



Expression of Interest No. 01/CF/EOI/2025-26

For

Digital AIIMS

**All India Institute of Medical Sciences, New
Delhi**

Ansari Nagar, New Delhi – 110029

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Abbreviation List

S. No.	Abbreviation	Full Form
1.	ABDM	Ayushman Bharat Digital Mission
2.	ADT	Admission, Discharge and Transfer
3.	AI/ML	Artificial Intelligence/ Machine Learning
4.	AIIMS	All India Institute of Medical Sciences
5.	AMS	Asset Management System
6.	API	Application Programming Interface
7.	BMS	Building Management System
8.	CERT-In	Indian Computer Emergency Response Team
9.	CMS	Content Management System
10.	CPOE	Computerized Physician Order Entry
11.	CSS	Clinical Support Services
12.	CSSD	Central Sterile Services Department
13.	DICOM	Digital Imaging and Communications in Medicine
14.	DPDP Act	Digital Personal Data Protection Act, 2023
15.	DR	Disaster Recovery
16.	DSS	Digital Service Standard
17.	ED	Emergency Department
18.	EHR	Electronic Health Record
19.	e-ICU	Electronic Intensive Care Unit
20.	EMR	Electronic Medical Record
21.	EOI	Expression of Interest
22.	FHIR	Fast Healthcare Interoperability Resources
23.	HDU	High Dependency Unit
24.	HIMS	Hospital Information Management System
25.	HL7	Health Level Seven
26.	HMIS	Hospital Management Information System
27.	HRMS	Human Resource Management System
28.	ICD	International Classification of Diseases

S. No.	Abbreviation	Full Form
29.	ICD-O	International Classification of Diseases for Oncology
30.	ICF	International Classification of Functioning
31.	ICHI	International Classification of Health Interventions
32.	ICU	Intensive Care Unit
33.	IDSP	Integrated Disease Surveillance Programme
34.	IndEA	India Enterprise Architecture
35.	IPD	Inpatient Department
36.	ISO 13606	EHR Communication Standard
37.	ISO 13940	System of Concepts for Continuity of Care
38.	ISO 17090	Digital Certificates in Healthcare
39.	ISO 18308	EHR Architecture Standard
40.	ISO 22600	Access Control for Health Information
41.	ISO 27789	Audit Trails for EHR
42.	ISO 27799	Health Informatics Security
43.	ISO/HL7 10781	EHR Functional Model
44.	ISO/TS 22220	Patient Identification Standard
45.	ISSP	Integrated Software Service Provider
46.	ITIL	Information Technology Infrastructure Library
47.	ITSM	Information Technology Service Management
48.	JCI	Joint Commission International
49.	LIS	Laboratory Information System
50.	LOINC	Logical Observation Identifiers Names and Codes
51.	MDDS	Metadata and Data Standards

S. No.	Abbreviation	Full Form
52.	MeitY	Ministry of Electronics and Information Technology
53.	MIS	Management Information System
54.	MPPS	Modality Performed Procedure Step
55.	MRD	Medical Record Department
56.	NABH	National Accreditation Board for Hospitals
57.	NABL	National Accreditation Board for Testing and Calibration Laboratories
58.	NHA	National Health Authority
59.	NIRF	National Institutional Ranking Framework
60.	OPD	Outpatient Department
61.	Open EHR	Open Electronic Health Record
62.	OT	Operation Theatre
63.	PACS	Picture Archiving and Communication System
64.	PHR	Personal Health Record
65.	PKI	Public Key Infrastructure
66.	POC	Privacy Operations Centre
67.	RFP	Request for Proposal
68.	RIS	Radiology Information System
69.	RPO	Recovery Point Objective
70.	RTO	Recovery Time Objective
71.	SHA-256	Secure Hash Algorithm-256
72.	SLA	Service Level Agreement
73.	SNOMED CT	Systematized Nomenclature of Medicine – Clinical Terms
74.	SOC	Security Operations Centre
75.	SOP	Standard Operating Procedure
76.	TLS	Transport Layer Security
77.	V2T	Voice-to-Text

1. Introduction

1.1 Background

1.1.1. All India Institute of Medical Sciences (AIIMS), New Delhi, an institution of national importance established under an Act of Parliament in 1956, is India's apex medical education and healthcare institution. Renowned for excellence in medical education, research, and tertiary healthcare delivery, AIIMS consistently ranks as the country's top medical institute, including securing the No. 1 position in the NIRF 2021 rankings.

1.1.2. AIIMS, New Delhi offers a wide range of undergraduate, postgraduate, and super-specialty academic programs and operates more than 60 departments, multiple specialty and super-specialty centers, and over 21 central facilities, serving millions of patients annually from across the country. In the year 2024-25 itself, AIIMS has treated a record number of over 5,42,59,86 patients in OPD (Including Casualty), over 3,92,518 patients in IPD and performed over 3,06,881 surgeries in the year 2024-25.

1.1.3. Apart from AIIMS Main Hospital, the following is the indicative list of Speciality Centres and Campuses of AIIMS, New Delhi as mentioned below:

Neurosciences Centre AIIMS, Ansari Nagar East, New Delhi	Center for Dental Education and Research, Ansari Nagar East, New Delhi
Cardiothoracic Centre AIIMS, Ansari Nagar East, New Delhi	Majid Moth Campus including surgical block, MCH Block, National Centre for Ageing, OPD
Dr. B.R. Ambedkar Institute-Rotary Cancer Hospital, Ansari Nagar East, AIIMS Campus, New Delhi,	Dr. Rajendra Prasad Center for Ophthalmic Sciences, Ansari Nagar East, New Delhi
Jai Prakash Narayan Apex Trauma Center, Safdarjung Enclave, New Delhi	National Drug Dependence Treatment Center, Ghaziabad
National Cancer Institute, Jhajjar Campus	Comprehensive Rural Health Services Project, Ballabgarh
Mid-Town Rotary Hospital (AIIMS), Trilokpuri, New Delhi	

1.1.1. 1.1.4 AIIMS, New Delhi also constitutes more than 21 central facilities (2021), including:

B.B. Dikshit Library	Hostel Management	Stem Cell Facility
AIIMS Cadaveric Surgical Skillstraining	K.L. Wig CMET	Bio-Medical Waste Management
Central Animal Facility	Medical Social Welfare Services	& Central Sterile Services
Computer Facility	National Poisons Information Centre	Media Cell & Protocol Division

1.1.2. Central Workshops	Organ Retrieval Banking Organisation	AIIMS Infection Control
Employees Health Services/Scheme	Telemedicine Facility	Centralized Research Facility (CCRF)
Electron Microscope Facility	Transport Facility	Stores
Engineering Services	Medical Social Welfare Unit (Main Hospital)	and more

its vision to redevelop itself into a world-class medical university and state-of-the-art healthcare facility, AIIMS has initiated a comprehensive campus redevelopment and capacity expansion plan. This includes increasing hospital bed capacity to approximately **5,000 beds** and creating an integrated, technology-enabled campus to support clinical care, academics, research, and administration.

- 1.1.3. As part of its vision to redevelop itself into a world-class medical university and state-of-the-art healthcare facility, AIIMS has initiated a comprehensive campus redevelopment and capacity expansion plan. This includes increasing hospital bed capacity to approximately 5,000 beds and creating an integrated, technology-enabled campus to support clinical care, academics, research, and administration.
- 1.1.4. In this context, AIIMS, New Delhi is undertaking initiatives under Digital-AIIMS to strengthen digital transformation and integrated information systems, necessitating structured program management, process reengineering, and technology-led implementation support.

2. Project Objectives

- 2.1. The objective of the AIIMS-Digital, New Delhi project is to design, implement, and operationalize an integrated digital university and hospital information ecosystem that supports clinical care, academic activities, research, and administration. This will be achieved through the deployment of a comprehensive, secure, and scalable Hospital Information Management System (HIMS), Academic Information System, and Research Information System that enables paperless, end-to-end digitization of hospital and medical institute processes.
- 2.2. The project aims to empower healthcare professionals with role-based digital workflows, ensure availability of complete and longitudinal electronic health records, reduce duplication of data and manual effort, and improve overall patient experience. The solution will support compliance with NABH, NABL, Kayakalp, and JCI standards, enable seamless integration with existing legacy systems, and ensure interoperability with national digital health platforms in alignment with NHA/ABDM and FHIR standards, including support for tele-consultation and digital health services.

3. Purpose of EOI

- 3.1.** The purpose of this Expression of Interest (EOI) is to identify and shortlist eligible bidders capable of providing a comprehensive secure and scalable digital solution consisting of Health Management, Academic Management and Research Management solutions. The proposed digital solution must meet the functional, technical, and operational requirements of the Institute and strictly comply with Government of India guidelines, including adherence to the India Enterprise Architecture (IndEA), DPDP Act, and Digital Service Standard. The bidders is expected to provide hybrid infrastructure (On-Prem + MeitY Approved cloud services) along with long-term managed services.
- 3.2.** The proposed digital ecosystem shall establish a secure, interoperable, and standards-compliant healthcare platform aligned with the DPDP Act and ABDM guidelines, embedding robust cybersecurity and patient data protection at its core. The solution must seamlessly integrate across all Centres, departments, and legacy systems to support AIIMS New Delhi's vision of a world-class digital medical university. A mobile-first approach shall be adopted, ensuring all patient-centric modules—including OPD, IPD, ICU, and Emergency services—feature intuitive interfaces accessible on Android and iOS platforms, with Indian language support including speech-to-text and text-to-speech capabilities. The platform shall leverage AI-driven analytics and intelligent automation, and be built on a secure, scalable, API-driven architecture to ensure seamless integration, data security, high availability, compliance, and future scalability.

4. Schedule of Events

Published Date & Time	<i>18-03-2026 at 02:00 pm</i>
Bid Document Download/Sale Start Date	<i>18-03-2026 at 02:00 pm</i>
Seek Clarification Start Date	<i>18-03-2026 at 02:00 pm</i>
Seek Clarification End Date	<i>25-03-2026 at 02:00 pm</i>
Bid Submission Start Date & Time	<i>18-03-2026 at 02:00 pm</i>
Bid Submission End Date & Time	<i>03-04-2026 at 02:00 pm</i>
Bid Opening Date & Time	<i>04-04-2026 at 02:00 pm</i>

Note*: The bidder may, at its own cost and responsibility, visit AIIMS New Delhi to conduct a physical site survey in coordination with the concerned Head(s) of Department in relation to the proposed IT Solutions. The purpose of the visit shall be to assess the existing workflows

and carry out a gap analysis. Based on the survey the bidder shall present the findings during the technical presentation during the EOI evaluation process.

5. Scope of Work

The scope of work includes the end-to-end planning, design, development, customization, implementation, integration, deployment, operation, data migration, and maintenance of a comprehensive and integrated digital solution for AIIMS, New Delhi. The solution shall support clinical, administrative, academic, research, and support services across the institute while ensuring compliance with Government of India standards and best practices.

The selected bidders shall be responsible for delivering a secure, scalable, interoperable, and future-ready digital platform capable of supporting AIIMS' large-scale, multi-specialty, and high-volume operations.

The selected bidders shall be responsible for the end-to-end design, customization, implementation, integration, and operationalization of a comprehensive Digital AIIMS ecosystem encompassing clinical, academic, research, and administrative domains.

The scope shall include

Integrated Digital Solution Requirements

- i. Detailed functional and technical requirement analysis
- ii. Configuration and deployment of integrated workflows
- iii. Data migration from legacy systems
- iv. Application customization
- v. System integration
- vi. User training and change management
- vii. Support for user acceptance testing (uat)
- viii. Go-live planning and stabilization
- ix. Post go-live operations
- x. Deployment of the change requests
- xi. Ongoing helpdesk, maintenance, and application support services.
- xii. Ongoing requirements of the licenses (software, middleware, etc) for integration with legacy systems, IOT devices, security, etc.

IT Infrastructure Requirements

The Selected Bidder shall be responsible for the design, provisioning, commissioning, management, monitoring, and operation of the complete cloud infrastructure for the Primary Data Centre (DC) and Disaster Recovery (DR) environments on MeitY-approved Cloud Service Provider(s), in accordance with applicable Government of India guidelines and industry best practices.

In addition, the Selected Bidder shall design, supply, install, configure, and operationalize the complete IT infrastructure required for the on-premises Business Continuity Planning (BCP) environment to enable uninterrupted operations during network or cloud service disruptions.

For the on-premises BCP setup, the Purchaser shall provide:

- Designated rack space within the institutional data centre/server room
- Adequate electrical power supply with necessary backup
- Air-conditioning/cooling facilities
- Network connectivity up to the designated rack location

All other components required for establishing and operating the BCP environment—including but not limited to servers, storage systems, virtualization platform, operating systems, database software, backup systems, security appliances, racks (if required), structured cabling within rack, network switches (if required for BCP setup), installation services, configuration, testing, commissioning, and ongoing support—shall be provided by the Selected Bidder.

The Selected Bidder shall ensure:

- Seamless interoperability and synchronization between Cloud DC, Cloud DR, and On-Premises BCP environments
- Defined Recovery Time Objective (RTO) and Recovery Point Objective (RPO) compliance
- High availability and failover mechanisms
- Performance optimization across the hybrid architecture
- Continuous monitoring and operational readiness

The Selected Bidder shall remain fully responsible for the performance, security, availability, and maintainability of the solution across the Cloud DC, Cloud DR, and On-Premises BCP environments throughout the contract period.

5.1. General Requirements.

- 5.1.1.** ABDM Compliance: The bidders shall provide documentary evidence and a demonstration plan to show compliance to ABDM standards (M3Compliant). At minimum, the bidder shall:
- 5.1.2.** Provide details of ABDM integrations supported (registries, consent management, health information exchange) as applicable.
- 5.1.3.** Provide sandbox/production-aligned demonstration approach and test artefacts for AIIMS validation.
- 5.1.4.** Confirm that ABDM workflows do not degrade clinical performance (latency and uptime requirements)
- 5.1.5.** The scope shall include process mapping and re-engineering of existing clinical and administrative workflows.
- 5.1.6.** Digitisation of physical and legacy records and implementation of end-to-end digital workflows.
- 5.1.7.** Customization, design and development (if required) of workflow-based software applications aligned with AIIMS operational requirements.

5.1.8. Seamless integration with existing IT systems, medical devices, diagnostic systems, and national digital health platforms.

5.1.9. Enterprise Integration and Unified User Experience: AIIMS requires a single integrated ecosystem (not a collection of loosely connected modules). The bidder shall provide an end-to-end integration approach that ensures a unified clinical user experience across all centres and departments.

5.1.9.1. Unified Clinical Workstation (Web): The bidder shall provide a role-based unified clinical workstation that supports:

- Single sign-on (SSO) and centralized user lifecycle management
- Patient-context launch (opening a patient once should enable access to all relevant clinical functions and integrated legacy views)
- A consolidated 'patient timeline' view spanning OPD, IPD, Emergency, ICU, OT, diagnostics, pharmacy, and MRD documents
- In-workflow launch of integrated legacy applications through secure embedded views and/or context-aware deep links

5.1.9.2. Longitudinal Patient Record: The solution shall provide a longitudinal patient record that covers:

- Demographics and identifiers (including institutional identifiers)
- Encounters/visits across all centres
- Diagnoses, allergies, medication history, immunizations, procedures, orders, and results
- Clinical documents (OPD notes, discharge summaries, operative notes, consents, scanned documents)
- The longitudinal record shall work for both migrated modules and non-migrated legacy systems through real-time retrieval and/or controlled replication, as approved by AIIMS.

5.1.9.3. Enterprise Integration Deliverables (Minimum): The bidder shall submit the following as part of solution design and implementation:

- Integration Blueprint and target-state architecture
- Interface inventory (all systems to be integrated), interface specifications (ICDs), and test scripts
- Master Data Management approach (departments, services, tariffs, users, locations, assets, and catalogue harmonization)
- Data quality and reconciliation approach for cross-system consistency
- Go-live acceptance criteria for 'integrated workflows' (end-to-end clinical scenarios)
- Provision of role-based access control, audit trails, and secure data handling mechanisms.
- Training and capacity building of clinical, administrative, and IT staff, including preparation of training material and user manuals.
- Ongoing operations, maintenance, and technical support for the digital solution during the contract period.

- Compliance with data protection, privacy, and cybersecurity requirements as prescribed by Government of India.
- The Bidders may be required to make presentations and demonstrations to explain their technical approach, solution capability, and understanding of the scope of work.

5.1.9.4. Integration Layer: API-first integration using industry standards (HL7 v2.x, FHIR R4/ABDM profiles, DICOM) with an Integration Hub (ESB/iPaaS or equivalent) to prevent point-to-point sprawl.

5.2. Compliances to Standards

- 5.2.1.** The proposed solution shall mandatorily comply with all applicable Government of India regulations and standards, including ABDM, NDHB, MeitY, CERT-In, and other relevant digital health, cybersecurity, and IT policies.
- 5.2.2.** The system shall be fully compliant with the National Digital Health Blueprint (NDHB) and shall support seamless integration with all ABDM ecosystem components, including registries, consent management, and health data exchange frameworks.
- 5.2.3.** The application architecture shall be designed to operate securely over public networks by default, with enhanced secure connectivity mechanisms deployed wherever access to sensitive, confidential, or aggregated health data is involved.
- 5.2.4.** For specialized clinical applications—including Telemedicine, Tele-Health, Teleradiology, Tele-ICU, and PACS integrations—the solution shall support network configurations that ensure low latency, high bandwidth, and high reliability to meet clinical performance and safety requirements. The bidder shall commit to measurable performance and scalability benchmarks and demonstrate compliance through testing and validation, at a minimum, as outlined below:
- 5.2.4.1. Application Response Time:** For common clinical actions (patient search, chart open, order entry, result view), the solution shall achieve P95 response times within thresholds to be finalized by AIIMS at design stage and validated during UAT.
- 5.2.4.2. Peak Load Testing and Headroom:** The bidder shall conduct load testing for peak concurrent usage and transaction volumes with at least 1.5x headroom over observed peak and submit signed test reports.
- 5.2.4.3. Tele-ICU / High-Acuity Workflows:** Alarm capture, processing, and display pipelines shall be engineered to support continuous monitoring and timely alerting. The bidder shall propose and validate end-to-end latency targets and escalation workflows for clinical safety.
- 5.2.4.4. Integration Performance:** Interfaces shall include monitoring for failures and latency, with automated alerting and retry/queue mechanisms where applicable.

- 5.2.5.** All core health data repositories, data hubs, and critical system services shall be hosted on a Health Cloud infrastructure deployed only on MeitY-empanelled cloud service providers, in accordance with cloud models prescribed under NDHB, ensuring strong security and privacy controls.
- 5.2.6.** The bidders shall ensure continuous (24×7) security monitoring of all Health Cloud and health network components through the establishment of a dedicated Security Operations Centre (SOC), either captive or managed.
- 5.2.7.** The bidders shall establish a Privacy Operations Centre (POC) to monitor access to personal health data, manage and audit consent artefacts, ensure compliance with privacy requirements, and enforce privacy-by-design principles across the solution.
- 5.2.8.** All system components handling Personal Health Records (PHR) shall comply with the National Policy on Security of Health Systems and Privacy of Personal Health Records, and the overall solution shall be implemented following security-by-design and privacy-by-design principles.

5.3. Functional Requirements

The functional requirements listed in this section are minimum requirements for Digital AIIMS at the EOI stage. Bidders shall submit a detailed module-wise compliance response mapped to Section 5.3, clearly indicating:

- I. Features available out-of-the-box,
- II. Features requiring configuration/customization,
- III. Any functional gaps and the proposed approach to close such gaps, and
- IV. Any assumptions/dependencies.

The detailed functional requirement specification (FRD/SRS) and final workflows shall be finalized during the RFP stage through joint process mapping and gap analysis and shall be validated through UAT and clinical signoffs.

#	Core Modules	Scope of Work
1.	Outpatient Management Module	The module shall encompass, but not be limited to, the following critical functionalities: ● OPD Scheduling and Availability ○ Appointment Management ○ Registration Management ● Doctor's Consultation Interface (including CPOE) ● Referral and Interdepartmental Coordination ● Outpatient Discharge Summaries/Notes and Follow-Up Planning ● Tracking of OPD Services and Billing ● Radiology and Investigation Management ● Special Features and Considerations ● Notifications, Alerts, and Reminders ● Interoperability and Integration

#	Core Modules	Scope of Work
2.	Inpatient Management Module	The Inpatient Management Module must tightly integrate clinical, administrative, and ancillary support workflows, ensuring real-time data accessibility, complete traceability of the patient journey from admission to discharge, and adherence to all relevant clinical pathways and regulatory requirements, Key Functionalities required: • Admission, Discharge, and Transfer (ADT) Management ○ Admission Workflows ○ Transfer Workflows ○ Discharge Management: ○ Bed Management and Allocation • Nursing Care Planning and Documentation • Dietary Management • Round Management • Inpatient Progress Notes and Assessments • Billing and Financial Management (Integrated IPD Billing) • Referral Management • AI/ML and Smart Features (Crosscutting)
3.	Electronic Medical Records (EMR) Module	• Comprehensive Patient History Management • Medication Management • Allergy and Adverse Drug Reaction (ADR) Management • Immunization Records • Problem List Management • Clinical Notes and Documentation • Integration with Diagnostic Systems • Alerts and Reminders • Reporting and Analytics • Customizable Dashboards • AI/ML-Driven Enhancements (Recommended) • Medical Record Department (MRD) Management: Should be a standalone module • Customized clinical and administrative workflows for super-speciality departments.
4.	Emergency Management Module	The system must be designed to handle a high-volume, high-acuity environment with strict adherence to emergency protocols and medico-legal requirements, including the ability to register patients on an emergency basis. • Patient Registration and Visit Management • Patient Triage and Tracking • Clinical Documentation • Order Entry and Results Management • Patient Flow and Transfers • Monitoring and Integration • AI/ML Integration
5.	Appointment Scheduling	The Appointment Scheduling module shall be a fully integrated part of the HMIS, enabling seamless, real-time scheduling of outpatient,

#	Core Modules	Scope of Work
		inpatient, diagnostic, and follow-up appointments across all departments and locations. It must support multi-channel access, enable flexible configuration of booking rules, and optimize clinician time and patient convenience. • Multi-Channel Appointment Booking • Doctor Availability Management • Reminders and Notifications • Integration and Operational Controls • Additional Capabilities
6.	Queue Management System (QMS) Module	This module should streamline the queuing process, provide clear information to patients, and enhance the overall patient experience. Key Functionalities: • Token Generation • Department-wise Queuing • Automated Alerts and Display • Information Display • Applicability to Various Services Additional Features • Priority Queuing • Real-time Queue Monitoring for Staff • Reporting and Analytics • Kiosk Integration • Multilingual Support • Integration with HMIS
7.	Operation Theatre (OT) / Surgery Management Module	The Operation Theatre (OT) Management module shall facilitate end-to-end digital management of surgical care within AIIMS New Delhi, Key Functionalities required: • Master Data and Configuration • Surgical Scheduling and Planning • Pre-Operative Management • Intraoperative Record-Keeping • Surgical Inventory and Equipment Management • Post-Operative Management • Billing and Charges • Outcome Monitoring and Audit Tools • Reporting and Analytics • Integration and Archiving • AI/ML Integration • Customized clinical and administrative workflows for super-speciality departments.
8.	Critical Care Module	The Critical Care Module must provide comprehensive, high-acuity, and high-frequency documentation and monitoring capabilities essential for the management of critically ill patients in Intensive Care Units (ICUs) and High Dependency Units (HDUs), Key Functionalities required: • ICU Admission and Classification • Clinical Monitoring and Documentation: • Multidisciplinary Team Collaboration

#	Core Modules	Scope of Work
		• Orders and Protocol Management • Outcome and Performance Metrics • AI/ML Integration • Customized clinical and administrative workflows for super-speciality departments.
9.	Vaccination and Immunization Module	The module should streamline the process from registration and request generation to administration, record updates, and reporting, including automated reminders and integration with national registries, Key Functionalities • Patient Registration • Immunization Request Generation • Immunization Administration Details • Immunization Chart and Follow-up • Immunization Scheduling • Master Register • Reporting • Previous Vaccination History • Templates and National Registry Linkage
10.	Nursing Care Module	The module should seamlessly integrate with other relevant modules of the HMIS, including Patient Registration, Inpatient Management, Electronic Medical Record (EMR), Pharmacy, Laboratory, and Radiology, key Functionalities. • Patient Identification and Tracking • Nursing Assessment and Documentation • Vital Signs Monitoring and Documentation • Medication Management • Nursing Care Planning • Risk Assessment and Prevention • Discharge Planning • Bed Management • Investigations and Orders • Reporting and Analysis • Patient Satisfaction Surveys • Nurse Scheduling (Duty Allocations)
11.	Pharmacy Module	The system must support both central and decentralized pharmacy operations and ensure safe, efficient, and compliant medication management across Inpatient, Outpatient, and Emergency services, adhering to NABH guidelines and all relevant drug schedules. • Drug Inventory Management and Tracking • Automated Dispensing System Integration • Prescription Management and Verification: • Pharmacy Billing and Financial Reconciliation • Reporting and Analytic • Additional Functional Requirement

#	Core Modules	Scope of Work
12.	Clinical Support Service (CSS) Module	This module should streamline scheduling, resource allocation, documentation, and communication for these vital services, ensuring optimal patient care and efficient departmental operations. • Therapy Service Definition and Management • Therapist/Specialist Management • Daily Therapy Scheduling • Multiple Therapy Services Scheduling • Patient Workflow Integration • Vacant Slot Management: • Therapy Service Time Durations • Interdepartmental Transfers within CSS • Rescheduling and Cancellation of Therapy • Therapy Calendar Views • Notifications and Alerts • Advance Scheduling • Therapy Package Management • Template Management • Automatic Intimations
13.	Endoscopy Labs Module	The module should support both emergency and elective procedures and integrate with other relevant HMIS modules, Key Functionalities • Procedure Scheduling: • Patient Flow Management • Resource Management • Procedure Details and Documentation • Packages and Token Generation • Notifications and Alerts • Anesthesia Assessment • Pre-Procedure Preparation Intimation
14.	Blood Bank Module	This module should seamlessly integrate with other relevant modules of the HMIS, such as Patient Registration, Inpatient Management, Outpatient Management, Emergency Management, Operating Theatre, Laboratory Information System (LIS), and Billing. • Blood Donor Management ○ Donor Registration and Data Management ○ Blood Donation Camp Management ○ Donor Barcoding and Labeling • Blood Unit Management ○ Blood Collection and Processing ○ Blood Inventory and Stock Management ○ Blood Unit Tracking and Disposal • Patient Blood Management ○ Blood Request Management ○ Blood Grouping and Cross-Matching ○ Blood Issuance and Transfusion Tracking ○ Transfusion Reaction Management

#	Core Modules	Scope of Work
		- Specialized Procedures - Therapeutic Procedure Module (Transfusion Medicine) - Quality Control and Audit Trails - Inventory Management - Equipment Maintenance - Reporting and Analytics Note: AIIMS has four Blood banks where these modules are deployed, the users may ask for integration of the existing modules of the HMIS solution. The Cost of integration/installation of new blood bank modules should be quoted separately. AIIMS will reserve the rights for integration/installation of new softwares.
15	Laboratory Information System (LIS)	The system should cover all branches of pathology and be compliant with relevant regulatory standards like NABL, Key Functionality - Lab Test Ordering and Management - Sample Lifecycle Tracking - Result Entry, Validation, and Authorization - Report Generation and Dissemination - Integration with Diagnostic Equipment - Advanced Features - Quality Control (QC) Management - Operational Analytics - System Integration & Automation - Regulatory Compliance - Therapeutic Procedures (Transfusion Medicine): - General Notifications - Sample Scheduling and Token Generation - Physician Digital Signature - Report Printing Control - Provisional Report Release - Additional Tests for Same Sample - Multi-Sample Mapping - Delta Check
16	Radiology Information System (RIS)	The RIS must facilitate efficient resource utilization, streamline clinical communication, and ensure compliance with industry standards such as HL7 and DICOM. - Order Entry & Procedure Management - Electronic Ordering Interface - Scheduling & Resource Management - Comprehensive Scheduling Tools - Advanced Slot Management - Customizable Procedure Limits - Role-Based and Location-Based Access - Patient-Type Based Customization - Communication & Alerts

#	Core Modules	Scope of Work
		• Billing & Financial Management • Workflow Monitoring & System Integration ○ MPPS (Modality Performed Procedure Step) Integration ○ PACS Integration ○ Report Lifecycle Management ○ Interoperability Standards • Reporting, Analytics & Compliance • Customization & Scalability • Other Requirements
17.	CSSD Module	This module should streamline the workflows within the four defined zones of CSSD (unclean/washing, assembly/packing, sterilization, and sterile storage), ensuring the availability of properly sterilized instruments and supplies for all clinical areas, particularly Operating Theatres and other procedural departments. The system should adhere to national and international sterilization guidelines and support compliance with NABH requirements. • Interface and Linkages • CSSD Zone Management • Functionalities • Item and Stock Management • Reporting and Analytics
18.	Cath Lab Management Module	This module must streamline workflows for patient scheduling, resource management, procedure documentation, billing, and integration with other relevant hospital systems, ensuring efficient and safe patient care for both pre-booked and emergency cases, Key Functionalities • Patient Management: • Resource Management • Procedure Management • Materials Management • Billing and Charges • Integration • Reporting and Analytics • Archiving and Retrieval • Customized clinical and administrative workflows for super-speciality departments.
19.	Diet and Kitchen Management Module	• Diet Type, Menu, Recipe, and Ingredient Definition • Patient-Level Changes and Special Instructions • Dietary Requirements/Preferences and Allergies • Patient-Wise Diet Chart Generation • Recording Patient Details (Anthropometric Data) • Maintaining Patient-Wise Diet Chart (Dynamic Updates) • Reports on Patient Stay & Diet Summary • Diet Type Categorization • Service and Menu Setup • Recipe and Ingredient Management

#	Core Modules	Scope of Work
		• Integration with Booking/Admission and Nursing/Dietician Modules • Patient Preference Management: • Nutritional Assessment and Care Plans • Diet Order Change Management
20.	MIS Reports Module	MIS reports for NABH and NABL standards must be available, Key Functionalities and Report Types • Graphical Analysis of Data • Collection Reports • Patient Statistics Reports • Surgery Reports • Diagnostic Reports • Operational Reports • Outstanding Reports
21.	Billing and Financial Management Module	It should support diverse payer types (self-pay, insurance, government schemes), multiple service departments, and dynamic pricing models, while ensuring transparency, traceability, and seamless integration with both clinical and accounting systems. • Patient Billing and Invoicing • Finance Module (Integration with Accounting Systems)
22.	Insurance & Claims Management Module	The module should facilitate the efficient processing of claims from various Insurance Providers (Private & Government), minimize manual interventions, and ensure timely and accurate claim submissions and settlements. Key Functionalities: • Insurance Plan Definition and Management • Coverage Rules Definition • Patient Policy Linking • Automated Insurance-Based Billing • Transparent Invoice Generation: • Pre-authorization Workflow Automation • Real-time Coverage Validation at Order Entry • Multiple Insurance Plan Handling: • Automated Insurance Limit Alerts • Government Funds Integration • Dynamic Bill Recalculation for Insurance Changes • Comprehensive Claim Preparation Checklist/Scrubber • Claim Generation and Tagging • Claim Submission and Tracking • Payer-Specific Claim Division: • Claim Status Management and Reporting • Payor Accounting: • Claim Resubmission Management: • Claim Reconciliation

#	Core Modules	Scope of Work
		• Patient Balance Tracking • Write-off Management • Comprehensive Claim Reports • Claims Management Dashboard
23.	Biomedical Equipment Maintenance Module	The module should support both scheduled (preventive) and unscheduled (breakdown/repair) maintenance activities, manage third-party maintenance arrangements, track associated costs, and provide comprehensive reporting and analytics. Key Functionalities: • Master Data Management • Preventive Maintenance Management • Breakdown/Repair Maintenance Management • Third-Party Maintenance Management • Equipment Tracking and Details • Cost Tracking and Financial Management • Reporting and Analytics
24.	Birth Registration Module	The Birth Registration module must provide a comprehensive and secure system for recording and managing newborn birth details within AIIMS New Delhi, adhering to hospital protocols and any relevant statutory requirements. Key Functionalities: • Birth Data Entry: • Birth Certificate/Card Generation Details • Mother and Child Identification: • Document Management • Digital Record Authentication and Approval • Birth Card Issuance
25.	Death Registration Module	The Death Registration module must provide a comprehensive and secure system for recording and managing patient death details within AIIMS New Delhi, differentiating between natural and unnatural causes and adhering to hospital protocols and legal requirements. Key Functionalities: • Cause of Death Designation • Unnatural Death Handling • Natural Death Registration • Death Certificate/Form Details • Document Management • Digital Record Authentication and Approval • Death Certificate/Form Issuance
26.	Issue of Certificates Module	The Issue of Certificates module must provide a robust and secure system for creating, approving, issuing, and managing various types of medical certificates within AIIMS New Delhi, adhering to established formats and authorization protocols. Key Functionalities: • Certificate Template Management: • Doctor-Wise Template Creation:

#	Core Modules	Scope of Work
		• Certificate Approval Workflow • Configurable Approval Mechanism • Certificate Issuance • Certificate Re-Issuance • Digital Signature Support
27	Autopsy Management Module	The Autopsy Management module must provide a comprehensive system for managing all aspects of autopsy procedures within AIIMS New Delhi, catering to both Medico-Legal Cases (MLC) and Non-Medico-Legal Cases (Non-MLC). This module should streamline the process from requisition to report generation, ensuring accurate documentation and adherence to protocols. • Autopsy Requisition • Medico-Legal Case (MLC) Specific Features • Interactive Autopsy Dashboard • Body Transfer to Mortuary • Access to Patient History During Autopsy • Investigation Test Suggestions • Non-Medico-Legal Case (Non-MLC) Specific Features
28	Ambulance Management Module	The module should streamline the process from request initiation to trip completion and integrate with other relevant HMIS modules for seamless operation and billing. Key Functionalities: • Request Tracking • Ambulance Allocation and Dispatch • Communication • GPS-Based Tracking and Logging • Billing Integration • Future Enhancements (Proposed)
29	WEB PORTAL / Mobile App (Both for Doctors and Patients)	The Web Portal/Mobile App shall not be limited to a standalone portal. It shall function as the Unified Web Interface that enables a consistent, role-based experience for doctors and patients, with secure access to integrated services. • Doctor-Facing Unified Clinical Interface: The doctor portal shall provide: ○ Single sign-on (SSO) and role-based access controls aligned to clinical privileges ○ Patient-context launch and a consolidated longitudinal timeline view ○ In-workflow access to orders, results, clinical notes, discharge summaries, OT/ICU documentation, and MRD documents ○ Integrated access to approved legacy systems during transition (embedded view and/or context-aware deep links), with audit

#	Core Modules	Scope of Work
		trails ● Patient-Facing Digital Services: The patient portal shall provide: ○ Appointment booking and management, visit history, prescriptions, lab/radiology reports (as permitted), discharge summaries, and billing/receipts ○ Notifications and reminders (appointments, follow-ups, investigations, admissions/discharge steps as applicable) ○ Multilingual user interface and accessibility support to improve reach and adoption ● Security, Audit, and Consent ○ All portal access shall be protected using strong authentication mechanisms as approved by AIIMS ○ Audit logs shall be maintained for patient data access and downloads ○ Consent and privacy controls shall align with applicable Government of India requirements and AIIMS policies.
30.	Medico-Legal Case / Report (MLC / MLR) Module	This module will ensure proper identification, documentation, tracking, and reporting of MLCs, adhering to legal and hospital protocols. Key Functionalities: ● MLC Case Identification and Tracking ● Legal Requirement Checklist and Alerts ● Patient Assessment and Treatment Details (Living Patients) ● Medicolegal Report (MLR) Generation ● Brought in Dead/Death Before Registration ● MLC Tracking and Identification Across Episodes ● MLC Details at Registration ● Conversion to MLC at a Later Stage
31.	Forensic Medicine and Toxicology Module	This module will facilitate the processing of medico-legal cases, including autopsy requests, documentation, provisional cause of death determination, and the handling of samples for forensic analysis. Key Functionalities: ● Autopsy Request Management ● Medico-legal Form Management ● Provisional Cause of Death Generation ● Forensic Sample Management
32.	Mortuary Module	The HMIS must include a comprehensive Mortuary Management module designed to efficiently manage all key operations related to the storage and release of deceased individuals within AIIMS New Delhi, adhering to hospital protocols and any relevant legal requirements. Key Functionalities: ● Body Transfer to Mortuary

#	Core Modules	Scope of Work
		• Mortuary Space Management • Label Generation • Mortuary Inwards Registration • Body Identification, Death Certificate Review, Storage, and Tracking • Body Handover to Relatives • Mortuary Outwards Registration • Reports and Statistics
33.	E- ICU module	The software deployed should be able to achieve following goals to create an e-ICU solution, but are not limited to: • Machine Integration • Real-Time Monitoring and Visualization • Alert Management • Remote Monitoring Capabilities • Integration with EMR • Reporting and Analytics (for e-ICU) • Modular Design • Training and Support (for e-ICU) • Customized clinical and administrative workflows for super-speciality departments.
34.	Academic and Research Information Management Module	This module shall comprehensively support all educational programs, including but not limited to the: • MBBS program, • Bachelor-level programs in Nursing, • Pharmacology, and allied health sciences, • Postgraduate (MD/MS) degrees, • Super-specialty (DM/MCh) programs, • Research fellowships, PhD courses etc. The bidders responsibilities for this module include, but are not limited to: • Student Lifecycle Management • Academic Department Workflows • Research Management • Reporting and Analytics • Integration and Access Control
35.	Building Management Module	The bidders responsibilities for this module include, but are not limited to: • Asset Management: • Maintenance Management • Facility Management • Vendor Management (for Building Related Services) • Reporting and Analytics (for Building Operations) • Integration The bidders are expected to provide a detailed plan for how this Building Management Module will be implemented to cater to the specific needs of AIIMS's extensive and complex infrastructure, ensuring efficient

#	Core Modules	Scope of Work
		operations and resource utilization.
36	Administrative Modules	This module must be proposed, demonstrated, and priced separately. The bidders must also outline a feasible integration and migration roadmap, should AIIMS choose to transition these functions into the HMIS environment at a later stage. Workforce Logistics and Contract Staff Governance If Workforce Logistics and Contract Staff Governance is implemented, it shall support workforce logistics capabilities such as: - Shift rostering and duty allocations (including ward/unit level coverage views) - Geofenced attendance and time capture for contractual staff (where approved by AIIMS) - Supervisor approvals, exception handling (late/early/absent), and audit-ready timesheets - Analytics on staffing adequacy, overtime, and deployment efficiency by unit/department - The HRMS/workforce functions shall integrate with operational requirements of clinical units (e.g., ICU/wards/OT scheduling support) as applicable. Payroll Management System Inventory/Material Management Module: The module should cover the entire lifecycle from purchase requisition to payment approval, ensuring efficient stock management, cost control, and compliance with relevant guidelines. Key Functionalities: - Inventory Management - Procurement Management - Reporting and Analytics Maintenance and Asset Management Module This module should support both preventive and repair maintenance needs, track AMC schedules and agreements, and integrate with other relevant modules like Fixed Assets, Purchasing, Inventory, and Payroll to provide accurate cost tracking and efficient management of maintenance activities. Key Functionalities: - Asset Lifecycle Management - Preventive Maintenance Management - Repair and Breakdown Maintenance - Inventory and Spare Parts Management - Purchasing and Vendor Management - Financial Management - Alerts and Notifications - Reporting and Analytics Security and Access Control Management
37	Reports and Analytics	The module should offer both pre-configured standard reports and the flexibility to create custom reports based on specific user needs. Key

#	Core Modules	Scope of Work
	Module	Functionalities: • All / Fixed Reports • Performance and Data Retrieval • External Portal Integration • User-Specific Reports • Emergency Event Analysis • Integrated Disease Surveillance Program (IDSP) Reports • Content Management System (CMS) Support • National Health Program Reporting
38.	AI-Enabled Modules – Vision for Futuristic HMIS at AIIMS New Delhi	The system should reflect the scale and standards of a world-class academic medical center, building the foundation for real-time intelligence, multilingual accessibility, and data-driven governance. Preference will be given to bidders demonstrating mature, clinically usable AI capabilities with clear governance and measurable performance. • Multilingual Clinical Documentation (Voice-to-Text (Bhashini Integration)+ Translation) ○ The solution shall support voice-to-text for clinical documentation, including OPD prescriptions and clinical notes, with multilingual capability suitable for Indian languages. ○ AIIMS prefers integration with Government-supported language platforms (e.g., Bhashini) or an equivalent approach that can be validated by AIIMS. ○ The bidder shall provide measurable benchmarks (accuracy, latency, and workflow usability) and demonstrate clinician-in-the-loop editing with full audit trail. • AI-Assisted Clinical Summaries → The solution shall provide AI-assisted admission and discharge summaries that can compile relevant clinical information from the patient timeline. → Generated content must be clearly marked as AI-assisted, editable by clinicians, and fully auditable (who edited what and when). • Clinical Decision Support (CDS) and Safety Alerts: At minimum, the solution shall support configurable CDS such as: ○ Allergy and intolerance checks ○ Drug-drug interaction alerts and duplicate therapy checks ○ Dose range checks and high-risk medication alerts (where configured) ○ Critical result alerts and escalation workflows. ○ All alerts shall support audit logging and clinician override

#	Core Modules	Scope of Work
		reasons to manage alert fatigue. • Automated Medical Coding and Billing Assistance ○ The solution shall support AI-assisted disease coding suggestions and documentation completeness checks to improve accuracy and reduce rework. ○ AI suggestions must be reviewable, explainable at a high level, and auditable. • AI Assistance in EMR ○ The solution shall support in the creation of EMR templates for all types of medical records using AI-based tools. ○ The solution shall assist in determining the medical diagnosis of a patient based on clinical history and assessments. • AI Governance and Controls (Mandatory) ○ Human-in-the-loop validation for all clinical outputs ○ Audit logs for AI outputs and user actions ○ Model update/change control and rollback strategy ○ Data privacy controls for any training/tuning, aligned to AIIMS policies and applicable law Note:For this EOI, AI-enabled capabilities shall be classified as: (A) minimum mandatory capabilities to be demonstrated at the EOI stage, and (B) desirable capabilities to be delivered as part of the innovation roadmap. Bidders shall clearly identify which AI capabilities are available and usable in production today, and shall provide measurable benchmarks (accuracy, latency, and workflow usability) and demonstration evidence for the mandatory capabilities, along with the AI governance controls described in this EOI. AI outputs intended for clinical use shall be human-in-the-loop, auditable, and compliant with applicable data protection and clinical safety requirements.

5.4. System Architecture

- 5.4.1.** It is expected that the proposed digital solution shall be built using a cloud-native architecture to ensure scalability, resilience, and operational efficiency. The solution should leverage containerization, microservices, and orchestration platforms to enable independent deployment, scaling, and maintenance of application components. Managed cloud services should be utilized wherever possible to reduce infrastructure overhead and improve reliability.
- 5.4.2.** The architecture should support automated CI/CD pipelines, enabling rapid, consistent, and secure delivery of updates. Built-in observability, including monitoring, logging, and alerting, should be incorporated to ensure high availability and proactive issue resolution.
- 5.4.3.** Additionally, the design should follow security-by-design and cost-optimization principles to ensure compliance, performance, and sustainable operations in a dynamic cloud environment.
- 5.4.4.** In addition to cloud-native application architecture, the bidder shall provide an enterprise integration architecture that prevents point-to-point sprawl and supports scalability:
 - 5.4.4.1.** API-first approach with an API gateway for internal/external integrations
 - 5.4.4.2.** Standards-based interoperability (HL7, FHIR, DICOM) for clinical data exchange
 - 5.4.4.3.** An integration hub/interface engine (or equivalent) to manage, monitor, and govern interfaces.
 - 5.4.4.4.** Centralized audit logging and observability for application and integration layers.
 - 5.4.4.5.** A structured data platform for analytics and reporting, with defined data lineage and access controls.
- 5.4.5.** IT Service Management and SLA Monitoring Tooling: The bidder shall provide IT Service Management (ITSM) capabilities aligned to ITIL practices, including at minimum:
 - 5.4.5.1.** Incident management, service request management, problem management, change management, and a knowledge base.
 - 5.4.5.2.** The bidder shall provide a ticket management system and SLA monitoring dashboards/tools for tracking acknowledgement, response, workaround, and resolution timelines, and for generating periodic SLA compliance reports required by AIIMS.
 - 5.4.5.3.** The ITSM solution shall be integrated with the monitoring/observability stack (logs, metrics, traces) to enable alert-to-ticket workflows and SLA measurement.
 - 5.4.5.4.** If AIIMS chooses to continue with an existing ticket management system, the bidder shall integrate, configure, and operationalize the same, subject to AIIMS approval.

5.5. System Architecture -Hosting IT Infrastructure

- 5.5.1.** The digital solution is proposed to be deployed on cloud infrastructure on MeitY approved cloud service providers. A disaster-recovery site is also proposed to be deployed to ensure system resilience, data protection, and service continuity. It is also proposed to synchronise identified mission-critical applications with IT infrastructure to be deployed on local / on-premises environments to provide business continuity in case of any internet connectivity outages.
- 5.5.2.** The bidder is expected to propose and implement, at a minimum, the following indicative capabilities, to be detailed and finalized at the RFP stage:
- 5.5.2.1.** Clearly defined Recovery Time Objectives (RTO) and Recovery Point Objectives (RPO) for mission-critical clinical modules and supporting services.
 - 5.5.2.2.** High availability architecture across application, database, and integration layers to ensure continuous availability of critical services.
 - 5.5.2.3.** Periodic Disaster Recovery drills and documented restoration test results, with participation and/or oversight by AIIMS, as applicable.
 - 5.5.2.4.** A business continuity approach to address internet connectivity outages for identified mission-critical clinical workflows, including local survivability mechanisms, subject to approval by AIIMS.
- 5.5.3.** The hosting IT infrastructure shall cover AIIMS, New Delhi and all of its external campuses viz., Jai Prakash Narayan Apex Trauma Centre (JPNATC), National Cancer Institute, AIIMS Jhajjar (NCI), National Drug Dependence Treatment Centre, Ghaziabad (NDDTC), and Comprehensive Rural Health Services Project, Ballabgarh (CRHSP) and any other location managed by AIIMS-New Delhi and other remote users.
- 5.5.4.** The selected bidder is expected to provide the production hosting IT infrastructure (on MeitY approved hyperscale cloud service providers) including DR site and local IT infrastructure for hosting mission-critical modules of the proposed digital solution.
- 5.5.5. Capacity Sizing and Peak Load:**
- 5.5.5.1.** The bidder shall propose an indicative sizing for compute, storage, and network capacity for the primary DC and DR environments, including sizing assumptions for peak concurrent users and transaction volumes.
 - 5.5.5.2.** The sizing shall include sufficient headroom for observed peak loads and projected growth and shall be validated through performance and load testing as per Section 5.2.4.2 (Peak Load Testing and Headroom).
 - 5.5.5.3.** Final capacity sizing will be finalized during solution design based on the bidder site survey, baseline measurements, and AIIMS-approved workload assumptions.

5.6. Deployment Model

The Digital AIIMS solution shall be implemented using a phased, wave-based approach to reduce risk and ensure clinical safety.

5.6.1. Wave-Based Phased Deployment (Preferred)

Wave 0: Pilots go-live for selected departments/centres for validation of integrated workflows

Wave 1: Core clinical modules (Registration/ADT, EMR, OPD, IPD, Emergency) with diagnostics and pharmacy integrations as required

Wave 2: Remaining clinical support services and speciality modules (OT, ICU/e-ICU, blood bank, CSSD, etc.)

Wave 3: Academic/Research modules and agreed administrative modules

Each wave shall include training, parallel run (where applicable), stabilization, and cutover gates.

5.6.2. Legacy Coexistence and Transition Management (Mandatory)

AIIMS operates multiple clinical and administrative applications. During the implementation phase, legacy systems may need to run in parallel with the proposed solution to ensure continuity of care and uninterrupted services.

5.6.2.1. Legacy Coexistence Strategy: The bidder shall propose and implement a structured coexistence strategy covering:

- i. Parallel run approach (dual-run) for defined modules/centres until stabilization and formal cutover sign-off
- ii. Bidirectional or unidirectional synchronization rules (as applicable) to avoid duplicate entry and inconsistent patient records
- iii. Clear definition of 'system of record' for each data domain during transition (e.g., patient identity, orders, results, billing)
- iv. Controlled decommissioning plan with archival access, retention, and audit needs.

5.6.2.2. Mandatory Interim-State Deliverables: The bidder shall deliver:

- i. A complete 'Legacy Application Integration Plan' mapped to AIIMS' existing application landscape
- ii. Interface roll-out sequencing aligned to the deployment waves
- iii. A legacy access strategy from the Unified Clinical Workstation (read-only or transactional access as approved)
- iv. Standard operating procedures for downtime, re-sync, and discrepancy resolution during parallel run.

5.6.2.3. Cutover Gates: Cutover for each wave/module/centre shall be permitted only after:

- i. Successful completion of integration testing and performance validation for peak loads
- ii. Migration reconciliation and clinical validation sign-off (where migration is applicable)
- iii. User training completion and stabilization criteria met as defined by AIIMS

5.7. Data Migration and Backup

- 5.7.1.** It is envisaged that the existing IT system shall be kept aligned and operational for a limited transition period to facilitate data migration, validation, and transition to the new digital solution.
- 5.7.2.** Conduct a comprehensive audit and assessment of all legacy systems, including structured and unstructured data sources.
- 5.7.3.** Define a data mapping and migration strategy aligning legacy data fields with the proposed HMIS data model.
- 5.7.4.** Classify data into active, historical, and archival datasets and define migration priorities accordingly.
- 5.7.5.** Execute secure, phased data migration with minimal disruption to hospital operations.
- 5.7.6.** Implement a Zero Data Loss migration assurance framework, including:
 - 5.7.6.1.** Source-to-target reconciliation covering record counts, key-field completeness checks, referential integrity validation, and exception reporting.
 - 5.7.6.2.** Traceability of all migrated records to source system identifiers, supported by audit logs.

- 5.7.6.3.** Clinical data validation, including AIIMS-defined sampling and review/sign-off by designated clinical and MRD representatives for high-risk clinical data such as allergies, medications, diagnoses, operative notes, and discharge summaries.
- 5.7.6.4.** Parallel run validation, where required, during which legacy and new systems operate concurrently, with discrepancy capture, tracking, and resolution.
- 5.7.6.5.** Formal migration sign-off gates prior to cutover for each migration wave, module, or centre.
- 5.7.7.** Maintain data confidentiality, integrity, accuracy, traceability, and auditability throughout the migration process
- 5.7.8.** Maintain data confidentiality, integrity, accuracy, traceability, and auditability throughout the migration process.
 - 5.7.8.1.** Implement automated and encrypted backup mechanisms , including daily incremental and periodic full backups.
 - 5.7.8.2.** Establish a disaster recovery (DR) and business continuity framework with defined RTO and RPO parameters.
 - 5.7.8.3.** Conduct periodic backup restoration drills and validation exercises to ensure recoverability and operational readiness.
 - 5.7.8.4.** Maintain complete documentation of migration procedures, reconciliation and validation results, backup policies, and recovery processes, and provide appropriate training or knowledge transfer to AIIMS IT personnel.

5.8. Training and Capacity Building

- 5.8.1.** The bidder shall conduct a Training Needs Analysis (TNA) for all user categories, including clinicians, nursing staff, administrative users, IT teams, and finance personnel.
- 5.8.2.** The bidder shall design and deliver role-based training programs, supported by classroom sessions, live demonstrations, hands-on practice, user manuals, videos, and self-learning resources.
- 5.8.3.** A Train-the-Trainer model shall be implemented by identifying and training nominated AIIMS personnel to ensure long-term knowledge retention and self-sufficiency.
- 5.8.4.** The bidder shall establish a dedicated training and sandbox environment at AIIMS to enable realistic simulations and practical exposure prior to and during Go-Live.
- 5.8.5.** Training shall be aligned with department-wise Go-Live schedules, including intensive training for super-users and key stakeholders to ensure operational readiness.

- 5.8.6.** The bidder shall deploy on-site handholding and support teams during the initial Go-Live phase to ensure smooth transition and effective system adoption.
- 5.8.7.** A 24×7 helpdesk support framework with defined L1/L2/L3 support levels and escalation mechanisms shall be established and operated in accordance with agreed SLAs.
- 5.8.8.** The bidder shall implement a continuous feedback, refresher training, and improvement mechanism, including onboarding of new users and updates to training materials in line with system enhancements.

5.9. Operations and Maintenance

- 5.9.1.** The ISSP shall be responsible for end-to-end operations and maintenance of the complete IT and HMIS ecosystem, including servers, storage, databases, applications, networks, security components, and all integrated systems, in accordance with guidelines issued by the AIIMS Delhi.
- 5.9.2.** The ISSP shall provision skilled and experienced manpower resources, including system, network, database, and security administrators, to administer, monitor, and manage the entire IT infrastructure and application landscape.
- 5.9.3.** The ISSP shall provide on-site and remote support for preventive maintenance, break-fix maintenance, troubleshooting, performance tuning, and issue resolution, ensuring adherence to defined SLA parameters.
- 5.9.4.** The ISSP shall be responsible for user and access management, including creation, modification, and deletion of user accounts, role-based access control, password management, session controls, logging, and monitoring, in line with approved security policies.
- 5.9.5.** The ISSP shall implement and maintain standard operating procedures (SOPs), documentation, and checklists for infrastructure, application, security, backup, and recovery operations, aligned with industry best practices and AIIMS-Delhi policies.
- 5.9.6.** The ISSP shall ensure regular system health checks, patch management, configuration management, data backups, and disaster recovery readiness, including secure update procedures and periodic restoration testing.
- 5.9.7.** The ISSP shall be responsible for continuous monitoring, identification, diagnosis, and resolution of infrastructure, network, and application issues, including maintenance of logs, audit trails, system synchronization, and terminal security controls.
- 5.9.8.** The ISSP shall support technology refresh, change management, reporting, and exit/transition services, including warranty support, annual technology updates, regular reporting to AIIMS Delhi, and smooth handover at contract closure.

5.10. Project Duration

The project duration shall comprise

- Implementation Phase – 1 Years 6 Months
- Operations, Maintenance, and Support (OMS) Phase – 3 Years 6 Months
- Extension – 1 Year (Maximum 5 Times)

Note: Extension subject to satisfactory performance, compliance with applicable Service Level Agreements (SLAs), and mutual agreement, with approval of the Competent Authority.

5.11. Payment Terms

Tentative Phase Wise Payment Plan

Phase		Milestone	Payment Percentage	
Phase 0		Submission of inception report within 30 days from the date of commencement of the project, covering project initiation, deployment of key resources, establishment of project governance structure, and submission of a detailed project implementation plan.	10%	
Phase 1	Group 1 Module Adoption			
	1.1	Demonstration of the customized HIS/EMR (Group 1)solution made available for UAT environment	1.5%	
	1.2	Formal acceptance of HIS/EMR (Group 1) on the UAT environment after review and successful incorporation of feedback/observations.	2%	
	1.3	Incorporation of residual changes (if any), successful Go-Live of the HIS/EMR (Group1) system, and completion of the stabilization period	2%	
	Milestone		Milestone Base Release	
	1.4	User adoption (Approx. 15,000)	Minimum of 25% active users on the system	1%
			Minimum of 75% active users on the system	1%
	1.5	Volume of Digital Health records Generated	10 Lakhs OPD Prescriptions	1%
			1 Lakhs Discharge Summary	1%
			5 Lakhs Laboratory & Radiology Reports (unique patient)	1%
			50,000 Surgery Records	1%

			2 Lakhs Insurance Claims	1%
Phase 2	Group 2 Module Adoption			
	2.1	Demonstration of the customized HIS (Group 2) solution made available for UAT environment		1.5%
	2.2	Formal acceptance of HIS (Group 2) on the UAT environment after review and successful incorporation of feedback/observations.		2%
	2.3	Incorporation of residual changes (if any), successful Go-Live of the HIS (Group 2) system, and completion of the stabilization period		3%
	Milestone		Milestone Base Release	Payment Percentage
	2.4	User adoption (Approx. 2000)	Minimum of 50% active users for Group Two Modules	1%
			Minimum of 80% active users for Group Two Modules	1%
	2.5	Volume of Digital Health records Generated	25,000 Vaccination and Immunization	1%
			15,000 Endoscopy Reports	1%
			25,000 Blood Donor and Blood issue records	1%
			25,000 Autopsy Reports	1%
	2.6	Volume of administrative records Generated	100 % Student Life cycle	1%
Phase 3	Group 3 Module Adoption			
	3.1	Demonstration of the customized HIS (Group 3) solution made available for UAT environment		1.5%

	3.2	Formal acceptance of HIS (Group 3) on the UAT environment after review and successful incorporation of feedback/observations.		2%
	3.3	Incorporation of residual changes (if any), successful Go-Live of the HIS (Group3) system, and completion of the stabilization period		3%
	Milestone		Milestone Base Release	Payment Percentage
	3.4	User adoption (Approx. 5,000)	Minimum of 50% active users on the system	1%
			Minimum of 80% active users on the system	1%
	3.5	Volume of Digital Health records Generated	75,000 Diet Reports	1%
	3.6	Volume of administrative records Generated	100% Bio Medical Equipment Maintenance Reports	1%
			100 % research projects	1%
			100 %Asset register	1%
			100% HR & Payroll records	1%
Phase 4	4.1	Operation and Maintenance cost	1% per months for 36 months	36%
	4.2	Change request management	0.25% per quarter for 36 Months (12 Quarters)	3%
	4.3	Data Migration and Integration	The remaining legacy systems and application and new devices system procured during the project period	1.5%

Phase 5	Exit Management	90 Days post successful hand over of records, systems and Knowledge transfer	10%
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Note: Payment to the selected bidder shall be made on a quarterly basis as per the eligibility.

For the extended five (5) year period, annual maintenance and support shall be provided at a negotiated percentage of the initial contract value, payable in equal quarterly or half-yearly instalments, subject to satisfactory performance and compliance with the agreed Service Level Agreements (SLAs).

All payments shall be released only after the successful completion and acceptance of the applicable milestone(s), and after adjustment/deduction of any applicable penalties/LD/service credits (if any) as per the SLA and contractual provisions (refer Section 5.12).

Milestone acceptance (including UAT acceptance and Go-Live acceptance) shall require documented incorporation of user feedback/observations from nominated clinical/administrative stakeholders and formal sign-off by AIIMS, wherever applicable. AIIMS may use structured user feedback and/or user satisfaction inputs as part of milestone acceptance for relevant deliverables.

The above payment structure is indicative and may be refined during the RFP stage. AIIMS, New Delhi reserves the right to include performance-based incentives in the final contract.

5.12. Service Level Agreements and Penalties

5.12.1. The selected bidder shall be required to adhere to the prescribed minimum Service Level Agreements (SLAs) for the entire duration of the contract. The detailed SLA parameters, performance benchmarks, monitoring mechanisms, and penalty clauses for non-compliance shall be defined, finalized during the Request for Proposal (RFP) stage.

5.12.2. The following indicative minimum Service Level expectations are provided to outline AIIMS' operational and service expectations. These are indicative in nature, non-binding, and shall be refined, detailed, and finalized at the RFP stage:

5.12.2.1. System Availability

- a) Core clinical modules and integration services: Indicative availability of $\geq 99.95\%$ monthly uptime.
- b) Non-clinical / administrative modules: Indicative availability of $\geq 99.5\%$ monthly uptime

5.12.2.2. Incident Management (Indicative – 24x7 Support)

- a) Severity-1 (Critical):
 - Acknowledgement within 15 minutes
 - Workaround within 2 hours

- Resolution within 6 hours
- b) Severity-2 / Severity-3:
 - Indicative response and resolution timelines shall be defined during the RFP stage based on impact and criticality, as determined by AIIMS.

5.12.2.3. Performance Expectations

- a) Indicative time-bound response and resolution for performance degradation impacting clinical workflows.
- b) Expectation of proactive monitoring for:
 - Interface and integration failures
 - Integration latency and performance issues
- c) Provision of alerts and performance reports to AIIMS
- d) Indicative expectation of near-real-time detection and alerting for interface or integration failures, with defined escalation mechanisms.

5.12.2.4. Security and Patch Management

- a) Indicative expectation for timely remediation of critical security alerts and vulnerabilities.
- b) Periodic security posture reporting and audit support, as may be required by AIIMS.

5.12.2.5. Backup, Disaster Recovery, and Business Continuity

- a) Indicative expectation that the solution shall support robust backup and disaster recovery capabilities.
- b) Tiered Recovery Point Objectives (RPO) and Recovery Time Objectives (RTO) aligned to system criticality shall be proposed by the bidder and finalized at the RFP stage.

5.12.3. Indicative SLA Measurement and Penalty Computation Approach (to be finalized in RFP)

- (a) SLA measurement shall be based on system-generated logs from monitoring/observability tools and ITSM/ticketing systems, as applicable, and shall be auditable by AIIMS.

- (b) Penalties/service credits shall be linked to measurable SLA deviations such as:

- (i) monthly uptime shortfall,
- (ii) breach of incident acknowledgement/response/resolution timelines, and
- (iii) repeated performance degradation impacting clinical workflows.

- (c) Penalties may be applied on the monthly/quarterly O&M charges for the period of non-compliance, subject to an overall cap per period. The detailed SLA table, penalty rates, caps, and illustrative examples shall be specified in the RFP and the final contract.

6. EOI Submission Process

6.1. Submission Requirements: Interested bidders shall submit the following documents, clearly indexed and paginated:

6.2. Company Profile: Legal name, registered address, nature of business, year of incorporation, and details of a single point of contact for this EOI.

6.2.1. Relevant Experience

6.2.1.1. Details of HMIS/EMR implementations in large tertiary care hospitals, including client name, scope of work, project duration, go-live status, and user scale.

6.2.1.2. Client references and completion/performance certificates.

6.2.1.3. Experience in IOT/AI/ML-enabled healthcare solutions and integration with hospital systems and medical equipment.

6.2.2. Proposed HMIS Solution Overview

6.2.2.1. Brief description of the proposed HMIS and key modules.

6.2.2.2. High-level system architecture, technology stack, and integration approach.

6.2.2.3. Customization approach and data migration strategy.

6.2.2.4. Predictive bed management and patient flow forecasting

6.2.2.5. Command-centre dashboards for real-time operations

6.2.2.6. OR/OT schedule optimization and resource utilization analytics

6.2.2.7. Digital twin concepts for hospital operations (optional / desirable)

The proposed HMIS/HIS and EMR solution should be a pre-developed, production-grade product suite that is already deployed in healthcare institutions and is capable of meeting the scale of AIIMS New Delhi. Greenfield development of an entirely new HMIS platform is not envisaged under this project.

Configuration and customization are permitted to align the solution with AIIMS workflows and statutory requirements. Any new development (if unavoidable) shall be clearly identified and must be deliverable within the implementation period stated in Section 5.10.

The bidder shall submit a "Module Readiness and Customization Matrix" covering all modules in Annexure V, indicating for each module:

(a) pre-developed and available for demo,

(b) requires configuration/customization, or

(c) requires new development, along with indicative timelines and dependencies.

- 6.2.3.** Proposed Academics and Research Solution Overview: Brief description of the proposed Academics and Research solution key modules.
- 6.2.4.** Proposed IT infrastructure Architecture: Brief description of the proposed IT infrastructure architecture for the digital solution.
- 6.2.5.** Proposed Data Migration Plan: Brief description of the proposed Data Migration Plan for the digital solution.
- 6.2.6.** Proposed Operations and Maintenance Plan: Brief description of the proposed Operations and Maintenance Plan for the digital solution
- 6.2.7.** IOT/AI/ML-Enabled Capabilities: Summary of proposed AI features such as voice-to-text, automated clinical summaries, predictive analytics, and coding/billing assistance, including accuracy and integration readiness.
- 6.2.8.** Compliance Declaration

- 6.2.8.1.** Compliance with MeitY / NIC cybersecurity guidelines and NDHM/ABDM requirements.

- 6.2.8.2.** Overview of data hosting, security controls, backup, and disaster recovery.

- 6.2.8.3.** Relevant certifications (e.g., ISO 27001, SOC 2), if available.

6.2.9. Indicative Project Plan

High-level implementation phases, indicative timelines, and proposed team structure. The bidder shall submit a 3-year HMIS innovation roadmap aligned to AIIMS' academic medical centre needs. The roadmap must include:

- (a) required data foundations,

- (b) integration dependencies,

- (c) clinical safety governance, and

- (d) phased roll-out plan.

- 6.2.10.** Gap Analysis report: The bidder may submit the GAP analysis report generated after visiting AIIMS.

- 6.2.11.** Audited Financial Statements: Audited Balance Sheet, Profit & Loss Account, and Cash Flow Statement for the last three (3) financial years: FY 2022–23, FY 2023–24, and FY 2024–25.

- 6.2.12.** Self-Declaration: Declaration on company letterhead, signed by an authorized signatory, confirming that the bidder is not blacklisted by any Government authority or PSU.

- 6.2.13.** Key Personnel Details
Organizational chart and brief profiles of key personnel proposed for the project.

6.3. Submission Instructions

Detailed EOI has to be submitted through the **CPP portal** on or before **XX XXX 20XX at 18:00 Hrs.**

No extension on the specified submission schedule will be entertained.

6.4. Presentation of Digital AIIMS solution

As part of the evaluation process, shortlisted bidders shall be required to present their proposed Digital AIIMS solution to the AIIMS Technical Committee on a date to be decided and notified by AIIMS.

6.4.1. Product Demonstration and Evaluation Access

6.4.1.1. As part of the EOI technical evaluation, the bidder shall provide a live demonstration and hands-on evaluation access to the proposed Digital AIIMS solution (HMIS/HIS/EMR and related modules proposed under this EOI).

6.4.1.2. The bidder shall provision a secure demo/sandbox environment (hosted by the bidder) and provide test user credentials to the AIIMS Technical Committee for evaluation during the EOI process. All costs towards providing such access (including licenses, hosting, environment setup, and support) shall be borne by the bidder.

6.4.1.3. The demo/sandbox environment shall contain only anonymized/synthetic data. No real patient data shall be used for the EOI evaluation.

6.4.1.4. AIIMS reserves the right to validate key workflows, role-based access, audit trails, and integration approach as demonstrated by the bidder, through functional walkthroughs in the demo/sandbox environment.

6.5. Shortlisting of bidders for digital AIIMS Solution

6.5.1. The objective of this Expression of Interest (EOI) is to identify and shortlist strictly those solution providers capable of delivering a high-performance, secure, and reliable HMIS ecosystem. Considering the strategic criticality of the 'Digital AIIMS' project, the complexity of workflows, and the imperative of data privacy under the DPDP Act, the Institute intends to utilize this EOI as a pre-qualification stage.

6.5.2. AIIMS intends to shortlist up to ten (10) bidders based on this EOI evaluation, subject to the bidders meeting the minimum eligibility criteria and the minimum qualifying technical score as specified by AIIMS.

6.5.3. Shortlisting shall be based on objective evaluation of the EOI submissions (including experience, solution capability, architecture approach, compliance declarations, and presentations/demonstrations). If fewer than ten bidders qualify, AIIMS may shortlist fewer bidders.

6.5.4. Consequently, the subsequent Request for Proposal (RFP) may be issued as a Limited Tender Enquiry, restricted exclusively to the bidders shortlisted based on the evaluation of this EOI.

Notwithstanding the above, AIIMS New Delhi reserves the absolute right and discretion to determine the final mode of procurement—whether to proceed with a Limited Tender amongst the shortlisted bidders or to float an Open Tender—based on the response

received and in the best interest of the Institute, in accordance with the applicable provisions of the General Financial Rules (GFR).

7. Evaluation of EOI

7.1. Evaluation of Experience

Technical Criteria	Score	Maximum Marks
Cloud service provider capabilities (Bidders are required to submit documentary evidence)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 Marks
Hosting infrastructure experience (<i>Bidders are required to submit documentary evidence</i>)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 marks
HMIS Experience (<i>Bidders are required to submit documentary evidence as per Annexure – VI Proposed Bidder Eligibility Criteria</i>)	1 Project – 3 Mark 2 Projects – 6 Marks 3 Projects – 10 Marks	10 marks
Academic Management solution Experience Note: (<i>Bidders are required to submit documentary evidence as per Annexure – VI Proposed Bidder Eligibility Criteria</i>)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 marks
Research Management solution Experience Note: (<i>Bidders are required to submit documentary evidence as per Annexure – VI Proposed Bidder Eligibility Criteria</i>)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 marks
Application integration Experience Note: (<i>Bidder are required to submit documentary evidence duly signed and stamped from Competent authority</i>)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 marks

Technical Criteria	Score	Maximum Marks
Experience of large-scale change management in Govt. digital health projects (Min 10K users) Note: (Bidders are required to submit documentary evidence from the client user duly signed and stamped from competent authority)	1 Project – 3 Mark 2 Projects – 6 Marks 3 Projects – 10 Marks	10 marks
Experience of past collaborative projects among the bidding entities in Govt. sector. Note: (Bidders are required to submit documentary evidence as per Annexure – VI Proposed Bidder Eligibility Criteria)	1 Project – 1 Mark 2 Projects – 3 Marks 3 Projects – 5 Marks	5 marks

7.2. Application Demonstration and presentation

Domain	Score	Maximum Marks
HMIS	10 modules- 2 Marks More than 10 less than 15- 3 Marks Above 15 module – 5 Marks UI/UX – 5 Marks Mobile app- 2 Marks Equipment integration- 3 Marks	15 Marks
Academic	5 modules- 2 Marks More than 5 less than 10- 3 Marks Above 10 module – 5 Marks UI/UX – 3 Marks Mobile app- 2 Marks	10 Marks
Research	5 modules- 2 Marks More than 5 less than 10- 3 Marks Above 10 module – 5 Marks UI/UX – 3 Marks Mobile app- 2 Marks	10 Marks
AI/ML	Per use case 1 Marks (Max 5 use cases)	5 Marks
Technical presentation	Solution Architecture Functional Architecture Synchronization Architecture Transition Plan Application adoption Plan Project Management plan	10 Marks

8. Terms and Conditions

- 8.1.** The information contained in this Expression of Interest ("EOI") or subsequently provided to Applicants, whether verbally or in any other form, is provided on the terms and conditions set out herein. This EOI is not an agreement and does not constitute an offer or invitation by the Authority to any person.
- 8.2.** The purpose of this EOI is to provide information to interested parties to assist them in preparing their submissions. The EOI includes certain assumptions, assessments and statements made by the Authority in relation to the proposed consultancy/services, which may not be complete, accurate or exhaustive.
- 8.3.** The Authority, its employees and advisers make no representation or warranty regarding the accuracy, adequacy, correctness, reliability or completeness of the information contained in this EOI and accept no liability for any loss, damage, cost or expense arising out of or in connection with reliance on this EOI or participation in the EOI process.
- 8.4.** Applicants are advised to conduct their own investigations and seek independent advice before submitting their EOI. Information relating to laws and regulations is indicative only and should not be considered a complete or authoritative statement of law.
- 8.5.** The Authority may, at its sole discretion, amend, update or withdraw this EOI and reserves the right to reject any or all EOIs without assigning any reason whatsoever. The Authority is not bound to shortlist or select any Applicant or to proceed further with any subsequent process.
- 8.6.** All costs incurred by Applicants in connection with the preparation and submission of the EOI shall be borne solely by the Applicants. The Authority shall not be liable for any such costs, regardless of the outcome of the EOI process.

9. Annexure – I EOI Submission Form

(To be submitted on the letterhead of the Agency(s))

To,

Date:

XXXXXXXXXX,

XXXXXXXXXX,

Dear Sir,

Subject: Submission of the Expression of Interest (EOI) for

We, ...undersigned, offer to provide services in accordance with your Expression of Interest (EOI) for “XXXXXXXXXXXXXXXXXXXX” dated. We are hereby submitting our Expression of Interest (EOI).

We hereby declare that all the information and statements made in this Expression of Interest (EOI) are true and accept that any misinterpretation contained in it may lead to our disqualification.

We agree to abide by all the terms and conditions of the EOI document. We understand AIIMS is not bound to accept any proposal you receive.

Yours sincerely,

Authorized Signature [In full and initials]:

Name and Title of Signatory:

Name of Bidder:

Address:

Location:

Date:

10. Annexure – II Bidder Information

Sr. No.	Items	Bidder's Response
1	Basic Information a) Name of the organization & contact person b) Registered office Address c) Phone no. of the contact person d) Email address of the contact person e) Web site if any, of the organization f) Year of commencement of business g) PAN no. h) Service tax registration No. / GST No.	
2	Location of competency center and number of professionals	
3	No. of certified professionals with mandatory skills.	
4	Average relevant experience of Project Managers handled software development projects	
5	Average relevant experience of software engineers implemented Development projects	
6	Net profits during past three financial years Net Profit (In Rupee Lakhs) For 2024-25 For 2023-24 For 2022-23	
7	Annual turnover of the bidder (in Rupee Lakhs) in each of the last three financial years For 2024-25 For 2023-24 For 2022-23	

Authorized Signatory:

Name of the authorized signatory:

Date:

Place:

Seal:

11. Annexure – III Format for Submission of Previous Projects undertaken

Details of the project undertaken in India (Attach Copy of Purchase orders/ any documentary evidence) **(One sheet for each Project should be submitted)**

Project no. 1

Sr.	Items	Mandatory (Y/N) Bidder's Response
1	Client name	Y
2	Location of the client along with contact person, contact no and email id	Y
3	a) Date of Purchase Order received for the project b) Date of Commencement of contract: c) Date of Implementation of the project: d) Status of the Project (whether Implementation or under Maintenance etc.):	Y
4	Nature of project for the Clients (Please list the activities handled by the bidder)	Y
5	Scope of Work	Y
6	Team Size	Y
7	Name of the Project Head	Y
8	Name of the Technical Architect/ Designer/ Developer	Y
9	Software Tools & Technology used	Y
10	Total Efforts in Man months	Y
11	Contract Amount (in Rupees Lakhs)	Y
12	Any other relevant information including reason for delay if any	N

Note: The bidder should give the above information in this format only.

Authorized Signatory:

Name of the authorized signatory:

Date:

Place:

Seal:

(Bidders are required to furnish details for each project they have undertaken as per the eligibility criteria)

12. Annexure- IV Inclusion and Exclusion

12.1. Inclusion: The scope of Digital AIIMS under this EOI includes, but is not limited:

- 12.1.1.** Implementation of the functional modules listed in Section 5.3 and Annexure V, including unified clinical workstation and longitudinal patient record.
- 12.1.2.** Enterprise integration layer (API gateway, integration hub/interface engine, monitoring) and integration of identified legacy systems as per AIIMS-approved interface inventory.
- 12.1.3.** Data migration as per Section 5.7, training and change management as per Section 5.8, go-live and stabilization, and operations and maintenance support as per Section 5.9.
- 12.1.4.** Hosting of the application and data platform on the hybrid infrastructure model as per the Scope of work and Section 5.5, including DC/DR and approved local survivability for mission-critical workflows.

12.2. Exclusions: Unless explicitly specified otherwise in the RFP, the following are outside the scope of the ISSP/bidder:

- 12.2.1.** Procurement/commissioning of physical network infrastructure (LAN/WAN), Wi-Fi, and end-user computing devices.
- 12.2.2.** Civil/electrical works.
- 12.2.3.** Non-IT medical equipment procurement.

The bidders shall, however, be responsible for ensuring that the Digital AIIMS application is deployed, configured, integrated, and performs as per the agreed SLAs on the available hybrid infrastructure landscape.

13. Annexure – V Compliance Form for Functional Modules

#	Name of Modules	Compliance (Yes/No)	% of Compliance
1.	Outpatient Management Module		
2.	Inpatient Management Module		
3.	Electronic Medical Records (EMR) Module		
4.	Emergency Management Module		
5.	Appointment Scheduling		
6.	Queue Management System (QMS) Module		
7.	Operation Theatre (OT) / Surgery Management Module		
8.	Critical Care Module		
9.	Vaccination and Immunization Module		
10.	Nursing Care Module		
11.	Pharmacy Module		
12.	Clinical Support Service (CSS) Module		
13.	Endoscopy Labs Module		
14.	Blood Bank Module		
15.	Laboratory Information System (LIS)		
16.	Radiology Information System (RIS)		
17.	CSSD Module		
18.	Cath Lab Management Module		
19.	Diet and Kitchen Management Module		
20.	MIS Reports Module		
21.	Billing and Financial Management Module		
22.	Insurance & Claims Management Module		
23.	Biomedical Equipment Maintenance Module		
24.	Birth Registration Module		
25.	Death Registration Module		
26.	Issue of Certificates Module		
27.	Autopsy Management Module		
28.	Ambulance Management Module		

29.	WEB PORTAL (Both for Doctors and Patients)		
30.	Medico-Legal Case / Report (MLC / MLR) Module		
31.	Forensic Medicine And Toxicology Module		
32.	Mortuary Module		
33.	E- ICU module		
34.	Academic and Research Information Management Module		
35.	Building Management Module		
36.	Administrative Modules		
37.	Reports and Analytics Module		
38.	AI-Enabled Modules – Vision for Futuristic HMIS at AIIMS New Delhi		

14. Annexure – VI Proposed Bidder Eligibility Criteria

S. No.	Requirement	Specific Requirements	Documents Required
1.	Legal Status & Eligibility	The Bidder should be an entity registered in India under the Companies Act, 1956/2013, LLP Act, 2008, Partnership Act, 1932. OR A Parastatal/Government Organization, as applicable, with a registered office in India. OR An entity acting as a lead bidder with sub-contractors comprising a maximum of three (3) members in addition to the lead bidder. Lead bidder shall be an IT/ICT company. Together with sub-contractors the lead bidder should be able to bring all the services expected in the scope of work.	Copy of Certificate of Incorporation / Registration In case of an entity bidding along with sub-contractors, the Lead Bidder would need to submit an agreement with the other sub-contractors (i.e., Subcontracting Agreement) for the contract clearly indicating the division of work and their relationship.
2.	HMIS Implementation experience of Bidder or its Subcontracting entities	Condition For Bidder: The Bidder should have experience in at least one (1) ongoing or completed HMIS / HIS / EMR project in India during the last five (5) years, with a minimum project value of INR 10 Crores The project should be implemented in a single-location or multi-location healthcare setup with comprehensive hospital facilities. The implementation should cover hospitals with a minimum of 500 beds at a single location, and cumulatively at least 3,000beds across all locations. The solution should be capable of handling high patient volumes, with experience of managing more than a minimum of 15 lakh OPD visits and 1.5 lakh IPD	Work Completion Certificates from the client. OR Work Order + Self Certificate of Completion (Certified by the Statutory Auditor/ CA indicating the value of payment received against the work order(s)) (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). OR Work Order + Completion Certificate from the client indicating the amount of payment made against the work order.

		admissions annually. Capable of handling $\geq 5,000$ OPD/day and ≥ 500 IPD/day. The solution should be integrated with PACS / Teleradiology / Teleconsultation systems. Ongoing projects, if any, should have reached steady-state operations as on the date of EOI submission. Condition For Public Sector Undertaking (PSU) entities: - The bidder must have implementation experience in an ongoing or completed at least one HIMS/HIS/EMR cloud-based project in India during the last five (5) years, with a minimum project value of 1.5 Crores INR. The project should be implemented in a single-location or multi-location healthcare setup with comprehensive hospital facilities. The implementation should cover hospitals with a minimum of 400 beds at a single location, and cumulatively at least 1,000beds across all locations. A single instance of the application must serve the network of multiple hospitals at different locations. The solution should be capable of handling high patient volumes, with experience of managing more than a minimum of 15 lakh OPD visits and 25000 IPD admissions annually (including all hospitals served by the single instance application). Capable of handling $\geq 10,000$ OPD/day and ≥ 500 IPD/day.	OR Work Order + Phase Completion Certificate from the client indicating the amount of payment made against that Phase. (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). (Note: The Work Order/ Completion certificate / Phase the Completion Certificate should clearly depict the date, scope of work and the value of the project. Only software development along with maintenance plus support cost will be considered. Hardware, hosting or any other such cost will not be considered.) Proof for performance of application: Screenshot of the dashboard reflecting the required number of OPD visits and IPD admissions, duly certified by the client along with the public URL of the dashboard.
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		The solution should be integrated with PACS / Teleradiology / Teleconsultation systems. Ongoing projects, if any, should have reached steady-state operations as on the date of EOI submission.	
3.	Academics and Research Solution Implementation experience of Bidder or its Subcontracting entities.	The Bidder should have experience in at least one (1) ongoing or completed Academics and Research management project in India during the last five (5) years, in a government medical college/Private Medical College/University or TOP 100 NIRF colleges.	Work Completion Certificates from the client. OR Work Order + Self Certificate of Completion (Certified by the Statutory Auditor/ CA indicating the value of payment received against the work order(s)) (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). OR Work Order + Completion Certificate from the client indicating the amount of payment made against the work order. OR Work Order + Phase Completion Certificate

			from the client indicating the amount of payment made against that Phase. (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). (Note: The Work Order/ Completion certificate / Phase the Completion Certificate should clearly depict the date, scope of work and the value of the project. Only software development along with maintenance plus support cost will be considered. Hardware, hosting or any other such cost will not be considered.) Three (3) case studies with references to be submitted.
4.	Technical Capability Bidder of	The bidder should have experience in ongoing or completed projects in IT Transformation project / ICT Project / IT & ITES projects(excluding hardware, consulting, transaction services, advisory services and FMS services) with Central Government / State Government / PSUs in the last five (5) years in India comprising minimum of One (1) Project of value not less than INR 30 crores OR Two (2) Projects of value not less than INR 20 crores each OR Three (3) Projects of value not less than INR 15 crores each. The ongoing projects should have reached the steady state of operations as on the date of	Work Completion Certificates from the client. OR Work Order + Self Certificate of Completion (Ongoing) (Certified by the Statutory Auditor/ CA indicating the value of payment received against the work order(s)) (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). OR Work Order + Completion Certificate from the client indicating the amount of payment made against the work order. OR

		submission of bid.	Work Order + Phase. Completion Certificate from the client indicating the amount of payment made against that Phase. (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). (Note: The Work Order/ Completion certificate / Phase the Completion Certificate should clearly depict the date, scope of work and the value of the project. Only software development along with maintenance plus support cost will be considered. Hardware, hosting or any other such cost will not be considered.) Three (3) case studies with references to be submitted.
5.	AI & ML Project Experience in Healthcare Domain by bidder or sub-contractors	The Bidder should have experience in ongoing or completed AI & ML-based Healthcare IT projects, including development, deployment, and operationalization of Artificial Intelligence & Machine Learning solutions such as clinical analytics, predictive modelling, medical data analytics, imaging analytics, decision support systems, automation, or similar AI-driven healthcare applications. The projects should have been executed for Central Government / State Government / PSUs/ Private Organisations in India during the last five (5) years, under IT Transformation / ICT / IT & ITES projects (excluding hardware supply, pure consulting, advisory, transaction-based services, and Facility Management Services).	Work Completion Certificates from the client. OR Work Order + Self Certificate of Completion (Ongoing) (Certified by the Statutory Auditor/ CA indicating the value of payment received against the work order(s)) (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). OR Work Order + Completion Certificate from the client indicating the amount of payment made against the work order. OR

		The Bidder must meet any one of the following criteria: One (1) AI / ML project of value not less than INR 1 Crores; OR Two (2) AI / ML projects, each of value not less than INR 50 Lakhs; OR Three (3) AI / ML projects, each of value not less than INR 25 Lakhs. In case of ongoing projects, the AI / ML solution(s) must have achieved steady-state operations as on the date of submission of the bid.	Work Order + Phase. Completion Certificate from the client indicating the amount of payment made against that Phase. (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). (Note: The Work Order/ Completion certificate / Phase the Completion Certificate s Three (3) case studies with references to be submitted.
6.	IoT / IoMT Project Experience in Healthcare Domain by bidder or sub-contractors	The Bidder should have experience in ongoing or completed IoT / IoMT-based Healthcare IT projects, involving design, development, deployment, integration, and operation of Internet of Things (IoT) / Internet of Medical Things (IoMT) solutions such as medical device integration, remote patient monitoring, smart wards, asset tracking, biomedical equipment monitoring, real-time data acquisition, sensor-based systems, or similar healthcare IoT implementations. The projects should have been executed for Central Government / State Government / PSUs/Private Organisations in India during the last five (5) years, under IT Transformation / ICT / IT & ITES projects (excluding pure hardware supply, consulting, advisory, transaction-based services, and Facility Management Services). The Bidder must meet any one of the following criteria:	Work Completion Certificates from the client. OR Work Order + Self Certificate of Completion (Ongoing) (Certified by the Statutory Auditor/ CA indicating the value of payment received against the work order(s)) (In the above case the value of payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). OR Work Order + Completion Certificate from the client indicating the amount of payment made against the work order. OR Work Order + Phase. Completion Certificate from the client indicating the amount of payment made against that Phase. (In the above case the value of

		One (1) IoT / IoMT project of value not less than INR 50 Lakhs; OR Two (2) IoT / IoMT projects, each of value not less than INR 25 Lakhs; OR Three (3) IoT / IoMT projects, each of value not less than INR 10 Lakhs. In case of ongoing projects, the IoT / IoMT solution(s) must have achieved steady-state operations as on the date of submission of the bid.	payment received shall be greater than or equal to the amount mentioned in the eligibility criteria). (Note: The Work Order/ Completion certificate / Phase the Completion Certificate should clearly depict the date, scope of work and the value of the project. Only software development along with maintenance plus support cost will be considered. Hardware, hosting or any other such cost will not be considered.) Three (3) case studies with references to be submitted.
7.	Turnover from IT/ ITeS Projects of the Bidder	Average annual turnover $\geq$ INR 125 Crores for FY 2022–23, 2023–24, 2024–25. Positive net worth as on 31 March 2025.	Audited financials / Statutory Auditor Certificate
8.	Manpower Capacity	The Bidder should have at least 100 full time employees, as on the date of bid submission, on its rolls in the area of software development and/or software implementation and/or system integration. Out of the above, a minimum of 20 personnel full time employee should be deployed or deployable for HMIS/HIS/EMR implementation and support, as on the date of bid submission.	Certificate from HR Head/Company Secretary clearly specifying the number of resources as on the date of the bid submission on its roll.

9.	Cybersecurity, Compliance & Certifications of the bidder	The bidder must have the following valid certifications: 1) Certifications: – ISO 9001:2008 – Quality Management System – ISO/IEC 27001:2013 - Information Security Management System – ISO/IEC 20000-1 2011 – IT Service Management System – CMMI Level III or above _SOC-2 Certification (Preferable to have).	Copies of valid certificates
10	Cybersecurity, Compliance & Certifications of the bidder or Subcontractors	The bidder must have the following valid certifications: i. Compliance with MeitY / NIC and NHA/ABDM. ii. Compliance with NABH Digital Health Standards for HIS/EMR Systems.	Copies of valid certificates
10.	Tax Registration and Clearance	The bidder must possess a valid: i. Goods & Services Tax (GST) Registration ii. Income Tax Registration / PAN	Copies of relevant certificates of registration
11.	IP Authorization of the bidder / Subcontractors	The bidder should be the Intellectual Property (IP) owner of the proposed solution.	Valid authorization declaring the IP ownership of the solution.
12.	Blacklisting Status of the bidder & Subcontractors	The Bidder & Subcontractors must not be blacklisted/debarred/banned/Restricted by any union Government/State Government/PSU.	Undertaking by the Authorized Signatory of the Bidder and sub-contractors.

15. Annexure – VII Proposed Bidder Evaluation Criteria for RFP

- Bidder selection shall be carried out using the Quality cum Cost Based Selection (QCBS) methodology.
- The evaluation weightage shall be 70% for the Technical Proposal and 30% for the Financial Proposal.
- Only bidders securing a minimum of 70% marks in the Technical Evaluation, as per the prescribed technical evaluation criteria, shall qualify for opening of their Financial Proposals.
- Financial Proposals shall be opened and evaluated only for technically qualified bidders.
- The bidder quoting the lowest financial price (FP) shall be awarded a Financial Score (FS) of 100.
- Financial scores of other qualified bidders shall be calculated in inverse proportion to the lowest financial bid using the formula: $FS = (100 \times FP) / F$, where F is the financial quote of the bidder under consideration.
- The Total Score for each qualifying bidder shall be calculated by applying the prescribed weightages to the technical and financial scores.
- The Total Score shall be computed using the formula: $Total\ Score = (Te \times 0.70) + (Sf \times 0.30)$, where Te represents the technical score.
- Final ranking of bidders shall be determined based on their combined Total Scores.
- The bidder achieving the highest Total Score shall be declared as the Selected Bidder.
- Any financial bid quoting a price less than 20% of the average financial bid price shall be treated as an abnormally low bid and shall be disqualified.
- The average financial bid price shall be calculated by adding the financial bids of all technically qualified bidders and dividing the same by the number of such bidders.

16. Annexure – VIII Data Security and Health Data Standards Compliance

- The proposed solution must be fully compliant with the Digital Personal Data Protection (DPDP) Act, 2023 and the digital personal data protection rule, 2025 along with all rules, regulations, and guidelines issued thereunder (as amended from time to time), the National Cyber Security Policy, 2013, CERT-In advisories and directions, and all other applicable Government of India laws, rules, and guidelines governing health data security, privacy, and protection.
- The solution shall conform to the Electronic Health Record (EHR) Standards for India (2016) and subsequent revisions, ensuring interoperability, data portability, and continuity of care across national and third-party healthcare systems.

- Patient identification and demographic data management shall adhere to ISO/TS 22220 and MDDS demographic standards, and shall support Aadhaar-based identification, local institutional identifiers, and government-issued photo identity mechanisms, wherever mandated under national guidelines.
- The system architecture and functional capabilities shall be aligned with internationally accepted EHR standards, including ISO 18308 (EHR architecture), ISO/HL7 10781 (EHR Functional Model), ISO 13940, ISO 13606, and open EHR foundation models.
- The solution shall support standard clinical terminologies and classification systems, including SNOMED CT, LOINC, and the WHO Family of International Classifications (ICD, ICF, ICHI, ICD-O), to enable standardized clinical documentation, reporting, and analytics.
- The solution shall enable secure and standardized health data exchange using recognized interoperability protocols, including HL7 v2.x, HL7 CCD, ISO 13606 interfaces, and DICOM standards for clinical, diagnostic, and imaging data.
- All electronic clinical records, scanned documents, images, audio, and video data shall comply with prescribed national and international formats, including PDF/A, JPEG, ISO/IEC 14496, and DICOM, ensuring long-term preservation and system interoperability.
- The solution shall implement comprehensive information security and privacy controls, including role-based access control, privilege management, audit trails and logging, strong encryption (minimum 256-bit), secure hashing (SHA-256 or higher), secure communication protocols (TLS/HTTPS), and digital certificate management in accordance with ISO 22600, ISO 27789, ISO 27799, and ISO 17090

17. Annexure – IX Current Software deployed at AIIMS Delhi

AIIMS, New Delhi currently uses several clinical and administrative software systems, many of which work independently. Through the proposed HMIS, most of these systems will be migrated to a single, integrated platform. Systems that are not migrated will be securely integrated to ensure smooth operations, continuity of services, and consistent data sharing across the institution.

17.1. Existing Applications at AIIMS New Delhi

Application Name	Application Technology / Platform	Concerned Department(s)	Application Category (Migration Priority)
CPRS (Part of VISTA)	MUMPS (VISTA System)	Neurosurgery	Essential
E Hospital – OPD Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
E Hospital – IPD Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
E Hospital – Emergency Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
E Hospital – Lab Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
E Hospital – Store Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
E Hospital – RIS Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
Ehospital – Billing	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
Ehospital – Dietary	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
Ehospital – CSSD & Laundry	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
Blood Bank Module	Java, Apache, Tomcat, PostgreSQL	All Centres	Essential
PDS (Main Emergency)	C#.NET, MS SQL Server	Emergency Medicine	Essential
E MLC	C#.NET, MS SQL Server	All Departments	Essential
RPC Tissue Utilization	C#.NET, MS SQL Server	RPC	Non-Essential
EBC RPC	C#.NET, MS SQL Server	RPC	Non-Essential

Application Name	Application Technology / Platform	Concerned Department(s)	Application Category (Migration Priority)
eBirth	C#.NET, MS SQL Server	Mother & Child	Essential
eDeath Note	C#.NET, MS SQL Server	All Departments	Essential
Admission Slip	C#.NET, MS SQL Server	All Departments	Non-Essential
Pathology Reports	C#.NET, MS SQL Server	Laboratory	Essential
MRD System	C#.NET, MS SQL Server	Medical Records, Burns & Plastic	Semi-Essential
SMS Application	C#.NET, MS SQL Server	New RAK	Non- Essential
eMLC RPC	C#.NET, MS SQL Server	RPC	Essential
Ocular Pathology RPC	C#.NET, MS SQL Server	RPC	Non- Essential
CNC Lab Register	C#.NET, MS SQL Server	CNC Centre	Non- Essential
eCertificate (AIIMS)	C#.NET, MS SQL Server	All Departments	Essential
OT Module	C#.NET, MS SQL Server	All Departments	Essential
Discharge Summary	C#.NET, MS SQL Server	All Departments	Essential
EM Consultation	C#.NET, MS SQL Server	Emergency	Semi- Essential
EM Triage Register	C#.NET, MS SQL Server	Emergency	Essential
Inspection Management System	C#.NET, MS SQL Server	Stores	Non- Essential
PMR	C#.NET, MS SQL Server	PMR	Semi- Essential
Inventory Management	C#.NET, MS SQL Server	Computer Facility	Non- Essential
HRMS (Outsource Cell)	C#.NET, MS SQL Server	Outsource Cell	Non- Essential

Application Name	Application Technology / Platform	Concerned Department(s)	Application Category (Migration Priority)
Rural HMIS (CRHSP Ballabgarh)	Java, MySQL	CRHSP	Semi-Essential
TMS (Ticket Management System)	Angular/React, Spring Boot, PostgreSQL	All Departments	Non- Essential
Santusht	Angular/React, Spring Boot, PostgreSQL	Public Domain	Semi-Essential
Research Directory 2025	Angular/React, Spring Boot, PostgreSQL	All Departments	Semi- Essential
AIIMS Cycle	Angular/React, Spring Boot, PostgreSQL	All Departments	Non- Essential
Vishram Sadan	Angular/React, Spring Boot, PostgreSQL	Vishram Sadan	Semi-Essential
AIIMS Space Allocation	Angular/React, Spring Boot, PostgreSQL	All Departments	Non- Essential
EHS	Angular/React, Spring Boot, PostgreSQL	AIIMS	Essential
Transport Booking	C#.NET, MS SQL Server	Transport Department	Non- Essential
ESD-LOI	C#.NET, MS SQL Server	Engineering	Semi- Essential
MSSO	C#.NET, MS SQL Server	Hosp Administration	Semi- Essential
Oncolrch Day Care	C# NET, MSSQL Server	IRCH	Essential
LPMS	Angular/React, Spring Boot, PostgreSQL	Hosp Admin & Store	Essential
eHRMS (CDAC)	Developed by CDAC	All Departments	Essential
OPD Queue Free System & Crowd Management	Angular/React, Spring Boot, PostgreSQL	Hosp Administration	Semi-essential
Inter Referral OPD System	Angular/React, Spring Boot, PostgreSQL	Hosp Administration	Semi-essential
Estate Section House Allotment	C#.NET, MS SQL Server	Estate Section	Essential
Hostel Section System	C#.NET, MS SQL Server	Hostel Section	Semi-Essential
Onco Anaesthesia	C#.NET, MS SQL Server	IRCH Anaesthesia	Non-Essential
Duty Roster	Angular/React, Spring	All Departments	Semi Essential

Application Name	Application Technology / Platform	Concerned Department(s)	Application Category (Migration Priority)
	Boot, PostgreSQL		

17.2. Satellite and Associated Centres

17.2.1. AIIMS Jhajjar (NCI)

Application Name	Platform	Department
Admission Slip	C#.NET, MS SQL Server	All Departments
eMLC	C#.NET, MS SQL Server	IRCH
Onco Anaesthesia	C#.NET, MS SQL Server	Onco Anaesthesia
OT Module	C#.NET, MS SQL Server	All Departments
eDeath Note	C#.NET, MS SQL Server	All Departments
IRCH Daycare	C#.NET, MS SQL Server	IRCH

17.2.2. NDDTC Ghaziabad

Application Name	Platform	Department
eMLC	C#.NET, MS SQL Server	NDDTC

Note: Annexure IX lists the existing applications at AIIMS New Delhi and its satellite/associated centres. For each application, AIIMS shall specify the intended treatment as one of the following:

- (i) migrate to the proposed Digital AIIMS platform,
- (ii) integrate and retain as a legacy application during/after transition, or
- (iii) retain without integration (if applicable).

The bidder shall include, as part of its submission, the proposed migration/integration approach and sequencing aligned to the wave-based rollout plan in Section 5.6.

Signature Not Verified

Digitally signed by SATISH SANGAWAT
Date: 2026.03.18 13:35:24 IST
Location: eProcure-EPROC