Request for Expression of Interest

For

Selection of service provider for providing services of Specialist Consultation to 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.: 02/HO/dated:23/04/2022

PUBLIC HEALTH DEPARTMENT
BRIHANMUMBAI MUNICIPAL CORPORATION

Letter of Request for Expression of Interest for

Selection of service provider for providing services of specialist Consultation to at "Hinduhridaysamrat Balasaheb Thackeray" Polyclinic in ward of

Mumbai

EOI Ref. No.: 02/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 consultation Services to be provided at

HinduhridaySamrat Balasaheb Thackeray Polyclinic in ward, Mumbai is available on the

https://portal.mcgm.gov.in/ and attached here. The applicants can apply to provide consultation

services for all as mentioned in the EOI document.

A two-step process shall be adopted to select a Consultant (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 <a href="https://htt

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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 Consultation Services to be provided at "Hinduhridaysamrat Balasaheb Thackeray Polyclinic in ward of Mumbai.

EOI Ref. No.: 02/HO/dated:23/04/2022

(Tentative Schedule)

EOI INVITATION REFERENCE	EOI Ref. No.: 02/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

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Instructions to Applicants

1. Introduction:

- 1.1 The ____ ward of Brihanmumbai Municipal Corporation (hereinafter referred to as the "Authority") intends to engage Services of specialty Consultants (service provider) for consultation Services to be provided at "Hinduhridaysamrat 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 Specialty Consultant services:
- 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 Specialty Consultant, evaluated as eligible and qualified, shall be invited to participate in a discussion cum selection meeting, with zonal Deputy Health Executive Officer & Signing of MoU

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. 10 of this document.

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) Copy of the following:
 - a) Under graduate qualification certificate MBBS degree / BDS degree

- b) Post graduate qualification certificates ENT, Ophthalmolgy, Paediatrics, Gynecology & Obstetrics, General Physician, Orthopedics, Dermatology
- (iv) Area of preference
- (v) Self-consultation or attachment to other hospitals
- (vi) Address of self-consultation with duty hours
- (vii) Attachment to hospitals with consulting hours
- (viii) Numbers of patients examined per day
- (ix) Number of procedures /operations per day
- 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.

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 The Authority or its authorized personnel will subsequently examine and evaluate Applications in accordance with the provisions set out in the Eligibility Criteria
- 7.3 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.

Shortlisting of Applications and Notification:

After the evaluation of Applications, the Authority would announce a list of shortlistedApplicants who will be eligible for participation in the discussion cum 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 service provider for providing services of Consultation to at "Hinduhridaysamrat Balasaheb Thackeray" 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 specialized consultation such as ENT, Ophthalmology, pediatric gynecology etc. patiets are referred to secondary or tertiary health care institutes, thereby 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 care at primary health care by roping in service of consultation.

Seeking specialist opinions in private sector is expensive for patients and at a same time availability of specialist in public sector facility is a challenge. Hence to have a specialist available for all patients at public health facilities to provide decentralized patient management is the need of an hour. Hence BMC wishes to engage with specialist to provide their consultation in HBT polyclinics.

Eligibility criteria for the Service Provider

- Should be specialist doctor with the required registration and Qualification: Undergraduate MBBS with post graduate qualification in specialized field.
- BDS with or without Post graduation
- Must have at least 3 years of experience.

Role of Service Provider

- Provide OPD consultancy service during designated hours (including initiation of treatment, management, etc.)
- Update patient records.

Role of BMC

- Provide designated space for consultation service at HBT polyclinics.
- Co-ordinate with clinical team to ensure that all designated staff prepare the required documents / patients case history.
- Ensure the availability of lab reports/ investigations to the service provider to take clinical decisions.

Performance parameters and mode of payments

- Payment will be based on the number of visits provided by the service provider.
- The service provider shall provide minimum visits to the HBT polyclinic as mutually agreed upon in the MoU.
- Each consultant shall be paid @ Rs. 3000 /- (Rs Three Thousand only/-) per visit. Each visit for minimum three hours

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. Effective / attendance of the service provider will be maintained at the HBT polyclinic. The copy of attendance of consultant is sent to BMC at the end of each month.

- 2. Summary will be prepared every month for amount to be paid to the consultant. This summary of the effective will be submitted to respected ward office every month.
- 3. At ward office Effective will be verified and payment released to the service provider.
- 4. The consultant has to register with BMC as vendor

ANNEXURE-1

Applicant's Expression of Interest

To,

Subject: Application of EOI for providing services under 'Specialist consultant for Hinduhriday Samrat Balasaheb Thackeray polyclinic in Mumbai jurisdiction.

Reference: Your invitation seeking EOI for Specialist consultant for Hinduhriday Samrat Balasaheb Thackeray polyclinic.

Ref No. Dated.

- 1. With reference to the above subject and reference, I having read the EOI Document and understood its contents, hereby submit my Application for Selection for the aforesaid scheme.
- 2. I express interest for implementing this scheme in (name the centers & district you wish to provide services in).
- 3. I certify that all information provided in the Application and in Annexures 1 & 2 is true and correct.
- 4. I shall make available to the Authority any additional information it may find necessary or require to supplement or authenticate the Qualification statement.
- 5. I acknowledge the right of the Authority to reject my Application without assigning any reason or otherwise and hereby waive our right to challenge the same on any account Whatsoever.
- 6. I certify that I have valid MMC registration and my additional qualification in registered with MMC.
- 7. I am not committed/ do not have any court case pending against me.
- 8. I declare that I would not have any conflicts of interest with any other Applicants.
- 9. I 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.	Registration details:

3. Postal Address with Pin code

Fax:

Email:

4. Documents attached with the application (please mention Yes or No before each document).

Sr.No	Name of the document	Submitted (yes / No)
1	UG Qualification – Degree	١
2	PG Qualification – Degree / Diploma	
3	Any other relevant documents	

5. Date Of Application: