

**APPENDIX - A**

**LOCATION OF FACILITY AND FACILITY WISE DESCRIPTION OF SERVICES REQUIRED**

**ADDITION**

| Name of Teaching Hospital & bed strength             | No. of Dialysis Machines required | Land/space to be provided by the corresponding Teaching Hospital (Yes/No) | Date of commencement of contract |
|--|-----------------------------------|---|----------------------------------|
| Visakha Institute of Medical Sciences, Visakhapatnam | 8 + 2                             | Yes   | Immediate                        |