

**GOVERNMENT OF RAJASTHAN**  
**DEPARTMENT OF MEDICAL, HEALTH & FAMILY WELFARE**  
**and**  
**State Health Society Rajasthan, Jaipur**  
**under**  
**National Health Mission**

**Invitation for Expression of Interest (EOI)**

**PUBLIC PRIVATE PARTNERSHIP (PPP) PROJECT**  
**FOR IMPROVEMENT OF THE HEALTH DELIVERY SYSTEM IN**  
**URBAN AREAS OF RAJASTHAN**

*7-8-19*

*Suaya* *Handwritten signature*

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42102



**Government of Rajasthan  
State Health Society**

Swasthya Bhawan, Tilak Marg, C-scheme, Jaipur

F.2 (172)/NUHM/2017-18/EOI / 154

Date 29.06.2017

**Invitation for Expression of Interest ( EOI )/Bid**

**“ Expression of Interest (EOI) for Operationalization and Maintenance of Urban Primary Health Centres and attached Health Kiosk under Public Private Partnership”**

National Health Mission through State Health Society, Rajasthan under Medical & Health Department, Government of Rajasthan with a view to providing competent clinical care and community outreach services including public health functions in certain areas in the State, considers it desirable to hand over the functions and responsibilities of maintaining and operating selected Urban Primary Health Centres (UPHCs) and its attached Health Kiosks (if any) to an eligible private sector/non government organization who will be responsible for the service delivery in the UPHC area, including achieving the objectives of National Urban Health Mission (NUHM) and other National Health/Family Welfare programmes. Interested and eligible organization having expertise and experience may send their Expression of Interest (EOI)/Bid to the State Health Society, Rajasthan latest by 4.00 pm, July 28, 2017. Objective of this EOI/Bid is to select eligible organization with which an agreement will be signed for functionalization of UPHC on PPP mode. The details about the project can be viewed and downloaded from the official website [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in) and <http://sppp.rajasthan.gov.in>, Enquiries may be addressed to e-mail [amdnhm.raj@gmail.com](mailto:amdnhm.raj@gmail.com) or phone +911412222817.

Date and time for downloading EOI document	Date of Pre-proposal Meeting	Last date and time for submission of proposals	Date and time for opening of proposals
29.06.2017 06.00 PM	11.07.2017 03.00 PM	28.07.2017 06.00 PM	31.07.2017 03.00 PM.

*Suraj*

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*read*  
**Mission Director  
NHM, Rajasthan**

# NATIONAL HEALTH MISSION

## Rajasthan, Jaipur

### “ Expression of Interest (EOI) for Operationalization and Maintenance of Urban Primary Health Centres and attached Health Kiosk under Public Private Partnership”

#### 1. Introduction

- 1.1 India has made rapid progress in the past few decades in the Public Health System as reflected improvements in key parameters such as Infant, Child and Maternal Mortality Rates, Total Fertility Rate, and Crude Death Rates. There has been improvement in expanding access and coverage in much of the country. This has largely been achieved by strengthened public health systems over the years, and substantially accelerated by the National Health Mission (NHM). NHM support was largely targeted towards improving primary health care and some components of secondary care- i.e strengthening service delivery at district and sub district levels
- 1.2 Despite these improvements, comprehensive primary health care in India is yet to be made fully universal. Access to primary health care remains uneven across the length and breadth of the country. The wide variations in capacity, governance and institutional structures and state investments in health have determined the extent to which the NHM support has improved health care particularly for the vulnerable, marginalized and those living in underserved areas such as remote rural geographies and urban slums.
- 1.3 Inadequate primary health care is reflected in the escalating demand for secondary and tertiary care services resulting in overcrowding of facilities at these levels leading to high costs and poor health care. There is enough evidence to demonstrate that quality primary health care mitigates costs and suffering
- 1.4 With a view to further improving the quality of the primary health care in terms of clinical care and outreach services, **GOVERNMENT OF RAJASTHAN through Mission Director, Rajasthan State Health Society (RSHS)**, considers it desirable to hand over the functions and responsibilities of operating and maintaining a few selected Health Centres (UPHCs) combined with its attached Health Kiosks (HS) if any in selected cities of Rajasthan to a concessionaire who would be allowed to maintain and operate such facilities in accordance with the terms and conditions laid down in the Service Level Agreement. State Government hopes that this would bring about considerable improvement in provision of competent clinical care and community outreach services including public health functions in these areas in the State.

- 1.5 Government views the arrangements as Public Private Partnership in the Public Health System in India. Such a partnership is seen as a step towards strengthening the Public Health System and as a measure towards facilitating and building the capacity of the state to manage such facilities by demonstrating models for comprehensive UPHC, with emphasis on active community engagement.
- 1.6 The partnership will be initially for a period of 3 years and extendable for another 2 years on mutually agreed, subject to review and confirmation of the arrangement after one year. Annual performance reviews shall be undertaken every year for continuation of agreement. At the end of the 3<sup>rd</sup> year, renewal of the partnership will be considered on the basis of the evaluation conducted by an external agency.
- 1.7 Such partnership should not be seen as a measure of the government, abdicating its responsibility to provide public health services, but rather as a transitional measure towards facilitating the state to be able to manage such facilities after the term of the partnership ceases.
- 1.8 The spirit of such a Public Private Partnership is essentially to share risks and rewards in such a manner so that comprehensive primary health care can be provided to those who need these services. Government recognizes that such partnerships with organizations that have competence and credibility offers the governments avenues to leverage the knowledge and expertise of such organizations to improve management and delivery of comprehensive primary health care services.
- 1.9 Government expects that the concession granted will not be treated as a business venture and will not be used to make profits (Defined in Para 5.3 of the Service level Agreement).
- 1.10 Concessionaires may note that this is an invitation for bids solely comprising of technical bid without an accompanying financial bid.

## 2. Definitions

- a. Concession: Concession is the permission accorded by the Government to operate and maintain one or more "facilities" for a definite period.
- b. Concessionaire: The term "Concessionaire" means the legal person or entity which is awarded the concession to carry out the functions in terms of the Service level agreement in the facilities.
- c. Facility: Facility would mean a set of one Urban Primary Health Centre and Health Kiosks (if any) attached to it.
- d. Service level agreement: Service Level Agreement would in its scope and meaning would also be treated as a concession contract. A concession agreement is an agreement between the contracting authority and the concessionaire that sets forth the terms and conditions for maintaining and operating the facility.

### 3. Service Description and Responsibilities

3.1. The basic unit of service delivery would be the Urban Primary Health Center and all Health Kiosks (if any) affiliated to it. The services should include the comprehensive primary health care package encompassing all outreach, including behavioral change through health education and health promotion, clinical and public health services. The conditions listed for preventive/promotive or curative action is be broadly categorized into the following groups:

- (i) Care in pregnancy and child-birth. (the latter would be provided in specific facilities based on the state context)
- (ii) Neonatal and infant health care services and nutrition
- (iii) Childhood and adolescent health care services including immunization
- (iv) Family planning, Contraceptive services and Other Reproductive Health Care services
- (v) Management of Common Communicable Diseases and General Outpatient care for acute simple illnesses and minor ailments
- (vi) Management of Communicable diseases: National Health Programmes
- (vii) Screening, and Management of Non-Communicable diseases including promotion of healthy life style
- (viii) Screening and Basic management of Mental Health ailments
- (ix) Basic care for Common Ophthalmic and ENT problems
- (x) Basic Dental health care
- (xi) Geriatric and palliative health care services
- (xii) Trauma Care (that can be managed at this level) and Emergency Medical services

3.2. List of services to be provided at the UPHC and Health Kiosk are mentioned in service level agreement.

Note: This is an indicative list and not an exhaustive list.

### 4. EOI/Bid Invitation

4.1 Government of Rajasthan through Mission Director - NHM invites bids from organizations eligible under clause number 5 of this notice to operate and maintain the selected Urban Primary Health Centre (UPHC) and the Health Kiosks (if any) attached to the UPHCs. **(Annexure A - List of UPHCs & Health Kiosks)**

4.2 One UPHC and Health Kiosks (if any) attached to it will together be termed as "Facility", Concessionaires are invited to bid for more than one "Facility"

- 4.3 Government reserves the right to decide on the number of facilities for which concession to operate and maintain will be awarded to any concessionaire.
- 4.4 Successful concessionaires who are granted the concession will be required to complete the formalities enjoined in this Notice and will have to sign the Service level agreement for each of the facility.
- 4.5 A draft Service level agreement is attached to this Notice.
- 4.6 Concessionaires are encouraged to study the draft Service level agreement and other conditions carefully before submission of their proposal.

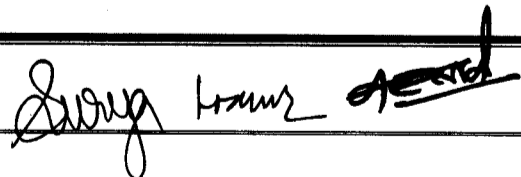
## 5. Eligibility Criteria

- 5.1 The following Organizations are eligible to apply:
- Registered Society with provision of health services, health care, primary health care, or any other health related services in its memorandum of association;
  - Trust formed to solely provide health services, health care, primary health care or any other health related services;
  - Medical colleges including private medical colleges;
  - Hospitals run under the aegis of Public Sector and Government Companies and Institutions;
  - Section 8 Companies under the Companies Act 2013 (erstwhile Sector 25 Companies under Companies Act 1956) with provision of healthcare as one of the businesses in the memorandum of association.
- 5.2 To be eligible to apply, an organization must be in existence for at least 5 years as on 31 March 2017. Organizations established after 31 March 2012 are not eligible to apply.
- 5.3 One person Companies are not eligible to apply.
- 5.4 The Organizations must produce demonstrable and verifiable evidence of providing clinical, outreach and public health services at the primary healthcare level for a minimum period of two years continuously
- 5.5 The Organization must have medical (MBBS), paramedical and community health staff on the rolls for more than two years in the last five years.
- 5.6 The Organization must have an annual expenditure /turnover of at least Rs 25 lakhs per annum for the last three financial years preceding the current year.
- 5.7 The Organization must be willing to sign the service level agreement



## 6. EOI/Bid Proposal

- 6.1 The Organizations fulfilling the above conditions may submit the following information/ documents along with a covering letter on its letter head (Page 1) in dictating clearly the facilities that they would seek concession to operate and maintain.
- i. Name, Address, Registration details of the Organization (Page 2)
  - ii. Copy of the Registration Certificate or equivalent certificate (Document 1);
  - iii. Copy of the Memorandum of Association or equivalent document (Document 2);
  - iv. Names of the Office Bearers along with their addresses for the last five years (in case of Trusts and Registered Societies) / Names of the key Personnel along with their addresses for Other Organizations for the last five years / Names of the key personnel for the last five year ( Page 3-7);
  - v. Annual Reports of last three years (Documents 3-5) (In case of hospitals run by the PSUs, annual reports of the PSUs; (Organizations not preparing annual reports should provide legitimate reasons for not preparing the same.)
  - vi. Copy of the resolution of the competent authority in the Organization authorizing the signatory to respond to this invitation (Document 6);
  - vii. Annual Financial Statements duly audited with audit report attached for the last 5 years preceding the current year (Documents 7-11)
  - viii. A document containing the vision, mission and organizational structure of the Organization (Document 12);
  - ix. A document containing details of the activities undertaken by the Organization during the last five years (Document 13);
  - x. A document containing the details, which inter alia must include the names, addresses and educational qualifications, of key personnel employed by the Organization during the last five years including those employed at the time of submission of this bid (Document 14),
  - xi. A short document containing a maximum of ten achievements of the Organization during its lifetime clearly indicating outputs and outcome (Document 15).
  - xii. A short document containing descriptions of activities of the Organization in the primary health care system in any parts of India emphasizing (a) geographical area (b) outputs (c) manpower dedicated to projects (d) outcome (Document 16).
  - xiii. A document containing the IT capacity of the Organization indicating capacities in terms of (a) hardware (b) application software (c) usage ( Document 17).
  - xiv. Income Tax and Other Tax registration certificates (Document 18),
  - xv. An undertaking that the Organization is willing to sign the service level agreement. (Document 19),
  - xvi. A certificate that no criminal/civil case is pending against the Organization or concerned office bearers in any Court (Document 20)



- xvii. A document containing details of any past criminal or civil case against the Organization or any of the Office bearers. A NIL certificate will be required in case there are no such cases. (Document 21).
- xviii. A certificate that the concessionaire has never been "blacklisted" / debarred from participating in any tendering process by any State Government/ Central Government institutions. The concessionaire may provide details of circumstances of the cases. (Document 22).

**Note: all information/documents must be submitted in above mentioned sequence only with clear indication of the serial number and signed by an authorized signatory on every page.**

6.2 All these information and documents must be submitted with clear indication of the Page Number/ Document Number as per above. In case the document contains more than one page, it should be properly bound and identified with clear heading on the first page. All pages must be signed by the authorized signatory.

6.3 The EOI/bid proposals shall be valid for a minimum of 180 days. Government may, if the circumstances so require, request the concessionaires to extend the validity beyond 180 days.

## 7. Financial Bid

No financial bid is required to be submitted. The proposed financial arrangements may be seen in the draft service level agreement.

Herein, both the parties agrees that there shall be no consideration against the service being provided by the concessionaire, however, the cost towards running the UPHC shall be reimbursed by the government as per the funding arrangement in SLA (annexure D of SLA)

## 8. Methodology of selection

8.1 The State Government will form a technical committee of experts with 5 members comprising both internal and external experts. The number of external experts will be at least two. The internal and external experts will provide a signed certificate that they are not and were not associated during the last 10 years, either directly or indirectly, with any of the organizations that will be considered by the Committee for last ten years.

8.2 A list of the key criteria that could be used to appraise and rank proposals is attached at **Annexure B**. Each criterion would be assigned a weightage to be decided by the technical committee. The technical committee will meet once before the opening of bids to review the criteria and assign weightage based on which the proposals would be ranked. The bids will not be opened unless the criteria and weightage for ranking the proposals have been finalized.

8.3 The technical bids will be opened on a pre-decided date/ venue and time that

- will be communicated to all concessionaires at least 10 days in advance. The concessionaires will be allowed to be present during the opening of the bids
- 8.4 All technical proposals will be placed before the technical committee. The committee will rank the proposals based on the criteria decided beforehand by awarding score for each criteria. The first three ranked proposals would be shortlisted for field appraisal.
  - 8.5 The technical committee will also devise scoring system for field appraisal.
  - 8.6 A team to be formed by the State Government will undertake field appraisal of the concessionaires within 30 days of the date of finalization of ranking. It is desirable that at least one member of the technical committee would be an observer for the field appraisal process. The report of the appraisal team will be placed before the Committee.
  - 8.7 Final ranking of the concessionaires will be done by the technical committee by adding rank scores and field appraisal scores.
  - 8.8 The concessionaire with the highest score will be ranked No 1 and will be offered the concession.
  - 8.9 (A) Not more than 10 facilities will be awarded to a concessionaire under NUHM.  
(B) At the Divisional headquarter cities maximum 5 facilities can be awarded to a concessionaire.  
(C) In the cities other than divisional headquarters, maximum 3 facilities can be awarded to a concessionaire.

## 9. Post Selection Procedures

- 9.1 The State Government will conduct the required enquiries about the Organization selected.
- 9.2 After approval of the competent authority in the State Government, the successful concessionaire will be informed in writing of its selection for the concession. This will be the letter of award of the concession.
- 9.3 Within 10 days of the issue of the letter of award of the concession, the Organization(the successful concessionaire) will be required to inform the State Government in writing of its acceptance or otherwise of the award failing which/ the Government will be free to offer the concession to the 2<sup>nd</sup> rank holder.
- 9.4 The successful concessionaire shall at its own expense deposit Performance Bank Guarantee (PBG) as 5 % of total agreement value, within ten (10) working days of the date of notice of award of the contract, before signing of the contract, an unconditional and irrevocable Performance Bank Guarantee (PBG) from a national bank acceptable to MD,NHM, payable on demand, for the due performance as per the work plan submitted by concessionaire.
- 9.5 On completion of these formalities, the State Government through Mission Director, NHM will inform the Organization the date of signing the service level agreement.

**10. Other Conditions**

- 10.1 Once the EOI/bid is submitted, no additions & alterations will be allowed or entertained.
- 10.2 If any concessionaire submits additional documents after the last date of submission of EOI/bid is over, such documents will not be considered and will not be placed before the technical committee
- 10.3 Any effort of any concessionaire to bring in extraneous influence on the selection process will lead to summary rejection of the bid.
- 10.4 **Amendment to EOI/Bid Document:** Authority may amend the EOI/Bid document, but not bound to do so, based on suggestive inputs provided by Agencies, in its sole discretion.
- 10.5 **Right to Accept or Reject EOI/Bid:** Authority reserves the right to accept or reject any or all of the EOI/Bid without assigning any reason and to take any measure as it may deem fit, including annulment of the EOI/Bid process, at any time, without liability or any obligation for such acceptance, rejection or annulment.

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*Suraj Kumar* ~~TECH~~

### Annexure A: List of UPHCs

S.No.	District Name	City Name	No. of UPHCs	Name of UPHCs
1	Ajmer	Kishangarh	3	Bajrang Colony
				Chen Puriya
				Krishna Puri
		Beawer	3	Sedariya, Beawer
				Fatehpuriya Doyam, Beawer
				Gari Thoriyan, Housing Board
Nasirabad	1	Bara Pathar Area		
2	Alwar	Alwar	1	Paharganj
		Bhiwadi	1	Sahrod Nagar Parishad
3	Bikaner	Bikaner	1	Sarvoday Basti
4	Churu	Churu	1	Ward No. 8
		Sardarshahar	2	Subedar Ji ki Tanki, Ward No.13
				Harijan Basti, Ward No. 1
		Sujangarh	2	Near Jaleb Shah Baba ka Takiya, Chand Bas Road
Mandeta Road				
5	Dholpur	Dholpur	2	Odela Road
				Sagar Pada
		Bari	1	Bari City
6	Ganganagar	Ganganagar	1	Ashok Nagar
7	Jaipur I	Jaipur I	14	Old Vidhyadhar Nagar, Ward 9
				Shri Rampuri, Niwaru Road
				Khatipura, Ward No. 22, Jaipur
				Ambabadi, Ward No. 10
				Ward No. 78 Near Bairwa Basti
				Gokulpura Road, Ward No. 16
				Jawahar Nagar, Ward No.62
				Ward No. 56
				Neendad, Ward No. 1
				Pandit, T.N. Mishra Marg, Nirman Nagar, Ward No. 19
				Balaji College ke pas
				Ward No. 56
				Ambabadi, Ward No. 10
				Jamuna Nagar/Sushilpura/Sen Colony, Ward No. 29
		Kotputli	1	Nagaji ki Gor, Bade Mandir ke pass, Balaji Basai Link Road

8	Jaipur II	Jaipur II	4	Ward no. 46
				Govardhan Nagar (Tonk Road)
				Gurjar Ki Thadi, (New Sanganer Road, jaipur )
				Patrakar Colony, Mansarovar
9	Jodhpur	Jodhpur	2	Chanva Bhakhar, Behind kamla nehru
				Rajeev Gandhi Kacchi Basti, Chopasni Housing Board
		Phalodi	1	Keshav Nagar
10	Karauli	Karauli	1	Stadium ke pas
		Hindaun	2	60 Feet Road, Pathar Vyapar Sangh, Ward No. 45, Parshuram Colony, Hindaun
				Purani Kachehri ke neeche, Chota Bazar Shahganj
		Makrana	1	Matabhar
Deedwana	1	Salt Road		
12	Sikar	Fatehpur	2	Old Ayurved Bhawan, Near Rajkiya Subhash Vidhyalya, Nawalgarh Bus Stand
				Raghunath Pura Area, NH-11
		Laxmangarh	1	Khel Stadium Ke Pas
13	Tonk	Tonk	1	Rajasthan Housing Bord Colony, Sector No. 1 Near New Bus Stand, Tonk
Total			50	

### List of Health Kiosk

S.No.	District Name	No. of Health Kiosk	Name of Health Kiosk
1	Jaipur I	8	Jawahar Nagar
			Panter Colony Shastri Nagar
			Ward 20 Sanjay Nagar Kacchi Basti
			Ward 22
			Ward 65
			Ward 67
			Ward 82
			Ward 81
2	Jaipur II	8	Jalana Kunda Gram
			Ward No.48 Ramnagariya Jagatpura,Jaipur
			Sanganer,Jaipur
			Bambala puliya ki nechi, Ward no.36
			Vinoba Basti, Ward 55
			Sadbhawana Nagar, Ward no.49
			Ward No.48
			Mangawas, Ward No.34
3	Jodhpur	10	Nehru Colony
			Ganeshpura
			Harijan basti, Rai ka Bagh
			Nat Basti, Sultan Nagar
			Ward No 12
			Bheel Basti, Chandpole
			Bheel Basti
			Giradharpura
			Sogaria
			Jhalipura
4	Kota	10	Daslana
			Arjunpura
			Dhakadkhedi
			Shivpura
			Dewali Arab, Raipura
			Kreshar basti, Ananatpura
			Shambhupura
			Dewali Arab, Raipura
<b>Total</b>		<b>36</b>	

## **Annexure B: Criteria for screening and ranking proposals**

All eligibility conditions detailed in the EOI/Bid document must be met. For technical screening the reviewer will assess the bid against the five major criteria listed below. Each of the five criteria is allocated twenty points.

### **1. Organization's work in Clinical areas (Twenty points):**

- Experience of two years or more in public health care & hospital management, working with vulnerable populations such as Minorities, Homeless, Migrants and urban slums.
- Experience in establishing a referral network for secondary care - Experience in using public sector facilities for referrals would be preferred
- Experience in making available basic drugs and diagnostics/linkages for such services that are sensitive to poor and marginalized groups.

### **2. Range of Services provided (Twenty Points)**

- Experience in providing comprehensive primary health care services would be preferred over single, vertical interventions- such as eye care, or TB control alone, or HIV / AIDS alone.
- Experience of providing reproductive and child health services.
- Experience in service delivery for marginalized populations through the use of Mobile Medical Units, or innovative combinations of clinic and referral services.
- Evidence of robust monitoring and information systems for data collection and feedback

### **3. Outreach/Community Based services: (Twenty Points)**

- Experience in community based health education and promotion would be preferred over those agencies that have clinical care experience alone.
- Experience of providing community level outreach services- through camps or clinics.
- Experience in building or strengthening community collectives (Community level Committees, Self Help Groups - SHGs, Panchayati Raj Institutions-PRIs) for health related interventions



**4. Staffing: (Twenty Points)**

- Has appropriate number of staff with an optimum skill mix to deliver primary health care services for at least two years
- Has demonstrated ability to undertake skill based training. All staff has received regular, in service training.
- Agencies who demonstrate a core staff of an optimum number of medical officers (allopathic and AYUSH), Staff nurses and ANMs in position for over two years would be given added weight age.

**5. Undertaking community level public health interventions: (Twenty Points)**

- Experience of undertaking water and sanitation activities and vector borne control interventions, for those that do not have this experience, demonstration of partnership with such agencies to provide such services in their intervention areas.

### **Annexure C: Submission of Application**

1. Please send the EOI/bid proposal as mentioned in point no. 6 of this document along with the relevant documents to the ***Additional Mission Director, National Health Mission and Special Secretary to Govt., Department of Medical, Health & Family Welfare, Government of Rajasthan, Swasthya Bhawan, Tilak Marg, Jaipur*** so as to reach latest by ***4.00 PM, July 28, 2017.***
2. The applicant shall seal the EOI/Bid document in an envelope, duly marking the envelopes as: "Submissions of EOI/Bid for Operating & Maintaining UPHC -----in Rajasthan (Name of UPHC and Name of District)
3. The EOI/Bid shall be submitted by: Mentioning Name, Address and Contact/Phone No. of the Agency on envelop through registered India Post or Speed Post.
4. The EOI/Bid and all related correspondence and documents shall be written in the English language only.
5. Enquiries, if any, can be addressed to:  
Email: [amdnhm.raj@gmail.com](mailto:amdnhm.raj@gmail.com)  
Phone No.: +91-1412222817

***Note: All relevant updates related to this project shall be uploaded to the Departmental website at [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in). The concessionaire is advised to visit state government's website regularly till the EOI/Bid process closed.***

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