

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

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

The Government of Rajasthan intends to invite NGO/ Private Health Institutions 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 the districts that will be operationalized by the NGOs/ Private Health Institutions under the control of District Health Society.

There are two categories of vehicles in each mobile medical unit that will be provided to the districts – a van for the staff to move along and a mobile medical van, fully equipped with the instruments. Hence one unit comprises of two vehicles.

Application are invited for the mobile medical units in the following districts-

One unit each in Rajsamand, Barmer, Kota, Sirohi, Sawai Madhopur, Pratapgarh, Baran, Jhalawar Distts.

Two units each in Ganganagar, Jaipur, Jaisalmer Districts.

Interested agencies, NGOs/ Hospitals/ Private Health Institutions, who fulfill the eligibility criteria given below, are invited to submit their Expressions of Interest in the prescribed format: An agency can apply for more than one units or Districts. Single application will be used for the purpose.

Eligibility Criteria:

- a) 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.
- b) Should have annual turnover of Rs. 10 lakhs per year during last three financial years.
- c) The Organization should have medical service to the humanity mainly poors and needful rural people as its main objective as essential shown in by laws at the time of registration.

Preferable:-

1. The organization should preferably have experience of working in the district for which it is interested in applying for mobile units.
2. 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 rajswashya.nic.in (Website) or can collect it from the office of Project Director, National Rural Health Mission, Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur (Rajasthan) between 11 am and 3 pm on any working day on or before 24-05-08.

Duly filled up application forms only in the prescribed format given in the Information Brochure, along with all the annexures mentioned in application form are to be submitted upto 3 pm on 24-05-08 or reach before in the Office. No application received after this time shall be entertained. It is advised to send the application form accompanied with acknowledgement card by registered / Speed Post dak or in person only. Application forms received through the couriers shall not be accepted.

**Project Director National Rural Health Mission,
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur(Rajasthan).
Incomplete applications shall summarily rejected.**

Signature

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

**FORM FOR APPLICATION FOR EXPRESSIONS OF INTEREST FOR
MANAGING MEDICAL MOBILE UNIT**

Name of the Districts. Applied for _____

1) Name of the applicant organization:

2) Complete postal address of the office:

3) Registered Office:

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

5) Fax: _____ Mobile Phone Numbers: _____

6) Email: _____

7) Year of establishment: _____

8) Registration details: _____

9) Name of the Chief of NGO _____

10) (i) Name of the Chief Functionary and post held.

(ii) Qualification - Academic and Technical _____

11) Staff details: only regular/ permanent full time employees _____

12) Funding Sources in the last 3 years: - GoI / GOR

Agency	Rupees

13) Turn over as per last three balance sheet [P&L / Income and Expenditure]

(a) 2007-08 _____

(b) 2006-07 _____

(c) 2005-06 _____

14) About Services:

(a) Geographical area of operation: _____

(Mention district covered)

(b) Sectors/issues working on: _____

Attach copies of sanction order, reports.

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) List of Board Members with their complete contact details and phone numbers

(e) Declaration that the organization have not been black listed by GOI or GOR .

(f) Photo copy of sanction orders of project/ work orders specially in health sector by Government.

(Authorized Signatory)

Name:

Designation:

Address:

Phone no.:

(Please put a seal of the Organization here)