

LIMITED RFP
FOR
SERVICE PROVIDER
WITH HITES
FOR
Telemedicine, PACS & RIS



HLL INFRA TECH SERVICES LIMITED
(A CPSE under Ministry of Health and Family Welfare (MoHFW), Govt. of India)
B-14 A, Sector - 62, Noida - 201 307, Uttar Pradesh, India
Website: www.hllhites.com

**INVITATION FOR LIMITED
RFP
for Telemedicine, PACS & RIS
SERVICE PROVIDER**



HLL INFRA TECH SERVICES LIMITED
(A CPSE under Ministry of Health and Family Welfare (MoHFW), Govt. of India)
Business Development Division
B-14 A, Sector - 62, Noida - 201 307, Uttar Pradesh, India
Website: www.hllhites.com

SCHEDULE OF SUBMISSION EVENT OF RFP

S. No.	Description	Details
1	RFP NO.	HITES/BD/LTD-RFP/2024-25/001
2	Date of issue of RFP	08.04.24
3	Last Date of submission of RFP	19.04.24 till 3.p.m.
4	Date of opening of RFP	20.04.24 at 4.p.m.
5	Proposals should be addressed to	The Chief Executive Officer, HLL Infra Tech Services Limited (HITES), B-14 A, Sector-62, NOIDA, 201307
6	Proposals should be submitted at HITES Noida office	B-14 A, Sector 62 NOIDA -U.P. 201307 , before scheduled date and time
7	RFP Processing fee	Rs.5000/-+18% GST = Rs. 5,900 through RTGS
8	EMD	Nil
9	RFP Documents should be obtained	Will be issued to limited empaneled bidders through mail
10	E-mail id	bd@hllhites.com
11	Contact Details	0120-4071500/512/567

SUBMISSION OF PROCESSING FEE

A processing fee of Rs.5000/-+18% = Rs. 5,900 payable online to the bank, as per tender document with the RFP. Cost of bid document for on-line bid for work is shown in the table above. Tender cost (non-refundable) will be submitted online in following HITES Bank Account:

S. No.	Particulars	Details
1	Name of Beneficiary	HITES FD BACKED OVERDRAFT ACCOUNT
2	Name of Bank	ICICI Bank
3	Bank Branch Name	Sector-62,NOIDA Branch
4	Branch Address	Stellar IT Park, C-25, Sector-62,NOIDA, Uttar Pradesh
5	Bank A/c No.	158005003923
6	IFSC Code	ICIC0001580
7	Branch Code	152
8	MICR	110229152

- i. The bid document should be submitted in hard copy only.**
 - **There should be two types of bid envelope:**
 - a) **Technical bid (Envelope- 1)**
 - b) **Financial bid (Envelope- 2)**

- ii. The bidder can submit the bid by post or by hand (In person) to B-14 A, Sector 62 NOIDA -U.P. 201307, in favor of Business Development Division.**

1. Proposal Data Sheet

S. No.	Information	Details
1.	Tender Issuing Authority	HLL Infra Tech Services Ltd
2.	Tender Execution Agency	HLL Infra Tech Services Ltd
3.	Purpose of Tender	Selection of Telemedicine, PACS & RIS Service Provider for paid pilot for 2 Districts in the country
4.	Project tenure	3 Weeks (Implementation Period) + 2 Months of Operations and Maintenance on paid pilot basis
5.	Availability of tender documents	By Mail to Empaneled Vendors
6.	Performance Bank Guarantee	5 % of the total contract value within 21 days from the date of issuance of work order / Letter of Intent / Letter of Award (for contract period + extra 6 months) from any Nationalized Bank or Any scheduled bank

2. Objectives and expected outcomes

Telemedicine -

Telemedicine is a telehealth application serving as a critical enabler of quality healthcare for all citizens. It is a complete healthcare application created with the intent of becoming the round-the-clock telehealth support for citizens. The main purpose of the application is the delivery of health care services in different geographic locations by connecting patients in need of medical attention with health workers.

Objective - Innovative technologies are allowing health organizations to enhance access and reduce the burden on hospitals through real-time consultation with doctors via smartphones, tablets, laptops or PCs. Various scenarios are covered under Telehealth:

Teleconsultation between Patient at the Dispensary and the Doctor at the Hospital

- When the dispensary doctor is not available/ busy
- Where the patient cannot visit the hospital because of Geographical Barriers/ Difficult terrain, transport unavailability
- To reduce infrastructure cost for Health setups, waiting time and readmission rates at the hospital
- Follow-up appointment with the Hospital doctor from the patient's location (only for a second consultation) can be carried out directly from anywhere
- In case of geriatric care for remote continuous monitoring
- Where the patient cannot move in case of a terminally ill condition
- To save time, energy and money of the patient Referral cases can be dealt with by the Dispensary Doctor with specialists at the hospital

- To address the lack of local medical expertise
- Where specialists in tertiary level care are required, like cardiologists, neurologists, pediatricians, etc.
- Where the medical consultation needs urgent attention

RIS, PACS & Teleradiology

Objective - There has been a major trend towards making medical imaging systems more accessible. Teleradiology, or the transmission of medical images from one location to another for the purpose of interpretation by a radiologist, has been at the forefront of telehealth since its inception, and has become its poster child as the most successful application that exists today.

Studies conducted in the USA in the early 2000s saw very rapid acceptance and utilization of teleradiology among radiology groups and hospitals (one study showed that utilization tripled over a short 4-year period from 2003-2007). The rest of the world is fast catching up.

A substantial objective of teleradiology is to enable healthcare delivery at anytime and anywhere irrespective of geographical location. However, there are many concerns that should be addressed by the applications using teleradiology. Issues such as quality of service, security and privacy, reasonable response time, reliability, cost, and workflow integration are the main technical objectives for those applications in order to have a proper clinical utilization

The fusion of medical imaging and high-performance computing is considered valuable. However, the cost of high-performance computing technologies on the one hand and the performance barrier of the Internet on the other hand have made this integration challenging and disputable. Regarding the challenges in telemedicine and high-performance computing as well as those relating to the combination of them, the proposed PACS-based telehealth-teleradiology platform aims at providing a framework for medical imaging processing and visualization services that are widespread, easy-to-access, real-time, secure, reliable, and cost-effective.

Our platform focuses on operating on a remote real-time RIS and PACS-based server for clinical and diagnostic services delivered at different care settings where the physicians, specialists and scientists collaborate to provide specialized care. The platform aims to provide a RIS and PACS-based telehealth framework for different medical image services such as segmentation, registration, and specifically high-quality visualization. The proposed approach offers services which are not only widely accessible and real-time but are also secure and cost-effective. Using this ability, physicians and specialists can consult with each other at separate places and it is especially helpful for settings like Arunachal Pradesh, where there may be lack of specialist, or the number of specialists is not enough to handle all the available cases. Furthermore, the proposed platform can be used as a rich resource for clinical research studies as well as for academic purposes

Our objectives

- Leverage the synergy between health facilities and technology
- Expedite illness identification timelines
- Institute quick monitoring of remotely collected data anytime, anywhere
- Enhance treatment personalization
- Save overall costs while improving care

3. Scope of Work

3.1 Telemedicine

Telemedicine is a telehealth application serving as a critical enabler of quality healthcare for all citizens. It is a complete healthcare application created with the intent of becoming the round-the-clock telehealth support for citizens. The main purpose of the application is the delivery of health care services in different geographic locations by connecting patients in need of medical attention with health workers.

Unique Features of the HITES – Tele-Medicine Platform

1. Approved by NHA (Integrated with Ayushman Bharat Digital Mission | ABDM - Milestone 3) along with ABHA ID generation of patients
2. Compliant with CMMI - Maturity Level 5
3. Real-time Virtual OPD through teleconsultation
4. Integrated Electronic Medical Record (EMR) that can be uploaded to ABDM Portal
5. Generation of E-Prescription and Referral Letter
6. Sharing of radiological reports and images
7. Specialty-wise appointment booking and live doctor consultation
8. Intelligent Patient Queue Management System (QMS)
9. Multi-channel application
 - a. On-demand | Hub & Spoke model
 - b. Doctor | Department based booking
 - c. Web | Mobile Interface
 - d. Video | Audio | Chat | SMS | Email
10. Drilldown Reports & Analytics
 - a. Disease pattern recognition using top provisional diagnosis
 - b. Top medicines consumption for pharmacy optimization
 - c. Teleconsultations analysis - Patient Age/Gender, Doctor, Department wise
 - d. Location-wise Patient distribution, demographics, ABHA IDs
 - e. Device wise vital signs analysis
 - f. Average processing, waiting and prescription time
 - g. Health worker and specialist allocation
 - h. Role-wise user dashboard and more...
 - i. Manpower (optional)

Integrated Point of Care Testing (POCT) Devices in a kit

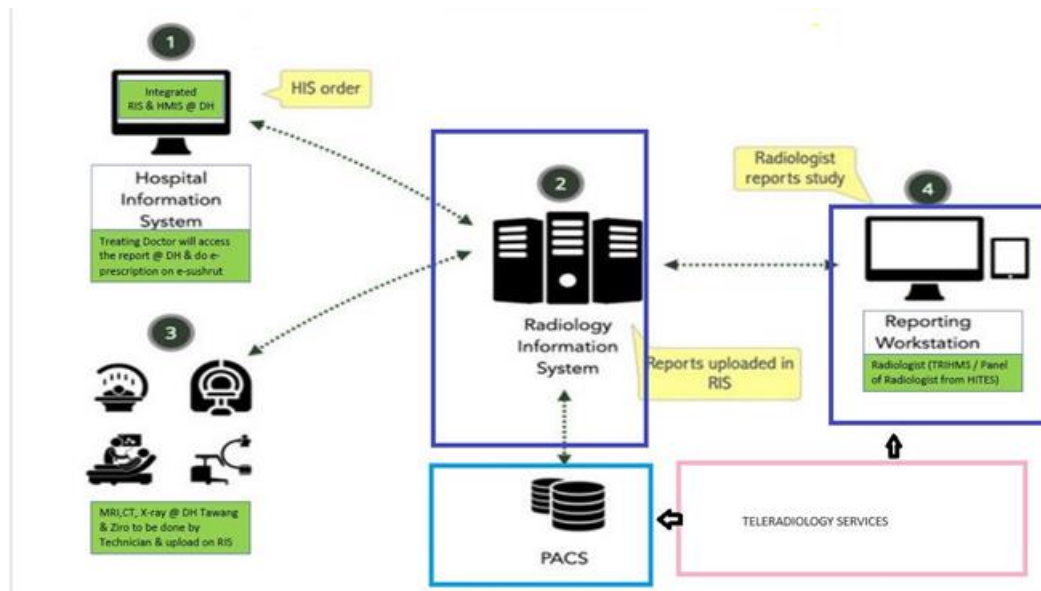
1. No Contact thermometer
2. Blood Pressure Monitor
3. Pulse Oximeter
4. Portable ECG
5. Digital Stethoscope
6. Examination Camera
7. Otoscope (Ear Camera)
8. Fetal Doppler
9. Portable X-ray (optional)

ABDM integrated Telemedicine with POCT Devices for Smart OPD Solution provides-

- *Screening*: Non Communicable Diseases (NCD), TB (TB Mukht Bharat) etc.
- *Preventive Care*: Early diagnosis & interventions
- *Curative*: Giving teleconsultation and treatment based on real time vitals' information, further follow-ups through virtual consultations and need based referrals.

3.2 RIS, PACS & Teleradiology

Solution Architecture



A. RIS Software with

- Clinical Decision Support
 - Patient ID Recognition
 - Native Speech Recognition and Reporting
 - Digital Forms
 - EHR certification with real-time analytics
- And many more features

B. PACS Software with

- 3D Volume Rendering
 - Enhanced viewing
 - Collaborate without infrastructure changes
 - Platform independent
 - Streamlined user tools
- And many more features

C. Teleradiology service with

- Reporting done by MD Radiologists only
- 24 x 7 coverage
- Realtime online communication
- Data security & confidentiality
- Robust QA

4. Pilot Implementation

4.1 Telemedicine Deliverables

1. Service Provider shall deploy the POCT devices & x-ray machines in the locations and quantities identified by the Department.
2. The Service Provider Telemedicine software and cloud hosting shall be run on a software-as-a-service (Saas) platform for the pilot duration.
3. We shall deploy trained telemedicine kit operators to assist the paramedics at the spoke locations (Sub center/ health & wellness centers).
4. The Doctors/ Specialists shall be trained to give tele-consultations from hub locations like hospitals or any remote consulting locations with connectivity.

Timelines

- The pilot project to be deployed within 3 weeks of the approved work order and subsequently implemented for a period of two months in the identified hospitals/ Dispensaries.
- If required, the project can be extended and the commercials for the same shall be worked out separately.

Outcomes

At the end of the two month's pilot period, the platform shall be able to demonstrate the following outcomes-

- Teleconsultations between remote doctor and patients; paramedics from the spoke location shall be able to connect with doctors from Hub locations
- Paramedics from spoke location shall be able to book future appointments with Doctors at the hub location.
- Doctors will be able to hear patient's heartbeat sounds through stethoscope, able to see any skin rashes through examination cameras, examine ECG reports etc. from remote locations.
- Doctors shall be able to invite other specialist(s) on the call for a multi-party conference, if required.
- Doctors shall be able to prescribe medication and generate electronic prescriptions from the System that the paramedic can print, if required.
- System shall be able to capture patient records, medical history and vital information as part of the EMR
- Platform shall be able to generate new ABHA IDs and/ or link patient records to existing ABHA users with their consent
- System shall generate various reports and statistics such as-
 - a. Medicine consumption pattern through top medicines prescribed to the patients
 - b. Disease pattern recognition through area wise top provisional diagnosis c. Telemedicine Device Usage Statistics
 - d. Spoke wise comparison in patient demographics

Roles & Responsibilities

Service Provider

1.	Telehealth Software application and DB installation
2.	Software operations training to the State team
3.	Telehealth equipment supply and training
4.	System configuration as per State requirements
5.	Telehealth equipment and Software remote technical support
6.	Trained telemedicine kit operators for spoke locations
7.	Cloud Hosting & Managed services (Cloud server should be in India.)
8.	Software upgrades and troubleshooting
9.	Integrations with third party as per contract terms
10.	Manufacturing faults Repairs & Replacements during the pilot period
11.	MIS reports & Dashboards
12.	Data Security and Confidentiality

District Administration

1.	Desktops/ Laptops with accessories for doctors at Hub Locations.
2.	Internet connection at doctor end points and spoke locations
3.	Electricity at both the hub & spoke facilities. UPS, if necessary.
4.	Printers, if required
5.	Logistics from State to the locations where the telehealth kits are to be deployed
6.	Teleconsultation cabins, furniture in a well-lighted and noise-free environment
7.	Health workers – Doctor & Paramedics for hub & spoke respective locations
8.	Availability of Doctors to perform teleconsultations
9.	Dissemination of information to citizens/ patients about the Telehealth facilities
10.	Security and Care of all IT and medical devices

4.2 RIS - DELIVERABLES

RADIOLOGY INFORMATION SYSTEM (RIS)

FEATURES

Clinical Decision Support

Easy workflows to manage CDS data plus integration with qualified mechanisms to evaluate study appropriateness— with no cumbersome login to another system.

Native Speech Recognition and Reporting

State-of-the-art voice recognition, roaming profiles, and auto- loading report templates to boost productivity. Embedded, natural-language technology with no third-party interface to manage.

Secure PIC

Secure, bi-directional request to patients for photo capture of prescriptions, insurance cards, or any document, improving the speed and accuracy of patient registration and care.

Integrated mammography tracking and reporting

Automatic patient follow-up and tracking based on BI-RADS® assessments, with full MQSA reports and secure report sharing. Increased patient loyalty with no third-party licensing hassles.

RADAR Nudge

HIPAA-compliant messaging direct from RIS for radiologists, clinicians, and administrative staff, with the option to include images, files, and patient data.

Print to RIS

Transfer of external documents (web pages, emails, etc.) directly into Attachments section of open patient record in RIS, for substantial reduction in paper handling.

Patient ID Recognition

Automatic match of patient's scanned ID to the day's schedule or entire database, with option to auto-populate new record from scanned ID for fewer duplicates.

Patient Signature

Digital workflow tool to capture patient signature, reducing patient registration times and increasing patient satisfaction.

Digital Forms

Custom, study-dependent questionnaires, tech worksheets, or any unique form—completed directly in eRAD RIS for easy pull into diagnostic or management reports.

Inbound Document Capture

Electronic receipt of incoming faxes, with worklists to route attachments to the correct patient record and create new orders, if needed. Freedom from multiple call-backs and too much paper.

EHR certification with real-time analytics

Centralized dashboard with real-time intelligence on key business objectives—from wait times to utilization. Comprehensive reports on all aspects of the practice for strategic, successful decisions.

Optimized worklists

Worklists dynamically support productivity across the full life cycle of a patient visit, from orders and registration to signing protocols and billing. Worklists help multi-site practices achieve operational goals, such as auto-routing to defined reading groups for balanced study distribution.

HIS Order Details

Automatic import of Patient Demographics data, Medical History and Physician Order details

Native Speech Recognition and Reporting

State-of-the-art voice recognition, roaming profiles, and auto-loading report templates to boost

productivity. Embedded, natural-language technology with no third-party interface to manage.

Messaging

HIPAA-compliant messaging direct from RIS for radiologists, clinicians, and administrative staff, with the option to include images, files, and patient data.

Report Delivery

Automated from RIS to HIS

HIS - RIS Integration

We are given to understand that proposed HIS system will have its own set of API / WEB Hooks through any new order information may be passed to RIS

When Physician orders a new study, following information is be passed

- Unique ORDER ID
- Patient Demographics (Name / Age / Sex)
- Unique Patient ID
- Administration & Billing date
- Physician Note / Diagnosis
- Medical History
- Modality
- Body Part
- Notes for Technicians
- It needs to process various types of files and one of them is DICOM Images which comprise a very important element related to Radiological Study and Findings.

Data may be shared in XML or JSON format

Once data travels to RIS, HIPAA-compliant messaging direct from RIS for radiologists, clinicians, and administrative staff through R NUDGE

Once Report is prepared at PACS, same may be auto e-mailed to physicians, admin staffs or may be uploaded into HIS against order ID

PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS)

FEATURES

3D Volume Rendering

With support for Direct Volume Rendering, Maximum Intensity Projection (MIP), and Raysum Average Projection modes, Evolution's 3D Volume Rendering enables creation of reconstructed images on-the-fly. The cost and disruption of routing to a lab or specialized workstation is eliminated. Gain greater clinical quality by correlating 3D volumes with 2D series to identify the same point in all orthogonal images. Easily manage larger studies with slab scrolling.

Enhanced viewing

A multi-monitor, 64-bit diagnostic viewer includes customizable macros and configurable tools, menus, and hotkeys. Add multi-planar reconstruction, edge enhancement, image fusion for PET/ CT studies, image stitching, and mask subtraction for greater viewing power.

Simplified integration

The Evolution platform supports vendor- neutral archiving (VNA) to make data available quickly, without expensive migrations and downtime. Evolution supports integration with multiple systems - such as third-party dashboards, EMRs, portals, and order entry systems. Support for DICOM, HL7, a web services (HTTP) API, WMI interface, and XML Control File interface makes interoperability easy and straightforward.

Streamlined user tools

Along with a modernized interface, Evolution promotes an intuitive user experience with a configurable dashboard that includes user-to-user messaging, system statistics, report summaries, and shortcuts to custom worklists.

Advanced mammography features

Evolution provides enhanced mammography hanging protocols and support for breast tomosynthesis and CAD.

Collaborate without infrastructure changes

Communication remains secure and protected, with access controls that foster collaboration.

Rich feature set

Series stack, pan, zoom, window/level, magnify, measure, flip and annotate images directly in the browser. Users get the feel of an application—you can even add logos and messages— but the mobility and flexibility of anywhere-access.

Fast delivery

Web Viewer uses HTML5 and WebGL technologies to efficiently download and render patient, study and image data.

Platform independent

Mobile Viewer is compatible with HTML5-compatible web browsers, such as Google Chrome, Internet Explorer 9 and later, Mozilla Firefox, MacOS Safari.

PROCESS EMPOWERMENT

- Each user will have secured login with encrypted password
- Radiologist login will have only studies assigned to them.
- Data accessibility, data integrity is major objective.
- Dashboards are customizable as per requirement of Users
- Dashboard will detail of number studies with reports status
- Designed to provide details of studies based on modalities
- Flexibility to modify the user tab based on the Radiologist requirements
- Worklist can be filter based on study information, report information, object/task information
- Onclick is available in worklist for each study and priors study information
- Onclick sort the studies based on received date, reported date, type of study , SOS studies
- Radiologist can collaborate with Physicians/Doctors with real time image sharing capabilities.
- Easy correlate the abnormalities found in studies
- Doctor can take further decision based on real time analysis of the study and report

WORKLIST

- Intelligent, rules-based study assignment.

- Sub-specialty success.
- Cleaner, faster connections on the cloud.
- Cased based events created by workflow efficiency
- Notification is triggered by pre-defined rules.
- Learning tasks can me created and shared with Team

VIEWER

- 3D VR or MPR is constructed with a single click
- Cost of High-end workstation is eliminated
- Greater quality of 3D images with correlation with 2D images
- Large study is managed by the scrolling technique
- Designed for Loss less compression archival storage
- Renders Faster retrieval of Archived images with priors' study
- Best Image management technology saves huge cost of storage space
- eRAD DICOM viewer download self-installable so that Radiologist can install hassle free
- Advanced tools is available like annotation, key images marking etc
- MPR created just a click of a button and loaded faster than any viewer
- Integrated report panel helps tTransmissions are encrypted to ensure patient confidentiality and are HIPAA compliant.o read study and report at real time
- Hanging protocol – User defined

REPORTING

- Report panel has embedded MS word tools and option for easier reporting
- Option to prelim the report status then can finalise the it after approval of Senior Radiologist
- The flexibility of creating , using pre-loaded report template base of Radiologist specialty
- Reports can be integrated with HIS, HMS and also attached with key images
- Institution or site-specific report templates
- Speech dictation-based reporting

TELERADIOLOGY SERVICE

Teleradiology, in essence, is based on a fundamental triad; an image sending station, a transmission network, and a image retrieval station that should have a high-quality display screen. Recent innovations include the cloud for improved cost reduction, mobile technologies for greater access, and

more sophisticated teleradiology workflow that enhances radiologist productivity, provides performance metrics, and tracks quality.

Teleradiology improves patient care by enabling radiologists to offer their expertise without having to be present. This is essential when radiologist subspecialists (e.g. MRI radiologists, paediatric radiologists, or neuro-radiologists) are required as the number of these specialists is relatively low. Teleradiology, thus, enhances the quality of reporting by bringing the images of patients to the most specialized radiologists best qualified to interpret a particular scan.

On the other hand, smaller-sized, remote healthcare facilities might employ just one radiologist or none at all. In case of a single radiologist, it's impossible for the appointed expert to be available 24 x7. Here, the support of a teleradiology provider can improve the standard and quality of care that may have been diminished by excessive workload.

Our exhaustive panel of Certified MD Radiologists located across the globe forms the backbone of our teleradiology service. To assist them we have our qualified pool of talent certified in Clinical Research with degrees in Science, Pharmacy, Computer Applications and Medical Transcription. Our strength lies in

teamwork. It is the basis of how we operate, where the team leads work closely alongside other members.

TELERADIOLOGY READS

- Final Reads

Client takes pride in final read interpretations. We provide custom reports to meet client requirements. Our reports meet global-international standards for centres accreditation preparedness. Final reports and interpretations of diagnostic image studies are performed by fellowship-trained and certified subspecialty radiologists. Our focus always remains on producing high-quality image study reports and interpretations to meet client expectations.

- Subspecialty Reads

Client's team of radiologists provide subspecialist coverage without the cost and challenges involved with a local hire. 60% of our radiologists are subspecialty-trained radiologists with an average of 20 years of experience and well equipped to provide sub-specialty radiology reports of global standards in the fields of

—

- Musculoskeletal disorders
- Neuroradiology
- Vascular disorders
- Oncology
- Gastro-Intestinal disorders
- Chest related disorders
- Women & Child related health issues

We ensure that irrespective of the situation, you're prepared with a clinical resource to provide a preliminary/final report, empowering you to make better decisions for patients.

TELERADIOLOGY – TERMS OF SERVICE

- We provide professional radiology interpretation services, via Teleradiology and provide a technological environment and platform in extending & facilitating professional radiology image interpretation services through its own panel of Radiologists who render radiology services.
- We represent and warrant that each physician - radiologist who provides services under Client's banner shall be authorized & licensed to practice medicine as required by Govt. of India and state laws, rules and regulations.
- We will provide off-site diagnostic radiology services to Client from its own locations via Teleradiology or through their licensed PACS.
- The following would be the IT hardware requirement set-up at your end to facilitate the whole process of Teleradiology that we propose to undertake for your esteemed organisation -
 - Computer: Minimum hardware requirement - i3 Processor, 4GB RAM, 21" monitor
 - Printer: For printing reports at your end
 - Scanner: For scanning prescriptions & prior reports to send over PACS to us
 - Internet Connectivity: minimum 10mbps
 - DICOM Image Forwarder
 - PACS Installation
- We will provide off-site diagnostic radiology services to Client from its own locations via Teleradiology or through their licensed PACS.
- We will engage in providing the Teleradiology services to the Client under the following types of reading & coverage, as mutually agreed upon –

Teleradiology Reading: Final Read

Teleradiology Timeline Coverage: Day-time Coverage / 24x7 Coverage / Emergency Coverage

Under ordinary circumstances, we provide a report with a turnaround time between 3-4 hours after receipt of a complete transmission of image(s) and related requisition over email.

- In case of emergency requirement, client will provide a report with a turnaround time between 90 – 120 minutes time after receipt of a complete transmission of image(s) and related requisition over e-mail.
- Client will be responsible for providing or arranging for the provision by its end Clinic(s) of all of the following, at no cost to service provider -
 - Client shall be responsible for the transmission of medical-quality images and requisite paperwork, including relevant clinical history and relevant prior reports and studies, to us and for all equipment and software required for such transmission.
 - The client shall provide or arrange for hardware and software links and technical support to allow us to access medical records, demographic information, prior reports, and to enter and sign final reports, as appropriate.

5. Pre-Qualification Criteria

Bidders should include this compliance checklist duly completed along with their Pre-Qualification Proposal:

Pre-Qualification Criteria			
Sl. No.	Basic Requirement	Specific Requirements	Documents required to be submitted
1.	Legal Entity	<ul style="list-style-type: none">• A company incorporated in India under the Companies Act, 1956 or Companies Act 2013 (as amended till date), and subsequent amendments theretoOr• An entity registered under LLP Act 2008 and subsequent amendments thereto.Or• Firms registered under The Societies Registration Act, 1860 and subsequent amendments thereto	<ul style="list-style-type: none">• Certificates of Incorporation/ Registration as applicable• Memorandum of Association or Articles of Association• Registration as applicable of the sole bidder

2.	Total Turnover	The bidder should have average annual turnover of INR 1 (one) Crores in the last three financial years (i.e. 2020-2021, 2021-2022 & 2012-2023) from IT/ ITES / Consulting Services.	Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure— I)
3.	Net Worth	The bidder should have positive net worth at the close of the preceding financial year. Note:-1 Net worth of any parent, subsidiary, associated or other related entity will not be considered.	Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure— I)
4	Bidder's Experience	The bidder have experience in ongoing or completed projects of total value is INR 50 Lacs. in similar type of Telemedicine/RIS project with any Government / State Government / PSUs/ Private Healthcare in last five (5) years (from FY 2018-2023).	Copy of Work order/ Client certificate/Contract copy/LOI from Client
5.	Power of Attorney	Bidder must submit the copy of board resolution or the power of attorney of authorized signatory along with the bid	Board resolution OR Power of Attorney with appropriate supporting document
6.	Debarment	The bidder should not be debarred for fraudulent and corrupt practices by any State/Central Government entity in India as on date of bid submission.	Self-certification by the authorized signatory

10. Technical Evaluation Criteria

The technical proposal submitted by the MSP shall be evaluated as per the technical evaluation parameters. The bidder shall be required to make a technical presentation & demonstration of the proposed solution, project implementation plan and project maintenance plan in front of the Tender Evaluation Committee appointed by HITES. The date and time of the presentation will be communicated to the bidders by HITES in due course of time.

Consortium/ SPV/ back to back agreement

HITES will enter into consortium with the selected bidder to submit tender in different states for such work

FINANCIAL BID

Name of the bidder:-

One Time Cost (INR)				
#	Item Description	Unit Cost (INR)	Quantity	Total Cost (INR)
1	Telemedicine Kit (Per Kit) (As per Technical BoQ) Telemedicine Kit with Medical Devices <ul style="list-style-type: none"> • Telemedicine Platform Software License included per kit • One Year Cloud Cost included for one concurrent doctor consultation session per kit • Implementation & Training Cost <ul style="list-style-type: none"> ○ Organization configuration & Go-Live. ○ Trainings on software and medical devices- • Two-day onsite one-time training at central location common for Doctors & Paramedics • Additional 2 days online training, if required 		2	
2	Hand Held/ Portable X Ray SKD ERay 5HS with AI System (Per Unit)		2	
3	Onsite Manpower for training, handholding or operations (Per Kit) Per Month (for 1 Months) at 2 Sites		2	
TOTAL TELEHEALTH				
4	PACS and RIS tele radiology (Per Hospital)		2	
GRAND TOTAL				
(In Words :)				

Additional:

#	Item Description	Unit Cost (INR)	Qty	Total Cost (INR)
1	Onsite Manpower for training, handholding or operations (Per Kit) Per Month (for 2 Months) at 2 Sites		4	

Annexure-I: Format for Annual Turnover of the Bidder

[To be submitted on letterhead of Statutory Auditor/ CA]

TO WHOM IT MAY CONCERN

I hereby declare that I have scrutinized and audited the financial statements of M/S _____.
Turnover* of the bidder (name of the Bidder) as on 31st march 2023 as per audited statement is as follows:

Financial Year	Turnover (INR Crore)	Net-worth (INR Crore)
2020-21		
2021-22		
2022-23		

*To be provided from latest available Audited statement

I also certify that M/S _____ has not filed for insolvency in the last 3 financial year as disclosed by the records and documents produced before us and information and explanation given to us.

For

M/S.

Chartered Accountants / Statutory Auditor

Signature

Name of Chartered Accountant / Auditor

Membership No. / Registration No.

Seal/ Stamp

Date

Place

Annexure-II: Format for Self-declaration on Technical Capability

[To be submitted on Bidder's Company Letterhead]

Date:

To,
CEO

HITES

Noida, Uttar Pradesh

Sub: Self Certification for Technical Capability

Dear Sir,

In accordance with eligibility requirements of this tender process, we <<Name of the Bidding firm>> wish to declare that we have an experience of implementing following solution in Digital Health Domain;

Sr. No.	Project Name	Modules	Client Details Along with Contact Details and Email

Yours faithfully,

Signature of the authorized signatory

Name.....

Designation

Address.....

Phone

mail.....

Annexure-III: Format for Self-declaration of Non-Debarment/ Clean Track Record
[TO be submitted on Bidder's Company Letterhead]

Date:

To,
CEO,
HITES
Noida, Uttar Pradesh

Sub: Undertaking of Clean Track Record

Dear Sir,

With reference to the above subject, we hereby wish to inform that, <Name of the Firm> hasn't been debarred by any Central / State Government Department / Institution as on the date of submission of the Bid which may have any impact on our ability to deliver the project (if awarded) or under a declaration of ineligibility for corrupt or fraudulent practices as on date

We hope that this undertaking provided hereinabove shall suffice the purpose. In case you need and further clarification, we would be glad to provide the same.

Yours faithfully,

Signature of the authorized signatory

Name

.....

Designation

Address

.....

Phone

Email

Annexure-IV: Project Details Certificate by Chartered Accountant/ Statutory Auditor
[TO be submitted on letterhead of Statutory Auditor/ CA]

TO WHOM IT MAY CONCERN

I hereby declare that I have scrutinized and audited the projects details and its financial statements of M/s _____ Project wise revenue/ payment received by the bidder (name of the Bidder) as on DDMMYYYY as per audited statement is as follows:

Lol/ Work Order Date	Project Name	Domain/ Services	Revenue/Payment received (INR Crore)

*To be provided from latest available Audited statement

I also certify that M/Shas carried out projects in the above mention Domain/ Services as disclosed by the records and documents produced before us and information and explanation given to us.

For
M/S.
Chartered Accountants

Signature

Name of Chartered Accountant / Statutory Auditor

Membership No./

Seal/ Stamp

Date

Place

UDIN NO Note:

Annexure-V: Bidder's Checklist for Pre-Qualification and Technical Qualification Criteria

Bidder(s) to provide compliance checklist along with page-wise indexing of all supporting documents for Section 9 - Pre-Qualification Criteria and Section 10 - Technical Evaluation Criteria.

Checklist for Pre-Qualification Criteria (To be filled by Bidder)

S. No	Basic Requirement	Specific Requirement	Documents Required to be submitted	Compliance (Yes/No)	Pg.No.
1	Legal Entity	The member firms in case of consortium / sole bidder	<ul style="list-style-type: none"> • Certificates of Incorporation/Registration as applicable 		
	Shall be applicable for all the members of Consortium including lead consortium member in case of consortium)	<ul style="list-style-type: none"> • A company incorporated in India under the Companies Act, 1956 or Companies Act 2013 (as amended till date), and subsequent amendments there to 	<ul style="list-style-type: none"> • Memorandum of Association or Articles of Association 		
		or	<ul style="list-style-type: none"> • Registration as applicable of the consortium member firms/ sole 		
		<ul style="list-style-type: none"> • An entity registered under LLP Act 2008 and subsequent amendments thereto. 			
		or			
		Partnership firms registered under Indian Partnership Act, 1932 and subsequent amendments thereto			
		or			
		<ul style="list-style-type: none"> • Firms registered under The Societies Registration Act, 1860 and subsequent amendments thereto 			
	The member firms in case of consortium / sole bidder must have registered offices in India.				
2	Total Turnover (Shall be applicable for lead consortium member in case of consortium)	The Bidder should have average annual turnover of INR 1 (one) Crore in the last three financial years (i.e. 2019-2020, 2020- 2021 & 2021- 2022) from IT / ITES / Consulting Services.	Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure - I)		
3	Net Worth	The member firms in case of consortium / sole bidder should have positive net worth at the close of the preceding financial year. Note: Net worth of any parent, subsidiary, associated or other related entity will not be considered.	Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN).(Please refer Annexure - I)		
4	Power of Attorney	Bidder must submit the copy of board resolution or the power of attorney of authorized signatory along	Board resolution OR Power of Attorney with appropriate supporting document		
5	Debarment (Shall be applicable for all members of Consortium including lead consortium member in case of consortium)	The bidder should not be debarred for fraudulent and corrupt practices by any State/Central	Self-certification by the authorized signatory (Please refer Annexure - III)		

Annexure-VI: Technical Bid Submission Cover Letter

[To be submitted on Bidder's Company Letterhead]

Date:

To,
CEO
HITES
Noida, Uttar Pradesh

Sub: Technical Bid Submission

(RFP Ref No.:

Dear Sir,

We are pleased to submit our Technical bid for proposal for 'Selection of Managed Service Provider for State Health System Digitization.

I declare that, I am authorized person to submit the technical bid.

I hereby declare that our Technical bid is complete in all respects and certify:

1. That all documents and Information's furnished are correct in all respects to the best of my knowledge and belief.
2. That I have not suppressed or omitted any information as desired in R.F.P. document "If found faulty/ improper, the HITES can act against the bidder by disqualifying/ debarring in the bid".

Signature of the authorized signatory

Name

.....

...

Designation

.....

Address.....

Phone.....

Email.....

Annexure VII- FORMAT FOR BANK GUARANTEE FORM FOR EMD

To
CEO,
HLL Infra Tech Services Ltd (HITES)

Whereas _____ (hereinafter called the “Bidder/Service Provider”) has submitted its quotation dated _____ for the supply of goods and services _____ (hereinafter called the “bid/tender”) against the Tender Inviting Authority’s Tender Enquiry No.:__ dated____ . Know all persons by these presents that we _____ of _____ (Hereinafter called the “Bank”) having our registered office at _____ are bound unto _____ (hereinafter called the “Tender Inviting Authority) in the sum _____ of for which payment will and truly to be made to the said Tender Inviting Authority, the Bank binds itself, its successors and assigns by these presents. Sealed with the common seal of the said bank this day of 2024

The conditions of this obligation are:

- (1) If the Bidder withdraws or amends impairs or derogates from the tender in any respect within the period of validity of this tender.
- (2) If the Bidder having been notified of the acceptance of his tender by the Tender Inviting Authority during the period of its validity: -
 - a) Fails or refuses to furnish the performance security for the due performance of the contract. Or
 - b) Fails or refuses to accept/execute the contract. Or
 - c) If it comes to notice that the information/documents furnished in its tender is incorrect, false, Misleading or forged.

We undertake to pay the Tender Inviting Authority up to the above amount upon receipt of its first written demand, without the Tender Inviting Authority having to substantiate its demand, provided that in its demand the Tender Inviting Authority will note that the amount claimed by it is due to it owing to the occurrence of one or both the two conditions, specifying the occurred condition(s).

This guarantee will remain in force for a period 180 days after due date of opening of techno-commercial bids and any demand in respect thereof should reach the Bank not later than the above date.

(Signature of the authorized officer of the Bank)
Name and designation of the officer Seal,
Name & address of the Bank and address of the Branch

Note: (In case bidder wants to submit EMD in BG form, than Exemption to be opted on online portal & scanned copy of BG to be submitted online as exemption document and hard copy to be submitted in Office of HLL Infra Tech Services Ltd, HITES before Bid Submission End Date.