



“Invitation to conduct Proof of Concept (PoC) for ‘Telemedicine Building Block’ under National Digital Health Mission”

Reference No: S.12019/90/2020-NHA

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The Participant's shall bear all costs associated with or relating to the preparation and submission of its proposals including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the NHA or any other costs incurred in connection with or relating to its proposal. All such costs and expenses will remain with the interested party and the NHA shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a interested party in preparation or submission of the proposal, regardless of the conduct or outcome of the PoC Process.

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Fact Sheet

S. No.	Reference	Description
1.	Reference number	S.12019/90/2020-NHA
2.	Name of purchaser	Chief Executive Officer, National Health Authority, acting on behalf of the President of India
3.	Date of publishing	15th, October 2020
4.	Title of Services	Invitation to conduct Proof of Concept (PoC) for 'Telemedicine Building Block' under National Digital Health Mission (hereinafter to be referred as 'invitation for PoC')
5.	Availability of Invitation to POC document	NHA has published this invitation for PoC on the website of NDHM (www.ndhm.gov.in) and PM-JAY (www.pmjay.gov.in)
6.	Mode and last date of proposal submission	The proposal is to be submitted through email at purchase.division@nha.gov.in on or before 29 th October, 2020.
7.	Method of selection	NHA intends to select only one organization for the PoC based on the selection process specified in this document
8.	Late proposals	Late proposals i.e. proposals received after the specified date and time of receipt will not be considered.
9.	Date, Time and Venue for Technical presentation	To be announced later (through emails)

1 About Us

1.1 About NDHM

1.1.1 Background

1. In 2017, the Government of India announced National Health Policy (NHP) with the following goal: “The attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.”
2. The NHP prescribed specific goals for adoption of digital technologies. Taking that as reference the Ministry of Health and Family Welfare constituted a committee to create an implementation framework for the National Health Stack. This effort resulted in creation of the National Digital Health Blueprint (NDHB). The Blueprint comprises the details of building blocks to fulfil the vision of the NHP and an action plan to realize digital health in a comprehensive and holistic manner.
3. Taking forward the NDHB, Government of India recommended setting up of a NDHM (National Digital Health Mission) by leveraging technology to set-up digital health eco-system that supports universal health coverage in an efficient, accessible, inclusive, affordable and timely manner through provisioning of a wide range of data, information, and infrastructure services.

1.1.2 NDHM Vision

“To create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information”.

1.1.3 NDHM Objectives

In order to achieve its objectives, in particular, to strengthen the accessibility and equity of health services, including continuum of care with citizen as the owner of data, in a holistic healthcare programme approach leveraging IT & associated technologies and support the existing health systems in a ‘citizen-centric’ approach, the NDHM envisages the following specific objectives-

1. To establish state-of-the-art digital health systems, to manage the core digital health data, and the infrastructure required for its seamless exchange;
2. To establish registries at appropriate level to create single source of truth in respect of clinical establishments, healthcare professionals, health workers, drugs and pharmacies;
3. To enforce adoption of open standards by all national digital health stakeholders;
4. To create a system of personal health records, based on international standards, easily accessible to individuals and healthcare professionals and services providers, based on individual’s informed consent;
5. To promote development of enterprise-class health application systems with a special focus on achieving the Sustainable Development Goals for health;

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6. To adopt the best principles of cooperative federalism while working with the States and Union Territories for the realization of the vision;
7. To ensure that the healthcare institutions and professionals in the private sector participate actively in the building of the NDHM, through a combination of prescription and promotion;
8. To ensure national portability in the provision of health services;
9. To promote the use of clinical decision support (CDS) systems by health professionals and practitioners;
10. To promote a better management of the health sector leveraging health data analytics and medical research;
11. To provide for enhancing the efficiency and effectiveness of governance at all levels;
12. To support effective steps being taken for ensuring quality of healthcare; and
13. To leverage the information systems existing in the health sector, by ensuring that they conform to the defined standards and integrate with the proposed NDHM.

1.2 About NHA

1. National Health Authority is the apex body responsible for implementing India's flagship public health insurance/assurance scheme 'Ayushman Bharat Pradhan Mantri Jan Arogya Yojana'. NHA has been set-up to implement the PM-JAY at the national level.
2. An attached office of the Ministry of Health and Family Welfare with full functional autonomy, NHA is governed by a Governing Board chaired by the Union Minister for Health and Family Welfare. Chief Executive Officer (CEO), an officer in the rank of Secretary to the Government of India manages its affairs. The CEO is the Ex-Office Member Secretary to the Governing Board.
3. To implement the scheme in the State, State Health Agencies (SHAs) in the form of a society/trust have been set up by the States. SHAs have full operational autonomy over implementation of the scheme in the State including extending the coverage to non SECC beneficiaries.
4. NHA is entrusted to implement the NDHM.

1.2.1 Key functions of NHA with respect to NDHM

NHA shall lead the implementation for NDHM and coordinate with different ministries/departments of the Government of India, State Governments, and private sector/civil society organizations. NHA shall have the following key responsibilities:

1. Administrative and technical leadership to the National Digital Health Mission
2. Propose policy directions as required to the Mission Steering Group, Empowered Committee and MoHFW
3. Development of models for self-financing of National Digital Health Mission
4. Implementation of policies and decision approved by the Mission Steering Group and Empowered Committee
5. Coordination with MoHFW and the States/UTs
6. Engagement with all stakeholders including private sector and civil society organizations, and develop strategic partnerships to achieve the objectives of NDHM
7. Resolution of technical and operation issues

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8. Recruitment of resources from Government and private sector at competitive market rates
9. Management of day-to-day operations of NDHM
10. Capacity building of various stakeholders for health informatics

For details participants may refer to <https://ndhm.gov.in/>

2 Scope of Work

2.1 Background

India has over a billion mobile phone subscribers who can be enabled to rapidly get access to a doctor using telemedicine technology. The COVID19 pandemic has brought to the forefront the value of telemedicine which allows patients with symptoms to safely obtain consultation from doctors via telemedicine. The Government has been supporting adoption of telemedicine by publishing the telemedicine guidelines (<https://www.mohfw.gov.in/pdf/Telemedicine.pdf>) in Mar 2020 and launch of eSanjeevani OPD (<https://esanjeevaniopd.in/>) which provides free care from public doctors from many participating states.

The National Digital Health Mission (NDHM) has been set up under the guidance of the Ministry of Health and Family welfare to develop foundational digital building blocks that can enable digital healthcare. This is an invitation to participate in Proof of Concept (POC) for telemedicine building block as per scope defined in this section **on a 'no-cost' / 'pro-bono' basis**. NHA intends to engage an agency (hereinafter referred as "agency") for delivering the scope of work defined herein on a no-cost basis.

2.2 Indicative Scope of Work

National Digital Health Mission ("Project") seeks to create National Digital Health eco-system as envisaged in National Digital Health Blueprint (NDHB) and consists of building blocks such as Health ID, DigiDoctor, Health Facility Registry, Personal Health Records, e-Pharmacy, telemedicine etc. At present, NHA is entrusted to implement the National Digital Health Mission. As part of pilot project, implementation of the project is being done in 6 (six) union territories.

This section provides an indicative scope of work for conducting POC for telemedicine building blocks. Participants are requested to refer the NDHB report (Refer https://main.mohfw.gov.in/sites/default/files/Final%20NDHB%20report_0.pdf) for understanding of various building blocks of NDHM.

It is clarified that Scope of Work as defined herein is only indicative in nature. The solution for NDHM and its various building blocks as envisaged in NDHB is evolving. Accordingly, the scope of work as defined above is subject to changes as the solution evolves

2.2.1 POC Implementation Requirements and Approach

- 1 The agency must have a ready to be deployed (i.e. ready for production) telemedicine solution (hereinafter to be referred as solution). The agency shall be required to install, operationalize and maintain a 'Telemedicine Solution' for the POC which shall comprise of the following solution components/applications-
 - a) NDHM Patient Application
 - b) NDHM Telemedicine Gateway
 - c) Health Service Provider (HSP) platform

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- 2 The solution provided by the agency must integrate through open APIs with other building blocks of NDHM such as Health ID, DigiDoctor, Health Facility Registry, Personal Health Records, e-Pharmacy etc.
- 3 The telemedicine solution (hereinafter to be referred as 'Solution') shall be deployed on NHAs cloud infrastructure and memory, compute, storage, network shall be provided by NHA to the selected participant through its cloud service provider. The Participant's may propose quantities of VMs and other hardware requirements.
- 4 A User Acceptance Testing (UAT) shall be conducted by NHA before the telemedicine solution is deployed in production environment. A sign-off of NHA is required for the same and the selected agency shall provide test cases for the same.
- 5 No software shall be provided by NHA. The selected participant needs to deploy its own software for the telemedicine solution
- 6 Resources deployed by the selected participant shall bring their own end user computing devices. The end user computing devices (laptops / desktops) should have appropriate security solutions such as (Anti-Virus – Anti Malware etc.) to avoid security breach.

The following explains the various stakeholders and requirements for the above applications and their roles in the ecosystem-

1. **Teleconsultation Patients:** Patients who wish to seek teleconsultations should be able to use any compatible applications of their choice.
2. **NDHM Patient Application (to be provided by the agency for POC):** NHA will manage a patient facing application that can be used by anyone to obtain teleconsultations (NDHM patient app). It is envisaged that patient application to enable the user to create a Health ID, view their health records, find doctors to consult with based on speciality, language, location, gender, experience and rating, Connect with the care professional via Video / Audio / Chat, share health records with consent, etc.
3. **Telecare Provider Apps:** There are already several telemedicine offerings in the market, we expect existing and new players to offer teleconsultation services compliant with NDHM open APIs and interoperability requirements.
4. **NDHM Telemedicine Gateway (to be provided by the agency for POC):** The NDHM telemedicine gateway is expected to provide a set of Open APIs and specifications that may allow for discovery, search, appointment, modifications, and fulfilment of various health services related to Telehealth. When a consumer/Patient requests for Telehealth consultation services through any of their chosen apps, the telemedicine gateway is expected to relay the search request to healthcare service provider platforms (HSPs). Provider Platforms may respond with their intent of servicing that request and other parameters (price, rating, specialization, etc.) offered by various Health Providers within their platform. The Gateway then may send the responses back to the Apps. Gateway may also takes care of end point registries, key management, tokenization, etc. Once connected via Search, Apps can connect directly with the Provider Platform without having to go through the gateway.
5. **Health ID:** Every user who wishes to participate in the digital health ecosystem will require to obtain a Health ID. NDHM offers a Health ID service that allows users to self-register or participating providers to issue one based on Name, Age, Gender and a verified mobile number or Aadhaar. The

telemedicine applications (including the applications/solution components to be deployed by agency for POC) may be required to support issue of Health IDs in the NDHM telemedicine ecosystem

6. **Consent Manager and Gateway:** NDHM has a federated health records architecture where health records created are held by the health information provider or a health repository provider who will release the records only with user consent. Telemedicine front ends used by doctors will have the ability to view medical history of the patient based on the patient's consent. The doctor (HSP platform- to be provided by agency for POC) interface should also ensure e-prescriptions are issued to the health record of the user
7. **DigiDoctor:** DigiDoctor is a registry of doctors. Any doctor who wishes to provide teleconsultation services will first need to register with DigiDoctor. Open APIs from DigiDoctor can be used by telemedicine apps to authenticate doctors and to display the verification status of a doctor to patients. DigiDoctor may also provide APIs that allow doctors to digitally sign documents including prescriptions.
8. **Health Facility Registry:** Health Facility Registry is a registry of facilities such as Hospitals, labs etc. Any healthcare provider that wishes to provide teleconsultation services must be registered with the Health Facility registry. Teleconsultation services can be provided by Doctors and care professionals. Any care professional who wishes to provide tele-consulting services through NDHM ecosystem will register first with DigiDoctor and then on board themselves via a Health Service Provider (HSP) integrated with the NDHM Telemedicine platform.
9. **Health Service Providers (HSPs) platform (to be provided by the agency for POC):** The NDHM telemedicine gateway interacts with registered HSPs who expose various health care services they can provide via a standard API interface. HSPs may also maintain software that may be compatible with NDHM Telemedicine gateway and which may decide which services to provide, which doctors to onboard and set the charges for the services. They may also provide compatible software that enables teleconsultations to Doctors / Care professionals, maintain a service contract and settle payments for services rendered to the care professional.

2.2.2 Teleconsultations Services

- 1 Open APIs and specifications as proposed shall allow discovery, search, appointment, modifications, and fulfillment of various health services including Telehealth across the market players on a unified network through the proposed Unified Health Interface (UHI). This architecture allows UHI players to seamlessly implement the services layer as per the guidelines defined under National Digital Health Blueprint. All players participating in UHI shall also benefit from other critical digital health infrastructure being designed as part of the NDHM, such as registries mentioned above.
- 2 Customers and patients will benefit by being able to quickly discover, connect, and use any health provider on the network using their preferred application. They will also benefit with greater availability, lower costs, and higher quality of service across the industry as the sector gets more competitive.
- 3 The Telemedicine gateway will allow for teleconsultations to be provided over Video, Voice or Chat modes. Applications will be free to innovate on the consumer experience to ensure the user's requirements are correctly captured based on the users reported symptoms. Once the application decides what type of a specialist may be required for a tele-consultation it can discover the same via the telemedicine gateway.

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- 4 Providers can be discovered on the basis of specialization, languages spoken, location, gender, experience and ratings. The Tele-medicine gateway returns results from all HSPs registered with it. All results shared must be displayed to the user by the telemedicine apps. This ensures that every HSPs result is guaranteed to be presented to all users who are looking for teleconsultation services within the criteria.
- 5 The core technology building block integrates demand-side health services (Telehealth, lab tests, physical consultations, wellness services, etc.) requests with the supply-side health services responses through a set of common APIs proposed here. This is exactly how World Wide Web works today (decoupling of clients with servers using HTTP/HTML). It is enabled through a set of lightweight distributed nodes that simply act as 'routing gateways' for the search and response flows.
- 6 When a consumer requests for Telemedicine consultation services through their consumer interface (end user application), the Telemedicine gateway relays the search request to health care provider platforms (HSPs). Provider Platforms respond with their intent of servicing that request and other parameters (price, rating, specialization, etc.) offered by various Health Providers within their platform. The Gateway then relays the responses back to the Apps.
- 7 Gateway also takes care of end point registries, security and availability. Once connected via Search, Apps can connect directly with the Provider Platform without having to go through the gateway.
- 8 These specifications address discovery, search, booking, and confirmation of various health services. The architecture proposed here adhere to the following design principles:
 - a) Distributing the ability to solve across the ecosystem
 - b) A consumer/patient centric mindset to provide best choice for the user
 - c) Incentive alignment of all actors in the ecosystem for sustainability
 - d) Distributed architecture but unified via interoperable APIs
 - e) Privacy and security by design to ensure end to end security, and not having a central system recording all transactions.
 - f) Technology & form agnostic architecture to allow users with smartphones, with feature phones, and with no phones to still take advantage via appropriate channels.

2.2.3 Grievance Redressal

1. NDHM has set up a helpline for users of the NDHM ecosystem including doctors, healthcare providers and users. This helpline will also support grievances related to the telemedicine service. NDHM will only handle grievances related to telemedicine technology or financial transactions through this system. Other grievances will follow the approaches available for physical consultations.

3 POC Process and Evaluation Criteria

3.1 POC Process

1. After the due date of proposal submission, NHA shall evaluate responses received from all participants up to the last date specified in the fact sheet
2. For the purpose of proposal evaluation NHA may constitute an 'Evaluation Committee' which shall evaluate proposals received from organizations. NHA will evaluate the technical proposals to determine whether the technical proposals are substantially responsive. Proposals that are not substantially responsive are liable to be disqualified at NHA's discretion.
3. The proposal will be evaluated as per the requirements specified in this document and evaluation criteria as mentioned in section 3.2 (Technical Evaluation Criteria). At first participants proposal against part-1 of the evaluation criteria shall be evaluated and the proposals of the participants for part-2 who qualify the part-1 shall only be evaluated
4. Post evaluation of part-2 of the evaluation criteria the selected participant shall be invited to enter in to a memorandum of understanding with NHA for conducting POC as per mutually agreed terms and conditions
5. Once the MoU is entered the POC shall begin as per the terms and conditions of the MoU which may include various steps such as security audit etc.

3.2 Evaluation Criteria

This section provides details on the evaluation criteria on which the participants proposal shall be evaluated on the evaluation criteria mentioned below. The artefacts/documents specified against the evaluation criteria's must be submitted by the Participants and non-submission may lead to rejection of the Proposal.

3.2.1 Part-1

The Participant's part-1 of the proposal will be evaluated as per the criteria specified in this sub-section. Participant's are expected to comply with each of the clauses of the part-1 evaluation criteria to be eligible to be considered for part-2 of the evaluation. Failure to meet even one of the part-1 evaluation criteria as mentioned below will lead to rejection of the proposal.

Sl. No.	Eligibility Criteria	Document Proof
Registered legal entity		
1	The Participant should be – a. A company incorporated under the Indian Companies Act, 2013 or any other previous company law as per section 2 (20) of the Indian Companies Act 2013 b. Registered with the GST Authorities c. Company should have a valid PAN	a. Copy of certificate of Incorporation along with copy of Memorandum and Articles of Association. b. Copy of GST Registration certificate issued by GSTN authorities c. Copy of PAN Card

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Sl. No.	Eligibility Criteria	Document Proof
	number	
Conflict of Interest		
2	As on date of submission of the proposal, the Participant should not be involved in any conflict of interest situation.	Undertaking by the authorized signatory as per the format specified in sub-section 3.2.1.1
Blacklisting or Banned		
3	As on date of submission of the proposal, the Participant should not be blacklisted or banned by any ministry/department/attached offices/sub-ordinate offices under Government of India and any State government, autonomous bodies (established by Central/State govt), any Central/State PSUs for unsatisfactory past performance, corrupt, fraudulent or any other unethical business practices.	Certificate from the authorized signatory as per the format mentioned at in sub-section 3.2.1.2

Authorized signatory shall mean Key Managerial Personnel as defined in Indian Companies Act.

3.2.1.1 Format- No conflict of Interest

The certificate below is to be provided by the participants-

Certificate for undertaking for No Conflict of Interest

We hereby confirm that our company *<insert name of the company>* is not involved in any conflict of interest situation with one or more parties in this selection process, including but not limited to –

- 1 Receive or have received any direct or indirect subsidy from any of them; or
- 2 Have common controlling shareholders; or
- 3 Have the same legal representative for purposes of this proposal and POC for Telemedicine Solution; or
- 4 Have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the proposal of another participant, or
- 5 Influence the decisions of NHA regarding this evaluation process; or
- 6 Participation in more than one proposal in this evaluation process. Participation in more than one proposal will result in the disqualification of all proposals. However, this does not limit the inclusion of the same product (commercially available hardware, software or network product manufactured or produced by the firm), as well as purely incidental services such as installation, configuration, routine training and ongoing maintenance/support, in more than one proposal; or
- 7 Participation as a consultant in the preparation of the design or technical specifications of the goods and services that are the subject of the proposals.
- 8 Association as Consultant/ Advisor/ Third party independent evaluating agency with any of the Call Centre Service Providers taking part in the proposal process.

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(Signature of the Authorized signatory of the Participant)

(Name, Designation, Seal, Date, Place, Business Address)

3.2.1.2 Format- self declaration for non-blacklisting

The certificate below is to be provided by the participants.

<To be printed on Company letterhead>

We confirm that our company _____ as on date of submission of the proposal is not blacklisted or banned by any ministry/department/attached offices/sub-ordinate offices under Government of India and any State government, autonomous bodies (established by Central/State govt), any Central/State PSUs in India for corrupt, fraudulent or any other unethical business practices.

Sincerely,

(Signature)

(Name and signature of Authorized Signatory)

3.2.2 Part-2

Note-

- 1 The overall cut-off will be 80%. To qualify in the part-2 of technical evaluation criteria, it is mandatory that the participant scores overall ≥ 80 marks
- 2 The Participant who qualify the minimum technical cut-off i.e. 80 % overall shall be assigned marks based on their proposals. The Participant with highest total marks shall be placed at T1 and subsequent Participant on T2 and so on.
- 3 The T1 applicant/participant shall be offered to enter into a MoU for conducting POC as per the scope of work. If T1 fails to enter into a MoU then T2 shall be invited and so on.
- 4 The following sections explain how the Participant's will be evaluated on each of the evaluation criteria
- 5 The Participant's technical Proposal will be evaluated as per the evaluation criteria mentioned in the following sub-sections.

S No.	Evaluation Criteria	Total Marks	Minimum Cut-off (80%)
Presentation (PPT) to NHA on the following-			
1	Understanding of scope of work	30	Total marks must be ≥ 80
2	Proposed Solution,	40	
3	Approach and Methodology	15	
4	Proposed profiles to work on the project	15	
Total		100	

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Note-

- Interested parties/organizations, if they fulfil the stated criteria, may submit their proposal in two parts viz. part-1 and part-2 through email to NHA within date and time prescribed in factsheet.
- All pages of the proposal must be signed by the authorized signatory of the participant.

*****End of Document*****