

Request for Expression of Interest

For

**Selection of Diagnostic Services to be provided at
“Hinduhridaysamrat Balasaheb Thackeray”
Polyclinic in H/West , K/West, P/North, R/South,
R/Central, R/North, N, S, & T wards of Mumbai**

EOI Ref. No.: 01/HO/dated: 23/04/2022

**PUBLIC HEALTH DEPARTMENT
BRIHANMUMBAI MUNICIPAL CORPORATION**

**Letter of Request for Expression of Interest for
Selection of Diagnostic Services to be provided at “Hindu hriday samrat
Balasaheb Thackeray Polyclinic in _____ ward of Mumbai.**

EOI Ref. No.: 01/HO/dated: 23/04/2022

Amid health system disruption induced by the coronavirus disease 2019 (COVID-19) pandemic, the need to improve the primary health services is greater than ever. The pandemic situation has emphasized the strengthening and revitalization of primary health care in Mumbai.

Primary Health Care is the interface between the secondary and tertiary health care system and the urban poor and has a pivotal role in delivering necessary primary healthcare services to the urban population particularly the slum and vulnerable sections.

In order to address the health concerns of the urban population more effectively and to provide comprehensive and essential primary care in close proximity Brihanmumbai Municipal Corporation has introduced the concept of “Hinduhridaysamrat Balasaheb Thackeray Polyclinic”- Essential health care services at your doorsteps. It envisages to incorporate specialized set of interventions at primary health care by roping in specialized care and access to specialized diagnostic services so as to improve promotive, preventive, curative health care and to reduce the burden on secondary and tertiary health care system.

Details of Invitation for Expressions of Interest for Diagnostic Services to be provided at Hindu hridaySamrat Balasaheb Thackeray Polyclinic in _____ ward, Mumbai is available on the <https://portal.mcgm.gov.in/> and attached here. The applicants can apply to provide services for all or selected diagnostic procedures as mentioned in the EoI document.

A two-step process shall be adopted to select a diagnostic center/ NGO/ nursing home etc. (service provider). In the first stage, the interested service provider shall apply for providing these services (selective or all). In the second stage, the eligible and qualifying service provider shortlisted during first-stage shall be invited for participating in a discussion cum selection meeting with zonal Deputy Health Executive Officer on the basis of which the relevant investigations will be awarded to the qualifying service provider. Details of application and shortlisting process are mentioned on Page no. 5 onwards of this document.

Interested service providers may submit their EOIs and other documents by sending them via email on hbtpolyclinicmcgm@gmail.com on or before 26.04.2022 by 05.00 pm date

The Authority reserves the right to make any further additions / deletions / modifications to the EOI, including extension of time for uploading of EOIs. Any such changes shall be notified through the above referred e-Procurement portal only, by way of Corrigendum / Addendum.

Sd/-
Executive Health Officer
Public Health Department
Brihanmumbai Municipal Corporation

**Invitation for Expression of Interest for
Selection of Diagnostic Services to be provided at “Hindu hriday samrat
Balasaheb Thackeray Polyclinic in ward of Mumbai.**

EOI Ref. No.: 01/HO/dated:23/04/2022

(Tentative Schedule)

EOI INVITATION REFERENCE	EOI Ref. No.: 01/HO/ dated:23/04/2022
DATE OF COMMENCEMENT OF DOWNLOAD OF EOI INVITATION FROM THE WEBSITE https://portal.mcgm.gov.in/	23/04/2022
LAST DATE AND TIME FOR SENDING COMPLETE EOI APPLICATION TO hbtpolyclinicmcgm@gmail.com	26/04/2022 by 05.00 pm
DATE & TIME OF OPENING OF EOI FROM	26/04/2022
DATE & TIME OF INFORMING SHORTLISTED SERVICE PROVIDERS	28/04/2022
DATE & TIME OF DISCUSSION CUM SELECTION MEETING	28/04/2022
PLACE OF OPENING OF EOI, PRE-BID MEETING, DISCUSSION MEETING AND ADDRESS FOR COMMUNICATION	Will be communicated

Sd/-
Executive Health Officer
Public Health Department
Brihanmumbai Municipal Corporation

INDEX

Sr.No.	Content	Page No.
1	Instructions to Applicants (Service Providers)	6 - 9
2	Terms of Reference	10
3	Eligibility criteria	11 -12
4	Annexure – 1 (Applicant’s EOI Letter)	13-14
5	Annexure – 2 (Applicant’s Contact Details)	15
6	Annexure - 3 (Notarized Affidavit by Applicants)	16
7	Annexure – 4 (Scheme concept note)	17

Instructions to Applicants

1. Introduction:

- 1.1 The ____ ward of Bruhanmumbai Municipal Corporation (hereinafter referred to as the “Authority”) intends to engage Services of diagnostic center/ NGO/ nursing home etc. (service provider) for Diagnostic Services to be provided at “Hinduhriday samrat Balasaheb Thackeray Polyclinic (hereinafter referred to as HBT Polyclinic) in ____ ward of Mumbai.
- 1.2 Detailed description of the services are provided in the **Section: Terms of Reference.**
- 1.3 The Authority shall receive applications of Expressions of interest from Service Providers via email on
- 1.4 All EOIs shall be prepared and submitted by Service Providers in accordance with the instructions given in this Section on or before the date and time specified herein.
- 1.5 The Authority shall shortlist eligible and qualified Service Providers for awarding the Scheme through an open competitive process.

2. Brief Description of Selection Process:

- 2.1 The Authority has adopted the following process for selection and award of investigation(s) to Service Providers:
- 2.2 First, the interested Applicants shall submit their Applications against this Request for Expression of Interest in accordance with the instructions given in this EOI Document. The Authority shall evaluate Applications received up to due date and time and shortlist all eligible and qualified Service Providers.
- 2.3 Subsequently, the Service Providers, evaluated as eligible and qualified during first stage, shall be invited to participate in a discussion cum selection meeting, with zonal Deputy Health Executive Officer on the basis of which, the relevant investigations will be awarded to the qualifying service provider.

3. Eligibility & Qualification of Applicants:

- 3.1 The eligibility and qualification of the Applicants will be assessed on the basis of eligibility criteria enumerated on Page no. ____ of this document.
- 3.2 Any diagnostic facility within 1 km perimeter of HBT polyclinic fulfilling the

eligibility criteria as mentioned in this document can be considered.

- 3.3 Any other facility in the ward which is beyond 1 KM perimeter of HBT Polyclinic but situated on main road & easy to access can also be considered.

4. Right to accept or reject any or all Applications:

- 4.1 Notwithstanding anything contained in this EOI Document, the Authority reserves the right to accept or reject any Application and to annul the selection process and reject all Applications, at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons thereof. In the event that the Authority rejects or annuls all the Applications, it may, in its discretion, invite fresh Applications.
- 4.2 The Authority reserves the right to verify all statements, information and documents submitted by the Applicant in response to the EOI.

5. Amendment of EOI:

- 5.1 At any time prior to the deadline for submission of Application, the Authority may, for any reason, whether at its own initiative or in response to clarifications requested by an Applicant, modify the EOI by the issuance of Addenda. It is further clarified that the configuration and the responsibilities, terms and condition of the scheme may be changed by the Authority and it shall be binding on the Applicants.
- 5.2 Any Addendum / clarifications thus issued will be made available and can be downloaded from the website of the Authority.
- 5.3 In order to provide the Applicants a reasonable time for taking an Addendum into account, or for any other reason, the Authority may, in its sole discretion, extend the Application Due Date.

6. Submission of Application:

- 6.1 The Applicant shall provide all the information sought under this EOI. The Authority will evaluate only those Applications that are received in the required formats and complete in all respects. Incomplete and /or conditional Applications shall be liable to rejection.
- 6.2 The Application shall consist of the following documents:
- (i) Annexure 1- Letter of Application in the prescribed format;
 - (ii) Annexure 2- Profile giving information about the Applicant service provider;

- (iii) Annexure 3- Notarized affidavit;
- (iv) Copy of the following:
 - a) Memorandum and Articles of Association, if the Applicant is a body corporate,
 - b) Memorandum of Association and Rules and Regulations, if the Applicant is a Society
 - c) Trust Deed if the Applicant is registered as a trust
 - d) Nursing home registration no. under Bombay Nursing home act, if Applicant is a nursing home
 - e) Registration no. of trust or registration with charity commissioner, if Applicant is a trust/charitable hospital-
 - f) Registration number of Instruments/Equipment's
 - g) Any other relevant registration documents
 - h) Detail address of the facility with Latitude & Longitude
- (v) Annexure 4- Scheme Concept Note

6.3 The Application should be sent via email to _____ latest on ____ at hrs.

6.4 The Authority, at its sole discretion, may extend the due date & time for submission of Application.

6.5 Late Applications received after the date and time mentioned in this document shall not be accepted.

6.6 No modifications / substitutions / withdrawal shall be accepted after the due date.

6.7 Service provider shall quote a firm & unconditional offer. Conditional offers shall not be considered and shall be treated as non-responsive. Bonus/complimentary / discount offer given with /without condition will also be rejected.

7. Opening and Evaluation of Applications:

7.1 The Authority or its authorized personnel shall download all the EOI Applications received up to due date and time for submission of Applications

- 7.2 Late Applications received after the date and time mentioned in this document shall not be accepted.
- 7.3 No modifications / substitutions / withdrawal shall be accepted after the due date.
- 7.4 Service provider shall quote a firm & unconditional offer. Conditional offers shall not be considered and shall be treated as non-responsive. Bonus/complimentary / discount offer given with /without condition will also be rejected.

8. Opening and Evaluation of Applications:

- 8.1 The Authority or its authorized personnel shall download all the EOI Applications received up to due date and time for submission of Applications
- 8.2 The Authority or its authorized personnel will subsequently examine and evaluate Applications in accordance with the provisions set out in the **Eligibility Criteria**
- 8.3 The Authority reserves the right not to proceed with the selection process at any time without notice or liability and to reject any or all Application(s) without assigning any reasons.

9. Shortlisting of Applications and Notification:

- 9.1 After the evaluation of Applications, the Authority would announce a list of shortlisted Applicants who will be eligible for participation in the discussion cum selection meeting via email. At the same time, the Authority would notify the other Applicants that they have not been shortlisted. The Authority will not entertain any query or clarification from Applicants who fail to qualify.

Terms of reference for Expression of Interest for Selection of Diagnostic Services to be provided at “Hindu hriday samrat Balasaheb Thackeray (HBT) Polyclinic in ward of Mumbai

Scope of Work

Objective of the Scheme:

In Bruhanmumbai Municipal Corporation Health Care services are provided through three tier system at Primary, Secondary & Tertiary level. At primary level outreach services are provided through 210 Health Post & basic curative services for some of the common ailments such as fever, respiratory tract infections, Malaria, Dengue, Leptospirosis, TB, gastroenteritis, Diabetes etc. are provided through 187 Dispensaries. For Laboratory Diagnosis in house Lab facility is available at some of the dispensaries and BMC is also offering Laboratory facility through “Aapli Chikitsa” however, for Radiological investigations patients need to be referred to secondary & Tertiary Health Care facilities there by causing inconvenience to the patients, delay in Diagnosis & also increasing the burden on secondary & Tertiary Health Care facilities. Therefore it is proposed to incorporate specialized set of interventions at primary health care by roping in specialized care and access to specialized diagnostic services so as to improve promotive, preventive, curative health care and to reduce the burden on secondary and tertiary health care system through HBT Polyclinics. These clinics will be set up in the existing dispensaries. Patients upon recommendation of Medical Officer / Chest physicians / Consultant may avail of these investigations at BMC rates & the difference amount as quoted & mutually agreed by the empaneled diagnostic Centres will be reimbursed by BMC. Engaging with private diagnostic centers, BMC wishes to make the basic investigations such as X-ray, Sonography, Mammography, CT scan etc. available near to the homes of the patients. This would benefit the patients by reducing the long waiting hours in hospitals, help in early Diagnosis & reduce out-of-pocket expenditure for eligible patients seeking diagnostic services in the private sector.

Eligibility criteria for the Service Provider

- Service provider should be a registered entity (as mentioned in clause no 6.2 sub-clause (iv) Of this document).
- Should have a relevant license from state bodies/other relevant authorities (as mentioned in clause no 6.2 sub-clause (v) of this document).
- Should have qualified & skilled manpower to perform specific tests.
- Should have adequate infrastructure and equipment.
- Should have the facilities to ensure biomedical waste management.

Role of Service Provider

- Recruit adequate personnel.
- Maintain records and reports in prescribed formats
- To provide services at BMC rates (Separate attachment) to patients and ensure their privacy and confidentiality.
- Maintain adequate infrastructure, equipment, consumables for adequate functioning.

Role of BMC

- Provide necessary formats for records and reports
- Monitor and review performance, and provide appropriate feedback
- Coordinate with the Medical Officers/ Consultants for referral of patients in the catchment area.
- Ensure timely payments to the Service Provider.

Performance parameters and mode of payments

- Payment as per the BMC rates (Annexure) for the investigations will be done by the patients directly to the Diagnostic facility
- Difference in the amount paid by the patients & the rate as quoted & mutually agreed by the empaneled diagnostic Centres will be reimbursed by BMC on monthly basis after submitting the invoice.
- The Diagnostic facility has to register with BMC as vendors.

Area of Operation

Within 1 km perimeter of the HBT Polyclinic or beyond 1 km but easily accessible location within the ward.

Contract Period

The Memorandum of Understanding (MoU) will be drafted for a period of 1 year which will be renewable every six months after assessment of performance of the Service Provider.

Reporting System/ Payment

1. Printed vouchers will be given to the patients mentioning relevant investigation to be done at the empaneled Diagnostic facility
2. Patient will submit the voucher to the empaneled diagnostic facility.
3. Investigation as mentioned will be done at the facility.
4. Payment will be done by the patients as per the BMC rate of the investigation.
5. The service provider shall raise monthly invoices to the concerned ward
6. Difference in the amount paid by the patients & the rate as quoted & mutually agreed by the empaneled diagnostic Centres will be reimbursed by BMC on monthly basis
7. Report will be given to the patients within 24 hours in hard copy along with X-ray/ Sonography film or in the form of CD (Wherever necessary).
8. Copy of the report also to be emailed to concerned HBT Polyclinic/ Doctor.

ANNEXURE - 1

Applicant's Expression of Interest

(Should be on the letter head of the service provider)

To,
Assistant Commissioner
Ward_____

Subject: Application of EOI for Diagnostic Services to be provided at "Hinduhridaysamrat Balasaheb Thackeray Polyclinic in _____ ward of Mumbai

Reference: Your invitation seeking EOI for Diagnostic Services to be provided at "Hindu hridaysamrat Balasaheb Thackeray" Polyclinic

EOI Ref. No.: 01/HO/dated:23/04/2022

1. With reference to the above subject and reference, I / We having read the EOI Document and understood its contents, hereby submit my/our Application for Selection for the aforesaid scheme.
2. I/We express interest for implementing this scheme in ----- ward (selective procedure/ all procedures).
3. I/ We certify that all information provided in the Application and in Annexures 2 to 4 is true and correct.
4. I/ We shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Qualification statement.
5. I/ We acknowledge the right of the Authority to reject our Application without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
6. I/ We certify that in the last three years, I/we have not been blacklisted on any contract, by an arbitral or judicial authority or a judicial pronouncement or arbitration award against

the Applicator any member or Associate, as the case may be.

7. / We declare that we/ any Member, or our/ its Associates are not a Member of a/ any other facility applying for shortlisting and have no conflicts of interest with any other applicants.
8. I/ We agree and undertake to abide by all the terms and conditions of the EOI Document

Signature Name, title and seal of authorized official of Applicant



ANNEXURE - 2

FORMAT OF APPLICANT'S CONTACT & OTHER DETAILS

1. Name of the Service provider:
2. Private/Trust/Corporate/NGO/Other specify:
3. Registration details:
 - a. Nursing home registration no. under Bombay Nursing home act
 - b. If trust/charitable hospital- Registration no. of trust or registration with charity commissioner-
 - c. Registration number of Instruments/Equipments
 - d. Other give details-
4. Year of Establishment:
5. Main area of business:
6. License / Accreditation details
7. Postal Address with Pin code

Telephone: _____ Mobile: _____
Email: _____
8. Contact Person: (including telephone and email id)
9. Has your organization ever been blacklisted by any organization/ Government:
10. Short / brief introduction about the facility (max. 300 words):
11. Documents attached with the application (please mention Yes or No before each document):

Sr. No.	Name of the document	Submitted (Yes/No)
1	Completed Application	
2	Registration certificate / papers	
3	License / Accreditation certificate/ papers	
4	Notarized affidavit	
5	Scheme concept note	

12. Date of Application

ANNEXURE – 3

(Notarized Affidavit)

(On Rs.100/-stamp paper)

Affidavit

1. I /We hereby confirm that I/we am/are interested in undertaking the scheme for Diagnostic Services to be provided at “Hinduhridayasamrat Balasaheb Thackeray Polyclinic in _____ ward of Mumbai which has been called by ___ ward of BMC and have uploaded our EOI along with the relevant essential documents.

2. Further, I / We confirm that
 - i. All the statements, documents, testimonials, certificates, etc. uploaded are genuine and the contents thereof are true.
 - ii. Any of our personnel, representatives, sub-consultants, sub-contractors, service providers, suppliers, partner and / or the employee will not directly or indirectly, engage in any activity that may intervene, interfere and/ or influence the selection process at any stage.
 - iii. Any of our personnel, representatives, sub-consultants, sub-contractors, service providers, suppliers, partner and / or the employee will not Indemnify and compensate the BMC from any penalties and costs that may be incurred due to lapse/ s on our part including incorrect/ misrepresented / forged document or statements.
 - iv. If our institute is found contravening this undertaking even after award of contract in our favor we accept disciplinary action by BMC including rejection of our EOI, annulment of contract and blacklisting.

Date: / /

Authorized Person’s Signature

Name & Designation with Seal

Sworn before me

ANNEXURE – 4

Scheme Concept Note

NOTE- Service provider to quote a comprehensive cost per investigation in the column titled 'Rate quoted by service provider' (This rate should be inclusive of all)

1. **Propose costing for the following:**

Sr. No.	Name of the investigation	Rate quoted by the service provider	Any additional Remark
1	X-Ray		
2	Ultrasonography		
3	2 D Echo		
4	Colour Doppler		
5	Mammography		
6	Electrocardiogram (ECG)		
7	CT Scan		
8	CT Scan with Contrast		
9	MRI		
10	MRI with Contrast		