

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Request for Proposal (RFP)

Department of Health & Family Welfare, Government of Meghalaya invites RFP for the following partnership:

Empanelment / Framework Agreement with Healthcare Institutions for Improving access to Specialist Care in Meghalaya

Detailed RFP is available at www.meghssp.org, [www. https://nhmmeghalaya.nic.in/](http://www.nhmmeghalaya.nic.in/), <https://www.meghealth.gov.in/>.

The interested institutions are requested to keep checking the aforementioned websites for any updates.

The last date for submission of RFP is 23rd October, 2026 by 4:00 PM in hard copy. All details are provided in the RFP Document

Sd/-

Ramkumar S, IAS

Secretary

Department of Health & Family Welfare, GoM

GOVERNMENT OF MEGHALAYA
DEPARTMENT OF HEALTH & FAMILY WELFARE

NON-CONSULTANCY SPECIALIST HEALTHCARE SERVICES

REQUEST FOR PROPOSALS (RFP)

**Empanelment / Framework Agreement with Healthcare Institutions for Improving
access to Specialist Care in Meghalaya**

Tender/RFP No.: Health/MC/2026-27

Date of Issue: 1st October 2026

Bid Submission Deadline: 23rd October, 2026

Pre-Proposal Meeting: 14th October, 2026

Contents

PART I – LETTER OF INVITATION AND INSTRUCTIONS FOR SUBMISSION	5
PROCUREMENT PROCESS:	6
PART II – BIDDING DATA AND PROCUREMENT PROCESS	7
PART III – BACKGROUND AND RATIONALE	7
PART IV – OBJECTIVES	7
PART V – DEFINITIONS	8
PART VI – SCOPE OF SERVICES	8
6.1 Specialist Teleconsultation	8
6.2 Visiting Specialist OPD	9
6.3 Surgical and Procedural Services	9
6.4 Specialist Clinics/Camps	9
6.5 Clinical Mentorship and Capacity Building	9
PART VII – PRIORITY SPECIALTIES	9
PART VIII – INDICATIVE FACILITIES/REDINESS INFORMATION	10
PART IX – FACILITY READINESS	11
PART IX – NATURE OF FRAMEWORK AND SERVICE ORDERS	11
PART X – MANDATORY ELIGIBILITY	12
PART XI – TECHNICAL EVALUATION AND QUALITY BASED SELECTION	13
11.1 Eligibility screening	13
11.2 Technical evaluation	13
11.3 QBS selection procedure	13
11.4 Financial Proposal not scored	13
11.5 Clarifications	13
PART XII – PERFORMANCE MONITORING	13
PART XIII – TECHNICAL/FINANCIAL PROPOSAL REQUIREMENTS	14
13.1 Technical Proposal	14
13.2 FINANCIAL PROPOSAL	14
PART XIV – FINANCIAL PROPOSAL, RATE FINALISATION AND EMPANELMENT	14
PART XV – CONTRACT CONDITIONS	15
PART XVI – PAYMENT	15
PART XVII – SERVICE LEVELS / DEFAULT	15
PART XVIII – FORCE MAJEURE	15
PART XIX – INTEGRITY / FRAUD / CONFLICT OF INTEREST	15
PART XX – DATA, RECORDS AND AUDIT	15
PART XXI – TERMINATION / REMOVAL	16
PART XXII – GOVERNMENT RIGHTS	16
PART XXIII – ANNEXURES	17
ANNEXURE CHECKLIST – BIDDER SUBMISSION	18

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

ANNEXURE A – TECHNICAL SUBMISSION FORM	19
ANNEXURE B – BIDDER INFORMATION FORM	20
B1. Legal / Institutional Information	20
B2. Institutional Profile.....	20
B3. Proposed Service Coverage	20
ANNEXURE C – ELIGIBILITY AND QUALIFICATION FORM	21
C1. Relevant Experience.....	21
C2. Financial Capacity.....	21
ANNEXURE D – SPECIALIST ROSTER.....	22
D1. Credential Checklist.....	22
ANNEXURE E – FINANCIAL PROPOSAL SCHEDULE	23
A. Teleconsultation Hub	23
B. OPD Consultation	23
C. Interventions (Surgery, procedures).....	23
D. Institutional Service Charge	23
ANNEXURE F – DECLARATION OF NON-BLACKLISTING / NON-DEBARMENT	24
ANNEXURE G – CONFLICT OF INTEREST DECLARATION.....	25
ANNEXURE H – INTEGRITY UNDERTAKING	26
ANNEXURE- I	27
DRAFT FRAMEWORK AGREEMENT (FA) FORM	27
1. Purpose.....	27
2. Framework Nature.....	27
3. Services	27
4. Rates	27
5. Service Orders.....	27
6. Quality and Patient Safety	27
7. Records and Reporting	27
8. Payment.....	27
9. Performance.....	27
10. Confidentiality and Data.....	27
11. Suspension / Termination	27
12. Force Majeure	28
13. Governing Law / Dispute Resolution	28
14. Order of Precedence.....	28
15. Signatures	28
Schedule 1 – Framework Service Rate Schedule	28
Schedule 2 – Priority Specialty Schedule.....	29
Schedule 3 – Facility List.....	29
Schedule 4- Priority Procedure Schedule.....	29

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

Schedule 5- Service Order Template	29
Schedule 6- Performance Monitoring Format	31
Specialty-wise Utilisation	31
Narrative Report	31
Schedule 7- Service Completion Certificate.....	32
ANNEXURE – INDICATIVE MAJOR EQUIPMENT AT IDENTIFIED HEALTH FACILITIES.....	33

PART I – LETTER OF INVITATION AND INSTRUCTIONS FOR SUBMISSION

- 1) The Government of Meghalaya, Department of Health & Family Welfare Invites Proposals from eligible Healthcare Institutions for Non-Consultancy Specialist Healthcare Services for improving access to Specialist Care in Meghalaya. Participation is open to all qualified healthcare institutions meeting the minimum eligibility criteria. Eligibility is **not limited** to institutions that previously submitted an Expression of Interest (EOI No. Health/MC/2026-27, dated 26th August 2026).
- 2) Services may include specialist teleconsultation, visiting specialist OPD, surgical/procedural services, specialist clinics, joint procedures, clinical mentorship and related specialist support.
- 3) The standard forms in this RFP document may be retyped for completion but the bidder is responsible for their accurate reproduction
- 4) Empanelment does not guarantee any minimum volume, deployment, procedure, consultation or expenditure. Minimum of two Healthcare Institutions may be empaneled.
- 5) You are requested to go through the general terms of the RFP which will be the integral part of the Framework Agreement.
- 6) The Technical Proposal and Financial Proposal shall be submitted separately as a two-envelope submission. The Technical Proposal shall be clearly marked “TECHNICAL PROPOSAL” and the Financial Proposal shall be clearly marked “FINANCIAL PROPOSAL”. The sealed envelopes containing the Technical and Financial Proposals shall be placed into one outer envelope and sealed. This outer envelope shall be addressed to the department and bear the submission address as under, RFP reference number, the name of the project, the Institution’s name and the address, and shall be clearly marked “Do Not Open Before [insert the time and date of the submission deadline]”.
- 7) The issue of this RFP does not imply that the Department is bound to select any Bidder(s) for empanelment. The Department reserves the right to reject any or all Proposals in accordance with this RFP and applicable procurement rules.
- 8) The address for communication is as follows:

Ramkumar S, IAS

Sd/-

Secretary

Health & Family Welfare Department

Government of Meghalaya

Laitumkhrah, Health Complex

Contact Information:

Email: procurement.megh@meghssp.org

Address: Office of Meghalaya Health Systems Strengthening Project

Red Hill Road, DHS Complex, Laitumkhrah, Shillong – 793003

Phone: +91-9089031225

PROCUREMENT PROCESS:

1. This is a single-stage, two-envelope procedure. Eligible Bidders shall be evaluated technically out of 100 marks, with a minimum qualifying score of 70 marks. The method of selection is Quality Based Selection (QBS). Financial Proposals shall not be scored or combined with the technical score and shall be considered only in accordance with the QBS procedure stated in this RFP. The department holds all rights to evaluate the proposals in accordance to their perception and scoring mechanisms of the proposals submitted.
2. An authorized representative of the Institution shall sign the original submission letters in the required format for both the Technical Proposal and the Financial Proposal and shall initial all pages of both. The authorization shall be in the form of a written power of attorney attached to the Technical Proposal.
3. If the envelopes and packages with the Proposal are not sealed and marked as required, the department will assume no responsibility for the misplacement, loss, or premature opening of the Proposal.
4. From the time the Proposals are opened to the time the Contract is awarded, the Institution should not contact the Department on any matter related to its Technical and/or Financial Proposal. Information relating to the evaluation of Proposals and award recommendations shall not be disclosed to the Institutions who submitted the Proposals or to any other party not officially concerned with the process. Exceptions to this clause are where the Department notifies Institutions of the results of the evaluation of the Technical Proposals.
5. Any attempt by Institutions or anyone on behalf of the Institution to improperly influence the Department in the evaluation of the Proposals or Contract award decisions may result in the rejection of its Proposal.
6. The Department's evaluation committee shall conduct the opening of the Technical Proposals in the presence of the Institutions' authorized representatives who choose to attend (online) if this option is offered in the Data Sheet. The opening date, time and the address are stated in the Data Sheet. The envelopes with the Financial Proposal shall remain sealed and shall be securely stored with the Department until they are opened (to be informed at a later stage). The financial proposals of only the technically qualified Institutions shall be opened.
7. At the opening of the Technical Proposals the following shall be read out: (i) the name and the country of the Institution or, in case of a Joint Venture, the name of the Joint Venture, the name of the lead member and the names and the countries of all members; (ii) the presence or absence of a duly sealed envelope with the Financial Proposal; (iii) any modifications to the Proposal submitted prior to proposal submission deadline; and (iv) any other information deemed appropriate.
8. The Institution is not permitted to alter or modify its Proposal in any way after the proposal submission deadline.
9. While evaluating the Proposals, the Department will conduct the evaluation solely on the basis of the submitted Technical Proposals.
10. The Department's evaluation committee shall evaluate the Technical Proposals on the basis of their responsiveness to the scope of work and the RFP, applying the evaluation criteria, sub-criteria, and point system accordingly. Each responsive Proposal will be given a technical score. A Proposal shall be rejected at this stage if it does not respond to important aspects of the RFP or if it fails to achieve the minimum technical score. The department reserves full discretion regarding the evaluation methodology, scoring mechanisms, and overall proposal assessment.
11. After the technical evaluation is completed, the Department shall notify those Institutions whose Proposals were considered non-responsive to the RFP or did not meet the minimum qualifying technical score.
12. The Department shall simultaneously notify in writing those Institutions whose Proposals were considered responsive to the RFP and scope of work, and that have achieved the minimum qualifying technical score. Their Financial Proposal will be opened on the notified date, time and location and invite them for the opening of the Financial Proposals.
13. The Institution's attendance at the opening of the Financial Proposals is optional.
14. The Institution is deemed to have included all prices in the Financial Proposal, so neither arithmetical corrections nor price adjustments shall be made. The total price, net of taxes understood specified in the Financial Proposal shall be considered as the offered price. Where there is a discrepancy between the amount in words and the amount figures, the amount in words shall prevail.
15. The Department's evaluation of the Consultant's Financial Proposal shall exclude taxes and duties.

PART II – BIDDING DATA AND PROCUREMENT PROCESS

Particular	Details
Procuring Institution	Government of Meghalaya, Department of Health & Family Welfare
Procurement Type	Non-Consultancy Services – Framework / Rate Contract
Method	Request for Proposals (RFP)
Method of Selection	Quality Based Selection (QBS)
Contracting Approach	Framework Agreement
Bid Structure	Single-stage, two-envelope: Technical and Financial
Bid Validity	120 days
Framework Period	2 years, extendable subject to performance
Pre-Proposal Meeting	14 th October, 2026
Proposal Due Date	23 rd October, 2026, 4:00 PM
Technical Proposal Opening	23 rd October, 4:30 PM
Financial Proposal Opening	To be communicated only to technically qualified bidders
Address/Email	Shri Ramkumar S, IAS, Secretary, Health & Family Welfare Department, Government of Meghalaya Email: procurement.megh@meghssp.org Contact Details: +91-9089031225

PART III – BACKGROUND AND RATIONALE

Meghalaya faces shortages of specialists in several disciplines, particularly outside Shillong. Existing public facilities have OPD, inpatient, diagnostic and surgical infrastructure that can be utilised more effectively if specialist availability is supplemented through external institutional partnerships. As per the data from July 2025-June 2026, about 33 District Hospitals and 19 First Referral Units (FRUs) remain inactive due to absence of surgical specialty in General Surgery, Obstetrics & Gynecology, Orthopedics, Ophthalmology, ENT, Neurology and Urologist.

Through this institutional healthcare partnership, empaneled institution will be expected to provide specialists and specialist services whenever required, combining remote specialist support with physical deployment, surgical sessions and clinical mentorship.

**** Bidders are advised to review the information available at meghealth.in to better understand the overall state of the healthcare system in Meghalaya.***

PART IV – OBJECTIVES

- Improving access to specialist and super-specialist care within Meghalaya.
- Enable need-based specialist deployment.
- Increase appropriate in-state specialist and surgical interventions.
- Reduce avoidable outside-state referrals.
- Provide teleconsultation support.
- Improve utilisation of public health infrastructure.
- Strengthen clinical capacity through mentorship and joint procedures.
- Create transparent pre-agreed unit rates for rapid mobilisation.

PART V – DEFINITIONS

Term	Meaning
Framework Agreement	Agreement establishing terms for subsequent Service Orders.
Partner/Service Providers	Healthcare Institutions selected under this procurement.
Specialist Day	Defined period of physical specialist deployment.
Teleconsultation	Remote specialist consultation through the use of tele consultation platform
Call-Off	Requirement placed under the Framework Agreement.

PART VI – SCOPE OF SERVICES

6.1 Specialist Teleconsultation

- Dedicated specialist roster.
 - Scheduled specialist availability.
 - Case review and clinical recommendations.
 - Follow-up consultations.
 - Consultation records and reports.
 - Escalation/referral advice.
- The Teleconsultation Hub shall need to be set up at the Institution's Centre itself. The hubs shall have the appropriate telemedicine infrastructure and arrangements necessary for scheduled specialist consultations, specialist scheduling, clinical documentation and reporting, and shall be capable of connecting patients/clinicians at facilities with the Partner's specialists.
- Even if multiple partners are empaneled, a single designated partner will operate and maintain the central Teleconsultation Hub. The partner is also to recruit two local speaking language staff (Khasi + Garo) to be placed at the Hub.
- The operating partner must guarantee a response and call turnaround time (TAT) of **no more than 5 minutes** for specialized and rare consultations, including Cardiology and Neurology.
- Below is the overview of the no. of Specialist & no. of teleconsultations data currently being operated through the eSanjeevani platform

Overview on the no. of Specialist & no. of teleconsultations
FY 2024-2025 Vs FY 2025-2026

Speciality	Total Specialist	2024-2025		2025-2026	
		Active Specialist	Total Consultations	Active Specialist	Total Consultations
Dermatology	6	5	1205	5	3403
General Medicine	16	15	3256	11	2242
Obstetrics & Gynaecology	12	12	1161	6	484
Ophthalmology	3	3	85	1	59
Paediatrics	12	11	995	5	281
Psychiatry	2	2	4		
Pulmonary Medicine	1	1	1346	1	1995
Grand Total	52	49	8052	29	8464
In active Specialist		3		23	

6.2 Visiting Specialist OPD

- Deploy qualified specialists to identified facilities.
- Conduct specialist clinics.
- Review referred/follow-up patients.
- Advise local clinical teams.
- Document consultations.

6.3 Surgical and Procedural Services

- Approved elective procedures.
- Joint surgeries.
- Pre- and post-operative specialist review.
- Specialist anaesthesia support where ordered.
- Procedures only at ready facilities.
- Complication management/referral support.

6.4 Specialist Clinics/Camps

- Specialty clinics.
- Approved specialist/surgical camps.
- Screening/case identification where ordered.

6.5 Clinical Mentorship and Capacity Building

- Bedside mentoring.
- Joint procedures.
- Case discussions.
- Protocol orientation.
- Peri-operative support.
- Training of doctors/nurses/staff.

PART VII – PRIORITY SPECIALTIES

- General Surgery
- Obstetrics & Gynaecology
- Orthopaedics
- Ophthalmology
- ENT
- Paediatrics
- Pediatric Surgery
- Dermatology
- Psychiatry
- Urology
- Neurosurgery/Neurology
- Surgical Oncology
- Cardiology
- Anaesthesiology
- Sports Medicine - Optional

PART VIII – INDICATIVE FACILITIES/REDINESS INFORMATION

Sl. No	Facility Name	District
1	Shillong Civil Hospital	East Khasi Hills District
2	Jowai Civil Hospital	West Jaintia Hills District
3	Nongpoh Civil Hospital	Ri-bhoi District
4	Resubelpara CHC	North Garo Hills District
5	Williamnagar Civil Hospital	East Garo Hills District
6	Nongstoin Civil Hospital	West Khasi Hills District

Availability of Specialists in the identified health facilities

Speciality	Shillong Civil Hospital	Resubelpara Hospital	Nongpoh Civil Hospital	Williamnagar Civil Hospital	Jowai Civil Hospital	Nongstoin Civil Hospital
	No of Specialist					
General Surgery;	6	0	2	1	3	1
Obstetrics and Gynaecology;	0	0	1	1	0	2
Orthopaedics;	4	0	1	0	0	0
Ophthalmology;	3	0	0	0	2	0
ENT;	8	0	0	0	2	1
Paediatrics;	0	0	3	1	0	1
Paediatric Surgery;	0	0	0	0	0	0
Dermatology;	3	0	0	1	1	0
Psychiatry;	2	0	0	1	1	0
Urology;	0	0	0	0	0	0
Neurosurgery;	0	0	0	0	0	0
Surgical Oncology;	0	0	0	0	0	0
Cardiology;	0	0	0	0	0	0
Anaesthesiology	4	0	1	1	2	1
Sports Medicine	0	0	0	0	0	0

**Facilities may be added, removed or substituted based on readiness, patient load and programme requirements.*

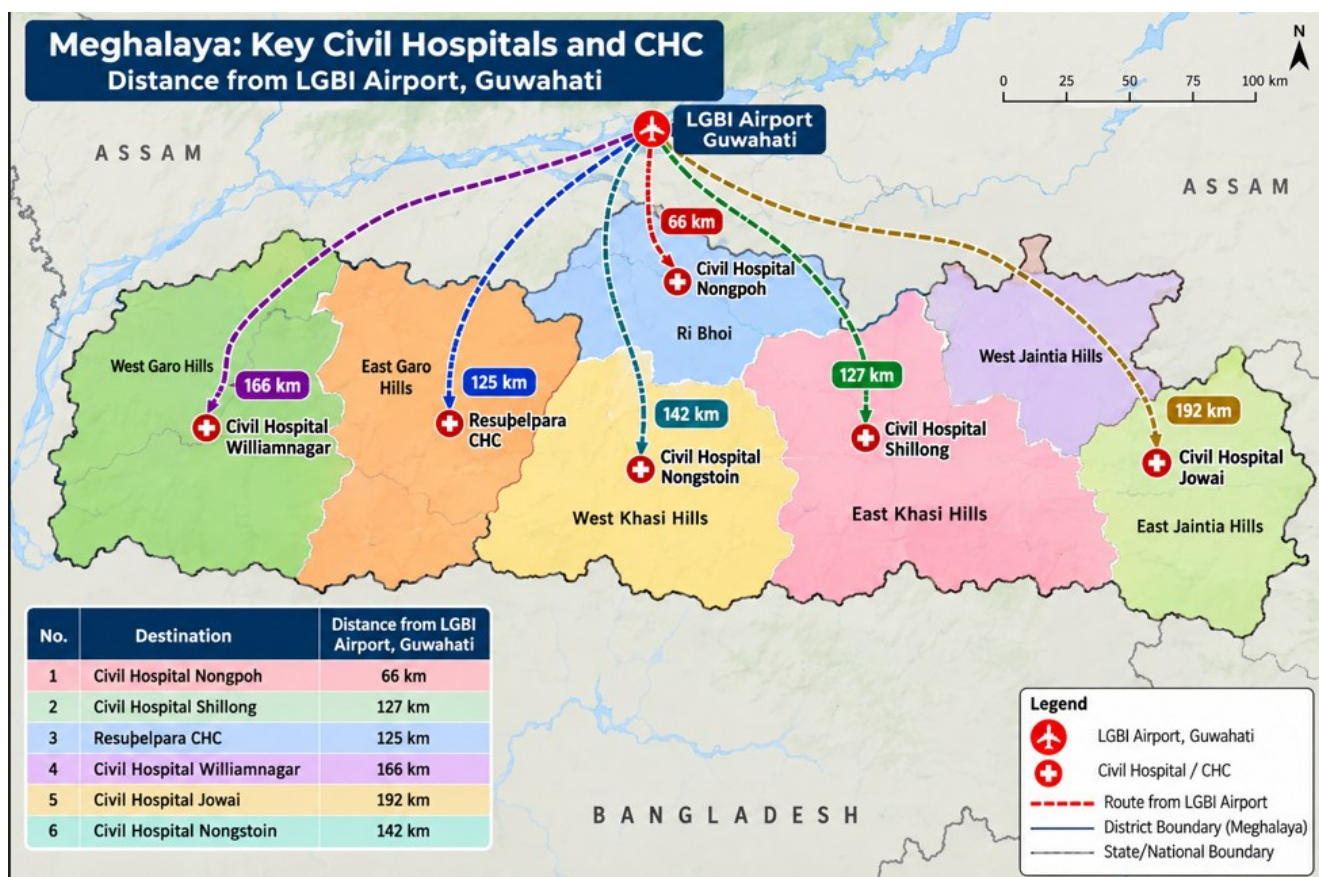
*** Indicative list of Medical Equipment for each of the above facilities is annexed*

**** One of the biggest hospitals in India is being constructed at Resubelpara which will be activated in next 3 months.*

Average OPD/IPD cases in the above-mentioned hospitals in the year 2025-26

District Name	Sub-District / ULB Name	Facility Name	OPD	IPD
East Garo Hills	Samanda	Williamnagar Civil Hospital	44614	4424
East Khasi Hills	Mylliem	Shillong Civil Hospital	205033	14746
North Garo Hills	Resubelpara	Resubelpara CHC	16660	1648
Ri Bhoi	Umling	Nongpoh Civil Hospital	66823	7428
West Jaintia Hills	Thadlaskein	Jowai Civil Hospital	46266	7001
West Khasi Hills	Nongstoin	Nongstoin Civil Hospital	54006	11024

Geographical location/distance from Guwahati Airport to the identified facilities



PART IX – FACILITY READINESS

- OT/procedure-room readiness where applicable.
- Qualified local clinical and nursing support.
- Anaesthesia support where applicable.
- Essential equipment and instruments.
- Sterilisation.
- Diagnostics and laboratory support.
- Blood availability where clinically required.
- Post-operative beds/monitoring.
- Medicines and consumables as applicable.
- Emergency/referral arrangements.
- Infection prevention.

PART IX – NATURE OF FRAMEWORK AND SERVICE ORDERS

- No minimum order or expenditure is guaranteed.
- Actual expenditure depends on demand.
- The two empaneled Partners will be categorised as under

Sl No	Partner	Hospital
1	Partner No 1	Jowai Civil Hospital Nongpoh Civil Hospital Shillong Civil Hospital
2	Partner No 2	Nongstoin Civil Hospital Williamnagar Civil Hospital Resubelpara CHC

PART X – MANDATORY ELIGIBILITY

- 1) Legally constituted healthcare institution, company, trust, society, medical college, hospital or other legally recognised healthcare institution, with a minimum of 10 years of experience in providing healthcare services.
- 2) Valid registrations, licences and statutory approvals required for the services proposed, valid on the Proposal Due Date and throughout the Framework Period.
- 3) Demonstrable access to appropriately qualified and professionally registered specialists for the specialties proposed; specialist roster and credential evidence shall be submitted.
- 4) Demonstrate experience during the last seven (7) years in assignments or institutional arrangements involving one or more of the following:
 - a) Provision of specialist or super-specialist healthcare services;
 - b) Deployment or mobilisation of specialists across more than one healthcare facility;
 - c) Specialist outreach or hub-and-spoke healthcare services;
 - d) Telemedicine or remote specialist consultation services;
 - e) Surgical or procedural outreach services;
 - f) Institutional partnerships with Government hospitals, public healthcare systems, medical colleges or public-sector Institutions;
 - g) Clinical mentorship, capacity building or training of healthcare professionals
- 5) Average annual turnover of not less than INR 5 crore during the last three completed financial years (FY 2023-24, 2024-25 and 2025-26), supported by audited financial statements or a statutory auditor/chartered accountant certificate.
- 6) Not debarred/blacklisted, subject to disclosure.
- 7) Compliance with clinical, professional, labour, tax and patient-safety requirements.
- 8) Documented clinical quality and patient-safety system. NABH or recognised equivalent accreditation shall be disclosed where available.

EVALUATION CRITERIA

Sl. No	Technical Evaluation Criteria	Marks / Scoring Basis
1	Institutional experience in providing healthcare services	(a) 10–14 years = 5 ; (b) 15–19 years = 10 ; (c) 20 years or more = 15
2	Relevant experience during the last 7 years in specialist healthcare / institutional partnerships, including the listed (a)–(g) activities (<i>Each assignment must be supported by documentary evidence</i>)	(a) 1 qualifying assignment = 10 ; (b) 2–3 = 15 ; (c) 4–5 = 20 ; (d) >5 = 25 .
3	Specialist strength and specialty coverage proposed for Meghalaya (<i>Specialist roster and professional credentials required</i>)	(a) 5–7 priority specialties = 10 ; (b) 8–10 = 15 ; (c) 11 or more = 20 .
4	Service delivery, mobilisation and multi-facility capability	15 Marks Assessed on demonstrated teleconsultation capability, physical deployment arrangements, surgical/procedural outreach capability, multi-facility mobilisation and response mechanism.
5	Clinical quality, patient safety and accreditation	(a) NABH = 15 ; (b) recognised equivalent accreditation/certification with documented patient-safety system = up to 12 ; (c) documented QMS/patient-safety system without accreditation = up to 8 .

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

Sl. No	Technical Evaluation Criteria	Marks / Scoring Basis
6	Financial capacity and institutional sustainability (based on the last three completed financial years)	(a) average annual turnover ₹5–10 crore = 5; (b) >₹10–25 crore = 8; (c) >₹25 crore = 10
	TOTAL	100
	Minimum qualifying technical score:	70

PART XI – TECHNICAL EVALUATION AND QUALITY BASED SELECTION

11.1 Eligibility screening

The department shall first examine all mandatory eligibility requirements. A Bidder failing any mandatory eligibility requirement shall not proceed to technical scoring.

11.2 Technical evaluation

Eligible Technical Proposals shall be evaluated out of 100 marks against the Technical Evaluation Criteria in this RFP. A minimum score of 70 marks shall be required to qualify technically.

11.3 QBS selection procedure

Technically qualified Bidders shall be arranged in descending order of technical score. The Financial Proposal of the highest-ranked technically qualified Bidder shall be opened/considered for rate finalisation and negotiation in accordance with the QBS method. If agreement cannot be reached, the Department may proceed to the next-ranked technically qualified Bidder. Where multiple institutions are required for the Framework, the Department may undertake QBS-based rate finalisation with additional technically qualified Bidders in technical order, subject to the Department's requirements.

11.4 Financial Proposal not scored

Financial Proposal rates shall not carry marks and shall not be combined with the technical score. Financial rates shall be considered only after technical qualification.

11.5 Clarifications

The Department may seek written clarification of a Proposal where necessary, provided that no Bidder shall be permitted to materially alter its Proposal or improve its technical score through clarification.

PART XII – PERFORMANCE MONITORING

- Teleconsultations delivered.
- Specialist OPD clinics completed.
- Procedures by specialty.
- Joint surgeries.
- Specialist deployment days.
- Service Order acceptance/fulfilment rate.
- Cancellation/non-deployment rate.
- Complications/adverse events as reportable.
- Mentorship/training sessions.
- Patient feedback where implemented.

PART XIII – TECHNICAL/FINANCIAL PROPOSAL REQUIREMENTS

13.1 Technical Proposal

1. Technical Proposal Submission Form.
2. Institutional profile.
3. Registration/licences.
4. Tax registrations.
5. Relevant experience.
6. Specialist roster and qualifications.
7. Teleconsultation capability.
8. Surgical/procedural capability.
9. Quality and patient-safety systems.
10. Mobilisation mechanism.
11. Undertakings/declarations.

13.2 FINANCIAL PROPOSAL

Financial Proposals must detail rates across four main categories (As per Annexure E – Financial Proposal Schedule)

1. **One-Time Teleconsultation Hub Setup Cost:** One-time establishment cost for setting up the Teleconsultation Hub (this cost may be *forgone* if an institution already possesses an established center).
2. **Monthly OPD Consultation Fee:** A lump-sum monthly cost for OPD consultations.
3. **Intervention Charges:** Specific unit charges for various tentative medical interventions
4. **Institutional & Miscellaneous Fee:** A one-time institutional service charge along with miscellaneous expenses, including travel and logistics/stay.

Note on Intervention Charges: Meghalaya's Universal Health Insurance Scheme called *The Meghalaya Health Insurance Scheme's (MHIS) Health Benefit Package* and its historical utilization data will serve as the baseline benchmarks for procedure categorization, demand estimation, and cost discovery. While institutions may quote an Institutional Cost for each day procedures or interventions performed, actual procedural charges will be paid strictly according to MHIS rates. The department retains full discretion to determine final payable rates during financial evaluation, rate negotiation, schedule finalization, or contract execution.

Logistics Support: The department will provide support for travel and logistics if the institution is unable to make arrangements independently in certain areas.

PART XIV – FINANCIAL PROPOSAL, RATE FINALISATION AND EMPANELMENT

Financial rates against interventions shall be finalised through the QBS process after technical evaluation. The Department may compare quoted rates with applicable MHIS package rates, historical utilisation and other lawful market/reference benchmarks before agreeing the Framework Rate Schedule.

Any negotiation/rate finalisation shall be undertaken only with technically qualified Bidder(s) and in accordance with the QBS method. Financial negotiation shall not alter the technical ranking.

PART XV – CONTRACT CONDITIONS

1. Framework Agreement effective upon execution.
2. Payment is for verified services actually delivered.
3. Professional licences must remain valid.
4. Appropriate professional indemnity/insurance shall be maintained as applicable.
5. Patient confidentiality is mandatory.
6. Applicable laws and clinical standards shall be followed.
7. Government may suspend services for safety or contractual concerns.

PART XVI – PAYMENT

The Agreement shall specify required supporting documents, including deployment/attendance records, procedure records, invoices and certification by the authorised Government/Medical officer.

PART XVII – SERVICE LEVELS / DEFAULT

Event	Indicative consequence
Failure to accept Service Order without valid reason	Warning/performance review/suspension
Repeated non-deployment after acceptance	Service-level breach/suspension
Late cancellation	Corrective action as specified
Unqualified deployment	Immediate rejection/suspension
Material patient-safety breach	Immediate suspension/investigation
Repeated poor performance	Removal from Framework subject to due process

PART XVIII – FORCE MAJEURE

Neither party shall be liable for failure caused by events beyond reasonable control, subject to notice, mitigation and the conditions of the Framework Agreement.

PART XIX – INTEGRITY / FRAUD / CONFLICT OF INTEREST

- Corrupt practice.
- Fraudulent practice.
- Coercive practice.
- Collusive practice.
- Obstructive practice.
- Conflict of interest.

Bidders shall disclose relevant conflicts and comply with the integrity provisions specified by the Government.

PART XX – DATA, RECORDS AND AUDIT

- Maintain accurate service and financial records.
- Provide records for verification/audit.
- Protect patient information.
- Permit authorised inspection of service records.
- Retain records for the contractual period.

PART XXI – TERMINATION / REMOVAL

- Material breach.
- Repeated failure to fulfil accepted Service Orders.
- Fraud/corruption/misrepresentation.
- Serious patient-safety breach.
- Insolvency/inability to perform.
- Persistent failure to meet service standards.
- Other contractual grounds.

PART XXII – GOVERNMENT RIGHTS

- Place no minimum order.
- Add/reduce specialties on need basis
- Add facilities based on need/readiness.
- Issue selective Service Orders.
- Review/suspend performance.
- Terminate in accordance with contract.

PART XXIII – ANNEXURES

ANNEXURE CHECKLIST – BIDDER SUBMISSION

Annexure	Document	Submitted ✓	Page No(s).
A	Technical Proposal Submission Form		
B	Bidder Information Form		
C	Mandatory Eligibility / Qualification Evidence Form		
D	Specialist Roster & Credential Checklist		
E	Financial Proposal Schedule		
F	Non-Blacklisting / Non-Debarment Declaration		
G	Conflict of Interest Declaration		
H	Integrity Undertaking		
I	Draft Framework Agreement – accepted / comments		
J	Other supporting documents / authorisations		

Bidder Authorised Representative: _____

Signature: _____ Date: _____ Seal: _____

ANNEXURE A – TECHNICAL SUBMISSION FORM

To:

Shri Ramkumar S, IAS
Secretary
Department of Health & Family Welfare
Government of Meghalaya

Submission arrangement: The Bidder shall submit two separate components: (i) Technical Proposal, containing all eligibility and technical evidence and no price information; and (ii) Financial Proposal, containing only the completed Financial Proposal Schedule. Both components shall be submitted in the manner, format and by the deadline specified in the Procurement Process.

We submit our Proposal for empanelment to improve access to Specialist Care in Meghalaya for provision of Non-Consultancy Specialist Healthcare Services.

Particular	Bidder Response
Legal Name	
Registered Address	
Correspondence Address	
Authorised Representative	
Email / Telephone	
Bid Validity	
Framework Period Accepted	Yes / No
Minimum Quantity / Expenditure Guarantee Understood	Yes / No
Technical Proposal Attached	Yes / No
Financial Proposal Attached	Yes / No

We confirm that the information submitted is true and complete; we meet the mandatory eligibility requirements; we understand that technical evaluation is out of 100 marks with a minimum qualifying score of 70 marks; we understand that this is a Quality Based Selection process and that the Financial Proposal is not scored as part of technical evaluation; we accept the Tender Document; we understand that empanelment carries no minimum volume/expenditure guarantee; and we shall provide services only against authorised Service Orders.

Authorised Signatory: _____

Name: _____

Designation: _____

Date: _____

Place: _____

Seal: _____

Contact details: _____

Email: _____

ANNEXURE B – BIDDER INFORMATION FORM

(All responses to be submitted with copies/evidences)

B1. Legal / Institutional Information

Item	Details / Evidence
Full legal name	
Type of institution	
Year established	
Registered office	
Healthcare establishment registration	
Registration / incorporation no.	
PAN	
GSTIN, if applicable	
Authorised signatory	
Tender contact person	
Email / telephone	
Website, if applicable	

B2. Institutional Profile

Particular	Response
Hospitals/facilities operated	
Total beds	
ICU beds	
OTs / procedure rooms	
Key tertiary specialties	
Telemedicine capability	
Accreditations / quality certifications	
Government/public-sector partnerships	

B3. Proposed Service Coverage

[illegible]

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

This Annexure is for mandatory eligibility and supporting evidence. Technical scoring shall be carried out separately under Part XI.

ANNEXURE C – ELIGIBILITY AND QUALIFICATION FORM

Provide documentary evidence against each applicable requirement.

Requirement	Response	Evidence / Reference
Legally constituted healthcare institution / legal status		
Valid healthcare establishment registration/license		
Professional/service-specific licenses		
Minimum 10 years' healthcare-service experience		
Qualified and professionally registered specialists proposed		
Relevant specialist service experience during last 7 years		
Average annual turnover of at least INR 5 Crore in FY 2023-24, 2024-25 and 2025-26		
Not debarred / blacklisted		
No material conflict of interest		
Ability to mobilise to Meghalaya		
Teleconsultation capability		
Documented clinical quality / patient-safety system		

C1. Relevant Experience

Assignment / Partnership	Department	Location	Year(s)	Scope	Duration	Value	Evidence

C2. Financial Capacity

Financial Year	Turnover / Revenue	Net Worth	Audited Financials

Bidder declaration: all information is correct and supporting evidence is available for verification.

Authorised Signatory: _____

Date: _____

Seal: _____

ANNEXURE D – SPECIALIST ROSTER

List specialists proposed for deployment. Changes during the Framework Period shall be subject to the Agreement.

[illegible]

D1. Credential Checklist

- CV/profile attached.
- Qualification certificates attached.
- Professional registration evidence attached.
- Relevant experience evidence attached.
- Current institutional affiliation disclosed.
- Availability for Meghalaya stated.
- Restrictions/conflicts/disciplinary matters disclosed.

ANNEXURE E – FINANCIAL PROPOSAL SCHEDULE

Quote rates in INR and clearly identify inclusions/exclusions.

A. Teleconsultation Hub

Cost Item	Rate ₹	Taxes	Total ₹	Remarks
One-time Teleconsultation Hub establishment (including deployment of 2 local- language staff)				State all inclusions/exclusions.

B. OPD Consultation

Service		Unit / Lumpsum Rate/per month	Taxes	Total ₹	Remarks
Specialist deployment (Minimum 2 times per week on alternate basis)	Obstetrics & Gynaecology				
	Orthopaedics				
	Ophthalmology				
	ENT				
	Paediatrics				
	Dermatology				
	Psychiatry				

C. Tentative Interventions (Surgery, procedures)

Service Category	Intervention	Unit	Rate ₹	Taxes	Total ₹	Included Costs / Notes
Surgery/Procedures	General Surgery					
	Paediatric Surgery					
	Neurosurgery/Neurology					
	Surgical Oncology					

D. Institutional Service Charge

Cost Item	Rate ₹	Taxes	Total ₹	Remarks
Institutional mobilisation/administrative charge				
Travel/accommodation				

Financial Declaration: We certify that the rates quoted are complete for the identified service units and cost components, all exclusions have been expressly disclosed, and no additional charge shall be claimed except where specifically authorised in the Framework Agreement or Service Order.

Authorised Signatory: _____

Date: _____

Seal: _____

ANNEXURE F – DECLARATION OF NON-BLACKLISTING / NON-DEBARMENT

We, _____ [legal name], declare that:

- We are not currently debarred, blacklisted, suspended or prohibited from public procurement by a competent authority, state or central governments except as disclosed below.
- We have not knowingly submitted false information.
- No material order affecting eligibility has been concealed.
- We shall notify Government if our status changes during the Framework Period.

Disclosures, if any: _____

Authorised Signatory: _____

Name/Designation: _____

Date: _____

Seal: _____

ANNEXURE G – CONFLICT OF INTEREST DECLARATION

We declare that, to the best of our knowledge, neither the Bidder nor its proposed health personnel have an actual or potential conflict that would improperly affect this tender or Framework Agreement. We shall disclose any conflict arising subsequently.

Potential Conflict	Yes/No	Details / Mitigation
Relationship with procurement officials		
Relationship with competing Bidders		
Existing contract creating conflict		
Financial interest in decision-maker		
Other		

Authorised Signatory: _____

Date: _____

Seal: _____

ANNEXURE H – INTEGRITY UNDERTAKING

We undertake that, in connection with this procurement and any resulting Framework Agreement, the Bidder and its representatives shall:

- Not offer, solicit or accept improper payments or benefits.
- Not engage in fraud, collusion, coercion or obstruction.
- Not misrepresent qualifications, credentials, experience or capacity.
- Maintain accurate service and billing records.
- Not claim payment for services not delivered.
- Cooperate with authorised verification, audit and investigation.
- Disclose material conflicts of interest.
- Comply with applicable Government integrity and procurement requirements.

We understand that breach may result in rejection, suspension, removal from the Framework, recovery and/or other contractual or legal action.

Authorised Signatory: _____

Date: _____

Seal: _____

ANNEXURE- I

DRAFT FRAMEWORK AGREEMENT (FA) FORM

FRAMEWORK AGREEMENT FOR NEED-BASED SPECIALIST HEALTHCARE SERVICES

This Agreement is made on _____ between the Department of Health & Family Welfare, Government of Meghalaya (the “Government”) and _____ (the “Partner”).

1. Purpose

To establish terms, service standards and rates under which the Government may issue Service Orders for need-based specialist healthcare services.

2. Framework Nature

No minimum quantity or expenditure is guaranteed. Multiple institutions may be empaneled. Services shall be provided only against authorised Service Orders. Each accepted Service Order forms part of this Agreement. Payment is for verified services delivered.

3. Services

Services comprise the specialties and categories specified in the RFP Tender, accepted bids/rates and Service Orders.

4. Rates

Rates are those accepted under the Financial Schedule / Framework Rate Schedule, including applicable taxes and stated inclusions/exclusions.

5. Service Orders

Orders specifying facility, specialty, specialist, service type, date/period, volume, procedure and rate. Partner confirms availability within the specified period.

6. Quality and Patient Safety

Partner shall deploy appropriately qualified specialists and comply with applicable clinical, professional, safety, infection-prevention and patient-rights requirements. Procedures shall only be undertaken at ready facilities.

7. Records and Reporting

Partner shall maintain service, clinical and billing records and submit prescribed reports.

8. Payment

Payment shall be made against verified Service Orders and Service Completion Certificates subject to the agreement.

9. Performance

Performance shall be monitored against KPIs and service levels as per the Tender Document and Service Orders.

10. Confidentiality and Data

Partner shall protect patient information and use data only for authorised purposes in accordance with applicable law and Government requirements.

11. Suspension / Termination

Government may suspend/terminate or remove Partner for material breach, repeated non-performance, serious patient-safety concerns, fraud/corruption, loss of license or other contractual grounds, subject to due process where applicable.

12. Force Majeure

For purposes of this clause, “Force Majeure” means an event beyond the control of both the parties and not involving the partner’s fault or negligence and not foreseeable. Such events may include, but are not restricted to, acts of the State Government in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

If a Force Majeure situation arises, the partner shall promptly notify the government in writing of such condition and the cause thereof. Unless otherwise directed by the department in writing, the partner shall continue to perform its obligations under the FA as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the Force Majeure event.

13. Governing Law / Dispute Resolution

- (a) The Parties shall seek to resolve any dispute amicably by mutual consultation failing which the following shall apply:
- (b) High Court of Meghalaya shall have exclusive jurisdiction over any dispute, differences or claims arising out of this Agreement.
- (c) If either Party employs attorneys to enforce any rights arising out of or relating to this Agreement, the prevailing Party shall be entitled to recover reasonable costs and attorney’s fees.
- (d) This Contract Agreement shall be governed and construed, if possible, in accordance with the laws of India.

If any dispute arises between the Parties in connection with or arise out of the contract, which is not resolved amicably within the period of 30 days, thereafter matter shall be referred to the Arbitration Court within 2 weeks by either of the Parties under the provision of Arbitration and Conciliation Act, 1996. The place of Arbitration shall be in Shillong, Meghalaya.

14. Order of Precedence

Unless otherwise stated: Framework Agreement; applicable Service Order; RFP Tender and Addenda; accepted Bid and Financial Schedule.

15. Signatures

For Government of Meghalaya	For Partner
Name: _____	Name: _____
Designation: _____	Designation: _____
Signature: _____	Signature: _____
Date: _____	Date: _____
Seal: _____	Seal: _____

Schedule 1 – Framework Service Rate Schedule

Service / Procedure	Unit	Accepted Rate	Taxes	Remarks

Schedule 2 – Priority Specialty Schedule

Specialty	Specialist(s)	Service Types	Indicative Availability	Remarks

Schedule 3 – Facility List

Facility	District	Services Permitted	Readiness Status	Remarks

Schedule 4- Priority Procedure Schedule

Procedure-wise MHIS reference and contractual rates.

Specialty	Procedure	MHIS Code	MHIS Rate	Contract Rate

Schedule 5- Service Order Template

Field	Details
Service Order No.	
Date	
Framework Agreement No.	
Partner Institution	
Facility	
Specialty	
Specialist(s)	
Service Type	Teleconsultation / OPD / Surgery / Mentorship / Training / Other
Service Date / Period	
Expected Volume	
Procedure(s)	

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

Applicable Rate	
Travel / accommodation arrangement	
Facility readiness confirmed by	
Reporting due date	
Contact Officer	

Service Requirements / Special Instructions:

Partner Acceptance: We confirm availability and acceptance subject to the Framework Agreement.

Partner Signatory: _____ Date: _____

Government Officer: _____ Date: _____

Schedule 6- Performance Monitoring Format

KPI	Target	Actual	Variance	Remarks / Corrective Action
Teleconsultations delivered				
Specialist OPD clinics				
Specialist deployment days				
Surgeries/procedures				
Service Orders accepted				
Service Orders fulfilled				
Cancellation/non-deployment				
Reported adverse events				
Patient feedback/complaints				

Specialty-wise Utilisation

Specialty	Consultations	OPD Days	Surgery Days	Procedures	Mentorship	Remarks

Narrative Report

Achievements: _____

Challenges: _____

Corrective actions: _____

Support required: _____

Schedule 7- Service Completion Certificate

Service Order No. _____ dated _____ was delivered by _____ at _____

Service	Ordered	Delivered	Date(s)	Verified By
Teleconsultation				
OPD				
Surgery / Procedure				

- Specialist idinstitution/qualification verified.
- Attendance/deployment verified.
- Required patient/service records completed.
- Procedure records completed where applicable.
- Service accepted for payment subject to contract.

Deviations / deductions / remarks:

Partner Representative: _____

Government Verifying Officer: _____ Date: _____

ANNEXURE – INDICATIVE MAJOR EQUIPMENT AT IDENTIFIED HEALTH FACILITIES

1. Nongstoin Civil Hospital

Major Equipment	Qty.	Minimum / Reference Specification
Anaesthesia Machine / Workstation	1	Complete anaesthesia workstation with integrated ventilator, vaporizers, breathing system, oxygen/air supply and basic gas monitoring.
Ultrasound Machine	1	Diagnostic ultrasound with B-mode and colour Doppler capability, with appropriate convex/linear probes.
X-ray Machine	1	General-purpose digital or computed radiography X-ray system suitable for routine diagnostic imaging.
Portable X-ray	3	Mobile X-ray unit suitable for bedside imaging, with digital/CR image acquisition.
Computed Radiography System	2	CR reader/digital image acquisition system compatible with the facility's X-ray system.
Endoscopy Camera System	2	HD/standard-definition endoscopy camera system with compatible light source and display.
Non-contact Tonometer	2	Automated non-contact intraocular pressure measurement system.
Autoclave	3	Horizontal/vertical steam sterilizer with temperature and pressure control and sterilization cycle indication.
Diathermy / Electrosurgical Unit	2	Electrosurgical unit suitable for cutting and coagulation with appropriate safety controls.

2. Jowai Civil Hospital

Major Equipment	Qty.	Minimum / Reference Specification
ICU Ventilator	15	Adult/pediatric ventilator supporting invasive ventilation, with adjustable PEEP and volume/pressure-controlled modes.
Anaesthesia Workstation	1	Integrated anaesthesia workstation with ventilator, vaporizers, breathing system and basic monitoring.
Portable Anaesthesia Machine	2	Functional anaesthesia delivery system suitable for OT use with oxygen supply and breathing circuit.
Ultrasound Machine	4	Diagnostic ultrasound with B-mode and colour Doppler, with appropriate probes.
Laparoscopy System	1 set	Camera, light source, monitor and insufflator suitable for laparoscopic procedures.
Eye Operative Microscope	4	Operating microscope suitable for ophthalmic procedures with adequate illumination and magnification.
Portable X-ray	3	Mobile X-ray system suitable for bedside diagnostic imaging.
BiPAP	4	Non-invasive ventilatory support device with adjustable IPAP/EPAP and oxygen connection.
High-Flow System	3	Heated humidified high-flow oxygen delivery system with adjustable flow and FiO ₂ .
Video Laryngoscope	1	Video-assisted laryngoscopy system suitable for difficult-airway management.

Engagement of Healthcare Institutional Partner for Improving access to Specialist Care in Meghalaya

3. Nongpoh Civil Hospital

Major Equipment	Qty.	Minimum / Reference Specification
Anaesthesia Workstation	3	Integrated anaesthesia workstation with ventilator, vaporizers, breathing system and basic monitoring.
Anaesthesia Machine	1	Functional anaesthesia delivery system suitable for OT procedures.
C-Arm	1	Mobile fluoroscopy C-arm with image intensifier/flat-panel detector and suitable radiation safety features.
Ultrasound Machine	2	Diagnostic ultrasound with B-mode and colour Doppler capability and appropriate probes.
Laparoscopy System	1 set	Camera, light source, monitor and insufflator suitable for laparoscopic procedures.
Defibrillator	5	Biphasic defibrillator with synchronized cardioversion, ECG monitoring and AED capability.
ECG Machine	7	12-lead diagnostic ECG with digital display/recording and report generation.
Infusion Pump	30	Programmable volumetric infusion pump with occlusion and air-in-line alarms.
Blood/Fluid Warmer	2	Controlled warming system suitable for blood and IV fluids with temperature monitoring.

4. Williamnagar Civil Hospital

Major Equipment	Qty.	Minimum / Reference Specification
ICU BiPAP	10	Non-invasive ventilatory support with adjustable inspiratory/expiratory pressures and oxygen connection.
High-Flow System	5	Heated humidified high-flow oxygen system with adjustable flow and FiO ₂ .
Anaesthesia Workstation	1	Integrated anaesthesia workstation with ventilator, vaporizers and breathing system.
Bronchoscopy System	1	Flexible/video bronchoscopy system with light source, image display and recording capability.
Ultrasound Machine	3	Diagnostic ultrasound with B-mode and colour Doppler capability with appropriate probes.
Computed Radiography	1	CR/digital image acquisition system compatible with the facility's X-ray system.
Defibrillator	5	Biphasic defibrillator with synchronized cardioversion and ECG monitoring.
ECG Machine	7	12-lead diagnostic ECG with digital display and recording/reporting capability.
ABG Machine	3	Blood-gas analyser capable of measuring at minimum pH, pCO ₂ and pO ₂ , with relevant calculated parameters.
Vertical Autoclave	7	Steam sterilizer with controlled temperature/pressure cycles and cycle completion indication.

5. Shillong Civil Hospital

Major Equipment	Qty.	Minimum / Reference Specification
Anaesthesia Workstation	6	Integrated anaesthesia workstation with ventilator, vaporizers, breathing system and basic gas monitoring.
Operation Microscope	1	Surgical operating microscope with adjustable magnification and illumination, suitable for specialised procedures.
Cobalt Therapy Machine	1	Cobalt-60 teletherapy unit with treatment controls, dose monitoring and required radiation safety interlocks.
Endoscopy System	1 set	Endoscopy system with camera/light source, display and compatible endoscopic equipment.
Laparoscopy System	Multiple components	Camera, insufflator, light source and monitor suitable for laparoscopic surgery.
ICU Ventilator	9*	Adult/pediatric-capable ventilator with invasive ventilation, adjustable PEEP and volume/pressure modes.
Multiparameter Monitor	27*	Patient monitor with ECG, SpO ₂ , NIBP and temperature; invasive pressure/other parameters where required.
Patient Central Monitoring System	1	Central monitoring station capable of displaying connected bedside patient monitors.
Defibrillator	7	Biphasic defibrillator with synchronized cardioversion, ECG monitoring and AED function.
Portable ABG Machine	2	Portable blood-gas analyser capable of pH, pCO ₂ and pO ₂ measurement.
Non-contact Tonometer	2	Automated non-contact intraocular pressure measurement system.
Portable X-ray	1	Mobile X-ray system suitable for ICU/bedside diagnostic imaging.

6. Resubelpara CHC

Major Equipment	Qty.	Minimum / Reference Specification
Anaesthesia Workstation	1	Integrated anaesthesia workstation with ventilator, vaporizers, breathing system and basic monitoring.
OT Table	3	Electrically/hydraulically adjustable operating table suitable for general surgical procedures.
Multiparameter Monitor	1	Monitor with ECG, SpO ₂ , NIBP and temperature parameters.
Oxygen Concentrator	1	Medical oxygen concentrator suitable for continuous clinical use with oxygen concentration monitoring.
Syringe Pump	2	Programmable syringe infusion pump with occlusion and dose/rate control.
Suction Machine	2	Medical suction unit with adjustable vacuum and collection canister.
Defibrillator	1	Biphasic defibrillator with ECG monitoring and synchronized cardioversion.
ECG Machine	1	12-lead diagnostic ECG with digital display/recording.
Fetal Monitor / CTG	1 each	Electronic fetal monitoring system for fetal heart rate and uterine activity monitoring.
Horizontal Autoclave	1	Steam sterilizer with controlled temperature/pressure cycles and cycle indication.

