



F: 21(15)/NRHM/MMU/2005/ 5791

Date: 10/12/09

**CALL FOR EXPRESSIONS OF INTEREST FOR MANAGING MOBILE MEDICAL SERVICES IN
OUTREACH AREAS OF RAJASTHAN**

The Government of Rajasthan intends to invite NGOs/Big Hospitals/Private Health Institutions/Trusts for Managing Mobile Medical Units (MMU) in Rajasthan. Mobile Medical Units have been envisaged with an objective to take Health care to the doorstep of the Public in rural areas. The Mobile Medical Units are to be provided to all the districts. These vehicles would be operationalized by the NGOs/Big Hospitals/Private Health Institutions under the control of District Health Society.

There are two categories of vehicles in one Mobile Medical Unit that will be provided to the districts –A van for the staff to move along and a Mobile Diagnostic Van fully equipped with the equipments. Hence one unit comprises of two vehicles.

Interested parties, who fulfill the eligibility criteria given below, are invited to submit their Expressions of Interest, in the prescribed format for 20 Diagnostic vehicles in the following districts.

S.No.	District	No. of Vehicles	S.No.	District	No. of Vehicles
1	Jaipur	1	9.	Jhalawar	1
2.	Alwar	1	10.	Sawai Madhopur	1
3.	Chittorgarh	2	11.	Sirohi	1
4.	Rajsamand	1	12.	Barmer	1
5.	Ganganagar	2	13.	Jaisalmer	2
6.	Baran	1	14.	Nagaur	2
7.	Bundi	1	15.	Banswara	1
8.	Kota	1	16.	Karauli	1

Eligibility Criteria:

- Should be registered body under the Indian Societies Registration Act/Indian Trust Act/Indian Religious and Charitable Act/Company Act or their state counterparts for more than five years.
- Should have an average annual turnover of Rs.25 Lakhs per year during last three financial years.
- The organization should preferably have experience of working in the district for which it is interested in applying for Mobile Medical Units.
- Should preferably have experience of managing at least 3 projects funded by either the state government or the central government or any bilateral or multilateral donor agency.

Interested organizations that meet the above mentioned criteria can download the information Brochure from nrhmrajasthan.nic.in (website) or can collect it from the office of Mission Director, National Rural Health Mission, Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur (Rajasthan) between 11am and 3 pm on any working day on or before Dec.24th 2009.

All interested agencies need to send a Demand Draft of Rs.1000/- in favour of "Rajasthan State Health Society, Jaipur" (non-refundable).

Duly filled up application forms only in the prescribed format given in the Information Brochure, along with all the annexures mentioned in the application form should be submitted in duplicate on or before Dec.24th 2009 to the following address:

Mission Director, National Rural Health Mission, Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur (Rajasthan).

Incomplete application forms will be summarily rejected.



National Rural Health Mission
Department of Medical, Health and Family Welfare
Government of Rajasthan

**FORM FOR APPLICATIONS FOR EXPRESSIONS OF INTEREST FOR MANAGING MOBILE
MEDICAL SERVICES IN OUTREACH AREAS OF RAJASTHAN**

District: _____

1) Name of the applicant organization: _____

2) Complete postal address of the office: _____

3) Registered Office: _____

4) Telephone nos.: STD Code: _____ Numbers: _____

5) Fax: STD Code: _____ Numbers: _____

6) Email: _____

(7) Year of establishment: _____

(8) Registration details: _____

(9) Name of the Chief Functionary: _____

(10) Qualification of the Chief Functionary: _____

(11) How long has the Chief Functionary
 Been with the organization: _____

(12) Staff details:

- | | | |
|------|------------------------------|----------------------|
| 12.1 | No. of technical staff: | _____ full time |
| | | _____ part time |
| 12.2 | No. of administrative staff: | _____ full time |
| | | _____ part time |
| 12.3 | No. of project staff: | _____ technical |
| | | _____ administrative |
| 12.4 | No. of non project staff: | _____ technical |
| | | _____ administrative |

(13) Funding Sources in the last 5 years:

Year	Sources (amount for each source)

(14) About the Services:

- a) Vision:
- b) Mission:
- c) Geographical area of operation: _____
(mention districts covered)
- d) Sectors/ issues working on: _____

(15) Total population covered by different projects: _____

(16) Detail of fixed assets (land/ building/ other) as per the balance sheet

(17) List of documents to be attached:

- a. Registration Certificate
- b. By laws/ Memorandum of Association
- c. Last three years' audited financial statement
- d. Last three years annual report
- e. List of Board Members with their complete contact details and phone numbers
- f. Declaration that the organization have not been black listed by GOI or GOR.

Authorized Signatory

Name:

Designation:

Address:

Phone no. :

(Please put a seal of the Organization here)