



**International Expression of Interest (EoI)
for
Selection of Partner/Developer
for Construction & Maintenance of Hospitals
in
State of Andhra Pradesh, India**

EoI No: 01/APMSIDC/19-20

Date: 15th February 2020

**Andhra Pradesh Medical Services and
Infrastructure Development Corporation
(APMSIDC)**

**Department of Health, Medical & Family Welfare
Government of Andhra Pradesh**

Disclaimer

This Expression of Interest (EoI) is not intended either for selection of Developer or Award of Work or Empanelment of various entities participating in this process. The purpose of the EoI is to understand the current market scenario, qualifications & experience of the participants interested in this EoI.

This EoI document may not be appropriate for all organizations, and it is not possible for APMSIDC to consider the investment objectives, financial situation and needs of each Participant who read or uses this EoI document. Each Participant should conduct its own enquiry and analysis and should check the accuracy, reliability and completeness of the information in this EoI document and obtain independent advice from appropriate sources.

APMSIDC, its employees and advisors make no representation or warranty and shall incur no liability under any law, statute, rules or regulations as to the accuracy, reliability or completeness of the EoI document.

The Participant shall bear all costs associated with or relating to the preparation and submission of its proposal including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the Participant or any other costs incurred in connection with or relating to its proposal. All such costs and expenses will remain with the Participant and APMSIDC shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by the Participant in preparation or submission of the Proposal.

APMSIDC may, in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information in this EoI document. This EoI may be cancelled by APMSIDC at any stage without assigning any reasons.

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I. About APMSIDC

The Andhra Pradesh Medical Services and Infrastructure Development Corporation (APMSIDC) is a fully owned entity of Government of Andhra Pradesh for providing services to various health care institutions under the Department of Health, Medical and Family Welfare.

One of the key objectives of APMSIDC is to act as the central procurement agency for all essential drugs and equipment for all health care institutions under the department. The corporation has also been entrusted with the responsibility for construction and maintenance of Hospitals and Medical Colleges, setting up and running modern Medical, Nursing, Paramedical Colleges / Institutions and medical facilities such as Pathology, Biochemistry, Microbiology Laboratories, Diagnostic Centers, X-Ray/Scanning Facilities.

II. Applicability of the EoI

This EoI is being published by APMSIDC as per the directions of Government of Andhra Pradesh vide G.O. RT. No. 107 Health, Medical & Family Welfare (H2) Department, dated 6th February 2020.

The Expression of Interest (EoI) is intended for those organizations/entities interested in partnering with Government of Andhra Pradesh (GoAP) in construction of District, Teaching & Super Specialty Hospitals and Medical Colleges in the state of AP.

Government of Andhra Pradesh will subsequently decide the process for selection of Partners/Developers through International Competitive Bidding (ICB) process.

III. Data Sheet

S. No.	Description	Remarks
1.	Title of EoI with No.	Selection of Partner/Developer for Construction & Maintenance of Hospitals in State of Andhra Pradesh No. 01/APMSIDC/19-20
2.	EoI issuance date	15 th February 2020
3.	Meeting with Participants	11:00 AM, 3 rd March 2020
4.	EOI – Client contact	Managing Director, APMSIDC +91 8978680707
5.	Last date and time of EoI submission	05:00 PM, 17 th March 2020 EoIs shall be submitted to the following email address: md.aphmhidc@gmail.com & ce.aphmhidc@gmail.com .
6.	Address for submission of hard copy of the EoI	Plot No. 9, Survey No. 49, 2 nd and 3 rd Floors, IT Park, Mangalagiri – 522503, Guntur District, Andhra Pradesh
7.	Presentation - Venue, Date & Time	Will be informed to all participants who submit their EoI

IV. Introduction

The Government of Andhra Pradesh (GoAP) has launched a comprehensive program for revitalization of hospital services across the State. In this context, the District Hospitals (DHs), Teaching Hospitals (THs) and Medical Colleges (MCs) are being modernized and equipped with building infrastructure, equipment and human resources in compliance with the standards established by National Accreditation Board for Hospitals & Healthcare Providers (NABH)/ National Accreditation Board for Testing and Calibration Laboratories (NABL)/ Indian Public Health Standards (IPHS)/ Medical Council of India (MCI).

It needs to be noted that the Partner/Developer will finance the projects through innovative models. Neither APMSIDC nor the Government will contribute financing for the projects other than Viability Gap Funding (VGF), if any. The Government, however, will manage the hospital services once the building infrastructure is completed and commissioned. Post commissioning, the responsibility of the Partner/Developer will be limited to maintenance of the premises including sanitation, security etc.

It is proposed that DHs, THs and MCs will be constructed at various locations in the State with an approximate budget of USD 1 Billion. This also include new Medical Colleges, Teaching Hospitals and Super Specialty institutions. These DHs, THs, MCs etc. will be taken up as projects and are proposed to be developed along the following lines:

- a. Projects are proposed to be developed, some as greenfield and others as brownfield projects.
- b. Partner/Developer would be selected through ICB process. The Partner/Developer may be allotted either individual hospital or a cluster of hospitals, which will be notified during the ICB process.
- c. Selected Partner/Developer would ensure construction & commissioning of assigned DHs, THs, MCs etc. within three years and maintain them for a period of ten years, post commissioning.
- d. Projects will be implemented in turnkey mode, following lumpsum contract system adhering to full-fledged quality control mechanisms established by the State Government.
- e. Ownership of the project shall remain with the Government/ APMSIDC.

V. Brief Scope of Work of the Partner/Developer

Brief Scope of Work (SoW) of the Partner/Developer is as below:

- a. Review, revise and update the designs, drawings, technical parameters and documents for requisite approvals
- b. Undertake construction of projects in totality as per designs and specifications
- c. Necessary provision shall be made for installation and commissioning of medical, non-medical and IT equipment
- d. Adherence to prescribed standards for construction and overall maintenance of hospitals including sanitation, security, pest control etc.

The above SoW is tentative and detailed scope will be published during the ICB stage.

VI. Submission of documents

The following are documents required to be submitted by participants as a response to this EoI to showcase their proof of experience:

S. No.	Criteria	Documents required
1	The Participant can be a Company (Public/Private) /Trust/Society engaged in construction projects from India/abroad. Banks/Financial Institutions can also participate in this EoI.	Certificate of Incorporation/Registration.
2	Experience in construction/development of at least one 500 bed hospital for Government/Private sector Clients in the last 10 years Or Have direct experience in construction of at least one large building project of minimum one million square feet of built-up area for Government/Private sector clients in the last 10 years	Completion certificate & Annexure III A

4	In case of financial institution, the Participant should have experience of providing funding/ financing to the tune of atleast USD Fifty Million for at least one hospital/building construction project	Annexure III B
6	The Participant should have average annual turnover of USD Fifty Million in at least 2 years of the last 5 financial years	Audited financial statements of 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19
7	The Participant should have declared profit after tax during any 3 financial years of the last five financial years	CA Certificate

Note: Above-mentioned documentation requirements are subject to change at the discretion of APMSIDC.

Annexure I: Covering Letter

To
Managing Director
APMSIDC
2nd Floor, PHYCARE Building
Plot No. 9, APIIC IT Park
Autonagar, Mangalagiri
Andhra Pradesh

EoI Ref: 01/APMSIDC/19-20, Dated. 15th February 2020

EoI Name: Selection of Partner/Developer for Construction & Maintenance of Hospitals in State
of Andhra Pradesh

Dear Sir,

- a. All information provided in response to EoI and in the Appendices, is true and correct.
- b. I/We shall make available to the Client any additional information it may deem necessary or require for supplementing or authenticating the Proposal.
- c. I/We understand that you are neither bound to accept any Proposal that you may receive in response to this EoI.
- d. I/We agree and understand that the Proposal is subject to the provisions of the EoI document.
- e. I/We agree and undertake to abide by all the terms and conditions of the EoI Document. In witness thereof, I/We submit this Proposal under and in accordance with the terms of the EoI Document.

Yours faithfully

Place:

()

Date: Signature of authorized signatory

Designation and Official seal

Annexure II: Profile of the EoI Participant

S. No.	Key particulars	Details
1	Name of the Participant	
2	Constitution of the Participant	
3	Registered office	
4	Presence in India	
5	Worldwide presence	
6	Total no. of employees	
7	Core business activities	
8	<p>Experience in building Construction ¹ (Not applicable incase the Participant is a financial institution) <i>(Also provide project details in Project Experience Format attached as Annexure IIIA)</i></p>	<p>No. of years No. of projects: Type of projects: Type of contracts:</p> <ul style="list-style-type: none"> ○ EPC ○ Lump sum ○ Item rate ○ Any other (Design & Build, Cost plus etc.)

¹ Attach all relevant documents such as company profile, brochures, type of projects including area and cost

S. No.	Key particulars	Details
9	<p>Experience in hospital construction (India/Worldwide)²</p> <p>(Not applicable incase the Participant is a financial institution)</p> <p><i>(Also provide project details in Project Experience Format attached as Annexure III A)</i></p>	<p>No. of years</p> <p>No. of projects:</p> <ul style="list-style-type: none"> ○ General Hospital ○ Super Specialty ○ Multi-Specialty ○ Any other: <p>Type of contracts:</p> <ul style="list-style-type: none"> ○ EPC ○ Lump sum ○ Item rate ○ Any other (Design & Build, Cost plus etc.)
10	<p>Experience of PPP projects³</p> <p>(Not applicable incase the Participant is a financial institution)</p> <p><i>(Also provide project details in Project Experience Format attached as Annexure III A)</i></p>	<p>No. of years</p> <p>No. of projects:</p> <p>Type of projects:</p>
11	<p>In case the Participant is a financial institution, Experience of providing funding/loan for construction projects⁴</p> <p><i>Also provide the following:</i></p> <p>§ <i>Project details in Project Experience Format attached as Annexure IIIB</i></p>	<p>No. of projects:</p> <p>Type of projects:</p>
12	<p>In case the Participant is a financial institution,</p>	<p>No. of projects:</p>

² Attach all details such as brochures, project profiles including no. of beds, area and cost

³ Attach all details such as brochures, project profiles, bidding parameter and payment mechanism

⁴ Attach individual project detail sheets with project cost, loan amount and interest rate with payment mechanism. Also mention the category of projects such as PPP, EPC etc.

S. No.	Key particulars	Details
	<p>Experience of providing funding/loan for hospital projects⁵</p> <p><i>Also provide the following:</i></p> <p>§ <i>Project details in Project Experience Format attached as Annexure IIIB</i></p>	Type of projects:
13	Details of tentative funding to be made available to the projects mentioned in this EoI	Refer Annexure IV – Proposals to be furnished by Banks/ Financial Institutions
14	The Participant shall propose best suitable financing model for construction and maintenance of hospital and shall also explain the rationale for opting for the said financing model	Refer Annexure V – Proposed Mode of Financing

⁵ Attach individual project detail sheets with project cost, loan amount and interest rate with payment mechanism. Also mention the category of projects such as PPP, EPC etc.

Annexure III A: Project experience format (To be provided by all participants other than Banks/ Financial Institutions)

Summary of Project experience

S. No.	Name of the Project	Value	Sector (Health/ Residential/ Commercial building etc.)	Key details of the Project	Location of the Project

For each of the projects mentioned in the summary above, please fill the detailed sheet below:

S. No.	Description	Remarks
1.	Name of the project	
2.	Type of project	Ex. Hospital/Commercial/Residential etc.
3.	Category of project	Ex. EPC/Turnkey/Item rate etc. Also mention whether the project is PPP
4.	PPP project	Yes/No If Yes, provide brief description on bidding parameter and funding pattern
5.	Payment mechanism	For ex. Annuity, item rate etc.
6.	Location of the project	
7.	Client Name	

S. No.	Description	Remarks
8.	Start Date	
9.	Completion Date	
10.	Contract Value	
11.	Scope of Work	

Note: Please submit work orders and work completion certificates for all mentioned projects

Annexure III B: Project experience format (For Banks/Financial institutions)

Summary of Project experience

S. No	Name of the Project	Value	Sector (Health/ Residential/ Commercial building etc.)	Key details of the Project	Location of the Project

For each of the projects mentioned in the summary above, please fill the detailed sheet below

S. No.	Description	Remarks
1.	Name of the project	
2.	Type of project funded	Ex. Hospital/Commercial/Residential etc.
3.	Category of project funded	Ex. EPC/Turnkey/Item rate etc. Also mention whether the project is PPP
4.	PPP project funded	Yes/No If Yes, provide brief description on bidding parameter and funding pattern
5.	Loan amount	
6.	Interest rate and period	
7.	Payment mechanism	
8.	Location of the Project	
9.	Client Name	
10.	Start Date	

S. No.	Description	Remarks
11.	Completion Date	
12.	Contract Value	
13.	Scope of Work	
14.	Loan agreement	Please enclose the relevant documents.

Annexure IV: Proposals to be furnished by the Banks/Financial Institutions

For the projects mentioned under this EoI, Banks/Financial Institutions (from India/Abroad) may specify the following details:

S. No.	Item	Details
1	Tentative amount of funding proposed by the Bank/FI	
2	Rate of Interest	
3	Proposed key terms	

Annexure V: Proposed Model of Financing

Participants are requested to clearly detail suitable and innovative financing models to maximize the value-for-money for hospital construction projects (e.g. Annuity / Hybrid Annuity, or any other suitable model). Please provide the details below:

Financing Model 1:

Financing Model 2:

Financing Model 3:

(Please use additional sheets as required)