No. HEALTH/MEGH CARES/2026-27 **Dated: 26th August, 2026**

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

EXPRESSION OF INTEREST (EoI)

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

Identification and Selection of an Eligible Healthcare Institutional Partner for Improving Access to Specialist Care in Meghalaya

Detailed EoI is available at www.meghssp.org,www. https://nhmmeghalaya.nic.in/ .The interested institutions are requested to keep checking the aforementioned websites for any updates. Last date for submission of EoI via email is on or before 4:00 PM of 10th September, 2026.

Sd/-

Ramkumar S, IAS
Secretary
Department of Health & Family Welfare, GoM

GOVERNMENT OF MEGHALAYA

DEPARTMENT OF HEALTH & FAMILY WELFARE

EXPRESSION OF INTEREST

For Identification and Selection of an Eligible Healthcare Institutional Partner for

Improving Access to Specialist Care in Meghalaya

EoI Reference No.: No.HEALTH/MEGH CARES/2026-27 **Date of Issue**: 26.08.2026

EoI Submission Deadline: 10th September, 2026

Contents

PART I – NOTICE INVITING EXPRESSION OF INTEREST

1. Invitation for Expression of Interest

The Government of Meghalaya, through the Department of Health & Family Welfare (hereinafter referred to as the "Department" invites Expressions of Interest ("EOI") from eligible and interested Healthcare Institutions for a potential institutional partnership.

The proposed initiative seeks to improve access to specialist and super-specialist healthcare services for patients in Meghalaya through an institutional partnership with a suitably qualified and capable healthcare institution.

The Department intends to identify **One Healthcare Institutional Partner** through the subsequent procurement process for the proposed engagement.

The selected institutional partner may be required to provide, depending upon the final requirements, specialist healthcare support through one or more of the following broad service modalities:

- Specialist teleconsultation;
- Visiting specialist outpatient clinics;
- Specialist and super-specialist consultations;
- Surgical and procedural services;
- Joint procedures and clinical support;
- Specialist clinics and approved camps;
- Clinical mentorship and capacity building;
- Training and knowledge transfer; and
- Exclusive Teleconsultation setup **ONLY** for Meghalaya.

2. Nature and Purpose of this EOI

This EOI:

1. is **not a Request for Bids (RFB), Request for Proposals (RFP), tender or invitation to submit a financial proposal**;
2. does not require submission of any technical bid, price, rate, financial quotation or financial bid;
3. is intended to obtain information regarding the qualifications, relevant experience, institutional capability and broad service capacity of interested Healthcare Institutions;
4. may be used by the department to refine the detailed scope of services, qualification criteria, service model and other requirements of the subsequent procurement process.
5. does not create any contractual obligation between the department and any respondent.

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

Participation in this EOI, attendance at the pre-consultation meeting, submission of questions or submission of an Expression of Interest shall not confer any right, preference, assurance or entitlement for selection under any subsequent procurement process.

The department reserves the right to amend, modify, expand, reduce, restructure, suspend or discontinue the proposed procurement at any stage, in accordance with government rules and requirements.

Further information can be obtained at the address below during office hours [10.00 AM – 5.00 PM]

Expressions of Interest must be submitted ONLINE to procurement.megh@meghssp.org on or before **4:00 PM of 10th September, 2027**

Ramkumar S, IAS

Sd/-

Secretary
Health & Family Welfare Department
Government of Meghalaya
Laitumkhrah, Health Complex
Email: procurement.megh@meghssp.org

PART II – BACKGROUND AND RATIONALE

3. 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 and ENT.

The Government of Meghalaya is committed to improving access to quality specialist and super-specialist healthcare services across the State.

The department proposes to address this gap through **Megh Cares –Improving Access to Specialist Care in Meghalaya**, a proposed institutional partnership model intended to supplement and strengthen specialist healthcare availability within the State.

The proposed model may include scheduled teleconsultations, physical deployment of specialists, specialist OPD services, surgical and procedural support, joint procedures, specialist clinics and camps, and clinical mentorship and capacity building.

The final design of the proposed arrangement will be informed, among other things, by the requirements of the department, facility readiness, patient demand, specialty requirements and feedback received through this EOI and the pre- consultation process.

PART III – OBJECTIVES OF THE PROPOSED PARTNERSHIP

1. Improve access to specialist and super-specialist healthcare services within Meghalaya;
2. Enable timely access to specialist clinical opinion and treatment;
3. Strengthen the availability of specialists at identified public healthcare facilities;
4. Increase appropriate specialist and surgical interventions within the State;
5. Reduce avoidable referrals outside the State, where clinically appropriate;
6. Strengthen specialist teleconsultation and remote clinical support;
7. Improve utilisation of existing and upgraded public healthcare infrastructure;
8. Strengthen the clinical capacity of Government doctors, nurses and other healthcare personnel through mentorship and knowledge transfer;
9. Facilitate joint clinical and procedural work where appropriate; and
10. Develop a sustainable institutional model for need-based specialist healthcare support.

PART IV –INDICATIVE PRIORITY SPECIALTIES

4. Priority Specialties

The department presently envisages interest in institutional capability in the following specialties:

1. General Surgery;
2. Obstetrics and Gynaecology;
3. Orthopaedics;
4. Ophthalmology;
5. ENT;
6. Paediatrics;
7. Paediatric Surgery;
8. Dermatology;
9. Psychiatry;
10. Urology;
11. Neurosurgery;
12. Surgical Oncology;
13. Cardiology;
14. Anaesthesiology

The respondent should clearly indicate the specialties in which it has demonstrable institutional capability and is interested in participating.

The final specialty requirements may be revised following the pre-consultation meeting and further assessment by the department.

PART V –INDICATIVE SERVICE LOCATIONS

5. Indicative Facilities

The proposed initiative may initially cover the following health facilities subject to finalisation:

- Shillong Civil Hospital, East Khasi Hills District
- Jowai Civil Hospital, West Jaintia Hills District
- Nongpoh Civil Hospital, Ri-bhoi District
- Tura Civil Hospital, West Garo Hills District
- Mairang M&CH Hospital, Eastern West Khasi Hills District
- Williamnagar CHC, East Garo Hills District
- Nongstoin CHC, West Khasi Hills District

The above list is indicative only.

The department may add, remove, substitute or phase facilities based on programme requirements, facility readiness, patient demand, specialty requirements and other relevant considerations.

PART VI –PROPOSED INSTITUTIONAL PARTNERSHIP MODEL

6. Broad Partnership Concept

The department proposes to explore a partnership with the selected **Healthcare Institution** capable of functioning as an institutional partner for the proposed initiative.

The department's preliminary expectation is that the selected institution should have the ability to provide access to a sufficiently broad and credible pool of specialists and to coordinate the delivery of services under a unified institutional arrangement.

The final model may include:

- A designated institutional coordination mechanism;
- A specialist roster and specialist mobilisation process;
- Coordination with Government healthcare facilities;
- Clinical governance and patient-safety arrangements;
- Reporting and performance-monitoring requirements;
- Institutional responsibility for credentialing and quality assurance;
- Training and capacity-building support; and
- Exclusive Teleconsultation setup **ONLY** for Meghalaya

PART VII – MINIMUM ELIGIBILITY AND QUALIFICATION REQUIREMENTS

1. Should be an established Healthcare Institution or Hospital Organisation with demonstrable experience in providing tertiary, specialist and/or super-specialist healthcare services with a minimum operational capacity of **300-500 beds in all specialties mentioned above in one location.**
2. Preference will be given to the Healthcare Institution with larger capacity.
3. Have a valid and subsisting legal status and is legally eligible to enter into a contract with the Government of Meghalaya.
4. Registered under the Clinical Establishments (Registration and Regulation) Act, 2010.
5. The Healthcare Institution should have established facilities and systems for inpatient care, outpatient specialist care, emergency services, diagnostics and referral/continuity-of-care arrangements appropriate to the services proposed.
6. The Healthcare Institution should provide details of:

   (a) Bed capacity;
   (b) ICU/HDU capacity;
   (c) Operation theatres and procedure facilities, where applicable;
   (d) Emergency and critical-care capability;
   (e) Major diagnostics available;
   (f) Specialist and super-specialist departments alignment to the priority specialists listed.
   (g) Geographic areas of operation.

7. The Healthcare Institution shall indicate the specialties for which it has:

   (a) Appropriately qualified and registered specialists;
   (b) Capability for teleconsultation, where applicable;
   (c) Capability for physical specialist deployment;
   (d) Capability for surgery or procedures, where applicable; and
   (e) Capability for clinical mentoring and capacity building.

8. Submit Audited Financial Statements or equivalent financial information for the last **three (3) financial years**

PART VIII –INFORMATION TO BE SUBMITTED

7. EoI submission requirements

Interested Healthcare Institutions should submit a concise Expression of Interest containing the following information:

1. Letter of Interest in the format provided at **Annexure 1**;
2. Institutional Information and Profile in the format provided at **Annexure 2**;
3. Minimum Eligibility and Relevant Experience in the format provided at **Annexure 3**;
4. Indicative Specialist and Service Capability in the format provided at **Annexure 4**;
5. Copies or references to relevant statutory registrations and licenses;
6. Relevant supporting documents demonstrating institutional experience and capability;
7. Declaration regarding the correctness of the information submitted; and
8. Declaration that an Exclusive Teleconsultation setup will be established ONLY for Meghalaya (**Mentioned at Annexure 1**)

Healthcare Institutions should provide information that is relevant and sufficient to demonstrate their suitability.

The EOI should **NOT** include:

- Any financial bid;
- Any price quotation;
- Any rate schedule;
- Any proposed commercial quotation; or
- Any unsolicited financial offer.

Any such information, if submitted, may be disregarded for the purposes of this EOI

PART IX –EVALUATION OF EXPRESSIONS OF INTEREST

8. Preliminary Evaluation

The evaluation may consider:

- Legal and institutional status;
- Institutional capability;
- Breadth and relevance of specialist services;
- Experience in outreach, telemedicine or public-sector healthcare partnerships;
- Ability to provide specialist support in Meghalaya;
- Clinical and institutional capacity; and
- Information provided under Part VII.

The department may seek clarifications from respondents regarding information submitted.

9. Identification of Suitable Respondents

The EOI itself shall not constitute selection, award, empanelment or execution of a contract.

Only respondents meeting the requirements specified in the subsequent detailed procurement process shall be eligible for selection in accordance with the rules and regulations of the department.

PART X –GENERAL CONDITIONS

10. No Obligation to Proceed

The issue of this EOI shall not obligate the Government to proceed with the subsequent procurement or to select any respondent.

11. No Reimbursement of Costs

Respondents shall bear all costs associated with preparation and submission of their EOI and participation in the pre - consultation meeting.

The Government shall not be responsible for any such costs.

12. Right to Accept or Reject

The Government reserves the right to accept or reject any or all EOIs, seek further information, modify the process or discontinue the process, without assigning reasons, subject to applicable rules.

13. Confidentiality

Information submitted by respondents shall be used for the purposes of this EOI and the Government's procurement planning, evaluation and related processes, subject to applicable laws and Government requirements.

14. Conflict of Interest

Respondents should disclose any actual or potential conflict of interest that may materially affect their participation in the proposed procurement.

15. Accuracy of Information

The respondent shall be responsible for the accuracy and completeness of the information submitted.

Submission of materially false or misleading information may result in rejection of the EOI or such other action as may be permissible under applicable rules.

PART XII –ANNEXURES

ANNEXURE 1 – LETTER OF INTEREST

To:

_____

_____

Department of Health & Family Welfare
Government of Meghalaya

Subject: Expression of Interest for Engagement as Healthcare Institutional Partner under "Megh Cares"

Dear Sir/Madam,

We, the undersigned, hereby submit our Expression of Interest in response to the Expression of Interest issued by the Department of Health & Family Welfare, Government of Meghalaya, for identification and potential selection of a Healthcare Institutional Partner under "Megh Cares – National Partnership to Improve Access to Specialist Care in Meghalaya."

We confirm that:

1. We have carefully reviewed the EOI document;
2. We understand that this EOI is not a tender, RFB or RFP;
3. We understand that no financial quotation is required at this stage;
4. We are interested in participating in the proposed initiative, subject to the final procurement terms;
5. We have submitted information regarding our institutional capability, relevant experience and specialist services;
6. The information submitted by us is true and correct to the best of our knowledge;
7. We understand that participation in this EOI does not confer any right or assurance of selection; and
8. We shall provide further information or clarification if requested by the Department.
9. We are ready to establish an exclusive Teleconsultation Hub ONLY for Meghalaya.

Name of Healthcare Institution: _____

Name of Authorised Representative: _____

Designation: _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Institution Seal: _____

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ANNEXURE 2 – INSTITUTIONAL INFORMATION AND PROFILE

A. Basic Institutional Information

Particular	Details
Full Legal Name	
Type of Institution/Entity	
Year of Establishment	
Registered Office	
Principal Place of Healthcare Operations	
Healthcare Establishment Registration Details	
Registration/Incorporation Number	
PAN	
GSTIN, if applicable	
Website	
Name of Authorised Signatory	
Contact Person for this EOI	
Telephone	
Email	

B. Institutional Healthcare Profile

Particular	Details
Total Bed Strength	
ICU/HDU Capacity	
Number of Operation Theatres/Procedure Rooms	
Major Specialist/Super-specialist Services	
Telemedicine Capability	
Clinical Quality/Accreditation Systems	
Government/Public-sector Healthcare Partnerships	
Outreach/Remote Healthcare Experience	

C. Brief Institutional Profile

Provide a brief narrative covering:

1. History and background of the institution;
2. Nature of healthcare services provided;
3. Major clinical specialties;
4. Geographic presence;
5. Institutional strengths relevant to Megh Cares; and
6. Experience relevant to specialist healthcare partnerships.

ANNEXURE 3 – MINIMUM ELIGIBILITY AND RELEVANT EXPERIENCE

A. Eligibility Declaration

Requirement	Response	Supporting Evidence/Reference
Legally constituted healthcare institution/entity	Yes/No	
Valid healthcare establishment registration/license	Yes/No	
Relevant statutory/service-specific approvals	Yes/No	
Institutional specialist healthcare capability	Yes/No	
Qualified specialists available/accessed	Yes/No	
Relevant specialist healthcare experience	Yes/No	
Telemedicine/remote support capability, if applicable	Yes/No	
Ability/willingness to support services in Meghalaya	Yes/No	
Not currently debarred/blacklisted, subject to disclosure	Yes/No	

B. Relevant Experience

Provide details of relevant assignments, partnerships or programmes.

Assignment/ Partnership	Client/Organisation	Location	Period	Nature of Services	Relevant Specialty/Services	Brief Outcome /Scale

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ANNEXURE 4 –INDICATIVE SPECIALIST AND SERVICE CAPABILITY

A. Specialty-wise Capability

Specialty	Institutional Capability	Approximate Number of Specialists Available/Accessible	Teleconsultation	Physical Deployment	Surgery/Procedures	Mentorship /Training
General Surgery			Yes/No	Yes/No	Yes/No	Yes/No
Obstetrics & Gynecology			Yes/No	Yes/No	Yes/No	Yes/No
Orthopedics			Yes/No	Yes/No	Yes/No	Yes/No
Ophthalmology			Yes/No	Yes/No	Yes/No	Yes/No
ENT			Yes/No	Yes/No	Yes/No	Yes/No
Pediatrics			Yes/No	Yes/No	Yes/No	Yes/No
Pediatric Surgery			Yes/No	Yes/No	Yes/No	Yes/No
Dermatology			Yes/No	Yes/No	Yes/No	Yes/No
Psychiatry			Yes/No	Yes/No	Yes/No	Yes/No
Urology			Yes/No	Yes/No	Yes/No	Yes/No
Neurosurgery			Yes/No	Yes/No	Yes/No	Yes/No
Surgical Oncology			Yes/No	Yes/No	Yes/No	Yes/No
Cardiology			Yes/No	Yes/No	Yes/No	Yes/No
Anesthesiology			Yes/No	Yes/No	Yes/No	Yes/No
Other			Yes/No	Yes/No	Yes/No	Yes/No

Note: Detailed specialist CVs are not required at the EOI stage unless specifically requested by the Department at a later stage

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DECLARATION

(In the Institution's Letter Head)

We certify that the information provided in this Expression of Interest and its annexures is true and correct to the best of our knowledge and belief.

We understand that this EOI is an information-gathering and market-engagement exercise and does not constitute a tender, financial solicitation, contract award or assurance of selection.

For and on behalf of the Healthcare Institution

Name: _____

Designation: _____

Signature: _____

Date: _____

Place: _____

Seal: _____