900	7000
1647	C. T. Scan Neck – Without Contrast	1500	1725	1000
1648	C. T. Scan Neck – With Contrast	1870	2200	2000
1649	C. T. Scan Orbits - Without Contrast	1190	1400	1200
1650	C. T. Scan Orbits - With Contrast	1615	1900	2000
1651	C. T. Scan of Para Nasal Sinuses- Without Contrast	900	1035	1000
1653	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)-without contrast	1500	1725	1500
1654	CT Temporal bone – without contrast	893	1050	1000
1655	CT - Dental	1275	1500	1500
1656	C. T. Scan Limbs -Without Contrast	1700	2000	2000
1658	C.T. Guided intervention – FNAC	1200	1380	1500
1659	C.T. Guided Trucut Biopsy	1200	1380	3000
	<b>BONE DENSITOMETRY (DEXA SCAN)</b>			
1713	Dexa Scan Bone Densitometry - Two sites	1500	1725	1500
1714	Dexa Scan Bone Densitometry - Three sites (Spine, Hip & extremity)	2000	2300	2000
1715	Dexa Scan Bone Densitometry Whole body	2450	2818	2450

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