

No. KSEDC/ITS/P302/2026-27/ [E-374737]

30.10.2026

Invitation for Quotation (IFQ) for Selection of Consultancy Agency to Study, Strategise, Reform, Deregulate and Simplify Medical Practitioners Registration / NOC across Karnataka through a Single Nodal Agency under the Karnataka Udyoga Mithra (KUM) Deregulation Portal

1. Sealed quotations are invited from eligible and qualified Companies/Firms for "Selection of Consultancy Agency to Study, Strategise, Reform, Deregulate and Simplify Medical Practitioners Registration / NOC across Karnataka through a Single Nodal Agency under the Karnataka Udyoga Mithra (KUM) Deregulation Portal", in the format given in this IFQ.

Sl.	Description	Quantity	Amount (including GST) (Rs.)
1	Selection of Consultancy Agency to Study, Strategise, Reform, Deregulate and Simplify Medical Practitioners Registration / NOC across Karnataka through a Single Nodal Agency under the Karnataka Udyoga Mithra (KUM) Deregulation Portal	Lumpsum	

2. Eligibility Criteria

- 2.1. The Applicant should be registered with the Commercial Tax Department. The Applicant should submit a copy of **GST Registration**.

3. Scope of Services of the Applicant

[Please note that the Functional Requirements and Scope of Services, deliverables, timelines and roles and responsibilities stated here are indicative only. In case any additional scope, functions, tasks, activities, etc. are required to successfully complete the project, it is the responsibility of the Agency to carry out the additional requirements within the same contract price.]

3.1. Objective

- 3.1.1. To engage a professional management consultancy agency to assess the strategy and operating model for a Single Nodal Agency for healthcare licensing / certification under the Karnataka Udyoga Mithra (KUM) Deregulation Portal

3.2. Background

- 3.2.1. As part of the State's Ease of Doing Business (EODB) and Deregulation Policy, the Department of Commerce and Industries, through Karnataka Udyoga Mithra (KUM), has recommended that healthcare licensing be brought under a single-window framework.
- 3.2.2. The recommendations under Priority Area 20 note that a healthcare establishment presently requires clearances from multiple authorities like Clinical Establishments registration (KPME License), Bio-Medical Waste authorisation (KSPCB), pharmacy and drug licences (Drug Controller), PC&PNDT, radiation equipment (AERB), blood bank, narcotics, organ transplantation and MTP registrations, among others, each with separate forms, fees, inspections and portals. This fragmentation results in duplicated inspections, high compliance costs, delays, and dependence on intermediaries.
- 3.2.3. The reference recommendations also observe that, while final authority to grant approvals rests with the Government, the nodal agency "may also onboard a third-party private body to carry out the functions of co-ordination with the

relevant departments,” on the analogy of the model of M/s VFS Global for visa services and the PPP model between the Ministry of External Affairs (MEA) of the Government of India and private partner Tata Consultancy Services (TCS) for managing of the Passport Seva Kendra (PSK).

3.3. Issue for Consideration

- 3.3.1. The policy intent, i.e., a single-window, time-bound and transparent licensing experience for healthcare providers, has been allotted to KPME. However, the operating model through which this outcome is best delivered, and in particular whether the coordination function should be outsourced to a third-party private agency, is yet to be finalized.
- 3.3.2. The recommendation to onboard a third-party nodal/coordination agency, while seemingly positive on grounds of speed and capacity, has not yet been examined with regards to the following important aspects:
 - 3.3.2.1. **Nature of functions:** healthcare licensing involves statutory and, in several cases, sovereign regulatory functions (e.g. PC&PNDT, narcotics, radiation, organ transplantation). The extent to which coordination around such functions would be delegated to a private body may require legal examination. Moreover, there is involvement of multiple agencies in the required licenses as mentioned in 1.2 above. The functions of such a coordinating third party private agency has to be clearly defined weighing the pros and cons.
 - 3.3.2.2. **Data protection and confidentiality:** the workflow will handle sensitive establishment, and practitioner data, attracting obligations under the Digital Personal Data Protection Act, 2023, and allied rules.
 - 3.3.2.3. **Accountability and control:** there may be risk of diluted accountability, vendor lock-in, and continuity/exit risk if a private operator controls the coordination layer and data.
 - 3.3.2.4. **Financial and cost-recovery model:** the ref. 1 contemplates recovering the agency's cost from the medical entity. The fee structure, its affordability for MSME-scale clinics and diagnostic centres, need to be critically examined.
 - 3.3.2.5. **Fit with existing system:** KPME already operates a functioning portal and administers registrations. Whether to strengthen this in-house capability, outsource, or adopt a hybrid model is a design decision with long-term cost and governance implications.
 - 3.3.2.6. These questions cut across law, public finance, information technology, procurement and health-sector regulation. A decision of this significance ought to be taken on the basis of an independent, professional and evidence-based assessment rather than by default adoption of any single model.

3.4. Rationale for Engaging a Professional Consultancy

- 3.4.1. Engaging a reputed Tier-I / Tier-II advisory firm, empanelled and experienced in Government EODB, health-sector and PPP advisory shall undertake a rigorous options analysis covering legal delegability, financial modelling, digital architecture and benchmarking against international single-window systems (e.g. Singapore's HALP/HCSA, Dubai's DHA Sheryan, and Washington State's HELMS). This shall provide an objective basis for the decision and, if a third-party model is found suitable, a ready and defensible procurement framework.
- 3.4.2. Commissioning a short, focused strategy study before committing to an operating model is a prudent, low-cost step that de-risks a much larger downstream commitment (portal development, multi-year operations, and cost recovery from establishments).

3.5. Indicative Scope of Work for the Consultancy

- 3.5.1. Undertake an as-is assessment of all healthcare-related licences, registrations and NOCs in the State by mapping authorities, processes, statutory timelines,

- application volumes, fee structures and pain points and review the current KPME Portal as the single window portal for healthcare licensing.
- 3.5.2. Benchmark leading single-window healthcare licensing models, both international (Singapore HALP/HCSA, Dubai DHA Sheryan, Washington HELMS) and comparable Indian States, and distil applicable lessons.
 - 3.5.3. Evaluate operating-model options against defined criteria (legal validity, speed, cost, accountability, data security, scalability and others), and recommend a preferred option with reasons including at least:
 - 3.5.3.1. strengthening KPME as an in-house SNA with capacity augmentation,
 - 3.5.3.2. a third-party / PPP facilitation agency for backend coordination on the VFS/TCS analogy, and
 - 3.5.3.3. a hybrid model.
 - 3.5.4. Carry out a legal and regulatory assessment of the delegability of functions to a private body under the KPME Act, 2007, the Sakala Act, 2011, sector statutes (PC&PNDT, NDPS, AERB, Drugs & Cosmetics, THOTA, MTP) and the DPDP Act, 2023.
 - 3.5.5. Develop a financial and cost-recovery model, including set-up and operating costs, a sustainable and MSME-sensitive fee structure recoverable from establishments, and value-for-money analysis.
 - 3.5.6. Specify the digital architecture for the Unified Digital Portal - unified status dashboard, integrated e-payments, downloadable digitally-signed certificates, data reuse across applications, and interoperability with KPME, Jeevasarthakathe, Ayushman Bharat-PMJAY-CM's Arogya Karnataka, KSPCB, AERB, CDSCO/SDSCO and other applicable systems.
 - 3.5.7. Prepare a risk assessment with mitigation measures, an implementation roadmap with a governance framework, and if a third-party model is recommended, draft procurement documents (RFP / Terms of Reference / SLAs) ready for issue under the KTPP Act, 1999.

4. Milestones, Deliverables, Timelines, Payment Terms

- 4.1. The project should be completed within the following timelines from the date of issue of work order as per the following milestones, deliverables and timelines.

Sl	Milestone	Deliverables	Deadline for completion	Payment Percentage
1.	D0	<ul style="list-style-type: none"> Work Order 	T	–
2.	D1	<ul style="list-style-type: none"> Inception (Approach, Work Plan, Stakeholder map) 	T + 2 weeks	–
3.	D2	<ul style="list-style-type: none"> As-Is Assessment & International/Domestic Benchmarking Report Approval of Competent Authority 	T + 6 Weeks	30%
4.	D3	<ul style="list-style-type: none"> Options Analysis & Strategy Report with recommended operating model (including legal & financial assessment) Approval of Competent Authority 	T + 10 Weeks	40%
5.	D4	<ul style="list-style-type: none"> Implementation Roadmap, Governance Framework & Digital Architecture blueprint Approval of Competent Authority 	T + 12 Weeks	30%

4.2. All milestones and its deliverables should be certified by a competent authority.

5. Intellectual Property Rights

5.1. The Intellectual Property Rights, Trademarks, Patents, etc. of all the deliverables, etc. created and/or generated under this assigned shall be solely owned by the Client.

6. Contract Period

6.1. The contract shall be for a period of 12 weeks.

7. Quoted Price:

7.1. The Applicant shall quote for items in the format of quotation attached.

7.2. All duties, taxes and other levies payable by the tenderer (including GST) shall be included in the quotation.

7.3. The rates and amount quoted shall be fixed for the duration of the contract and shall not be subject to any adjustment.

7.4. Rates for partial requirements are not acceptable.

7.5. Corrections, if any, shall be made by crossing out, initialing, dating and rewriting.

7.6. Cable or Facsimile quotations are not acceptable.

8. Each tenderer must submit only one quotation.

9. Validity of quotations:

9.1. The quotation shall remain valid for a period not less than 90 days after the deadline fixed for submission of quotations.

10. Evaluation of quotations:

10.1. The Purchaser will evaluate and compare the quotations determined to be substantially responsive i.e., which are properly signed, and conform to the terms and conditions and specifications in the following manner:

10.1.1. The evaluation will be done including all taxes. If the tenderer has not included the taxes in his quotation for the item rate, and has also not indicated the rate of taxes applicable, the quoted rate will be treated as though it is inclusive of taxes and no extra payment for taxes will be made.

10.1.2. The evaluation would be done for all the items put together. The items for which no rates have been quoted would be treated as zero and the total amount would be computed accordingly. The tenderer who has quoted for partial quantity of any one or more item(s) would be treated as non-responsive. The Purchaser will award the contract to the responsive tenderer, whose total cost for all the items put together is the lowest.

11. At any time during the IFQ process, the Client reserves the right to cancel the IFQ process and/or reject all the proposals received in response to the IFQ.

12. Notwithstanding the above, the Purchaser reserves the right to accept or reject any quotations and to cancel the quotation process and reject all quotations at any time prior to the award of the contract.

13. Last date and time of receipt of quotations:

- 13.1. You are requested to submit the sealed quotations superscribed on the envelope **"Invitation for Quotation (IFQ) for Selection of Consultancy Agency to Study, Strategise, Reform, Deregulate and Simplify Medical Practitioners Registration / NOC across Karnataka through a Single Nodal Agency under the Karnataka Udyoga Mithra (KUM) Deregulation Portal"** on or before **07.11.2026**.


Director Finance
KEONICS, Bengaluru