

MINUTES OF PRE BID MEETING				
No. CMS&HOD/SHCS/12775 Dated 20.03.2026				
Proposal for establishment of 100 seats of MBBS Medical College with augmentation, operation and maintenance of attached 580 Bedded teaching hospital in the campus of existing 220 Bedded " Pandit Madan Mohan Malviya Shatabdi" Municipal General Hospital , through Civic Health Collaboration Mode Situated at Govandi, Mumbai - 400088 .				
Sr No.	Page No.	Present Clause/Item No.	Queries/Suggestions	To be read as
1	Page No. 28	Clause no. 7.4.3. BMC shall lease the area of the plot & Infrastructures over it to the bidder for 30 years renewable for further 30 years on same terms & conditions.	The plot shall be leased to the Applicant for an initial period of 30 years, with an option to renew the lease for a further 30 years upon mutually agreed terms and conditions.	No change.
2	Page No. 28	Clause no. 7.4.2. BMC allows bidder to Design, Finance, Built, Operate & Transfer (DFBOT) to operate and maintain the hospital as per terms and condition mentioned in RFP for establishment of minimum 100 seats of M.B.B.S. Medical College & allied medical educational courses in unitary campus with augmentation, operation & maintenance of attached Hospitals	Model: Design-Build-Finance-Operate-Maintain (DBFOM) of Existing Hospital cum proposed Medical College with Ancillary Services.	No change.
3			Is revenue model based on: *User charges? *Annuity payment? *Revenue share? *Hybrid structure?	No change.
4			Whether minimum patient load or revenue guarantee is provided?	No change.
5			Kindly clarify risk allocation for: *Demand risk *Change in law *Force majeure *Pandemic/epidemic events	No change.
6	Page No. 36	Clause No.: s, Ownership of the P1lot: The bidder should note that the Ownership of land & Buildings, amenities over area of plot will be always remains with BMC.	Confirm land ownership and whether land is free from encumbrances	No change.
7	Page No.26	Clause No. 5 FSI- 4 (May vary as per proposed Scheme)	Provide land area, FSI permissible, and zoning details.	No change.

Sr No.	Page No.	Present Clause/Item No.	Queries/Suggestions	To be read as
8			Who will obtain statutory approvals such as: *Environmental clearance *Airport authority clearance (if applicable) etc...which requires Central Govt Permission 1.Responsibility for statutory approvals: *Fire NOC *Environmental clearance *Bio-medical waste authorization 2.Accreditation requirements: *NABH mandatory? *Timeline for compliance 3.Compliance responsibility for: *Clinical Establishment Act *Biomedical Waste Rules	No change.
9			Kindly state any further approvals required /pre-committed by BMC and State Government	No change.
10	Page no.25	BMC is committed for providing high-quality healthcare services to the residents of Mumbai. In line with this vision, BMC is running "Pandit Madan Mohan Malviya Shatabdi Hospital" having existing 220 bedded General Hospital in village Devnar, Govandi. In order to provide & strengthen healthcare services to the citizens of Mumbai, BMC is embarking on a significant project to establish a state-of-the-art total 580 bedded Newly constructed Multi Speciality & Super speciality Hospital Building on CTS No 372(pt), 371(pt) at village Borala & CTS no 301/1A, 306(pt) of village Devnar, Govandi, Mumbai Maharashtra at unitary campus of existing "Pandit Madan Mohan Malviya Shatabdi Hospital". BMC has decided to undertake augmentation & operation of the newly constructed 580 bedded hospital and allowing the utilisation of the facilities of the hospital & allied infrastructure for Developing & Operating a "Medical College" with an annual intake of minimum 100 MBBS students through civic health collaboration mode.	Confirm bed capacity and specialty requirements.	No change.
11	Page No. 35	Clause No. n, The Bidder shall make available fully equipped air conditioned office with 1 data entry operator and 1 Peon as assistance staff at bidders cost to OSD at admin block within the premises.	Whether operator can modify specialty mix based on market demand?	No change.
12	Page No. 37	"The Hospital Service Rate" (HSR) means rate by which the bidder is bound to provide all services (OPD/IPD/Surgery/ Diagnostic Services, etc.) to the BMC patients.	Is diagnostic equipment procurement mandatory from specified vendors?	No change.

Sr No.	Page No.	Present Clause/Item No.	Queries/Suggestions	To be read as
13	Page No. 36 & 37	<p>Reservation of Beds for BMC patients:</p> <p>1. The bidders shall reserve in total 264 beds out of all working beds for BMC patients.</p> <p>2. These beds shall be exclusively made available to BMC patients on first come basis.</p> <p>3. There should not be any discrimination for BMC patients by any reason so for in getting treatment at hospital.</p> <p>4. These beds shall be independent of any other schemes like ESIC/CGHS/Private TPA etc. OSD appointed by BMC shall monitor all key performance indicators and submit report on monthly basis to respective authorities.</p>	<p>1. Percentage of beds reserved for: *Economically Weaker Sections (EWS) *BMC referrals *Government schemes (e.g., PMJAY, state schemes)</p> <p>2. Tariff regulation mechanism for reserved beds.</p> <p>3. Whether cross-subsidization is permitted?</p> <p>4. Penalty framework for non-compliance of free bed obligations.</p>	No change.
14			Clarify service obligations under public health programs.	No change.
15			<p>1. Provide detailed payment mechanism formula.</p> <p>2. What is the indexation mechanism (WPI/CPI linked)?</p>	No change.
16	Page No. 10	Clause No. 12, Payment of Contract Deposit, Legal Charges within period of thirty days from the date of issue of Acceptance Letter to successful bidder for execution of written contract with payment of requisite stamp duty.	Security deposit / Performance bank guarantee requirements	No change.
17	Page No. 30	Clause No. 6., It will be binding on bidder to start the Operation of Hospitals & Medical college as per scope mentioned in RFP & any delay in operation of medical college as per NMC norm should be informed to BMC, and if bidder failed to start operations without any reason, then termination clause will be in force in such case scenario and BMC shall be free to terminate the Contract as per due procedure mentioned in RFP.	<p>Termination payment formula for:</p> <p>*Authority default *Concessionaire default *Force majeure termination</p>	No change.
18			<p>1. Whether municipal staff will be deputed?</p> <p>2. If yes then Who bears statutory compliances for BMC staff (PF/ESIC/Gratuity)?</p> <p>3. Minimum staffing norms required.</p> <p>4. Accreditation requirement: NABH mandatory? Timeline for compliance?</p>	No change.
19			<p>1. Types and minimum coverage of insurance policies required.</p> <p>2. Indemnity caps and limitation of liability provisions.</p>	No change.
20			<p>1. Governing law confirmation .</p> <p>2. Arbitration seat and institution.</p> <p>3. Cure period for defaults.</p>	No change.

Sr No.	Page No.	Present Clause/Item No.	Queries/Suggestions	To be read as
21			1.Bid submission extension request (if applicable). 2.Financial closure timeline. 3.Construction activities and COD (Commercial Operation Date) linked with milestones.	No change.
22	Page No. 27	BMC will provide access to project site for physical surveillance and available physical drawings, documents, other relevant paper etc on written special request of Bidder to Tender inviting Authority.	1.Request for detailed feasibility report. 2.Request for traffic/patient footfall data. 3.Soil test and geotechnical report availability. 4.Additional site visit date request.	No change.
23			1.Consideration for phased development. 2.Flexible bed allocation model. 3.Pandemic risk sharing clause inclusion.	No change.
24			1.Provide detailed asset register including: *Civil structure condition assessment report *MEP systems status *HVAC, lifts, fire systems *Medical equipment inventory (age, working status) 2.Provide structural stability certificate and seismic compliance details. 3.Clarify residual life of existing buildings. 4.Who bears cost of: *Major structural repairs? *Replacement of obsolete equipment? 5.Whether latent defects discovered post-handover will be BMC's responsibility?	No change.
25			1.Clarify handling of: *Existing in-patients during transition *Ongoing treatment liabilities 2.Whether existing municipal staff: *Will be absorbed? *Deputed? *Retrenched by BMC? 3.Who bears past employee liabilities (PF, gratuity, pension)? 4.Clarify responsibility for: *Pending litigation *Medical negligence claims prior to handover	No change.
26			1.Minimum mandatory CAPEX requirement. 2.Whether phased modernization is permitted? 3.Timelines for commissioning upgraded facilities. 4.Approval process for design modifications. 5.Whether green building certification is mandatory?	No change.
27			1.Asset hand-back standards. 2.Residual asset value mechanism. 3.Independent engineer appointment process. 4.Compensation for unamortized CAPEX Expiry.	No change.
28	Page No. 5	Earnest Money Deposit - ₹ 3,22,50,000/- through online mode	BANK GAURANTEE (BG) TO BE ACCEPTED AS EMD	No chang. It is a mandatory condition.

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29	Page No. 11	<p>The Bidder shall be technically qualified only if it has demonstrable experience in managing multi-specialty or super-specialty hospitals with a combined bed capacity of not less than 300 beds, situated at not more than two locations within India. Such hospitals must be under the direct management of the Bidder and associated with a Medical College as a teaching hospital</p> <p>Bidder Should have experience of running medical college as per the MCI / NMC norms, having intake capacity of at least 50 Undergraduate Students since last five years.</p>	Kindly Consider Only EOI participant to is eligible to participate in this tender	No change.
30			Kindly Provide all documents related to land ,space allotted under this tender	As discussed in prebid meeting.
31			Kindly Provide list of assets attached with this project as per tender called for	As discussed in prebid meeting.
32			Property Tax: All property taxes, cesses and municipal levies shall be borne by the Concessionaire. Any such payments made directly by the Concessionaire may be adjusted against rentals payable to BMC.	No change.
33			Rental Terms: (a) Fixed annual rental payable six monthly to BMC Treasuray. (b) Rental determination as per Charity Commissioner/Government norms.	No change.
34			Moratorium/Stabilization period: (a) Initial 6 years - rental free for project establishment. (b) Years 7th year to 10th year 50% of applicable rent. (c) Full rental payable thereafter.	No change.
35			Handing over of premises: Vacant and peaceful possession on an "as-is-where-is" basis, including existing buildings and utilities, with a defined transition period for smooth takeover of the 220-bed hospitals.	No change.
36			Hospital & Medical College Operations: Full responsibility for operations, teaching, administration and compliance with National Medical Commission (NMC) and University Grants Commission (UGC) norms. Minimum 100 medical seats to be maintained. Ancillary institutions such as Nursing, Dental, Physiotherapy, Research, any outsourcing and allied colleges supporting activities may be established.	No change.
37			Facilities & Infrastructure: Construction, expansion, modernization, equipment, IT systems, hostels, and related facilities to be developed and maintained by the Concessionaire at its own cost. Necessary statutory approvals to be facilitated by BMC.	No change.
38			Technology & Educational Enablement: Implementation of EMR, telemedicine, MIS, digital learning systems, simulators labs and research facilities.	No change.
39			Capacity Upgradation: Continuous strengthening of bed capacity, specialities and super-specialities as per future healthcare demand.	No change.

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40			Payment Mechanism for 220 Reserve Beds: (a) Scheme patients covered under government schemes (e.g. MPJAY) (b) Others reimbursed at HSR/CGHS/MPJAY rates (whichever applicable). (c) Diagnostic tests reimbursed at RC/HSR rates. (d) OPD charges for non-schme patients reimbursed by BMC.	No change.

Sd/-
CMS&HOD(SHCS)

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DMC (PH)