

**Invitation for Expressions of Interest (EOI) for Providing Medical Services at  
Bharathidasan University Campus**

**1. Introduction:**

Bharathidasan University, Tiruchirappalli, is seeking Expressions of Interest (EOI) from eligible, experienced, and competent organizations, healthcare service providers, or professionals for operating and managing a Medical Centre for a period of two year. The Medical Centre will cater to the health and medical needs of students, faculty, staff, and visitors of the University.

**2. Objective:**

The primary objective is to establish a well-equipped and efficient Medical Centre capable of providing primary healthcare services, emergency care, and wellness programmes to the University community.

**3. Scope of Services:**

The Medical Centre should provide the following services:

- **General Healthcare Services:**
  - Consultation and treatment for common illnesses.
  - Health screening and check-ups.
  - Minor surgical procedures and first aid.
  - Referral services for specialized care when necessary.
- **Emergency Care:**
  - Immediate medical attention in case of accidents or medical emergencies.
  - Coordination with nearby hospitals for critical care requirements.
- **Health Awareness and Wellness Programmes:**
  - Regular health awareness sessions and workshops.
  - Mental health counseling and support.
- **Pharmacy:**
  - Provision of basic medications and first-aid kits.
- **Record Keeping and Reporting:**
  - Maintenance of patient records and health-related reports for university records.
- **Details of Services:**
  - The Service Provider shall provide support to the Medical Centre in the University Palkalaiperur Campus at Suriyur Village jurisdiction premises by deputing 2 (Two) Doctors, 2 (Two) paramedical staff members and two Staff Nurses employed at the office of Service Receiver (“Medical Personnel”)
  - The medical personnel shall be available at Palkalaiperur Campus premises of Service Receiver on all days throughout the year.
  - The medical personnel shall be made available by the Service Provider in case of emergency requirement of the Service Receiver on specific request.
  - The Service Provider shall provide the contact details of the medical personnel or other officer in-charge for communication purposes to the Service Receiver after agreement.

#### **4. Eligibility Criteria:**

To be eligible to submit an EOI, the applicant must meet the following requirements:

- **For Healthcare Providers/Organizations:**
  - Registered medical organization or healthcare provider with a minimum of five years of experience in running similar medical centers.
  - Proven track record in providing quality healthcare services.
  - Availability of qualified medical staff including doctors, nurses, and paramedics.
  - Ability to meet the infrastructure requirements and maintain medical standards.
- **For Individual Professionals (if applicable):**
  - Qualified medical professional with a valid medical degree and relevant experience.
  - Registered with the respective medical council.
  - Proven ability to manage healthcare services for a large community.

#### **5. Infrastructure and Equipment:**

The successful bidder will be required to:

- Ensure that the Medical Centre is adequately equipped with medical instruments, medicines, and other necessary supplies.
- Comply with all relevant health and safety regulations.
- Maintain cleanliness, hygiene, and proper waste disposal procedures at all times.

#### **6. Duration of the Agreement:**

The agreement to operate the Medical Centre will be valid for a period of one year, with effect from the date of signing the agreement, with an option to extend based on performance and mutual agreement.

#### **7. Terms and Conditions:**

- The service provider must comply with all applicable laws, regulations, and guidelines related to healthcare.
- The service provider will be responsible for the hiring, training, and management of medical and non-medical staff.
- Payment terms, performance monitoring, and penalties for non-compliance will be outlined in the formal agreement.
- One Service provider can submit only one proposal only. If a Service provider submits more than one proposal, all the proposals submitted by that firm will be rejected.
- The Earnest Money Deposit (EMD) of Rs.5000/- (Rupees Five thousand only) must be submitted in the form of Demand Draft drawn in favour of Bharathidasan University payable at Tiruchirappalli along with proposal. EMD will be refunded to the unsuccessful bidders without any interest within one month of completion of the finalizing the process. EMD received from the successful bidder will be retained as a Security Deposit until the completion of the assignment. Proposal received late or without EMD shall be summarily rejected.
- Any material omission in the proposal shall make the proposal unacceptable at the discretion of the management and the bid will be liable to be rejected.
- The proposal shall remain valid till 120 days of the date of submission of the proposal or award of the assignment whichever is earlier.

### 8. Submission Requirements:

Interested parties are required to submit the following documents:

- Detailed profile of the organization or individual, including previous experience in managing healthcare services.
- Proof of registration, licenses, and qualifications (for healthcare professionals).
- Proposed work plan and approach for managing the Medical Centre.
- Infrastructure and equipment details.
- Financial proposal, including service charges.
- References from previous clients or institutions (if applicable).

### 9. Payments

Sl. No.	Details of Medical Personal	Duty time	Service Charges (per month)	Travel Allowance will not be applicable if accommodation provided within campus (per month)	Total (per month)
1.	Doctor (Two)* *Doctor's coverage (7 am – 10 pm)	7 am to 3 pm 2 pm to 10 pm			
2.	Staff Nurse (Two)	8 am to 4 pm 12 pm to 8 pm			
3.	Paramedical Staff (2) by Shift System	9 am to 6 pm 8 pm to 8 am			
	Total Expenses for Man power				

The fees shall be inclusive of all applicable taxes.

### 10. Submission Deadline:

All Expressions of Interest must be submitted to the office of Registrar, Bharathidasan University, Tiruchirappalli-620024 by 16.03.2026, 5.00 pm.

Note: Only shortlisted applicants will be contacted for further discussions and formal negotiations.

**Registrar (FAC), Bharathidasan University, Tiruchirappalli**

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<b>Sl.No.</b>	<b>Particulars</b>	<b>Details</b>
1.	Name and Complete address of the security agency	
2.	Name, Designation, E-mail, Contact No. and Address of the Contact person / Local Representative	
3.	Company profile, including experience in providing service provider, and list of previous clients (especially educational institutions or large organizations).	
4.	Copies of necessary licenses, certifications, and registrations	
5.	Proposed plan, detailing the services and equipment to be provided	
6.	Financial proposal, including service charges and any other costs. (per month for total) -as per Payments in the Annexure-I above	
7.	References from previous clients (if applicable)	
8.	Date of Registration under IT PAN / Goods & Service Tax Act (Self-attested IT PAN / Goods and Service Tax Registration Certificate to be attached)	
9.	Last three-year Balance Sheet and copies of IT return of the Service provider	
10.	Whether the Service Provider or any partner of the Service provider were had been blacklisted by Government departments, Comptroller and Auditor General of India, Public Sector Undertaking or any other Organisation in respect of any assignment or behavior	
11.	Any other details the Service Provider would like to furnish (Ex. Awards & Accreditations)	
12.	Details of EMD for Rs.5000/- Bank: _____ DD.No. _____ Date: _____	

Note:

- (a) Information may be furnished in separate sheet(s) wherever necessary
- (b) In case of documents, they should be self-attested photocopies.

**Under taking**

I/We do herewith declare that the above-mentioned information are true and correct and

I/We hereby agree with all the terms and conditions of Bharathidasan University and we hereby undertake to abide by same.

Date:

Place:

Authorized Signatory  
(Signature and seal of the authorized signatory)