Brihanmumbai Mahanagar Palika

Public Health Department

No. HO/7357 /FWMCH Dt.19 .10.2026

EXPRESSION OF INTEREST

The Public Health Department of the Brihanmumbai Mahanagar Palika (BMC) invites Expressions of Interest from eligible organizations and agencies to empanel Radiologists/Sonologists. The selected panel will provide routine obstetric/gynecological sonography, nuchal translucency (NT) scans, and congenital anomaly scan services for pregnant women across municipal maternity homes.

Interested respondents must submit their Letter of Interest to the Office of the Executive Health Officer, Room no.11, 1st Floor, F/South Ward Office Building, Dr. B.A. Road, Mumbai 400012, or via email at usgmcgm@gmail.com within 7 days of this notice, along with all required supporting documents.

Terms & Conditions for Outsourcing Sonography Services in 29 Maternity Homes

1) **Contract Tenure:** The appointment of the selected NGO, Trust, Company, or Agency will be for a period of 3 **years (Financial Years 2026–2029)** on a temporary basis only.
2) **Scope of Services:** The Radiologists/Sonologists provided by the Agency shall solely perform the following diagnostic services within Municipal maternity homes and Urban Primary Health Centres (UPHCs):
   i) Routine and emergency Obstetric and Gynecological Sonography (OB-GYN USG)
   ii) Colour Doppler and NT (Nuchal Translucency) scans
   iii) Congenital anomaly scans
   iv) Abdomen and Pelvis USG for Antenatal Care (ANC) mothers
3) **Operational Hours:**
   i) Routine Services: Days and timings will be aligned with patient needs and convenience, as determined by the Medical Officer In-Charge of the respective maternity home.
   ii) Emergency Services: The designated Sonologist/Radiologist must be available at the health centres after 4:00 PM for emergency USG services.
4) **Equipment Usage:** The Sonologists/Radiologists provided by the agency must operate within the BMC setup using the available municipal Sonography machines.
5) **Financial Liabilities:** All expenses related to salaries, honorariums, Provident Fund (PF), tax implications, and any other personnel costs for the Sonologists/Radiologists

will be borne entirely by the NGO, Trust, Company, or Agency, with zero financial liability on the BMC.

6) **Employment Status:** BMC Municipal Service Rules (MSR) and regulations will not apply to the employees, Radiologists, or Sonologists appointed by the outsourcing agency. Such personnel cannot claim or insist upon permanent employment with the BMC.
7) **Billing & Payment Processing:** Payments will be processed by the FWMCH office within **30 days** through the standard official procedure. This is subject to report verification by the Medical Officer In-Charge of the respective maternity home and subsequent bill verification by the FWMCH office panel at the F/South Ward.
8) **Disbursement:** All payments will be released directly in the name of the contracted NGO, Trust, Company, or Agency.
9) **Legal Compliance:** The contracted NGO, Trust, Company, or Agency must strictly abide by all applicable BMC rules, regulations, and bylaws.
10) **Statutory Documentation:** The agency is responsible for accurately filling out and submitting 'F-Forms' along with test results/reports for every patient at the respective centers.
11) **Reporting:** Sonologists/Radiologists must submit a monthly performance report in the prescribed format to the Medical Officer In-Charge of the maternity home on the last day of every month without fail.
12) **Statutory Registrations:** Valid PCPNDT registration and all other legal certifications required for conducting sonography and congenital anomaly scans are mandatory. It is the sole responsibility of the agency to obtain and maintain these registrations from the concerned authorities.
13) **PCPNDT Violations:** In the event of any violation of the statutory rules and regulations, the approved agency will be held legally liable for penalties and punishment under the **Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994**.
14) **Quality Control:** The Public Health Department will periodically supervise the quality of services. If any gross discrepancies are noted in the diagnostic reports, the contract may be terminated by the Public Health Department following due official procedures.
15) **Service Pricing:** The service rates charged must not exceed the BMC-approved rates (*Standing Committee Resolution No. 1224, dated 04.11.2025*):
    (1) Basic USG (OB/Gynecological USG): **₹250/-**
    (2) Colour Doppler / NT Scan / Congenital Anomaly Scan / Any other USG: Maximum **₹500**/-
    (3) Emergency **USG (Services requested after 4:00 PM): ₹360/-**

Selection Criteria

1. **Legal Entity:** The service provider agency must be legally registered as a Company, NGO, Trust, or Charitable Trust.
2. **Staff Strength:** The agency must have a minimum deployment capacity of **more than 5 qualified and registered Sonologists/Radiologists**, all holding valid Maharashtra Medical Council (MMC) registrations.
3. **Experience:** Prior experience in delivering clinical USG and OB-GYN diagnostic services will be highly preferred.
4. **Equipment Contingency:** In the event that a BMC USG machine or probe becomes non-functional or unavailable at any maternity home, the service provider must arrange an alternate USG machine/probe at their own cost on a temporary basis until the primary machine is repaired or replaced.
5. **Financial Turnover:** The Company, Agency, or Service Provider must have an audited annual financial turnover of **above ₹70.00 Lakh**.
6. **Service Continuity:** The Service Provider must guarantee USG services for a minimum of **3 days a week per institute**.
7. **Allocation:** Following final selection, individual BMC institutes will be distributed among the successful agencies in accordance with **Annexure C**.
8. **Compliance:** The service provider must fully comply with all terms laid out in **Annexure A, B, C, and D**.
9. **Submission Package:** A signed copy of this EOI, along with all mandatory documentary evidence specified in Annexures A, B, C, and D, must be attached to the application form at the time of submission.
10. **Document Authentication:** All submitted documentary evidence (including PAN Card, Address Proof, and registration certificates) must be duly **attested with the company stamp and authorized signature**, and submitted alongside the application on the agency's official letterhead

All Interested Organizations and Agencies may submit their application within 7 days of publishing of this EOI with required documents on email id usgmcgm@gmail.com. And Dy.EHO, FWMCH, Room-11, 1St Fl, F/S Ward Office , Parel-12.

Sd/-
Executive Health Officer

ANNEXURE - A

1. Details of Service Provider-

2. Name of NGO /Trust/Company-

3. Address-

4. Phone No.-

5. Email id-

6. Registration Date -

7. PAN Card No-

8. GSTIN No-

9. BMC Vendor No.-

10. Name of Authorized Representative-

11. Phone no. of Authorized Representative-

12. Email ID of Authorized Representative-

ANNEXURE - B

Technical Qualification Criteria

The bidder needs to submit documents to validate the criteria set forth below.

Sr.No	Particulars	Documentary Evidence
1	The bidder should have a minimum average annual turnover of Rs. 70 Lakhs over the	last 3 financial years CA certified Copy (2023-24, 2024-2025, 2025-26) Valid proof to be attached
2	Agency should be registered under the head of Company/NGO/Trust/ Charitable Trust	Valid proof to be attached
3	Minimum requirement of registered and qualified total minimum 5 Sinologist /radiologist With MMC Registration	Valid proof to be attached
4	Experienced of USG/OBGY Services	Valid proof to be attached
5	BMC USG machine/probe is not available/not working for any reason, the service provider should arrange the alternate USG machine /probe	USG machine Papers
6	Address Proof	Valid proof to be attached
7	Company/Agency/Service Provider should provide USG services for minimum 3 days in a week per institute.	Valid proof to be attached

Sign and Seal of Organization

ANNEXURE - C

Declaration Cum Preference Form

I/We undersigned authorized representatives of…….. (NGO/Trust/Company) have read and understood content, terms and conditions specified in EOI and we agree to give services as per terms and conditions and following is Ward wise (MH) preference for EOI.

Sign and Seal of Organization

Sr.No.	Bureau	Name of Peripheral hospital		
1	City	1	C	Suryakant Vagal Maternity Home, Zaobawadi
		2	FN	Raoli Camp Maternity Home
		3	GS	Haji Mohammad Haji Sabu Siddik Maternity Home, Prabhadevi
		4	GN	Mahim Maternity Home
2	West Sub	1	HE	Bal Gangadhar Kher Maternity Home, Kherwadi
		2	KE	Dr. V.N. Shirodkar Maternity Home
		3		Mata Ramabai Ambedkar Maternity Home, Marol
		4	KW	Oshiwara Maternity Home
		5	PS	Topiwala Maternity Home Goregaon
		6	PN	Choksy Maternity Home
		7		Maulana Abul Kalam Azhad Malvani Maternity Home
		8		Savitribai Phule Mata Bal Hospital, Riddhi Garden
		9	RS	Akurli Maternity Home
		10	RN	Raval Pada Maternity Home
		11	RC	Charkop Maternity Home
		12		Smt.Kesarbai Chhabildas Lallubhai Bhansali Maternity Home, Borivali
		13		Mother and Child Hospital, Magthane
		14		Squatters Colony
3	Estern Sub	1	L	Maasaheb Meenatai Thackeray Maternity Home, Chunabhatti
		2		Dr. Anandibai Joshi Maternity Home, BAIL BAZAR
		3	ME	Shahaji Nagar Maternity Home Cheeta Camp
		4		Deonar Maternity Home
		5		Shivaji Nagar Maternity Home
		6	MW	Matoshri Ramabai Ambedkar Maternity Home, Chembur Naka
		7	S	Dr.Babasaheb Ambedkar Maternity Home, Tagore Nagar
		8		Sushma Swaraj Maternity Home, Bhandup
		9		Savitribai Phule MH Bhandup
		10	T	Smt.Shyamkunwarbai Jatashankar Dosa Chanchani Mulund Maternity Home
		11	N	Ramabai Thakare MH, Ghatkopar

ANNEXURE - D
Document Checklist

I / We have checked and submitted documents for EOI as below-

1. Organization Registration Document
2. PAN Card
3. GST Certificate
4. Authority letter by Directors /Trustees to representative to submit EOI
5. EOI with sign and seal.
6. Filled Annexure A and C with Sign and seal.
7. Signed and sealed Documents required in Annexure B.

Sign and Seal of Organization