

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/ big Hospitals/ 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 all the 32 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 medical van, fully equiped 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.

Interested agencies, NGOs/ big Hospitals/ Private Health Institutions, who fulfill the eligibility criteria given below, are invited to submit their Expressions of Interest, in the prescribed format:

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 an average annual turnover of Rs 10 lakhs per year during last three financial years.
- c) The organization should preferably have experience of working in the district for which it is interested in applying for mobile units.
- d) 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) between 11 am and 3 pm on any working day on or before 31.07.07.

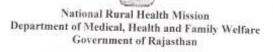
Duly filled up application forms only in the prescribed format given in the Information Brochure, along with all the annexures mentioned in the application form should be submitted in duplicate on or before 31.07.07 to the following address:

Project Director, National Rural Health Mission,

Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur (Rajasthan).

Incomplete application forms will be summarily rejected.

Signature



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

District	0			
1)	Name of the	e applicant organization:		
2)	Complete p	ostal address of the offic	rec	
3)	Registered (Office:		
4)	Telephone n	ios.: STD Code;	Numberst	
5) Fax	60	STD Code:	Numbers:	
6) Ema	ail:			
(7) Ye	ar of establish	ument:		
	egistration det			
(9) Na	me of the Chi			
10) Qu	alification of			
(1) He	ow long has th	e Chief Functionary e organization:		
12) Sta	ff details:			
	12.1 No.	of technical staff:	full time	
	12.2 No.	of administrative staff)	part time full time	
	12.3 No.	of project staff?	part time technical	
	12.4 No.	of non project staff:	administrative technical	

Year			Sources (amount for each source)			
			Programme Description of the Section S			
4) About th	e Services:					
	a) Vision:					
	b) Miss	sion:				
	c) Geographical area of operation:					
	d) Secto	ors/ issues working on:	8			
	-					
5) Total po	oulation cover	red by different projec	is:			
 Detail of 	fixed assests	(land/building/other)	as per the balance sheet			
7) List of de	ocuments to b	se attached:				
		Registration Certific By laws/ Memorand				
	C.	Last three years' auc	dited financial statement			
	d.	Last three years annual List of Board Memb	ual report			
	C.	CONTROL PROGRAM (AIRTHO	ers with their complete contact details and phone numbers			
	f.	Declaration that the	pers with their complete contact details and phone numbers organization have not been black listed by GOI or GOR.			
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	f. Authorized	Declaration that the	ners with their complete contact details and phone numbers organization have not been black listed by GOI or GOR.			
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