



**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 public participation 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 32 districts. These vehicles would be operationalized by the NGOs/ private 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 medical van, fully equipped with the instruments. Hence one unit comprises of two vehicles.

Twelve districts would be provided only one unit, ie Ajmer, Bhilwara, Bundi, Dausa, Dholpur, Dungarpur, Hanumangarh, Jalore, Jhunjhunu, Rajsamand, Sikar and Tonk. Rest twenty districts (desert and tribal) would be provided two mobile units. Thus total 52 (12 + 40) mobile medical units will be provided.

Expressions of Interest, in the prescribed format, is invited from **Private Hospitals** with bed strength of 100 beds or more / **Private Medical Colleges**, who fulfill the eligibility criteria given below. Interested Organizations can apply for more than one district.

Eligibility Criteria:

1. 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.
2. Should have an average annual turnover of Rs 10 lakhs per year during last three financial years.

Preference:

1. 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 rajswasthya.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).

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 **25.01.08** to the following address:

Project 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 assests (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)