



REQUEST FOR EXPRESSIONS OF INTEREST

MBMA Division: BRDC

Assignment Title: Service Provider/s for setting up of State of the Art Wellness Centre

Reference No.: MBMA-56/2017

1. Meghalaya Basin Management Agency (MBMA) implements the State's Flagship Programme – the Integrated Basin Development and Livelihood Promotion Programme (IBDLP). The MBMA proposes to set up a state-of-the-art Wellness - Centre at Upper Shillong, Shillong – 793009, Meghalaya. The Wellness Centre aims to provide therapeutic and rejuvenation treatment to local people, tourists and guests through holistic health care of AYUSH and Traditional healing system. In addition, the wellness Centre will provide training and skill development to youths and entrepreneurs on traditional medicine, ayurveda, siddha, etc. The Traditional healers of the State can be trained on standardisation of procedures and methods of treatment, processing, packaging, etc., including management of the Wellness Centre.
2. The other activities that the Wellness Centre will simultaneously take up include- Documentation of Medicinal Plants and Traditional Medicinal Practices; Facilitation of *in-situ* and *ex-situ* propagation of the identified herbal and aromatic plants; scientific validation of medicinal plants, toxicity studies and quality control. The Proposed Centre seeks to provide authentic AYUSH / Traditional treatment for such diseases/disorders which could be treated and should become the benchmarking institution with regard to the operation of indigenous medical tourism activity.
3. Through this EoI, MBMA would like to explore the possibility of potential engagement of service provider/s in establishing the State-of-the-Art Wellness Centre.
4. Meghalaya Basin Management Agency now invites eligible AUYSH Institutes/centres/clinics/Hospitals to indicate their interest in providing the Services. Interested Institutes/centres/clinics/Hospitals should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services. The short-listing criteria are attached as Annexure - 1:

5. Based on the number of responses and credentials of the Institutes/centres/clinics/hospitals showing interest in providing the above services, MBMA may invite them for a joint conference or next round of discussions on engagement modalities and will also share detailed terms and conditions for such engagement including Terms of Reference.
6. Purpose of this EoI is only to invite attention and interest from eligible service provider/s. MBMA reserves the right to take an appropriate decision on going ahead or abandon the process depending upon the number of eligible responses received.
7. Interested parties to note that NO technical and financial proposals are required at this EoI stage and will not be considered by MBMA at all while shortlisting.
8. Further information can be obtained at the address below during office hours 1000 to 1700 hours.
9. Expressions of interest must be delivered as one hard copy and electronic/soft copy either in USB drive or CD to the address below through registered post/speed post/ courier/ by Hand by **18th July, 2017 till 1700 hrs.**

Meghalaya Basin Development Authority

The Executive Director
Meghalaya Basin Management Agency
C/o Meghalaya State Housing Financing & Cooperative Society
Behind Bethany Hospital
Upper Nongrim Hills
Shillong – 793003
Meghalaya, India

Shortlisting Criteria

| S# | Description | Details | Documents to be provided |
|----|---|---------|--|
| 1 | Name (with full address) of the organization with full address. | | Registration certificate |
| 2 | Management structure (Name of the owners/proprietor, partners, directors etc of the organisation and name of authorised contact person with telephone number and email address | | Article of Association or similar document |
| 3 | Number of years of experience in the field of AYUSH with an audit report for the last 3 years. (2014 – 2017) | | Audited Reports |
| 4 | Whether the institute use the AYUSH/ indigenous treatment medicine and oil made by themselves | Yes/ no | Provide relevant details |
| 5 | Whether the institute currently gives joint treatment in AYUSH and indigenous treatments both for illness (therapeutic) as well as for rejuvenation. | | Provide relevant details |
| 6 | The mandatory/optional registration details of the institution in the government/regulatory bodies for running such AYUSH centers/ hospitals/ medical college if any. (The registration does not mean registration as shops/buildings etc for the purpose of tax remittance, license fees etc.) | | Registration under the regulatory body |
| 7 | Number of branches if any. Specify the details | | Contract person, addresses and details of clinics/institutes/hospitals |
| 8 | Any other credentials in the subject area | | Mention any awards, or other felicitations received. |
| 9 | Income Tax Regn. No. under Section 12A | | Copy of registration |
| 10 | PAN (Permanent Account No.) of the organisation | | Copy of PAN |
| 11 | Any other document/information or credentials of the organisation. | | Relevant details of such claims |

Note : Discrepancy in providing accurate information will lead to automatic cancellation.

I Shri/Smt./Dr. _____

Designation _____.

Authorised on behalf of Name of Company _____ do hereby certify that all the information provided by us in this application format are true to the best of our belief and knowledge.

Signature with date and seal